

HELPING THE NEIGHBOURS

Once did she hold the gorgeous East in fee,
And was the safeguard of the West.

William Wordsworth, *On the Extinction of the Venetian Republic*
(1807)

Not only within strictly defined Australasia did Douglas Miller achieve for his College. In what was by tradition the Far East – but for Australians in particular is more properly described as the Near North – he was influential in seeing the College spread a benign influence.

He was not the first to contemplate an Asian involvement. Priority in the field of ideas belongs to Searby, who had the inspiration as far back as 1950, but Miller and B.K. Rank translated Searby's idea into reality when they visited South-East Asia under the auspices of the Colombo Plan.¹

This aid plan operated on a government-to-government basis, and the College's involvement in south-east Asia was thus, from the outset, securely founded in obedience to the first rule for effective aid: the aid must be asked for to have any real prospect of being welcome. (The second rule, that aid must be directed towards the establishment of an indigenous capability, was also kept in mind as the College plan matured.)²

Miller's Colombo Plan visit to Singapore in 1955 involved him in discussions with Yeoh Ghim Seng, a prominent local surgeon who was to become the College's first Asian Fellow, by election in June 1958. Out of these discussions came a decision the following year, to conduct a Primary examination in Singapore. At the first of these examinations, in March 1957, the examiners were E.S.J. King (a 1928 Fellow, a surgical pathologist, then in the penultimate year of his eight-year term on the Council), F.C. Courtice, Sydney Sunderland and a future president, P.J. Kenny.

These men were one element in the College's commitment; the other was a programme of training, for the College had identified two requirements for a successful entry into south-east Asia – that an adequate number of candidates must be available, and they must be well enough prepared to enjoy a reasonable prospect of success. Like the examination itself, the instructional course was mounted under

In 1957 four Australians travelled to Singapore to conduct the first Primary examination in south-east Asia. From left: E.S.J. King, F.C. Courtice, S. Sunderland and P.J. Kenny.



Howard Eddey developed a particular affection for south-east Asia and its people during his time as a prisoner of war.

Colombo Plan auspices and, in an appointment of particular inspiration, its anatomy component was taught by Howard Eddey. It will be recalled that he and his fellow-prisoner Ian Heinz had taught basic sciences in their camps; now Eddey returned to teach young men whose needs he appreciated and whose diet he had already mastered. (In his Loewenthal Club lecture in 1981, G.B. Ong recalled that Eddey, while in his prison camp, had acquired the ability to eat chillis and hibiscus leaves.)³

Eddey had some difficulties in acquiring dissected parts sufficient for his needs but was helped by A.R. Ellis, the professor of anatomy (who had taught in Dunedin under both W.P. Gowland and W.E. Adams).⁴ Cadaveric problems aside, Eddey did well enough to see his candidates achieve a better pass rate (11 out of 32) than then prevailed in Australasia.



G.B. Ong was the doyen of Hong Kong surgeons when the College built up an association with the area.

The Singapore incursion was watched with interest from other former British territories in the region, and in 1966 the Hong Kong Government made an approach to the College. This came without the interposition of the Australian Government, because Hong Kong was outside the Colombo Plan, and it came by way of the professor of surgery, G.B. Ong. It doubtless originated with him as well, because he occupied a position of great authority and influence in the colony and behind a mild manner concealed an iron will in pursuit of his objectives. (His juniors saw more iron than mildness.) B.K. Rank as senior vice-president visited Hong Kong in 1966, and the Council promptly agreed to take the Primary to this second Asian centre. The first examination was held in 1967 (and in that year, too, Ong was elected to Fellowship. He would prove to be a powerful, if sometimes contentious, ally.)

During the first decade of the College's involvement in south-east

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Asia, the political scene altered twice: the Federation of Malaya, independent from 1957, was enlarged in 1963 by the addition of Singapore and two states from the island of Borneo, Sabah (the former North Borneo) and Sarawak. But Singapore was uneasy in the resulting Federation of Malaysia and seceded in 1965.

Malaysia, now a federation of 13 states, watched with some impatience the continuing surgical dialogue with Singapore. Before the Singaporean secession steps had been taken to form an Academy of Medicine; now two academies came into being. They held joint meetings. I can recall attending one of these, in Kuala Lumpur in 1970. The programme was fascinating, and my own paper was sandwiched between one on the pharmacology of blowpipe poisons and another on the disturbances in Chinese calligraphy that result from mental disorder. Then (having been designated, *faute de mieux*, to represent the Australasian College) I found myself at the top table faced with a set of chopsticks and an eleven-course banquet. My skill with chopsticks is not great even today – it was negligible then.

In 1968 the Western Australian state committee of the College participated in a joint meeting in Kuala Lumpur, with the two academies, in what was the prelude to a closer College involvement with Malaysia. Meanwhile, however, the Singapore association was blossoming, and by 1965 no fewer than 249 candidates had presented there for the Australasian Primary; 56 had been successful.⁵ At the September 1965 diet, there were 134 candidates; no longer need there be any concern about numbers.

Successful candidates during this period could, if they had completed their training, proceed to sit the Final examination in Australia or New Zealand and could apply for entry into the pre-Fellowship courses then available in Sydney, Melbourne, Auckland and Dunedin. If their training was incomplete, it was rather harder to accommodate them in training posts because of local demand for such posts.

By 1970 the numbers of Asian candidates for the Final had increased to the point that a Singapore Final examination, the first of what was to become a regular series, was mounted. A pre-examination programme of courses was already provided by surgeons from both Australia and New Zealand.⁶ The Edinburgh College was also active in the region, and in 1973 the Australasian College began to conduct Final examinations in Hong Kong and Kuala Lumpur, these alternating with the Edinburgh examinations. There was a friendly exchange of examiners between the two courts: John Loewenthal, then president of the Australasian College, took part in the Edinburgh examination in 1973; Mervyn Smith, chairman of the Australasian court and a future president, three years later. In 1977 an Edinburgh examiner joined the court in Australia.

Meanwhile, indigenous organisations were being formed in the three Asian centres, encouraging evidence of the move towards surgical

independence which would provide the final justification of the College's involvement. In 1970 Singapore developed its own two-part higher surgical degree, the M Med (Surg), the presence of Australasian examiners on its court helping establish its standing from the outset. Three years later the College moved to exempt holders of the first part from its own Primary. In 1979 G.D. Tracy, as president, attended the inaugural meeting of the College of Surgeons of Malaysia. A Hong Kong College emerged later, and the Australasian College gradually contemplated disengagement.

Teaching and examining were by no means the only College activities in south-east Asia, however. As the Singapore connexion blossomed, the Council welcomed an invitation to hold a general scientific meeting there; the meeting was held in 1973 and was extremely successful. I think it achieved a good deal on the diplomatic front, quite apart from the enjoyment of those who attended.⁷ My own memories of it (apart from a warm sense of non-specific recollection) are quaintly disjointed – turbulence, the Syme oration, Gough Whitlam and the serviette ring.

I had been in the northern hemisphere on a Churchill Fellowship, looking at road safety which was then a major preoccupation of the College, and I was to talk about my findings at the meeting. I was sorting out my slides during the flight out to Singapore. Now, Murphy's law of air travel dictates that turbulence is what occurs as the drinks are being served; in my case it was as I put the final slide on a tall pile! I spent several hundred air miles retrieving and rearranging.

The Syme oration was given by Lee Kwan Yew, then prime minister of Singapore and a giant in the politics of his region. Singaporeans would say, 'Ah, Harry Lee, he is a dictator – but we need a dictator here!' He spoke of 'circumspect and trigger-happy types'. It was a masterly address, and in print later in the journal, it appeared a pale shadow of the spoken word. It was a good example of the character that a skilled speaker can graft on to the mere words he speaks. And Whitlam: well, at the conference dinner I found myself sitting at the same table as an Australian surgeon who remembered Whitlam (then the recently elected prime minister of Australia) from student days and recalled the occasion when the young Gough returned to his college and reported that he had joined the Labour party. His friends were astonished; he had always been right-leaning. 'Ah, but I'll get on much quicker in the Labour party,' they were told, 'there's less competition.'

And at that dinner we were given rather attractive pewter serviette rings inscribed with the date, place and occasion. I still have mine: it reminds me, among other things, of the wiles of politicians.

Now, if the Council of the time thought it would get away with one Asian GSM, it was much mistaken. Very soon after Singapore it was lobbied to hold a meeting in Kuala Lumpur and, in 1978, did so.



In the course of the collegiate visit to Manila Sam Mellick and the author explored the river above Pagsanjan in a dugout canoe.

On this occasion, the journey was broken at Manila for a one-day meeting with the Philippine College of Surgeons, in which the colourful Tony Oposa was a prominent figure. He introduced the president in a way that would not have disgraced the announcer at a world boxing title fight in Las Vegas: 'Ladies and gentlemen, I present to youuu, Sir Edwaaard... HUGHES!'

I have called the event a one-day meeting; in fact, it finished early enough for us to lunch at a resort many miles east of Manila, named Pagsanjan; and after lunch Sam Mellick and I shared a dugout canoe which was propelled up a challenging set of rapids by a couple of tiny lithe brown men, who displayed immaculate strength and skill. But it was very sunny, very hot and very humid – and my most abiding memory of the following week in Kuala Lumpur is that I was a slowly fading beetroot shade throughout. That, and the torrential rain each afternoon...

It rained in Hong Kong, too – for, of course, after visiting those



The Prime Minister of Malaysia, Datuk Hussein Onn, was made Hon. FRACS at the Kuala Lumpur meeting in 1978.

two Asian cities, we could hardly refuse the pressing invitation to hold a meeting in the third. Accordingly, the 1983 GSM was held, again most successfully, in Hong Kong. This time, instead of a preliminary one-day meeting in the region, there was a post-conference tour, when a party of about 70 flew to Edinburgh (the aircraft resembled an air ambulance as the tourists grappled with sundry tropical disorders, and the first daffodils greeted us, peeping through the snow) to begin a whirlwind journey round the four United Kingdom Colleges, where we enjoyed a formidable round of hospitality. I am sure the four colleges did not actually set out to outdo one another in lavishness, but...

Since 1983 there has been no further 'offshore' GSM (or ASC, as the event has now become), but the pace of regional involvement has not slackened. Its pattern has, however, altered significantly. Two factors have influenced the College's gradual withdrawal from its pattern of examining: the emergence of surgical colleges and higher surgical qualifications in the area and, even before this, the change in 'relativity' between this College's diploma and those of the United Kingdom colleges.

In a subsequent chapter I will discuss the evolution of the Australasian Fellowship as an exit examination. Suffice it to say here that the employing authorities in south-east Asia made no distinction between the possession of an Australasian Fellowship and one from a northern hemisphere college, so far as promotion (and pay) was concerned. It was increasingly, therefore, only the high-fliers among Asian trainees who felt it worth their while to submit to the rigours of this College's advanced training programmes.

The College's endeavours have, in recent years, become more widespread and more related to clinical practice. In the Pacific there was from the 1960s a measure of surgical assistance, under various auspices and on a modest scale. Visits to the Cook Islands were undertaken by G.J. Taine; I had several trips to Western Samoa on behalf of the New Zealand Red Cross Society and J.D.P. Hopkins travelled to Fiji.

Along with the two countries' military involvement in Vietnam in the 1960s there were civilian teams (the New Zealand team at Qui Nhon, Australians at Long Xuyen and subsequently Bien Hoa and Vung Tau) which drew on Fellows of the College in large numbers. M.E. Shackleton, who later became chairman of the New Zealand committee, led the first Qui Nhon team in 1963. D.G. Macleish was the first Australian team leader the following year. Several councillors and a few presidents of my generation – Mervyn Smith and G.D. Tracy, Sam Mellick, Neville Davis – went from Australia. Specialty involvement in Vietnam complemented these national commitments: in 1973 the Neurosurgical Society of Australasia inaugurated an annual visiting professorship which allowed its holder to work and teach in



Michael Shackleton led the first New Zealand surgical team to Qui Nhon; he later became chairman of the New Zealand committee.



Michael Hunter, now a lieutenant-colonel in the Royal New Zealand Army Medical Corps, has been to East Timor more than once.

collaboration with Professor Dang Van Chieu of the University of Saigon.⁸ But in 1975 Saigon became Ho Chi Minh City and the bamboo curtain came down on the scheme, leaving Donald Simpson (the society's president in 1973) to regret the interruption of contacts which he, as an avowed admirer of Vietnam, had helped forge. A quarter of a century later the curtain is lifting...

In more recent years there have been deployments to Tonga in 1978 and the Solomons in 1987 by the Royal New Zealand Army Medical Corps, which have taken Fellows of the College to these islands as part of an aid programme coupled with the military exercise. Others from both countries have served in support of peacekeeping deployments in Bougainville and East Timor, and here again aid to a suffering civilian population has been as significant as support of our teeth arms.

Writing back to the newsletter of his old school, M.H. Hunter (Fellow 1989, serving then as a major in the Forward Surgical Team of 1 RNZIR Battalion Group) has described 'a day in Suai':

Reveille is at 0500 daily, and everyone's pretty happy about that. For the first few weeks it was 0415 with virtually all personnel 'Standing To' in gun pits round the defensive perimeter... Just after 0800 there is an urgent message from the medics with the Canadian Company (20km up the road) that they are bringing in a woman in labour who is having a lot of trouble... As I examine this poor woman I note that her bulging abdomen is ominously asymmetric... the lifeless arm of a baby is protruding from the vagina along with a pulseless umbilical cord... I explain to the mother and husband in halting Tetum that the baby is dead and she will need an operation to remove it... They seem to understand... I manage to push the arm and shoulder back and get the

head down, but... cannot deliver it. If only I had the obstetric forceps we ordered a month or more ago!

I am alarmed at the asymmetry of the uterus also, so decide to proceed to Caesarian section... Finally it is done... she has stabilised and the worst seems to be over... I get up and gently lift the tiny bundle... wrapped in Army towels. I take it out to the father... There are few words that seem to be any use, but I nod to him respectfully and the interpreter translates my simple 'I'm sorry'. He bows slightly and I give him his child... At least the mother is alive.⁹

The activities so far described have involved Fellows, rather than the College itself. Yet the College has not been idle. In 1966 it approved the award of a medal for the top final year student in surgery at the Papuan Medical College in Port Moresby.¹⁰ Five years later, when postgraduate surgical training towards a M Med diploma was begun, it was with College support in the provision of tutors and examiners. The first two local trainees gained their diplomas in 1978, and the scheme was extended to embrace orthopaedics, urology and head and neck surgery in 1994.¹¹

In 1971 the New Zealand scientific meeting, with John Loewenthal as president in the touring party, was held in Fiji; and out of this arose the award of a prize for the top student of the Fiji School of Medicine, which trained medical officers for several Pacific Island groups. Although their diploma did not qualify them for full registration, a few Fiji diplomates went on to become Fellows without having resort to a prior registrable undergraduate qualification. J. Prasad of Fiji and S.F.K. Tonga of Tonga are among this group of special achievers.

Other students from the Pacific have undergone a full medical

In 1971 a meeting of New Zealand Fellows was held in Fiji, with the president, John Loewenthal, as a member of the touring party. Here he is greeted by the Fijian Minister of Social Services, the Hon. Genati Mavua. Fiji was then one year into what has been a turbulent independence.





Tearikivao Maoate – Kiki to his colleagues – is seen here receiving his Fellowship diploma from the president, B.H. Barraclough. He combines paediatric surgery in Christchurch with a role as an adviser to the New Zealand Government on Pacific island health matters.

course, then gone on to the Fellowship. One recent member of this group is T. Maoate. From the Cook Islands, he became an Otago graduate in 1986, gained his Fellowship in general surgery in 1995 and endorsement in paediatric surgery in 1997. He practises in Christchurch but is retained by the New Zealand Department of Health as an adviser in Pacific health, so that his time in surgery is limited by his advisory role (and his father's election as premier of the Cook Islands at the end of 1999 simply made him more sought-after!).

He illustrates a problem which, even more severely, affects Pacific Island Fellows who return to the Islands, for their possession of a higher qualification places them in line for promotion in the medical service of their country – often to Director of Health or some similar post, in which they find themselves virtually full-time administrators. Now, while everyone might agree that a Fellow of the College is well equipped to exercise sound judgment, a full-time administrative post will not allow him to exercise it in the practice of the surgery for which he trained. If his country were to enjoy a generous surgical work force this might not matter, but one promotion of this sort can easily rob a small island nation of the greater part of its surgical expertise.

In the larger countries of Australia's near north, College assistance has commonly been in the specialist disciplines. The Australian Orthopaedic Association has had a longstanding commitment to Indonesia, and the College has offered some financial support to this



David Theile was president 1993-95; he is now in charge of the College's Pacific Islands project.

work. Since its birth in 1983 the plastic surgical initiative, Interplast Australia, has enjoyed a home in the College (and in the 1980s the expert direction of Sir Benjamin Rank) as it 'provides voluntary reconstructive surgical services to neighbouring countries'. Its teams (a plastic surgeon or two, an anaesthetist, a couple of theatre sisters) now reach some distance into mainland Asia as well as serving the Pacific islands. With financial support from the Federal government and from organisations such as Rotary it had achieved 246 programmes by the end of 1999, its surgeons had conducted over 18,000 consultations and performed over 10,000 operations and achieved their reward in smiling faces – commonly in faces capable, for the first time, of the very act of smiling.

In 1995 came an initiative which brought the College into the Pacific on a large scale. That year the Pacific Islands Project got under way, and since then, under the chairmanship of D.E. Theile (President 1993-95) – as the College's second Queensland president, he could be said to have his face already towards the Pacific – the project has achieved a good deal in a short time. It has involved several hundred medical personnel, including many Fellows of the College, and it has gathered in the management of various enterprises that had hitherto been tackled, often by the services, on an *ad hoc* basis. It has also gathered in the PNG Tertiary Health Services Project.

By the year 2000 when, along with the Sydney-based company Aus Health International, it gained a \$5 million Aus Aid contract to coordinate the maintenance of medical equipment in the Pacific Islands, it already had a convincing record of achievement. It was estimated at that time that some 20,000 patients had been seen and treated in the course of the project's first five years.

In China there is now a burgeoning College project which owes a great deal to the enterprise of a Melbourne surgeon, Gordon Low, and his wife Rosie, who received a certificate of appreciation from the College in 1999. A Hong Kong graduate who trained in Australia

Gordon Low and his wife Rosie have been a formidable husband-and-wife team in building up Project China from modest beginnings. Here Rosie Low receives a certificate of appreciation from Bruce Barraclough, the president.



and remained, Low maintained his links with colleagues in mainland China, and what began as Project Guangzhou in 1992 has now expanded to the extent that it has been renamed Project China. It involves teaching visits by surgeons representing a number of disciplines.

In 1972 there were 51 Australasian Fellows in south-east Asia; 25 years later, some 400. Things have come a long way since Searby's vision of half a century ago, even since G.S. Yeoh led the way for his countrymen in 1958. The College was wanted in the first instance, and it ultimately worked itself out of the job of training and examinations. It obeyed the rules for overseas aid as I outlined them at the start of this chapter, and it now enjoys a happy relationship with Colleges in Kuala Lumpur and Hong Kong and the Singapore academy. Moreover, having obeyed the rules and worked itself out of one job, it can turn to a number of others – in the Pacific, where its Australian wing is also now active, as well as in its near (in the case of China, not quite so near) north.

NOTES

1. The Colombo Plan was a scheme for raising the standard of living in south and south-east Asia, formulated at a meeting of British Commonwealth foreign ministers held in Colombo (the capital of Sri Lanka, then known as Ceylon) in 1950. Economic development was to be promoted by financial aid and by technical advice and training. Originally for six years, its term was later prolonged. A number of Asian countries outside the Commonwealth were invited to join, and Commonwealth countries outside Asia, together with the USA and later Japan, joined as contributors. Its financial aid tended to be diluted, even diverted before reaching those most in need; the College contribution, though arranged government-to-government, was delivered face-to-face and therefore achieved full value.

2. I make no claim to priority in devising these rules, but found myself defining them – and then being guided by them – when I was involved in Red Cross activities in the south-west Pacific and elsewhere. To ignore the first is to become regarded as an intruder; to ignore the second amounts to a cruel practical joke, that of opening a 'window on paradise' and then closing it.

3. Ong, G.B. (1981) *S.E. Asian J. Surg.* 4: 7. - quoted by Heslop, J.H. (1988) *Aust N.Z. J. Surg.* 58: 529.

4. I recall 'Junior' Ellis's return, euphoric to a degree, from the interview that gained him the Singapore chair: he covered a blackboard with white chalk, smeared a transverse patch with the duster and asserted, 'That's all I know about the knee joint, and it's all you need to know.' I was naive - or indolent - enough to believe him for some years.

5. It drew candidates from a wide area, this Singapore course. From Burma in 1967 five Part 1 candidates attended the course, and one of them won the Howard Eddey medal. But Burma thereafter drew into its shell, finally renaming itself Myanmar.

6. These initiatives did not always work out quite as hoped. Howard Eddey recorded [(1978) *Aust. N.Z. J. Surg* 48: 128] that in 1965 the government of Thailand sent 14 candidates, with Australian funding, to the Singapore pre-Fellowship [*sic*; Scotty Macleish tells me it was pre-Part I] course. Their limited command of English worked against them, and none passed. A subsequent offer by the College to mount a course in Bangkok was declined.
7. The enjoyment, according to College legend, began early. A flight from Perth to Singapore, full of quietly sober surgeons and their wives, heard over the intercom, 'Ladies and gentlemen, we are sorry to tell you that, although we stocked the bar as normal for this flight through to Heathrow, the bar is now dry.' And I am told that registrars throughout Australia speculated on their prospects for promotion if one such flight had come to grief. It has even been suggested that prayers were said (but, of course, I couldn't possibly comment...).
8. Donald Simpson recalls that 'the Australian Department of Foreign Affairs was for some reason very unwilling to use [the term 'visiting professorship'] but my Vietnamese hosts used the equivalent Vietnamese word *giao-su*, a term redolent with French and Chinese intellectual snobbery and respect for the teacher'.
9. Quoted from *The Quadrangle*, newsletter of the Christ's College Old Boys Association, January 2000.
10. The award lapsed with the establishment of the Faculty of Medicine in the University of Papua New Guinea.
11. Watters, D.A.K. (2000) *Aust. N.Z. J. Surg.* 70A: 137.