



Nicola Hill
(Chair)

FROM THE CHAIR

An Invitation To Surgery 2020

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I first attended the RACS New Zealand Annual Scientific Meeting (ASM) in 2011 when I was looking for a reason to visit Queenstown. I discovered a boutique conference in a great location, and have greatly enjoyed attending the meeting ever since. The meeting alternates between Queenstown and Wellington and it is a great chance to meet and catch up with people who work in other specialties. Previous themes have included 'Acute Care', 'Getting the Measure of Outcomes', and 'Planning for Change'. The speakers include a mix of surgeons, other medical specialists, regulators, and non-medical speakers. There is typically an opportunity to learn about current issues and focuses for the Ministry of Health and the New Zealand Medical Council. The RACS Executive Council now holds one of its meetings in New Zealand during the week of the Annual Scientific Meeting, so the President is also invited to give an update on Council matters.

The RACS NZ ASM is not a specialty-specific meeting, and is generally not technically focused. However, it addresses many of the other RACS competencies, including communication, leadership, scholarship and teaching, professionalism and health advocacy. Part of our Māori Health Action Plan is the expectation that Māori health considerations will be included in the Annual Scientific Congress and in all College conferences in New Zealand. We have woven this into the conference framework and we have had amazing speakers in this area over the past few years. This year in Wellington, Karen Bartholomew from Waitemata District Health Board spoke about its approach to closing

the gap in Māori life expectancy. RACS Councillor Maxine Ronald spoke movingly about colonialism, racism, and the impact on Māori health.

Other speakers in Wellington included the Director General of Health Ashley Bloomfield, the Health and Disability Commissioner Anthony Hill, and representatives from the New Zealand Medical Council and the Medical Protection Society. The Louis Barnett Prize is also presented at the meeting. This is the premier surgical research prize and the 2019 standard was excellent. It is inspiring to hear about current surgical research in the New Zealand setting. Congratulations to Brendan Desmond, who won the prize this year with his presentation on his research 'Extracellular vesicle microRNA as liquid-biopsy biomarkers in early stage colorectal cancer'. The Colin McRae Medal recognises and promotes the art and science of surgery and surgical leadership in New Zealand, and was presented to Frank Frizelle this year. These awards celebrate New Zealand surgeons and surgery.

On the day before the meeting, we had the Surgical Pioneers meeting, which offers a fascinating review of topics from New Zealand's surgical history. Recently changed to bi-annually, Surgical Pioneers will be presented again in conjunction with Surgery 2021.

Reflective practice is one of the newer compulsory Continuing Professional Development activities for RACS. 'Development of a structured learning plan' is one of the activities that comes under this area. 'Development of a structured learning plan' means thinking about the

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FROM THE CHAIR (continued)

RACS competencies you wish to focus on and planning learning activities to meet them. As the end of 2019 fast approaches, I'd like to invite you to consider attending Surgery 2020 as a way to embrace some of the non-technical competencies.

For 2020, we are also working on a New Zealand version of a Younger Fellows Forum. The Surgery 2020 meeting will be held in Queenstown on August 20-21, at the Millennium Hotel.

Colin McRae Medal

Francis (Frank) Antony Frizelle FRACS

Professor Francis – known to us all as Frank – Frizelle is a General Surgeon at Canterbury District Health Board, Christchurch, and Professor in the Academic Department of Surgery, Otago University Christchurch. He was Head of that Department from 2006 until this year. He is now Convenor of the Trainee Intern Surgery module for 6th year medical students.

Frank trained in general surgery in New Zealand. He was awarded FRACS in 1992 and, after a period as locum consultant general surgeon in Dunedin Hospital, undertook post fellowship training in colorectal surgery at the Mayo Clinic, USA, and Dundee University, Scotland. He returned to New Zealand in 1996 as Senior Lecturer in Surgery at the University of Otago, Christchurch.

Frank was instrumental in setting up the colorectal service in Christchurch Hospital as a specific sub-specialty and he continues to work in this service, and in private practice. His sound clinical judgement and technical expertise have been recognised through roles in various committees including as Chair of the Ministry of Health's Working Group to develop the Colorectal Standards and Chair of the New Zealand Guidelines Group's Colorectal Cancer Management Guidelines.

Frank's research contributions are acknowledged internationally and he has been Invited Speaker at many international conferences and Visiting Professor to units in many countries. He continues to be actively involved in research projects, particularly those that focus on bowel cancer. Most recently, he led the research team that discovered links to bowel cancer from a bacterial toxin carried in the gut. This world first discovery means people could be screened for the bug and a lifesaving vaccine could be developed.

He has more than 400 publications in peer reviewed journals and has written more than 30 book chapters. As Editor in Chief of the New Zealand Medical Journal since 2002 Frank has promoted the publication of quality research. In 2018, he was awarded the New Zealand Medical Association's highest accolade, its Chair's Award. This recognised his significant contribution to both the health of New Zealanders and the standard of medical research and publishing in New Zealand and worldwide. The International Committee of Medical Journal Editors, of which he is a member, commented then that Frank has helped reshape the landscape of clinical science with initiatives in, for example, clinical trial registration and data



L-R: Marguerite Crooks, Frank, Nanci Frizelle and Jacqui Frizelle

sharing; and has helped improve the conduct and reporting of medical science throughout the world. His contributions and counsel were highly valued by the Committee.

Frank has trained many of New Zealand's general surgeons and is a recipient of the Sumner Award which is determined by the general surgery trainees in recognition of excellence in clinical teaching. He has also been a RACS Examiner in General Surgery and was a member of the CSSANZ Colorectal Training Committee for 14 years, including four years as its Chair.

Frank is an excellent clinician who has also demonstrated surgical leadership through his roles within his hospital, the Otago Medical School, this College and the Colorectal Surgery Society and on various government and international committees. He has made great contributions to surgical training and education and enormous contributions to surgical research in New Zealand and world-wide.

Frank Frizelle is a very worthy recipient of the Colin McRae Medal.

Citation kindly provided by Nicola Hill FRACS



Tony Sparmon (L) congratulates Frank Frizelle



SAVE THE DATE

SURGERY 2020

20 - 21 August
Millennium Hotel Queenstown

Contact:
RACS NZ Office
+64 4 385 8247
college.nz@surgeons.org





Richard Lander
EDSA (NZ)

EDSA CORNER

Ethical and Moral Dilemmas in Surgery

In the practice of medicine and surgery we frequently encounter ethical and moral dilemmas that cause us to pause and think. Ethics is a set of concepts or principles that guide us in determining what behaviour helps or harms others.

Morals are concerned with, or derived from, the code of interpersonal behaviour that is considered right or acceptable in a particular society and a dilemma is a situation in which a difficult choice has to be made between two or more alternatives, including equally undesirable ones.

Potential dilemmas that may arise in practice include:

- Resource constraints and geographical variation
- The incompetent patient
- End of life care – when to stop
- Recognition of cognitive biases
- Applying the evidence in practice
- Unexpected findings during surgery
- The competent patient refusing care e.g. Jehovah's Witness
- Unprofessional behaviour
- Cosmetic surgery - body dysmorphic syndrome
- When to stop practice – mental & physical requirements
- Open disclosure
- Disclosing harm caused by others
- The non-compliant patient
- How much information to provide to patients, or when to with-hold information
- Declaration of conflicts of interest

As a young surgeon I distinctly remember the case of a young woman deeply troubled with depression for a number of years trying desperately to take her own life. She doused herself in petrol and set alight to herself in her small flat in a big city. She had no known friends or relatives. Neighbours who heard her screams, managed to quench the flames and called the emergency services. When she arrived in the emergency department of the hospital, she was unrousable, hypotensive, hypovolaemic and hypoxic with deep full thickness burns to the majority of her body. Her history of previous attempts at suicide and the extent of her mental illness were well known to the medical staff following several previous admissions. It was noted on admission that sometime in the last year she had "do not resuscitate" tattooed across her upper chest. The staff in the emergency department were divided in what to do in this situation. To resuscitate and take all available measures, or not to resuscitate and let nature take its course.

After many years of thinking about these issues I have settled on Daniel Sokol's four quadrant decision making process when faced with ethical and moral issues. There are four basic questions to answer:

Is the problem treatable?	What would the patient want?
What is the likely outcome?	What does the law say?

Daniel Sokol writes: "Clinicians who make important ethical decisions should be in a position to expose the rationale for their view. This ability should form part of the skill set of any reasonably competent clinician, and falls broadly under the principle of beneficence, or acting in the best interests of the patient. Poor reasoning can lead to bad decisions, and consequent harm to the patient and others. Knowing how to do ethics is, therefore, a professional and moral obligation". Ethical decision-making could be seen as being divided into three stages; moral perception (seeing the ethical problem), moral reasoning (resolving the problem analytically) and moral action (implementing the chosen solution).

Food for thought and reflection.

Reference:

Daniel K. Sokol, *Doing Clinical Ethics: A Hands-on Guide for Clinicians and Others*, 2012, Springer Publishers



Bryce Jackson
RACSTA Representative on NZ National Board

RACS TRAINEES ASSOCIATION UPDATE

As spring approaches, many pre-SET registrars have entered their final runs prior to commencing training. The RACSTA induction course in Melbourne on 26 October will provide an opportunity for soon-to-be Trainees to meet their future colleagues and be introduced to SET. To current Trainees - please encourage your future colleagues to attend this great event.

During training, you might like to consider a representative role. Each surgical sub-specialty elects a Trainee representative who sits on their respective training board to meet several times a year either face-to-face or via teleconference. These representatives are the voice of fellow Trainees and provide vital perspective to the board. These same spokespeople report to the Royal Australasian College of Surgeons Trainees Association (RACSTA),

the Trainees advocacy group to RACS. RACSTA meets three times a year at the RACS office in Melbourne and advocates on behalf of Trainees at the College level. The representative roles within each subspecialty, and under the wider umbrella of RACSTA, are invaluable to the governance boards they sit upon and the Trainees they represent.

If you are interested in representing your colleagues, the opportunities provided and exposure to governance and policy making can be highly rewarding. Further opportunities to represent NZ surgical Trainees are available on both the RACS NZ board and within RACSTA. Please don't hesitate to contact your subspecialty representative or myself if you're interested in taking on such a role on your local or national board.

Louis Barnett Prize

Six surgical Trainees competed for the Louis Barnett Prize on the Friday morning of Surgery 2019. Their presentations were judged by Dr Nicola Hill, Dr Sally Langley and Professor Ian Civil.

After what the judges described as difficult deliberations due to the high standard of all presentations, they awarded the 2019 Louis Barnett Prize to Dr Brendan Desmond, a General Surgery Trainee at Wellington Hospital, for his presentation *Extracellular vesicle microRNA as liquid biopsy biomarkers in early stage colorectal cancer*.

Brendan aimed to determine whether the MiRNAs miR-19, miR-23, miR-183 and miR-1246 were dysregulated in tumour tissue in stage 1 and 2 colorectal cancer (CRC) patients compared to matched normal mucosa, and whether differences in tissue translate to dysregulation in plasma EVs in stage 1 and 2 CRC patients compared to plasma of controls.

He concluded that the proposed EV-miRNA biomarkers did not perform effectively as liquid biopsies in a New Zealand population as any candidate liquid biopsy marker needs to outperform current stool based methods on all measures of screening.

The judges commented that Brendan presented his research very well and it was a significant piece of research in its field.



Brendan Desmond and Nicola Hill.



USANZ New Zealand Section
NEW ZEALAND UROLOGICAL NURSES SOCIETY INC
CONFERENCE 2019

WEDNESDAY 16 TO FRIDAY 18 OCTOBER 2019
CHRISTCHURCH TOWN HALL, CHRISTCHURCH



UROLOGICAL SOCIETY
OF AUSTRALIA
AND NEW ZEALAND



New Zealand
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ACTIVITIES OF THE NEW ZEALAND NATIONAL BOARD

The New Zealand National Board (NZNB) and its representatives continue to advocate on behalf of Fellows, Trainees and IMGs in the MOPS programme. Some of the NZNB's activities and interests since the previous Cutting Edge are commented on below.

Consultations

The NZNB has responded to a number of consultations from government departments or statutory agencies, including those listed below:

PHARMAC consultation on the processes it will follow in the purchasing of medical devices for use by DHBs. The RACS submission commented on the potential risk of purchasing from a single supplier, the paucity of efficacy and safety data for devices, the importance of a clear framework for the introduction, regulation, monitoring, evaluation and training for new products; considering social and environmental issues as well as fiscal in the selection of suppliers; and how to respond to exceptional clinical circumstances relating to a patient and to a device. In addition, RACS supported PHARMAC establishing a devices committee rather than incorporating these into the existing medicines committee.

Advertising Standards Authority consultation on its Draft Alcohol Advertising and Promotion Code. Our submission supported most of the draft Code. RACS proposed the Authority consider adding a requirement for advertisers of alcohol to include in their advertisements a message warning against the excessive use or consumption of alcohol, e.g. "Only drink alcohol in moderation. Excessive consumption can cause serious harm." RACS also supported the establishment of an independent regulatory body to control alcohol advertising, sponsorship and promotions, and to strengthen regulation, including complaints and enforcement provisions.

MCNZ's revised "Statement on cultural competence and the provision of culturally safe care"; its document "Achieving Best Health Outcomes for Māori – a Resource"; and its revised statement on "The maintenance and retention of patient records".

Ministry of Transport's consultation on its "Road to Zero 2020-2030 road safety strategy". The New Zealand Trauma Committee responded to this document. It fully supported the proposed 2030 target of a 40 percent reduction in the number of serious injuries and deaths on our roads, noting that significant changes to the road system, vehicle safety, road user education and enforcement would all be essential for the 2030 target to be met.

Consultations currently being considered include the Māori Select Committee's consultation on health inequities for Māori, and the Ministry of Health's review of both its Māori Health Strategy and its Pacific Island Health Strategy.

Ministry of Health

The Director General of Health presented on the future of surgery within our Surgery 2019 conference and more recently he spoke with the Council of Medical Colleges (CMC), which the NZNB Chair attends as the RACS representative. There he identified three key areas the Ministry is focusing on (in addition to implementing the mental health and addiction recommendations), these being the health workforce, data and digital, and capital investment. He also referred to the 'restorative' approach being undertaken with mesh injured patients.

The new Deputy Director General Health Workforce, Ms Anna Clark, also spoke with CMC members. She described the new structure, its areas of focus and the strategic priorities, which are capability, capacity, culture and the criticality of particular workforces. The Ministry has identified seven focus areas – growing the Māori workforce, growing the Pacific Island workforce, data improvement (to assist decision making), models of care, wellness of the workforce, leadership and rural workforce. This is obviously an area of importance to RACS and each of its nine specialties, so the NZNB will be looking to engage with the Ministry's Workforce Directorate.

Medical Council of New Zealand

Dr Curtis Walker, MCNZ Chair, and Mrs Joan Simeon, MCNZ CE, attended the August meeting of the NZNB. This was an opportunity for Dr Walker, who is relatively new to the MCNZ Chair role, to meet and talk with NZNB members. The discussions included the MCNZ's recertification requirements; MCNZ's focus on cultural safety, competence and health equity; and how our two organisations might assist each other with complaints around poor professional behaviour. The issue of protection of 'surgeon' title was raised but Dr Walker advised this was not possible under our current Health Practitioners Competence Assurance Act.

Surgical Mesh

Several surgeons are part of the Ministry of Health's Mesh Roundtable. This met again in early August and discussed the forums to hear the stories of mesh injured patients. There have been eight held to date with expressions of interest to present personally from over 600 people. A summary document of the stories will be produced later in the year.

In addition, Waitemata DHB is developing a credentialling framework for pelvic floor surgery through a collaboration between gynaecologists and urologists. The process is to be patient focused and include informed consent, multidisciplinary workforce development, credentialling, PROMS and mesh implant tracking. The process may be transferable nationally both in public and private hospitals but that has not yet been determined. The Ministry is to undertake a stocktake of the credentialling processes introduced by DHBs and private hospitals to determine the current status of mesh surgery and what data is currently being collected. That will be benchmarked against a suggested list of data fields that the Ministry has produced.

The Roundtable has produced a patient information booklet on midurethral slings for stress urinary incontinence to complement the informed consent process. This is to be released shortly.

NZ Resuscitation Council

This Council is the guideline setting body for all resuscitation and first aid in New Zealand. The NZNB has had a representative on this Council for a number of years now,

with that role filled, until recently, by Mr Murray Cox, a vascular surgeon in Taranaki. Professor Sean Galvin, a cardiothoracic surgeon in Wellington, is now the RACS Representative on this Council.

Justine Peterson
New Zealand Manager

Younger Fellows

2019 has continued to be a busy time for planning Younger Fellow activities in ANZ.

I convened the RACS Younger Fellows Forum which was held in Bangkok, Thailand Friday 3 May - Sunday 5 May 2019. I am currently collecting feedback on a draft recommendation that will be presented to College council later in the year. A summary of the main themes discussed at the forum are:

1. The variation in how Trainees or surgeons who become parents are treated across the Australian States and in New Zealand
2. The increasing amount of information fatigue that Fellows suffer from a variety of sources and how the College can address this in its strategic plan
3. The impact of Post Fellowship education and training on workforce planning
4. Induction, training and support for supervisors of training and how this can be improved.

The Preparation for Practice (PFP) course was due to be held on Friday 2 August 2019 at the RACS office in Wellington. It was cancelled at the last minute due to poor registration numbers. This is the second year in a row that the course was cancelled due to poor registration. This is a great disappointment as a number of speakers from Wellington and out of region contributed to and set aside time for it. We have discussed potential reasons for poor registration and the relevance of this course to NZ Younger Fellows and Trainees. We will probably have the course in Auckland next year to increase registration and the course may also need a rebranding and restructure to improve relevance to a NZ audience. If anyone has any comments or suggestions please feel free to contact me.

sean.galvin@ccdhub.org.nz

Bongiorno Travel Grant – Younger Fellows

The Younger Fellows Committee, in partnership with the Bongiorno National Network and Medtronic, are offering three travelling grants to assist Younger Fellows who are going overseas to further post Fellowship studies and diversify their surgical experiences.

Applications for the Bongiorno National Network Travel Grant and Medtronic Travelling Fellowship Grants for those commencing travelling in 2020 are now open.

The Bongiorno National Network travel grant is valued at A\$10,000 (excl. GST) *(subject to Council approval and returns.)*

The Medtronic grants (2 available) are valued at A\$7,500 (excl. GST).

Eligibility criteria

The applicant must be a Younger Fellow of the College (within 10 years of gaining Fellowship) at the time of submitting their application who is planning to travel overseas within the next 12 months to further post Fellowship studies prior to returning to Australasia to practice.

Applicants apply by completing an Application Form on the RACS website.

Applications close 5.00pm (AEST) Monday 23 September 2019.

SURGICAL PIONEERS

Sir Carrick Hay Robertson (1879 – 1963)

Jonathan Koea FRACS

Carrick Hey Robertson was born on 27 August 1879 in County Lanark, Scotland. His father was an engineer and his mother a homemaker. A brother, David, was born in 1881. In 1885 the family relocated to London where his father became manager of the London Rice Mills. Carrick attended primary school for three years and then St Dunstan's College in 1888. He was there for 8 years. The school was progressive for the times having a science syllabus as well as emphasis on classics and the arts. He was a member of the schools 2nd XI and 1st XV and won the French prize.

In 1896, aged 17, he entered Guys Hospital as a medical student. His reasons for selecting medicine as a career are not known. His brother followed his father and became an engineer. However, at Guys he excelled winning prizes for anatomy, dissections, and all-round excellence in 1899. He became LRCP and won the gold medal for medicine in 1900, was awarded the MB degree by the University of London in 1901, the BS degree in 1902 and became FRCS in 1904. Unusually he did not enter practice in London and took up a 12-month locum surgical position in Durban, South Africa in 1905. Here he performed many common surgical procedures but, most importantly, met Emmeline Constance Maxwell Hibberd whose family came from Jersey, and whose father was the Postmaster General of Durban. They became engaged to be married. At the completion of his locum Carrick was reluctant to return to practice in the United Kingdom and instead wrote to Constance:

"I could set up a practice in Harley Street but it would be rather dull.....I will go to New Zealand and work there for a year.....I will send for you and we can make our life there together".

It is not clear why Carrick felt his prospects were so limited in the United Kingdom and his reluctance to settle there. Consequently, after a short locum in Bath he sailed for New Zealand on the Kaipara with a tentative agreement to join a surgical practice in Auckland. After arriving in Auckland he found the arrangement and the practice were not as represented and he withdrew from the agreement. On what was probably a whim he took the train south to Waihi which, at that time, had a population of 6000, with over 1000 men working in the gold mines. Gold was worth NZ\$2500 an ounce in current value.

Carrick stayed at the Rob Roy Hotel. Just after checking in a man staggered into the hotel with a significant forearm laceration involving both tendons and significant arteries. His kit was with him so, with Russell Cranwell the local dentist administering chloroform, he repaired the artery and tendons and the patient recovered. He opened a general practice and was appointed Honorary Surgeon to Waihi Hospital with an annual salary of £50, subsequently

becoming the Surgeon Superintendent in 1907 (annual salary £250). He cabled Constance "New Zealand has passed the test" and she joined him in late 1906. They married four days after her arrival at the cathedral in Parnell and settled in Waihi.

In Waihi, Carrick's practice was a mixture of general practice (he opened a surgery in the Karangahape Gorge in 1906), management of silicosis and chronic respiratory disease and as well as surgery in general. Review of the operative logbook for Waihi Hospital at this time shows operations for appendicitis, ventral hernia, thyroid disease, fracture fixation, abscess drainage, wound care and evacuation of subdural hematoma. On the wards admissions are recorded for tuberculosis, scarlet fever, trauma, cancer and heart failure.

Carrick and Constance had two children in Waihi, John born in 1906 and Joan born in 1909. However, with the downturn in mining and the riots that affected Waihi, the Robertsons moved to Auckland in 1912 and settled at 1 Alfred Street in the city before moving to Rannoch in Gilgit Road, Epsom adjacent to The Mercy Hospital in 1932. Two other children were born, David in 1916 and Maurice in 1918. Carrick served during World War I on the hospital ship Marama returning to Auckland to run a 100-bed surgical ward at Auckland Hospital for war wounded. From his arrival in Auckland Carrick worked at Auckland Hospital and, from 1920, at Mercy Hospital until his retirement in 1957. His surgical achievements include New Zealand's first open heart operation in 1927, the first use of open heart massage for intraoperative cardiac arrest, craniotomy for a posterior fossa cyst in 1930, at least 12 pituitary resections, resection of a 7th nerve tumour, and 754 thyroidectomies between 1930 and 1935. He was made an honorary fellow of the American College of Surgeons in 1924, was a founding member of RACS in 1927 and knighted for his service to surgery in 1930. He made contributions to New Zealand natural history recovering 42 complete Moa skeletons for Auckland Museum with his great friend Sir Frank Mappin, as well as preservation of the Waipoua forest, Auckland's wetlands and offshore islands with his son David. He also operated on two New Zealand Prime Ministers (William Massey in 1924 and Sir Keith Holyoake in 1952).

Constance and Carrick were a



Carrick and Constance on the wharf at Auckland immediately following her arrival in New Zealand in 1906.

devoted couple. Sadly, Constance developed a progressive paralysis in 1946, most likely motor neurone disease, and was hospitalised at Mercy in 1947, requiring full care. Carrick visited her daily and arranged for a telephone to be installed in her room. He would call her several times a day and speak to her although she was unable to reply. Constance died of pneumonia in 1950 and is buried at Purewa Cemetery. Carrick's later years were limited by increasing pain in his right hip due to osteoarthritis. He underwent a total hip joint replacement in 1953 with New Zealander Karl Nissen at the Royal National Orthopaedic Hospital. The replacement failed in 1960 with salvage surgery also failing resulting in a significant loss of mobility. Sir Carrick died in 1963 of pneumonia and is buried next to Constance at Purewa Cemetery.

Sir Carrick Robertson is largely remembered for the prize in surgery, that bears his name, presented to the final year medical student at the University of Auckland with the best marks in clinical surgery. However, he was New Zealand's first international surgical figure. He faced significant periods of adversity but successfully pioneered neurosurgery, endocrine surgery and cardiac surgery as well as general surgery and made contributions to hospital and College governance. He accomplished all this and nurtured a close and successful family.

Surgical Pioneers 2019 - Rediscovering our treasured trailblazers

Adip into the deep treasure trove of New Zealand's surgical history revealed some real gems at the Surgical Pioneers event, held in Wellington on 14 August.

This year's session was the eighth in the series that rediscovers and documents the trailblazers of surgery in New Zealand. Bill Sugrue, a retired surgeon from Whangarei and organiser extraordinaire of Surgical Pioneers, opened last month's event with a wonderful and fitting tribute to Wyn Beasley who died towards the end of July. Wyn was honoured with a Festschrift at Surgical Pioneers last year.

Treasures rediscovered at Surgical Pioneers 2019 included New Zealand's first female FRCS Jean Sandel, Auckland general surgeon Sir Carrick Robertson who was internationally renowned for goitre surgery but was also a local pioneer of neurosurgery, and Bob Elliott who served as an Ear, Nose and Throat surgeon in various parts of Europe during the Second World War.

Auckland neurosurgeon Edward Mee and Auckland Otolaryngology Head and Neck surgeon Subhasch Shetty rounded off the afternoon with colourful and

comprehensive histories of neurosurgery and thyroid surgery respectively.

Surgical Pioneers is building up a very precious and unique surgical history resource in New Zealand. The decision has been made to run this event every two years. Anyone who would like to volunteer to assist Bill Sugrue with Surgical Pioneers 2021 or take over the reins completely, would be warmly welcomed. Contact Bill Sugrue on 022 034 2118 or email college.nz@surgeons.org.



Some of the attendees at Surgical Pioneers 2019.

Court Of Examiners For The Fellowship Examination

Applications for Appointment to the Court of Examiners are now open for the following specialties:

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Orthopaedic Surgery
- Otolaryngology Head and Neck Surgery
- Plastic and Reconstructive Surgery
- Urology

Please email your completed application form and a current curriculum vitae to Court.Examiners@surgeons.org by Friday, 8 November 2019 for appointment in 2020.

Application forms and relevant policies are available on the RACS website, Court of Examiner webpage or by request from the Examinations Department.

For further information please contact the Examinations Department. Email: Court.Examiners@surgeons.org or Ph +61 3 9276 7471.

Surgery 2019

Everyone knows that Wellington simply cannot be beaten on a good day, and participants experienced this for themselves on both days of Surgery 2019: Back to the Suture! Te Papa, set on the edge of the Capital's sparkling waterfront, was the venue for this year's scientific meeting on 15-16 August.

Ashley Bloomfield, Director General of Health, began the first day's proceedings on a positive note, telling the audience that a much needed increase in the health system's capital funding was on the way. This year's Budget contains \$850m for capital works, excluding the new Dunedin hospital. "Limited capital funding has been a challenge, investment simply needs to happen."

Rob Sheen, a plastic and reconstructive surgeon from Ballarat, ended the first session with an exploration of the need to protect surgeons' titles. "A robust titling regime allows patients to make a more informed decision about their choice of provider. Deceptive use of titles can lead to poor patient choices and patient safety is compromised." While there seemed to be a reluctance by regulators to consider restricting the use of titles, the problem needed to be solved. "Our patients deserve nothing less."

Anthony Hill, Health and Disability Commissioner, told participants in the next session that in the last 25 years we have made enormous progress with informed consent. "We are in a very different place now but there is still plenty of work to do." And he had some case studies to prove it. "Context, process and communication really matter. Who is going to be doing the surgery matters and is what a reasonable person might want to know."

Participants were given plenty of food for thought after lunch with a range of inspiring and confronting presentations on how diversity enhances surgical practice. RACS Councillor and Chair of the Indigenous Health Committee, Maxine Ronald, challenged people to take an honest look at the impact of systems on health care. "If any of us developed a system, none of us would develop one that delivered poor outcomes for one group of people. We need to view the system from a colonial point of view and question it." For example, there was no point having a screening programme for a certain age group if Māori were developing cancer younger.

Nicola Hill, New Zealand National Board Chair, questioned whether the traditional ways of training were still appropriate. To attract the best and brightest graduates into surgery, RACS needed to encourage a culture of diverse surgical career paths, embrace flexible training pathways, support generalism as a career path and work to ensure that pregnancy is regarded as a normal life event.

The second day began with a session on dilemmas ranging from managing the care of frail, elderly patients and making ethical decisions day to day through to working out when to retire. Andrew Connolly encouraged people to plan carefully for life after the operating theatre while American plastic surgeon, Bud Alpert's advice was to "never sit on a winning hand too long".

The afternoon session featured Karen Bartholomew, Clinical Director, Health Gain, at Waitematā District Health Board, on practical initiatives the DHB was working on to close the gap in Māori life expectancy. One of the keys was to identify barriers that prevented Māori from accessing services and intervening to reduce the barriers. "What's relevant is looking hard at what the system is doing and the changes we can make, and not focussing on what the patient is not doing."

RACS Councillor and Women in Surgery group Chair, Christine Lai, ended the conference by encouraging participants to build a social media presence. Surgeons needed to engage in social media to produce good content for patients or direct them to reputable sources. And it is a valuable means of connecting and engaging with colleagues after Surgery 2019: Back to the Suture!



L-R: Patrick Dawes and Subhasch Shetty



L-R: Russell Blakelock, Ian Civil and Tony Sparnon



L-R: Chelsea Jacobs-Prescott, Maxine Ronald and PJ Faumuina



L-R: Richard Reid, Kiki Maoate and Stuart Gowland

OBITUARIES

EDWARD CAMERON WATSON FRCS(Ed) FRCS(Eng) FRACS

15 December 1927 - 30 October 2017

General Surgeon

Edward (Ted) Watson was born in Dunedin, the eldest child of Vera and Edward Baden Watson. His father was a surgeon, his mother a music teacher and he had two siblings - Arthur and Diane. Ted's childhood years were spent in Ranfurly (Central Otago) and later Pahiatua (North Wairarapa) where he finished his primary school education at the Pahiatua District High School. Secondary schooling was as a boarder at Wanganui Collegiate School where he enjoyed sport, particularly tennis, boxing and rugby.

Ted entered Otago Medical School in 1946, securing one of the 30 places held for school-leavers (returning servicemen were being given preference at that time). A long-time resident of Selwyn College, he was awarded Varsity Blues for boxing and tennis and represented the university in rugby. After completing his MBChB in 1952 Ted moved to Palmerston North as a house surgeon, where in his words he met the "cool and beautiful" nurse, Margaret Black. They married in January 1955 and within a couple of months left for the UK.

Ted began his surgical training in Edinburgh, commencing with plastic surgery at Bangour Hospital. There he was introduced to the latest techniques of burns management acquired during the war. Successfully gaining his FRCS(Ed) in 1956, Ted and Margaret returned to London where, during the next three and a half years, Ted gained experience working in Fairbrough Hospital, Kent, in 1956, Charing Cross Hospital and St Marks Hospital during 1959. During this period, he gained experience in colorectal disease and worked with William Gabriel, Sir Hugh Lockhart-Mummery, Sir Clifford Naughton Morgan and O V Lloyd Davies. Living in London, Margaret and Ted welcomed the arrival of three children - Martine (1956), Michele (1957) and Kristin (1958) – and Ted became FRCS(Eng).

Ted, Margaret and their family returned to New Zealand in 1960, when Ted commenced work at Wellington Hospital and quickly gained his FRACS. His youngest children, Shona, born in 1961 and Edward in 1964, completed the family. Ted worked first as a surgical tutor 1960-61 and then Senior Admitting and Casualty Medical Officer during 1962. In 1963 Ted was appointed Visiting General Surgeon at Wellington Hospital, an appointment he held for nearly 30 years until his retirement in 1992.

A skilled and compassionate surgeon with a strong work ethic, Ted was highly regarded by his patients. He also very much enjoyed his teaching responsibilities with his house surgeons and registrars. They appreciated coming into his home for a Sunday night meal with the family. He also had a busy private practice, operating at Calvary (later to become Wakefield) and Bowen Hospitals as well as periods with the Home of Compassion and Kenepuru Hospital in Porirua. He was an active contributor within the

Wellington Hospital serving as Chair of the Wellington Senior Staff committee and also the Combined Wellington Hospitals Committee.

Soon after his return to New Zealand Ted became involved in activities on behalf of the College, serving as the national coordinator for Surgical Supervisors for six years, member and Chair of the New Zealand Committee, examining in General Surgery for six years and then chairing the New Zealand section of the Court of Examiners for six years. He was elected to the Medical Council of New Zealand, serving six years. He served terms as an executive member and Chair of the Wellington Division of the Cancer Society and in various governance roles within District Health Boards, then known as CHes.

Ted believed that with his busy life he needed to be physically fit, a practice he adhered to all his life, playing competitive tennis and squash, cycling, regularly attending the gym and bush walking with similarly fit friends. Ted was one of the first Wellington adopters of the E-bike spending happy hours well into his late 80s riding around Wellington's bays and out to the Hutt Valley. His active life-style was the subject of a 2015 Radio New Zealand documentary which explored his love of his E-bike.

Ted was devoted to Margaret and their children. While there were legendary family holidays spent around New Zealand, the family holiday home at Kuratau, Lake Taupo, always held a special place for him. He loved the lake and its myriad of picnic areas, was a keen fly fisherman, and enjoyed boating and towing skiers. Surrounded by his family, he was happiest entertaining a close group of friends and their families. He took a great interest in the progress of this special place and never missed an AGM of the Omori Kuratau Ratepayers' Association. It was ironic that Ted died the day Margaret was undergoing colorectal surgery.

Ted is greatly missed by Margaret, their five children - Martine (education), Michele (journalism), Kristin (nurse-researcher), Shona (clinical psychologist) and Edward (physician-researcher), twelve grandchildren and three step-grandchildren.

Members of the Watson family are thanked for their considerable assistance in the preparation of this obituary.



JACK REUBEN SALAS FRCS(Ed) FRACS

11 April 1919 - 22 September 2014

Ear, Nose And Throat Surgeon

Jack Salas was born in Auckland to Rose (Myers) Salas and Rabbi Max Salas, the fifth of their six children. The first-born son died before Jack's birth, leaving him with three older sisters and a younger brother. Jack attended Maungawhau School (primary) in Mt Eden and then Mt Albert Grammar, from which he matriculated. He was active, a bantam weight boxer, and enjoyed the freedom of the outdoors, but regretted that his Jewish upbringing ruled out Saturday sports for him. A keen medical corps school cadet, he was inspired to study medicine.

Jack's family was of modest means and, as there was insufficient to permit university attendance, Jack secured a job as a clerk in the Inland Revenue Department. He continued training with the territorials and, aged 20 when war broke out in September 1939, enlisted promptly with his unit, departing for North Africa with the 1st Echelon in January 1940. He was wounded in Crete in 1941, but, sheltered by local villagers, was able to avoid capture. For their care and selfless kindness, he felt a lifelong debt of gratitude. Recovering partially from his wounds, Jack was attached to the Greek Army in Palestine for a short time, before returning to active service in the 2nd New Zealand Division in Egypt, taking part in the battle of El Alamein. At the battle of Takrouna in April 1943 he sustained serious wounds and, to his great disappointment, was invalided out of the war. He was discharged in 1944 and told he would never run or play sport again. Not one to give up, Jack worked hard at his rehabilitation, and in due course proved that prediction incorrect.

In 1945, assisted by a government bursary for returned soldiers, he enrolled as a medical student at Otago University. There he met Laurie Webster, née Hay, an arts graduate whose husband had died in a medical accident whilst in military training. Jack and Laurie, two mature students whose lives had impelled them towards medicine, married in 1946, and started a family in 1947 - Laurie giving up her medical studies. Completing his MB ChB in 1949, Jack worked as a house surgeon in Dunedin and Christchurch Hospitals, and in general practice in Timaru 1950-51. In 1952, Jack and Laurie, with children, Felicity, Margaret (Jo) and Janet, travelled to Edinburgh where he gained his FRCS(Ed) in 1953 and began ENT training. In Edinburgh he worked as Clinical Assistant to the eminent surgeons Simpson-Hall and Brownlee-Smith, and was SHO, and later Registrar, to Drs Stewart and Lumsden.

Returning to New Zealand in 1954 Jack commenced at Christchurch Hospital and then secured a position as Specialist ENT surgeon at Timaru Hospital. In 1957, anticipating better career prospects, he took up an appointment as Specialist ENT Surgeon at Wellington Hospital and the family, now with four daughters (two sons would be born later) moved to the capital. In 1958 he obtained his FRACS. Jack's medical career was not aided by the anti-Semitism that persisted in New Zealand after WW2, and this compromised his career

opportunities. (Although he had ceased practising his parents' religion at the age of seventeen, he retained a connection to the Jewish community, and honoured family obligations according to the Jewish tradition.) In 1968, Jack resigned from Wellington Hospital and set up consulting rooms with urologist Fergus Ferguson in Tinakori Road, operating at Calvary Hospital, the Home of Compassion and at Bowen Hospital. The Home of Compassion was a registered Charitable Hospital which offered medical care to the disadvantaged in the community, including those with physical challenges. Jack embraced this spirit fully, operating there weekly, and frequently referring patients there when he considered that they could not afford private hospital care. On turning 65 in 1984, he retired from surgery, believing that his age could become a risk factor.

Sister Shirley Tunnicliffe described Jack - "He was noted to be a very skilled and inventive surgeon, especially in the area of microscopic ear surgery where he was always looking for ways to improve techniques to achieve better outcomes. Setting very high standards at all times, he expected the same from all who worked with him either in the operating theatre or in the wards. The Sisters of Compassion and all those who worked with him over the many years have a lasting memory of Jack's care and concern for his patients, particularly those with special needs. He was very generous with his time and talents and contributed greatly to the work of Compassion."

In retirement, he remained active in many areas of medical practice, as well as developing new interests. Jack and Laurie regarded community involvement as their duty, and Jack became a strong supporter of the Red Cross. He was a co-founder of the Te Aro Clinic, in Wellington, set up in 1985 to provide free or low-cost medical care to those who were substance-dependent or homeless. He also worked for some years as a prison medical officer. He had a long association with ACC as a consultant, enjoying the challenge and variety of work locations, including going down the mines.

A keen photographer in his younger days, Jack set up a dark room at home, taking photographs of his work and young family and appreciating fine cameras. With a life spent acquiring knowledge, and the ability to recognise and adopt innovation, even in his eighties and nineties Jack was an active user of the internet and associated technology. The advances in communication helped him stay in touch not only with family, but also friends and acquaintances, and, despite failing sight and mobility, meant that he could keep up with world affairs and developments in his medical field. He tutored at SeniorNet for some years until his health and eyesight made it impossible. A skilled technician, he



became an enthusiastic and adept woodturner, dedicating daily time to productive woodcraft until he moved to a rest home. Jack left a large and loved library behind, and a legacy of inquiry and research.

Jack was a social being who enjoyed long friendships and a love of good whisky and wine. His sharp wit, insight, intelligence and excellent memory made him a formidable raconteur. Throughout their lives Jack and Laurie, with their sense of belonging to a generation of survivors, kept in touch with a close circle of friends from wartime and

university. They shared a deep intellectual bond and a strong commitment to the community which carried with it an acceptance of responsibility for its welfare. When Laurie was honoured (DBE) for her work in international peace and women's movements Jack was extremely proud.

Jack died in 2014 and Laurie in 2017. They are survived by their six children, Felicity, Jo, Janet, Rosie, David and Patrick, seven grandchildren, and eight great-grandchildren.

This obituary was prepared with considerable assistance from Jack Salas's children.

ANTHONY (TONY) WILLIAM PIERRE FRACS

1 August 1941 - 11 November 2018

General Surgeon

Tony was born in Christchurch, the elder son of William Pierre, a school principal, and Florence (nee Edwards) also a school-teacher. He had an older sister, Anne, and brother, Richard. Tony commenced his schooling at Hornby Primary School and subsequently attended both Primary and Secondary Divisions of Geraldine District High School where his father was the Principal. Tony's kindness, compassion and calming touch were recognised at an early age. He was the only person Tigger, the family cat, trusted to remove embedded grass seeds that could cause ear infections.

After completing his intermediate year at Canterbury University, Tony gained entry to Otago Medical School completing his MB ChB in 1967. This period was noteworthy for his marriage in 1964 to Dulcie (nee Harris), a hairdresser. House surgeon years were spent at Kew Hospital, Invercargill, where stimulated to follow a surgical career, he remained a further two years as a surgical registrar. In Invercargill Tony developed a longstanding friendship with John MacDonald who was simultaneously commencing a career in surgery. As passing the formidable Primary Examination was an essential prerequisite for a career in surgery, Tony returned to Medical School in 1971 as an Anatomy Demonstrator. With the Primary safely negotiated, Tony and Dulcie returned to Invercargill for a further two years, during which Tony gained his FRACS.

In 1974 Tony and Dulcie, with three children, Timothy, Christopher and David, headed off to London. Over the next two years Tony worked at the Hammersmith and King George V Hospitals gaining increasing experience in general surgery. This period came to an abrupt conclusion at the end of 1975 when Tony was offered a position as Surgeon at Balclutha Hospital in South Otago and the family returned to New Zealand. In this role Tony was a true general surgeon, coping with "surgery in breadth" – comprising the range of general surgery together with orthopaedics, gynaecology, caesarean sections, and some ENT. Regular interaction with visiting surgeons from Dunedin assisted in the maintenance of this broad range of knowledge and skill as surgery became increasingly subspecialised. He was an early and skilled exponent of laparoscopic surgery. Tony remained in this position for the next twenty years, taking the role of Surgeon Superintendent of the hospital following the retirement of his surgical colleague, Mr Tom Miller.

When Balclutha Hospital was closed in 1996, in common with several other smaller provincial hospitals under the health reforms at that time, Tony was greatly disappointed but found a new position at Ashburton Hospital where he was able to work alongside John MacDonald once more. Together with Phil Godfrey, this team of three 'surgeons in general' provided a wide range of surgical care for the Mid-Canterbury population, until Tony retired from clinical practice in 2009. John described Tony as a good reliable colleague, who was very competent over a wide range of surgery. Tony was always committed to the well-being of his patients, willingly spending time with them outside of normal hospital routines after major surgery.

Of a reserved nature, Tony was strongly committed to his family, surgery and a relatively small circle of close friends. In his earlier years Tony produced several skilfully executed water colour paintings of sailing, steam powered and motor ships. Having worked in the transport industry as a student, he retained a lifetime passion for big trucks and machines of all types. A keen motorcyclist, Tony was an enthusiastic rider of a Yamaha 1200, and with a group of fellow-enthusiasts (which included Dulcie for many years), enjoyed regular excursions on his bike. He was also a keen modeller, building several carefully crafted boats, model aircraft, and creating a large model railway.

Following retirement Tony began to show signs of Alzheimer's Disease and slowly deteriorated. Articulating his thoughts became difficult. However, the illness did not change his personality, his kind and gentle nature, or take away his lively sense of humour and the twinkle in his eye. He retained his empathy and a strong interest in dogs and cats. He was cared for by Dulcie until his disability necessitated more extensive assistance, which was provided at Cashmere View Hospital in Christchurch.

Tony is survived by and greatly missed by his wife, Dulcie, children Tim, Chris and David, seven grandchildren and his sister Anne and brother Richard.

This obituary was prepared with the assistance of Mr John MacDonald FRACS, Dulcie, Anne and Richard.



ARTHUR WYNYARD BEASLEY CNZM OBE FRCS(Ed) FRACS

25 January 1926 - 23 July 2019

Orthopaedic Surgeon

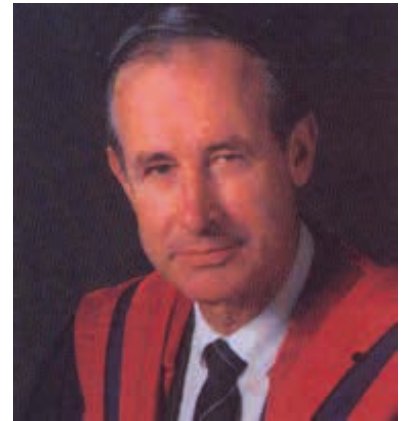
Wyn Beasley, with incredible power of observation and memory, and placing great value on intellectual curiosity, acquired an encyclopaedic knowledge of a broad range of subjects. Traversing both arts and sciences he could readily be described as a polymath. Even though he was a very capable musician and artist, he chose to follow a career in orthopaedic surgery, committing strongly to College activities resulting in his election to Vice-President and the Court of Honour. Once he retired from surgery, he devoted the remainder of his life to researching, describing and writing widely acclaimed articles and a series of scholarly historical books.

Arthur Wynyard Beasley (known as Wyn throughout his life) was born in Auckland, the only child of Arthur Beasley, a school headmaster, and Gladys Hannken. Arthur was a calm, kind, patient and generous man while Gladys, of Teutonic descent, was strict and protective to the extent young Wyn had to come home from school for lunch with her each day, rather than play with his friends. Wyn was brought up in a family with a strong musical background. He attended Mt Albert secondary school, where despite taking Greek and Latin among his subjects, he gained the second highest mark in the national University Scholarship examinations.

In following a career in medicine, Wyn was clearly influenced by his cousin, Donald Beasley, 6 years his senior, who had followed that path. Completing his intermediate year at Auckland University Wyn entered Medical School in 1945. Residing at Knox College and enjoying new-found freedom and novel experiences, Wyn's medical education was compromised to such an extent he nearly failed to complete his medical degree. At one point, he won a music scholarship, but senior medical school staff warned him that if he accepted it, he would no longer be able to continue in medicine. Not having played sport previously, he overcame this disadvantage by taking up long distance walking and gained a University Blue. Whilst on the train heading northwards to represent Otago University at an Easter Tournament he met Alice Clarke, a Phys Ed student and netball representative. A friendship quickly blossomed and Alice helped Wyn refocus on his priorities, at least to the point where he finished his degree, following which they married.

At the end of 5th year Wyn found himself working in the Dunedin Orthopaedic Department as acting house surgeon with Walden Fitzgerald. This proved a life-shaping experience and in 1951, after spending his 6th year in Auckland, Wyn began work as a house surgeon on the Allan (Sandy) MacDonald and Selwyn Morris orthopaedic run at Middlemore Hospital. Sandy, having a medico-legal interest, emphasised the importance of simple language and clear communication at all times. Writing should be simple and accurate, with the careful selection of words to convey the correct meaning and the avoidance of jargon. Profoundly influenced by this working environment Wyn

requested an extra three months on the run, so at the end of his house surgeon year, with three months in A & E, he had spent most of his time doing orthopaedics and trauma. Although he enjoyed the next year as an assistant in general practice, it confirmed for him "that orthopaedic surgery was of greater interest".



With a Medical Bursary to honour, Wyn elected to spend the next year as a medical officer in the Army. As well as furthering an existing interest in the Army, being based at Linton Military Camp provided an opportunity to attend medical staff meetings at Palmerston North Hospital. It was there he met Dick Dawson, an outstanding personality and an innovative thinker, who was the sole orthopaedic surgeon at Palmerston North. Expressing the need for a registrar to meet the demands of a heavy workload he arranged for Wyn to commence his first surgical registrar position the following year.

In 1955, in common with most aspiring colonial surgeons at that time, Wyn and Alice with their first child, Spencer, travelled to England so Wyn could further his surgical training. Spending the first three months at the Royal College of Surgeons taking a full-time preparatory course, Wyn successfully completed the primary examination. He then obtained a position at Heatherwood Hospital with Roy Maudsley. This was followed by a position at St Margaret's Hospital, Epping, where he worked with Geoffrey Fisk, a pioneer in hand surgery. Wyn was awarded his FRCS(Ed) during 1956.

Towards the end of 1956, with money running short, Wyn accepted a position as senior registrar in Wellington Hospital and the family of five, following the birth of John in 1955 and Richard in 1956, returned to New Zealand. The family was completed with the birth of Graeme in 1964. Within a short time of his return Wyn had completed his FRACS examination and was soon after offered a consultant post. Although working as a general orthopaedic consultant to Wellington Hospital, Wyn's practice had a paediatric bent and included private practice. In addition, Kennedy Elliott, who was on the staff in Wellington at that time, encouraged him to take an interest in artificial limbs. Wyn was Chairman of the Division of Surgery 1978-82 and head of the Wellington orthopaedic service 1980-89, retiring from clinical practice at the comparatively early age of 63 years.

Wyn's career was also influenced by Sir Alexander Gillies, who had a longstanding commitment to the Red Cross

and the Crippled Children's Society. In 1967 Wyn was encouraged to travel to Western Samoa to "assess cripples – ie, those on crutches or walking funny". While many of these people had disabilities reflecting Yaws and selective palsy at the site of intramuscular injection, there was also polio, neglected club foot and cerebral palsy. During 1968-69 Wyn made return visits as a member of surgical teams. In the 1970s, as Chair of the New Zealand Red Cross Society, he travelled to Ethiopia and Viet Nam to visit relief teams.

From an early stage, Wyn took an active interest in the activities of the RACS. He became Secretary to the New Zealand Committee in 1966 and an elected member in 1972, serving as Deputy Chair in 1975. He was a member of the Court of Examiners 1972-82 and was elected to Council in 1975 serving until 1986 including a term as Vice President 1983-85. In recognition of his significant contributions to the College, Wyn was made a member of the Court of Honour in 1986. He took an active role within the New Zealand Orthopaedic Association serving on the Executive and Manpower Committee and as the NZOA Nominee to the NZ Artificial Limb Board for thirty years.

Wyn had leadership roles in the Wellington Division of the New Zealand Medical Association and the International Society for prosthetics and Orthotics and was President of the Traffic Accident Research Foundation and Council. Perhaps less well-known, but unsurprising given Wyn's focus on knowledge, was his very significant contribution to secondary school education in Wellington serving on the Wellington College Board of Governors 1981-89 and the Wellington Secondary Schools Council 1986-89. He served ten years as a board member of the Everton Hall Trust Board 1974-84 – developing and administering a Presbyterian-Methodist hall of residence for Victoria University.

Wyn had a long commitment to the NZ military service beginning with his appointment as Regimental Medical Officer to 1Bn The Auckland Regiment [CRO] in 1951 when a house surgeon. This was further stimulated during his year as a medical officer at Linton Camp in 1953. Reflecting his training during the relatively short period following the second world war, Wyn retained strong links with the military after his return to New Zealand, rising to the rank Colonel and was awarded the OBE in 1971 for his contributions. Wyn finally retired from the military in 1990 having served as Colonel Commandant of the Royal New Zealand Army Medical Corps for the four preceding years.

On ceasing clinical practice Wyn turned increasingly to his love of language, historical research and writing. During the next three decades he became widely recognised for his scholarly lectures and publications. He wrote and published 13 books and contributed to numerous others. As a long-time member of the Wellington Club and its President for three years he wrote *The Club on The Terrace: The Wellington Club 1841-1996* (1996) and its more recent history in *Great Advantages: the continuing story of the Club on The Terrace* (2017). His commitment to the College was reflected in his writing *Portraits at the Royal Australasian College of Surgeons* (1993) and *The Mantle of Surgery: the first 75 years of the Royal Australasian College of Surgeons*. (2002). Three other

widely acclaimed publications concerned the lives of historically important people - *Fellowship of Three: the lives and association of John Hunter, James Cook & Joseph Banks* (1993), *Churchill: the supreme survivor. A medical history of Sir Winston Churchill* (2013), and *Zeal & Honour: The life and times of Bernard Freyberg* (2015). His final book, on the contribution made by Cook's surgeons, is awaiting publication. With a great grasp of language and an ability to speak clearly and simply, Wyn was frequently invited to provide named lectures which included the Hamilton Russell Memorial Lecture (twice), the Herbert Moran Memorial Lecture (twice), the Sir Edward [Weary] Dunlop Memorial Lecture, and the RCSEng Hunterian Lecture. His artistic flair and knowledge of heraldry has been permanently captured in his design of the RACS flag.

Unsurprisingly, reflecting a life committed to service in multiple fields of endeavour, Wyn has been the recipient of numerous honours. These have included the OBE(Mil) 1971, ED 1974, FACS 1979, FRCEng 2001, CNZM 2005 and membership of the RACS Court of Honour.

Wyn's life reflected a strong moral compass and altruistic instincts founded upon his Christian faith. He was astute, articulate, witty and well informed and had an extraordinary ability to see connections and associations that eluded most. Wyn had a gifted way with words, and mastery of both spoken and written English. He had a presence about him and was disciplined and controlled, considering his thoughts carefully in developing an opinion. He was a generous and charming host, and highly respected by his friends for his wisdom and grace. Everything he took on he did well, usually to perfection.

Wyn was a caring and kind husband, a wonderful and loving father, and a great man, friend to so many. He is greatly missed by Alice, his children -Spencer, John (deceased), Richard and Graeme, and by 14 grandchildren and seven great grand-children.

Wyn Beasley was someone who made the most of his life and left the world a better place for it.

This obituary was prepared with the assistance of Spencer Beasley FRACS and other members of the Beasley family.



NZ National Board,
PO Box 7451,
Wellington 6242,
New Zealand

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Tollfree (NZ only) 0800 787 469 / 0800 SURGNZ

Phone: +64 (4) 385 8247 Fax: +64 (4) 385 8873
Email: College.NZ@surgeons.org

NZ Manager

Justine Peterson
Justine.Peterson@surgeons.org

Executive Director of Surgical Affairs – NZ

Richard Lander
Richard.Lander@surgeons.org

Accountant

Raji Divekar
Raji.Divekar@surgeons.org

Committees & Projects

Isobel McIntyre
Isobel.Mcintyre@surgeons.org

Executive Assistant (NZ Manager & EDSA)

Gloria Aumaivao-Tasi
Gloria.Aumaivao-Tasi@surgeons.org

General Administration/Reception

Andrea Lobo
College.NZ@surgeons.org

IMGs(NZ) and Training

Celia Stanyon
Celia.Stanyon@surgeons.org

Māori Health Project Officer

Chelsea Jacobs-Prescott
Chelsea.Jacobs-Prescott@surgeons.org

Policy & Communications Officer

Philippa Lagan
Philippa.Lagan@surgeons.org

Skills Training

Jaime Winter
Jaime.Winter@surgeons.org