Obituary

OSWALD VAUGHAN LLOYD-DAVIES

MB Lond, FRCS

Mr Lloyd-Davies, renowned for his innovative colorectal surgery, died on July 15, aged 82.

The son of a Welsh clergyman, he was educated at Caterham School, and received his medical education at the Middlesex Hospital, London, from where he graduated in 1930. In 1935, at the age of 30, he was appointed to the surgical staff of St Mark's Hospital for Diseases of the Rectum and Colon, London, and soon after to the Connaught and Hampstead General Hospitals. He remained with those two hospitals until he was appointed to the Middlesex Hospital in 1950, and continued as consultant there and at St Mark's until his retirement in 1970. Thereafter he continued in private practice for some years before retiring completely to his country home and the cultivation of his garden.

Soon after his appointment to St Mark's, he began trying the positioning of patients on the operating table so that both abdomen and perineum were accessible to the surgeon, and devised and had made special leg supports to facilitate this. After several years of trial and improvement, he published his work in *The Lancet* in 1939, a paper which is now regarded as a classic. Following this publication, the use of the lithotomy-Trendelenburg position for all cases of rectal and sigmoid cancer became routine among most surgeons at St Mark's, and was soon adopted throughout the UK and in many other countries. As Lloyd-Davies had predicted, the use of this position and of synchronous operating by both abdominal and perineal surgeons greatly increased the operability rate of advanced rectal cancers, while also reducing the operative mortality.

In the years after the end of the war, he and Naunton Morgan were the two surgeons in this country who did most to perfect the technique of synchronous rectal excision with patients in the Lloyd-Davies position. They were also influential in introducing to this country the operation of anterior resection for rectal cancer, and overcoming the early difficulties and complications of the procedure. Hundreds of patients have avoided a permanent colostomy as a result of their work.

Though Lloyd-Davies was probably best known for his introduction of the lithotomy-Trendelenburg position, he was an original and inventive man who constantly thought about technical improvements. He designed and introduced a proximal-light sigmoidoscope of small diameter, which allowed routine painless sigmoidoscopy in the outpatient department and thus greatly increased diagnostic potential. The same careful thought went into the design and lighting of proctoscopes, and the introduction of other instruments for abdominal and perineal surgery, which are now in routine use in this country and in much of the world.

He was a rather slow but meticulous operator, and a wonderful teacher of young surgeons in the value of careful accurate technique. In the outpatient department, his first lesson was Never Hurt the Patient, and he showed all who worked with him how to diagnose and treat accurately within the constraints of that primary consideration. A modest gentle man, he was always kind to his patients, who had real affection for him. He was trusted and respected by his colleagues and juniors, and young surgeons loved to work with him and for him. Colorectal surgeons everywhere owe a great debt to the original thinking and designs of Oswald Lloyd-Davies, and so much of what we now accept as routine in outpatients and operating theatre were introduced by him.

He married Menna Morgan in 1939, and they had a son, who is now also a surgeon, and a daughter. After Menna's death in 1968, he married Rosamund Ovens in 1970. They lived happily at Ashwell for many years, where friends and former colleagues were always welcome.

HENRY GLUCKMAN

MRCS, LRCP, hon LLD Rhodes and Witwatersrand

Dr Gluckman, formerly chairman of the National Health Services Commission and first Minister of Health in the Union of South Africa, died on June 5, aged 93. He was a pioneer of community medicine and health promotion.

He was born in Lithuania but his family moved to South Africa. He began his medical studies in London in 1912, but, after completing the primary examination for fellowship of the Royal College of Surgeons, he was commissioned with the rank of captain in the South African Medical Corps. With the coming of peace, he returned to Johannesburg and established a private practice. From 1920 to 1940 he served as director of the Johannesburg city council special treatment centre. In 1923 he became a lecturer in the medical school of the new University of the Witwatersrand, a position he held until 1940. He was early drawn to the social and preventive aspects of medicine. From 1920 to 1937 he was chairman of the South African social hygiene council and from 1920 to 1936 he presided over the national committee for health education of the South African Red Cross Society. For a time he was honorary treasurer of the Southern Transvaal branch of the British Medical Association.

His spirit of service and his restless energy led him in 1938 to enter another arena, where he was destined to make his greatest contribution. In May 1938, he was returned to Parliament as member for Yeoville, Johannesburg, securing the biggest majority recorded in that election. Thereafter he was returned unopposed in 1943, 1948, and 1953. He did not seek re-election in 1958. He startled Parliament in 1942 by the facts he had marshalled to support his demand for an inquiry into the health of the nation. In response, the Governor-General appointed Gluckman chairman of a national health services commission entrusted with the task of formulating a health service for all sections of the population of the Union. From 1942 to 1944 he and his fellow-commissioners heard 1000 witnesses and recorded nearly four million words of evidence. The report presented to Parliament in 1944 showed that the Union was spending millions of pounds on ill-health services, which were haphazard, under a number of uncoordinated authorities, and almost exclusively curative. The report held out for promotion of health: if recreation, physical education, housing, and nutrition could be provided, the huge toll of illness and associated institutional treatment could be greatly diminished. Gluckman envisaged a chain of health centres all over the Union to take primary health care to the underprivileged rural communities.

In 1945, he appealed to Parliament to create a ministry of health for implementation of the report, and 9 months later Gluckman was appointed head of the new ministry. He first turned his attention to housing and nutrition and by 1946 the first four of Gluckman's rural and peri-urban health centres were running. At Pholela in Natal, Sidney and Emily Kark established some of the pioneering concepts of community medicine. These centres inspired numbers of medical students to spend their vacations studying the new social medicine. The accession to power of the Nationalists in 1948 saw Gluckman no longer in a position to carry out the recommendations of the Health Commission so he became an opposition front bencher. He turned his undimmed energies to the national war memorial health foundation and the concept of a living war memorial-promoting health projects throughout South Africa with the slogan Disease Knows No Colour Bar. He was appointed president of the foundation in 1952, an office he held until his death.

Those who knew him remember with affection a short, lively, and dapper man, positive in outlook and with a ready quip on his lips. Of a generous nature he endowed creative developments at the Witwatersrand and Rhodes universities. He married Fay Hillman, who died in November, 1976, and he leaves two sons.

We honour his memory for over 60 years of service to all the peoples of South Africa, and for his pioneering attempts to establish the principles and practice of community medicine.