IN MEMORIAM

ALBIN LAMBOTTE
1866-1955

The beloved Maître of Belgian surgery and great pioneer of internal fixation for fractures passed away in Antwerp at the age of ninety on August 1, 1955. His death has provoked world-wide expressions of affection and esteem.

Dr Albin Lambotte was born near Brussels on July 3, 1866, the youngest of a family of nine. In due course he qualified with distinction from the Université Libre, and the same year obtained the post of interne at the Stuyvenberg Hospital in Antwerp, the city he was to make his home for the rest of his life. In 1894, only three years after leaving his medical school, he successfully performed his first gastrectomy and embarked on the outstanding career in major surgery which soon established his European reputation and eventually brought him high honours from many learned societies. From about 1902, the year he produced his remarkable fixateur externe, Lambotte concentrated his attention on the treatment of fractures, and a record of his early enterprise in this field may be found in his book L’Intervention opératoire dans les fractures, published in 1907. Fascinated by the problems of exact reduction and firm fixation, he proceeded to design a number of special instruments, many of which, and particularly his bone-holding clamps, had such a fitness for their purpose that they have remained almost unchanged. Lambotte, himself a skilled craftsman, used to make accurate models, often in wood, for the manufacturers to work from; the examples he kept scattered about his large workshop were of great historical interest and will surely be preserved.
Much of Lambotte’s early work was contemporary with that of Arbuthnot Lane, but it proceeded along different lines and was almost certainly independent. At the time Lambotte was probably not more than just aware of events in London—French was his language and he always turned to France. That he came to admire Lane’s work is evident from these words—“A Monsieur le Docteur Arbuthnot Lane, en témoignage de grande admiration”—which he wrote in a copy of his second book, *La chirurgie opératoire des fractures*, published in Paris in 1913, and now in the Library of the Royal Society of Medicine. In his later years Lambotte gradually retired into his sunlit workshop with its orderly array of tools and its walls hung with stringed instruments of his own making. A visit to his home was like a pilgrimage.

Over the years of his active life Lambotte taught many pupils, who were devoted to him not only for his qualities as a surgeon but for the breadth of his intellectual interests. Lambotte was in fact one of those rare men who can make a success of anything they choose to turn their hands to. Not only was he an accomplished violinist but he made violins, violas and ’cellos of superb quality. Well read and widely travelled, he became a connoisseur of art, and his own sculptures in wood were quite delightful. Then he could turn his hand to any kind of mechanical problem and would make for example a fishing reel or rod of superb design, or repair the watches of his nursing sisters.

Those who attended the Bristol meeting of the British Orthopaedic Association will remember the warmth with which Jean Verbrugge, Lambotte’s senior pupil, friend and historian, spoke of his old master and may wish to refer to his extended appreciation in the October number of Acta Orthopaedica Belgica. The work of Lambotte lives on in the vigorous Société Belge d’Orthopédie which he helped to found and never ceased to inspire. K. I. N.

Dr Walter Dauw of Antwerp writes: Dr Albin Lambotte was a great genius and notwithstanding the honours bestowed upon him he remained a simple, warm-hearted and generous man, always ready to assist and give advice to his colleagues, who had the greatest admiration for his skill and regarded him as their great Master. During the years that I was his assistant I had every opportunity to appreciate fully his enthusiasm for osteosynthesis. He will remain in the memory of all those who knew him closely as a well-doer to mankind.
The distinguished Queensland orthopaedic surgeon, Arthur Vincent Meehan, died suddenly in his consulting suite at Ballow Chambers, Wickham Terrace, Brisbane, on December 1, 1955, at the age of sixty-five years. Educated at St Joseph's College, Lewisham, Sydney, he graduated M.B. at Sydney University in 1914. He served thereupon as Resident Medical Officer at Sydney Hospital and was acting superintendent when, in 1915, he enlisted in the Australian Imperial Force, joining the 9th Field Ambulance as Captain. He had a distinguished war record, attaining the rank of Lieutenant-Colonel, twice being mentioned in dispatches. He was wounded at Paschendale and his right leg was amputated below the knee. Although over the years the stump was bothersome it proved no brake on his manifold surgical and academic activities and he was an exemplar of successful adaptation to a prosthesis. On discharge from the Army in 1918 he and a small group of Australian medical men worked under the tutelage of Robert Jones and McMurray in Liverpool where they were saturated with the Liverpool Thomas-Jones principles. Subsequently Meehan went to Edinburgh to complete his foundation training by gaining the Fellowship in Surgery in 1919. On returning to Australia in the same year he married Miss Marian Kenny and
practised in the new speciality of orthopaedic surgery in Brisbane, Queensland. He was appointed to the Rosemount Repatriation Hospital and then to the Hospital for Sick Children (1920–31). He was honorary orthopaedic surgeon to the Brisbane Hospital from 1922 to 1928, and joined the staff of Mater Public Hospitals in 1931, retiring from the active staff in 1950 but remaining consultant surgeon till his death. He served throughout the second world war as orthopaedic surgeon to the 112 A.G.H. Brisbane, and was Consultant to the Army and Air Force. He thus started and organised all the orthopaedic clinics in Brisbane and with ardent spirit and enthusiasm passed the Liverpool torch on to his colleagues who are now senior surgeons in this city, ready as they were to accept an overseas surgical culture.

Arthur Meehan was a prominent Rotarian, serving as President of the Queensland Branch for a term. At his death he was chairman of the Queensland Post-Graduate Medical Education Committee which office he held for some years. He was a foundation fellow of the Royal Australian College of Surgery and State Chairman; and he was a foundation member of the Australian Orthopaedic Association and president from 1942 to 1944. He was a Fellow of the British Orthopaedic Association. He was a vigorous and active member of the British Editorial Board of the Journal of Bone and Joint Surgery. As director of the Queensland Crippled Children's Society he was responsible for much of the important work done for cripples in this state. He also took a prominent part in the organisation of the Mater Hospital teaching school where his facile imparting of deep surgical knowledge won for him a deservedly high reputation. His surgical influence in this state is unequalled. Progressively conservative, he spoke infrequently but always revealingly and to the point. His disapproval of surgical immaturity, as shown by contributions to surgical meetings, was usually expressed only by silence.

Historically, Australia's first orthopaedic surgeons were Teece and Glisson of Sydney, Betts of Adelaide, and Meehan of Brisbane. There are now over eighty active orthopaedic surgeons in this country. Avalanches of cripples well-nigh overwhelmed those pioneers. Arthur Meehan often said that seldom did a week pass without his seeing a paralytic quadruped. The Australian Massage Association had not long been formed, and young orthopaedic surgeons had to formulate and direct a suitable training for aspirants to this profession. The newer treatments of the injured, the Thomas principles and their enlargement by Robert Jones, still had to be learned here by surgery and its handmaid.

Meehan was a skilled operator. His bloodless, cautious and gentle technique set a standard which associates find difficult to imitate. He was an ardent exponent of the non-touch technique of surgery. From the time that he arrived here a complete reorganisation of theatre techniques and fashions arose. For those willing to learn the new orthopaedic message he held night classes at the hospital. Storms of irritability were not infrequent in this stage of transition; but he achieved victory by establishing firmly a more modern theatre mode. His practising pupils to-day, perhaps not over-impressed by more enticing operative possibilities under antibiotic umbrellas, work rather under the fear of chronic invalidism from bone sepsis. He early appreciated the risks of operating through old septic and fibrous scars; he excised them before doing later surgery. He never became converted to the closing of wounds after excision in compound fractures. In earlier years he practised Stoeffel's operating techniques for the relief of spastic muscle imbalance but, being disappointed with the results, favoured arthrodesis especially in the wrist. Likewise in the treatment of talipes equino-varus he abandoned Ober's operation and the more radical one of Brockman because follow-up revealed few satisfactory results. Similarly the decancellation operation of Ogden, and of Curtis and Muro, was condemned after trial. His demonstration of the Naughton-Dunn operation to a meeting of the Royal Australasian College of Surgeons in Brisbane in 1935 was hailed as a masterpiece. All fractured femora in children, and most of these fractures in adults, were treated with the Thomas splint. He
pioneered the Bankart operation in Australia and adhered to the original difficult technique of refixing the glenoid labrum to the bone, believing that the Putti-Platt variation was a schismatic departure from a fundamental attack—an unsound compromise. He never regretted his sparse experience in disc surgery, regarding the operation as neurosurgical. He was wont to say that whoever practised it would not gain much credit. His early experiences with spinal fusion for low back insufficiency made his approach to this problem conservative indeed, and he demanded the strictest indications, even in spondylolisthesis. He had his own unfailing method of arthrodessing the knee with parallel twin cortical grafts transfixing both condyles. For congenital dislocation of the hip if surgical intervention was needed at all he practised only the Colonna operation, though sometimes in adults a bifurcation osteotomy. He never practised acrylic prosthetic hip arthroplasty either for arthritis or for ununited fracture of the neck of the femur, but he did do cup arthroplasty for bilateral osteoarthritis of the hips. At the 1955 meeting of the Australian Orthopaedic Association in Sydney he presented the detailed results of fifty-six followed-up cases of subcervical push-in abduction osteotomy.

The State, the sick, and countless friends have sustained an irreparable loss.

R. S. L.

Having had the rare privilege when visiting Australia of meeting Arthur Meehan, enjoying the hospitality of his wonderfully happy home, and corresponding with him ever since, I must say a word about this quiet, shrewd and lovable man. When I met him he was President of the Australian Orthopaedic Association, and had long been the father of orthopaedics in Queensland. He was a great man, wholly without pride or pretension, at peace with himself and with his fellows. He was filled with a quiet sense of humour. He knew his fellow men and loved them as much for their faults as for their graces. It is given to few to inspire disciples: Meehan has done so, and his memorial is in the hearts and minds of the followers to whom he has handed the torch of orthopaedics in Queensland.

H. J. B.

ANDREW RUSSELL MURRAY
1910-1955

Andrew Russell Murray was born in Tasmania and was educated in Melbourne at Scotch College and at Ormond College in the University of Melbourne, where he graduated M.B., B.S., in 1936. His university career, if not particularly distinguished academically, was a full one. Loss of one leg and paralysis of an ulnar nerve from childhood accidents did not prevent him from taking part in the general run of extracurricular activities. He was for instance an accomplished cricketer and ballroom dancer, and in his senior years he was on the College Committee—a position of some honour.

During resident years at the Alfred Hospital he found his bent and he went from there to London and then to Edinburgh, where in due course he gained the Fellowship of the Royal College of Surgeons. Having been rejected for military service he held appointments over the war years at the Edinburgh Royal Infirmary where he was temporary assistant surgeon, and at Leith, working mainly in general surgery but tending to orthopaedics and in particular to the surgery of the hand. At the end of the war he worked in the Accident Service of the Oldham Infirmary, Lancashire, and then returned to Brisbane in 1948.
Brisbane and Murray suited each other very well. Murray needed scope, and Brisbane gave him that in full measure. In return Murray brought a great ability, well trained in a good school, and in particular an exceptional skill in hand surgery and an enthusiasm for investigation. He brought the vision of a complete accident and rehabilitation service which he pressed with great vigour. This was of course a long-term project but some results were already apparent. Much of the credit for the recently established school for occupational therapists in the University of Queensland is attributable to his effort.

Murray was at his best as a clinical investigator. Thoughtfully planned, meticulously executed and carefully annotated, his investigations served as models. In so short a time at the Brisbane Hospital he completed important investigations on hand sepsis, lumbar disc lesions, the repair of the paralysed hand, and the scope of radial styloidectomy. At the time of his death he was studying the carpal tunnel syndrome and lesions of the cervical discs. He devised a most ingenious operation for opponens palsy. He was an excellent operator—quick, deft and exact. Diligent practice of trick movements had overcome the handicap in his left hand.

Murray was of a breed that thrives on difficulties. His physical handicaps and earlier professional disappointments on the one hand, and his sturdy almost fierce independence on the other, combined to produce the burning desire to excel that was perhaps his most dominant characteristic. The desire was apparent only in the way he drove himself. Indeed his capacity for work was extraordinary. Of rather spare physique, with austere and even gaunt features, he had a warm personality, a dry wit and leavening of humour, a kindness and understanding, with great loyalty. In his colleagues he commanded feelings of deep affection and trust; in his patients a blind unquestioning faith; and amongst his juniors something near to hero-worship. His loss to this state, to his patients, to his many friends, to the team at the Brisbane Hospital of which he was so vital a member, and perhaps to surgery as a whole is incalculable. He leaves a wife and three very young children.

D. W.
Dr William Mackenzie came to Newcastle in 1907 sufficiently well qualified for the life of a consultant, but instead he chose to enter private practice in Gosforth. He resigned a surgical appointment at the Sick Children's Hospital in 1911 when he became the visiting Medical Officer to the Gosforth Home for Crippled Children, seeing in this sphere a greater opportunity. His first annual report startled the committee of the Home by the revolutionary proposal that some of the children would benefit by orthopaedic treatment. Military service abroad in 1915 interrupted his schemes, but secondment after sick leave to the Northumberland War Hospital at Gosforth enabled him to make progress through the powerful support of Rutherford Morison and of Robert Jones. A year at Alder Hey gave him active orthopaedic experience and on his return the Committee agreed to the erection of the hospital unit which Sir Robert Jones opened in 1924. Morison guided the venture and Mackenzie welcomed the cooperation of various physicians and surgeons, taking upon himself all the additional hospital responsibilities.

His next objective was the establishment of orthopaedic clinics for infants and school children in Newcastle and in Northumberland. Administrative and other difficulties were overcome by personal appointments in Newcastle in 1923 and in Northumberland in 1928. Mackenzie thus became the central link in an orthopaedic scheme, though it was ten years before it was officially recognised as such, and the advent of the second world war postponed his acceptance of a full-time post.

These war years were difficult ones for Mackenzie, because the Sanderson Orthopaedic Hospital School, as it was now called, was evacuated to Meldon Park near Morpeth and "The Sanderson" became an Emergency Medical Service hospital, both remaining under his charge. His relief was great when the children returned to Gosforth. Schemes for hospital extension then occupied his attention but were reluctantly set aside in 1948 on the "appointed day" when age compelled his retirement and the resumption of private practice.

Though Mackenzie was not given to writing he was a keen student of orthopaedics. In 1926 he combined with Rutherford Morison to publish an article on their treatment of dangle foot, and in 1947 his much quoted paper on sclerosis of the long bones or osteoid osteoma appeared in the Journal of Bone and Joint Surgery. For some years he made an extensive investigation into the nature of flat foot, and his material awaits an editor. Rare bone diseases attracted his interest, but such was his innate modesty that he gladly gave away to others whom he recognised as authorities his valuable observations on melorheostosis and on hyperplastic callus formation in fragilitas ossium for incorporation in their publications. Such integrity and disinterestedness were characteristic of himself and of his love for orthopaedics.

His later years were checkered by ill-health but he preserved a lively interest in the fortunes of his old hospital and in all the developments of medicine and of surgery. He died in October 1955 at the age of seventy-seven, leaving a widow and two daughters. J. G.