DILLWYN EVANS
1910–1974

Dillwyn Evans died suddenly at his home at Cardiff on November 9, 1974, at the age of sixty-four. Eighteen months previously he had suffered a severe hemiplegia, but with immense courage and with the devoted help of his wife, herself once a physiotherapist, he had recovered well enough to enable him to resume teaching and outpatient work, and to lead an active life. He retired from the health service in October 1974, because he knew that he could no longer operate, and it is tragic that he could not have lived to enjoy the retirement he so richly deserved.

He intended originally to become an ear, nose and throat surgeon, but after house appointments at the Prince of Wales Orthopaedic Hospital and at Oswestry he eventually joined his friend and teacher A. O. Parker in Cardiff, where he remained until his death.

His contributions to orthopaedic surgery have been considerable, mostly papers read to various societies—on spinal disease, which reflected his great experience at Glanely Hospital; on subfascial ischaemic lesions of the limbs, a subject which he regarded as particularly important because of its medico-legal implications; and on eosinophil granuloma. His main work, however, and that which earned him an international reputation, was on the subject of foot deformities. Most of the important contributions to surgery have arisen from simple ideas, and Dillwyn's work on feet is no exception, being based on the concept, as he put it himself, "that whereas in the normal foot the medial and lateral columns are about equal, in talipes equinovarus the lateral column is longer and in the calcaneo-valgus foot it is shorter than the medial. It is suggested that one requirement in the treatment of both deformities is that the length of the columns be made equal". His paper on the relapsed club foot is a classic; his paper on the calcaneo-valgus foot (to be published in an early issue of this Journal) will complete his contribution to the subject and it is sad that he has not lived to see it. After the publication of his club foot paper he was in great demand. He went to Brazil on two occasions as a visiting professor under the aegis of the British Council, and inaugurated a system of training for Brazilians in this country. He went to Canada at the invitation of the Canadian Orthopaedic Association. He had been a member of the British Editorial Board of this Journal, and travelled and spoke as a member of the British Orthopaedic Travelling Club. But he remained essentially as he always was—a teacher, a clinician, an original thinker—and he was always as ready to listen to the views of others as to put forward his own.

No account of Dillwyn's services to orthopaedic surgery would be complete without reference to the man himself. Quiet and unassuming as he was, he had complete authority in committee or discussion, and when he rose to speak at a meeting he would be heard with careful attention. He was a born teacher, because he liked young people and liked imparting his knowledge, and his services to orthopaedic surgery in Wales in this respect have been immense. To the writer, however, his most impressive attribute was his clinical honesty. The history was always taken with the same meticulous care, the examination was never hurried, and the conclusion was reached after due consideration; there were no short cuts for him and he never falsified his findings to suit his ideas.

As a man he was a delightful companion, as his many friends will know. He enjoyed life to the full, because he was content. A devoted and much loved husband and father, he was never happier than when at home. His interests were legion—golf, rugby football as befitted a true Welshman, music and travelling, all contributed to his progress through life. He came of farming stock, and although he did not farm himself he allowed one of his daughters to marry a farmer, and so had the best of both worlds. Above all he was a friend whom it was a privilege to know, and we in Wales will miss him sadly. He leaves a widow and two daughters, to whom we extend our deepest sympathy.

E. M. E.