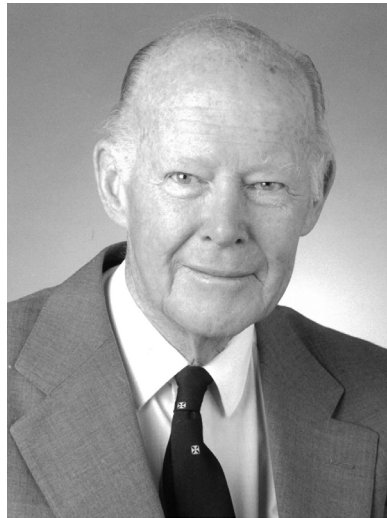


**David Dey**  
**1917 - 2012**



**An extract from David Dey's biography, written on 7 January 2000**

"I was born in North Sydney on 19 September 1917. My father, Lindsay Alexander Dey, was a greatly respected general practitioner with a large practice, which was conducted at home so that we saw a great deal of him, in spite of his work load. It never occurred to me to be anything else but a doctor when I grew up.

My schooling was initially at Ravenscraig in North Sydney and subsequently at Milton Grammar School in Killara as a weekly boarder from the age of ten. I began as a day boy at Sydney Church of England Grammar School in 1930, leaving at the end of 1935.

I began medicine at the University of Sydney in 1936. I did my clinical work at Sydney Hospital.

The war began in 1939, when we were told to forget any idea of enlisting, as, if we did, we would be brought back to continue with our studies. I graduated with 2nd Class Honours with prizes for Medical Jurisprudence, and the prize for Clinical Medicine. I was appointed a Professorial Resident at R.P.A.H. and began life as a resident with Professor Harold Dew. We completed our residency in mid 1942. I was much more attracted to surgery, than to either obstetrics or medicine, having always enjoyed working with my hands.

I enlisted in the Australian Army Medical Corps and was sent to the training wing at Cowra and then Wagga, then sent to Milne Bay as a replacement to the 14th Field Ambulance. The action was over by the time I arrived, and apart from a posting to a small force at Wangirilla on the East Coast of New Guinea, I saw little activity. The ambulance was sent to convalesce in the hills

behind Port Moresby. I was transferred to B Corps Signals as their M.O. and went on leave to Sydney for a few weeks.

By this time I was thoroughly bored at the inactivity, and whilst in Sydney collected some books and an anatomy course and began to study for my return for the first part of the Master of Surgery Examination. As the time for the Examination approached I applied for leave to sit for it. By this time I had been in New Guinea for two years and had had an attack of jaundice and on another occasion a P.U.O. and was pretty thin. I was offered a transfer to Concord Military Hospital, which I accepted gladly.

I began work as a General Duties Captain in medical wards. I passed the exam in due course, and shortly after was offered a posting to No. 1 Facio Maxillary and Plastic Surgery Unit, with Lt. Col. David Officer Brown, recently transferred from Greenslopes in Brisbane. He was a Senior Surgeon on the staff of the Royal Children's Hospital in Melbourne. He had always had a major interest in cleft surgery, and other deformities, and had been to England prior to the war to work with Sir Harold Gillies. He had been in the Middle East prior to returning to Australia. By some means he had been sent to Brisbane whilst Benny Rank got the job at Heidelberg in Victoria, although the junior of the two.

David was a most able surgeon, well versed in the techniques used at the time. He was very meticulous in all he did and I was most fortunate to spend two years with him, one for a year after the war ended, when he had returned to private practice in Sydney. He was appointed to the Royal Prince Alfred Hospital and also worked at St Vincent's at times.

Prior to his reaching Sydney, some Plastic Surgery had been done at the Royal North Shore Hospital by a New Zealander called Pickerill. He had influenced a general surgeon called Basil Riley, who had also had a spell in England with Gillies, and was in charge of the R.A.A.F. Plastic Surgery Unit at Concord continuing his practice and acting as a visitor to the Hospital, in conjunction with Professor Gil Arnott, a Sydney dentist he was assisted by Phil Macindoe, who subsequently went to Brisbane at the end of the war.

No. 1 F.M. and P.S.U. had previously been co-ordinated by Kenneth Starr, who had also had a spell with Sir Harold in the early stages of the war. He was also O.C. of the Surgical Unit at Concord and was rather disappointed when sent to Borneo in charge of surgery in the attached hospital.

There was the lovely story of his time in England, when Sir Harold made him undo a whole repair stitch by stitch. When asked why he had done this to someone obviously so good an operator, Sir Harold, who was something of a joker, replied that the trouble with Starr was that he was only too aware of his gifts.

I passed the second part of the Master's Degree in time for the publishing of advertisements for the Honorary Posts at Sydney's public hospitals. I was appointed to a very junior post at the Royal Alexandra Hospital for Children as a paediatric surgeon. This precluded staying with D.O.B. at R.P.A.H., but a year or so later I joined Basil Riley's unit at Royal North Shore Hospital, and remained with both until I retired at 65. I was awarded a Gordon Craig Travelling Fellowship and spent 1947 at Great Ormond Street Hospital for Children (6/12), and then had time in the U.S.A. at the Boston Children's and in Chicago, and also at the Johns Hopkins..

This was a magic time for a young surgeon. The scope of surgery had been greatly extended by the advance in anaesthesia, and many ancient problems had been solved. Plastic Surgery was really

a new idea for most surgeons, used to only a few specialists interested in some specific region or anatomy based techniques. The idea of a specialty using a technique applicable almost anywhere in the body took some digesting. However, slowly as evidence of its value increased, its popularity and acceptance followed.

It was about this time that Ted Gibson, Tim Furber and Max O'Mara appeared on the scene, and for some time consolidation followed, until the arrival of Tony Pelly, Noel Sweeney and Bruce Taylor in Sydney. The subsequent amazing growth in the numbers of Plastic Surgeons has been somewhat of a surprise to me.

The road for any young surgeon in those days was far from smooth. The Honorary System in the public hospitals was useful in gaining experience and reputation, plus some income from insurance cases. On a personal level support from the family general practice kept me afloat. An older physician had said to my father that it would take some seven years to see much return from one's efforts, in spite of much activity. He was right.

At that time the general attitude of the group was to emphasise their main interest as lying outside the cosmetic field - ie in the treatment of trauma, skin malignancy, and similar problems making up the body of the specialty. This attitude does seem to have changed and goes a long way in supporting the large numbers of Plastic Surgeons.

With the earlier increase in numbers, the Section of Plastic Surgery was formed within the College, and the initial meeting was held in Melbourne at the G.S.M. This went off well, although I remember that the first paper was presented by D.O.B. on rhinoplasty. This was criticised by Rank as being exactly the sort of paper we did not want. D.O.B. was rather staggered by this, but bore up masterfully.

As might be expected, Section activities were very largely in Melbourne at the College, and this led to the formation of the NSW Chapter, very largely due to Ted Gibson's enthusiasm. This functioned well for a long time, and seems to be still a factor in State activities, although no longer held at the various hospitals, as was the case early on.

There remains only some comment upon my earlier years in the R.N.S.H. and R.A.H.C. At North Shore I was somewhat frustrated in the early years by the fact that the post of Assistant Surgeon in the Plastic Surgery Unit was held by a general surgeon, Kevin Fagan, rather a hero from prisoner of war days whilst he waited for a post on the Hospital as a general surgeon. I did the outpatients and some assisting to Dr Riley, but not much else for some years. This sorted itself out eventually and an active unit with a number of beds was finally achieved. With Medicare this has suffered severely, from what I hear.

At the Children's Hospital there was no post as a Plastic Surgeon. Paediatric surgeons did everything and anything. In particular cleft lip and palate and such deformities as hypospadias were spread over many surgeons, and the results were not uniformly desirable. I began to deal with secondary repairs of many of the clefts and slowly more and more of this work came into my hands. It is perhaps of interest that the first use of intra tracheal anaesthesia was with some infant tubes I brought with me from England, given by Dr. Charles Sarra. This was a great help. I was also able to modernise the treatment of burns, which had been along the lines of waiting till sloughs separated and attempts made to graft infected granulations. Eventually a large Burns Unit resulted.

Increasing specialisation within the surgical staff eventually led to my performing Plastic cases only, although I never regretted having been involved in the general work.

Although it did not occur in the early days, the first craniofacial surgery was done in Australia at R.A.H.C. by a Sydney graduate working in New York, which I arranged during the International Meeting in Melbourne with his boss, John Converse.

It would be remiss of me not to mention the work of Professor Keith Godfrey, an orthodontist in the cleft palate group.

In retrospect it seems a pity that so many matters initiated and developed by Plastic Surgeons - such as the initial skin close of fractures, cancellous bone grafts, hand surgery and faciomaxillary work have passed into the hands of other groups. Perhaps there will be some recovery of the lost ground in the future.

David Dey died in 2012.