

*This transcript is a slightly edited version of the conversation on the matching tape/disk.*

*Researchers interested in the fine detail and vocal nuances of the interview are encouraged to listen to the aural version.*

Interview with: **NEVILLE DAVIS (ND)** on: 4<sup>th</sup> October 1999

Interviewer: **SUE PECHEY (SP)** Sitting in: **Owen Harris (OH)**

**SP:** Let's talk a little about your childhood, your family and your early education.

**ND:** Well, I was born in Newcastle, New South Wales on the 30<sup>th</sup> January 1924 and my father was a general practitioner in Newcastle and he left with the rest of the family about 3 years later and established himself in Pennant Hills in Sydney as a General Practitioner there. Pennant Hills is now a very active suburb but in my time there was very little activity.

**SP:** There must have been just farms, was it?

**ND:** Well, it was farms. As an example my father used to look after Pennant Hills, West Pennant Hills, Castle Hill, Dural, and Glen Orey. Now there would be about 50 Practitioners looking after that whole area. Anyhow I grew up there and went to the local School at Beecroft which is the neighbouring suburb and then had my education at Sydney Grammar School where I started in 1936 and ended in 1939.

**SP:** How many brothers and sisters do you have?

**ND:** I've got one older brother. I used to be picked up by my father in the city from Sydney Grammar School and I can remember we used to wait outside Sargents where I used to have a threepenny pie, which would now cost you about \$2.50. I can remember driving home and this was towards the end of my schooling and Dad said "What do you want to do" and I said "Oh I don't know what I want to do" but my brother had gone into medicine and my Dad was in medicine and it wasn't a terribly emphatic choice but I just drifted into medicine in that way. I started at Sydney University and I think I was only 16 at the time and when I was

18 I volunteered for the Army during World War II but they told me I was in a reserved occupation so I continued with the University and graduated in 1945.

**SP:** Were the ranks of the medical classes in those years were they thinned a bit?

**ND:** We had a fairly rushed course but it was still a 6-year course. It was quite serious, you know, we had to dig trenches and fill sandbags and a few things like that but overall it was probably more serious being a university student in those days than in non-war time because you were in a reserved occupation and you were expected to study and pass your exams and then get into the Armed Forces.

**SP:** No messing about.

**ND:** No.

**SP:** Were you living at Pennant Hills or at College?

**ND:** No, I lived at Pennant Hills and I used to catch the train in which was about three quarters of an hour to Redfern and I think I must have caught a bus from Redfern up to the University. Then I graduated in 1945 and I went to the Royal Prince Alfred Hospital as a Junior Resident which I enjoyed and where I made a lot of friends. In 1946 there were a lot of returning servicemen so I did not get a second year at Royal Prince Alfred and I went to Tasmania and served my second year as a Resident at the Royal Hobart Hospital.

**SP:** Was it very different?

**ND:** Yes. There were 2 outstanding surgeons at that time in Hobart, one was J.B. Muir and he had got his MS in London with a gold medal and he used to work in China and he had an immense experience and in my view and I think in many other people's view he was quite an outstanding surgeon and he was doing gastrectomies in Hobart before they were being done in Sydney and Melbourne. The other fellow was a man by the name of Douglas Parker who was an Orthopaedic Surgeon and he performed very well there, he had a great retinue and I was his resident at one stage and he'd always say at the end of an operation when you had to put the bandages on "Come along now Davis, you take charge" when there was nothing to take charge of! It was a very enjoyable time down in Hobart.

**SP:** Had you already made the decision for surgery?

**ND:** No, I don't think I had really. So I went back to Sydney in General Practice with my father and my brother who were in practice there and that would have been about 1948 and then I decided I would be a surgeon and I went to England and I studied in England and did my first part of the English Fellowship and at the time in London was a very distinguished Surgeon named Sir Gordon Gordon-Taylor who looked after Australians very well – I got my first part of the Fellowship and then I got my second part at Guys Hospital and then Sir Gordon Gordon-Taylor organised for me to get a job in Sheffield as the Resident Surgical Officer at the Sheffield Royal Infirmary and the City General Hospital. I got a lot of surgical experience there and I then left England after about 2 years and came back home via America and decided that I'd be a surgeon in Sydney. Now it's fair to say that Sydney wasn't waiting with bated breath for my arrival and I was in part time General Practice, but I got a job as a Clinical Assistant Surgeon at the Sydney Hospital and Clinical Assistant Surgeon at North Shore Hospital in Sydney. Now those appointed to Clinical Assistant jobs in those days just did Outpatients and you never ever got within cooee of any Operating Theatre or doing any surgery and that brings me up to about 1950, and the Korean War had started. I was unmarried and I didn't have what you might call a flourishing practice in Sydney, so I thought I'd join the Army. I joined the Army and went up to Japan mainly to the British Commonwealth General Hospital because it was a United Nations Force with Canadians, British, Australians and New Zealanders. At the time there was no forward surgical unit for Australians in Korea but I was young and enthusiastic and wanted to go over and see a bit of forward surgery so I managed to get posted to the Norwegian Mobile Surgical Hospital which is known as a "MASH", and I worked there with the Norwegians for about 3 or 4 weeks and on 24<sup>th</sup> April 1951 the Chinese came in and came down and the Australian troops were in a very serious position, getting a lot of wounded people and a signal came back from Japan "Get back here Davis – that's where you're supposed to be!" so I returned to Japan to the British Commonwealth General Hospital at Kure and just performed as the Australian Surgeon.

**OH:** Who was the Chief that sent that message to you?

**ND:** Oh it would have been the Director-General of Medical Services. Refshauge was the Director-General of Medical Services for Australia. That's the father of the fellow who was the NSW Health Minister and a very fine man. Whilst I was in Japan with the British Commonwealth Hospital there were a lot of visiting dignitaries who came up to have a look around and just about everyone spent their time dining out and not paying much attention, but Refshauge really looked at the Troops very seriously and he did not spend his time on frivolities and wining and dining and so forth. I have great respect for Refshauge, the Health Minister's father.

**SP:** When you were working in that hospital in Japan were they very long days?

**ND:** There was a big sort of Operating Theatre but with 3 or 4 tables and you'd be working alongside other people. It was very busy most of the time but what happened was that the Troops who were wounded in Korea had their Primary surgery in Korea but the primary surgery was only enough to get them fit enough to be flown back to Japan and we used to receive them about 2 days after they were wounded or if they were critically ill they'd get there a bit quicker. It was a very busy time and I have one clear recollection of a lot of British Nurses there and they were the Queen Alexandra's Royal Army Nursing Corps and I can remember the Senior Sister in my ward gave all the patients breakfast when I was supposed to be operating on them that day and in the afternoon gave them all lunch, and the next day she was awarded the Royal Red Cross!! I don't doubt it had been coming for some months but I can always remember that! There were quite a lot of burns patients there, because it was intensely cold and so a lot of people lit fires or smoked in bed or did anything to get them warm and they had a lot of serious burns that we were involved in. It was a very interesting experience and I think what helped me was learning about man management. You came in contact with a lot of different people and you learned to value their worth and I found it a very useful experience. I was there for a year.

**SP:** Did you come in contact much with the Japanese?

**ND:** No. Not a great deal. I went 2 or 3 times to see them operate and they were very deprived and what I found interesting was that if they were operating on

someone all the family would be in the operating theatre to see what was going on and they used to wear cotton gloves because they couldn't get other gloves at the time. They were very deprived of material possessions. The other thing that struck me at one time up there – the Australian Army did not provide enough needles and syringes for injections and the needles had to be boiled up and used repeatedly. In those days when you were given penicillin you had intra muscular injections of penicillin every 3 hours and these were pretty blunt needles and getting stuck every 3 hours night and days with these was quite a major thing for the Troops and many of them would say "I'm allergic to penicillin" to get out of having their injections, to the extent that the staff often didn't believe that they were allergic to penicillin. I can remember one man, a big strong fellow saying "I'm allergic to penicillin" and whoever was in charge said "Well you're having the injection in any case" and he had the injection and he collapsed and he was dead within about 10 minutes and I can remember it because I was called and gave him external cardiac massage and I'm not too sure but he never survived and no-one believed him and he was dead.

**OH:** So you went back to Sydney then did you?

**ND:** Well an extraordinary event and I've never really understood how it occurred, when I was up in Japan, I got a letter from Dr. Aubrey Pye from the Brisbane General Hospital inviting me to apply for the position of Surgical Supervisor at the Royal Brisbane Hospital and it came quite out of the blue. I had absolutely no knowledge of it, I was unmarried and if somebody had offered me a job in Western Australia or Timbuktoo I'd have looked very seriously at it, and he offered me this job at the Brisbane General Hospital – no he didn't offer me a job, he asked me to apply, so I did apply and I was appointed and it's most unusual for Aubrey Pye ever to have appointed anyone that he didn't know or hadn't checked out. Now I to this day do not know for sure how he got my name but I suspect it might have been from Evan Thomson because we used to meet when we were both studying for the Fellowship in England and I suspect that Peter Grant who was on the scene in Brisbane might have put in a good word for me. I have no real reason to say it but it is possible that he might have asked the Army and General Refshauge might have put in a good word for me. I can

only assume that there was no local candidate at the time who met the requirements.

**SP:** I see, so he turned over a few stones to find an alternative.

**ND:** That's right. That was 1952. I started at the Brisbane General Hospital on the 1<sup>st</sup> April, 1952.

**SP:** Did you know anyone in Brisbane?

**ND:** Not really. I had on the way to England for my Fellowship – I went over on a cargo ship both times as a Ship's Surgeon and I got a shilling a day but if you claimed the shilling a day you had to join a union and it cost you about 20 Pounds or something so you didn't claim the shilling a day and looking back I can remember on the way over there was I think only 1 other passenger. I think she was a woman lion tamer and there was a collection of animals on the ship on the way over and I had to give advice for the treatment of the animals as well as the people! Ship's Surgeon and Vet!

**OH:** You would have been the first Surgical Supervisor at the Brisbane General would you?

**ND:** Not quite – I think Llew Davies who was very interested in plastic surgery was officially the Surgical Supervisor although he did most of the plastic surgery at the time. The Surgical Supervisor at that time was responsible for emergency surgery and subsequently it was farmed out to other people but the prime reason for the position was to supervise the Registrars and help them, and do all the emergency surgery but as time went on you get an elective operating list.

**SP:** So Emergency Surgery would have been a large proportion that happened at night?

**ND:** Oh yes – at night and in the day. I'd done by then a lot of emergency surgery in the Army – a lot of traumatic surgery and it involved a lot of daytime and nighttime work and I had a lot of experience at that time in burns so I was responsible for handling the burns cases in Brisbane Hospital.

**OH:** How did you get on with the Senior Surgeons of the time – the visiting Surgeons at the Brisbane General? Who were they then?

**ND:** Well they were Alan Lee and George Brandis and Konrad Hirschfeld – they were the 3 leading surgeons at the time, all different individuals in many ways. Alan

Lee was a very brash surgeon and quite an innovative surgeon who had been at the Mayo Clinic I think. I can remember if you were scrubbing up to assist him you had to be there pretty quickly otherwise he'd finish the operation before you started. George Brandis was a very conservative fellow and he was called the "Rear Admiral" because he used to specialise in piles (haemorrhoids) and they used to give out "Brandis' Jam" – it was a patent remedy that would bring tears to the eyes of even the leading Rugby League Forwards. A teaspoon full of Brandis' Jam after a Haemorrhoidectomy and you really knew what was happening. He was a very conservative fellow and I can remember if you operated on the gall bladder, (he didn't do too many of those) but when he did he and you T tube in the gall bladder. Most people left it in at about 7 or 8 days and removed it after 10 days, but George used to have it there for 14 or more days and people would say "When can it come out?" and he said "Oh leave it in" and I can remember one day the T tube got caught in the food trolley and it pulled out. Konrad Hirschfeld was a remarkably capable surgeon, a Rhodes Scholar, very enthusiastic. He used to work day and night but he had sometimes a Germanic approach to his subordinates and he'd say "Davis! Operate on that person and take out his appendix" or something like that and I would say "I don't think he's got appendicitis sir" and he'd say "Well I do" and I said "Well if you think it has and I don't think it has, you do it!" There were some very funny instances with Konrad Hirschfeld because he used to do an Outpatients on the side of a ward and he used to examine them all and people would line up and he'd do rectal examinations with a finger and I can remember on this occasion when they had a whole lot of people there he'd done a rectal examination on this last fellow he said "What was your complaint?" And the fellow said, "Nothing, I just deliver the papers". The patients were terrified, and he was a very formidable personality, so you wouldn't have crossed him. We were not really very good friends you might say when I was the Surgical Supervisor but when I left he was particularly kind and very supportive.

**SP:** And when did you leave?

**ND:** I left when I was appointed to the staff here in 1956 but while the appointment was in September 1956, it didn't start until January 1957 at this Hospital.

**SP:** And what were you appointed as?

**ND:** I was appointed as Junior Surgeon. At the time there were 3 grades. There were Senior, Junior or Assistant Surgeon and there were 2 teams. One was with Clarry Leggett and Brux Gustgeson and Sam Mellick and on our Team there were Evan Thomson, myself and Clem Windsor who was the Assistant.

**SP:** How many Operating Theatres were functioning when you moved over here?

**ND:** Oh well, the short answer is I cannot remember but I imagine that there were about 8. What I do remember is at that time the Senior Surgeons, Leggett and Thomson had absolute control, and they allocated the cases to the Juniors and the Assistants and told them what they were to do and we had very long lists and they never finished before 7.30 pm and on many occasions they went until 10.00 pm at night because you'd have an allocated number of patients and you just kept operating on them until you'd finished and if there was an emergency, you had to put it in and that went on for some years. So we'd start at about 1.30 pm and work through.

**SP:** So it would be a long time standing on your feet.

**ND:** Oh it is, a long time for the Nursing Staff and a long time for the Assistants.

**SP:** What did the assistant do?

**ND:** Oh, whatever the Surgeon wanted you to do. Pull retractors and make things available, but you were standing the same length of time.

**OH:** I was about to comment on the practice of the Senior Surgeons who allocated who did what. That really only changed when Evan Thomson and Clarry Leggett retired and you and Clem Windsor I think were the two seniors.

**ND:** Yes, I think that it was certainly when I was a Senior and we didn't believe in that and at about that time the designation of Senior, Junior and Assistant changed and they were all visiting Surgeons and the people who sent in the cases, say the Assistant or Junior from Outpatients who'd decided that a cholecystectomy was necessary, they would commonly do the case.

The seniors were always called on for internal consultations and if the medical people wanted to consult the senior did it most of the time, but soon after I became Senior it was fairly open go.



**SP:** At the point when you moved over here from the Brisbane General to the Princess Alexandra, or it would have been called South Brisbane by then, what were the obvious differences, apart from the fact that this was a new building.

**ND:** Well the obvious differences were that the Brisbane General Hospital was a pretty run down place from the point of view of the structure. It was a very old Hospital and we were appointed to a brand new Hospital where the staff was all young and keen. There would have been most of them no more than 40 years old when they started off and it was a very good esprit de corps. It was sufficiently small and you knew everyone on the staff personally and if someone signed a thing you'd know it was Owen Harris there at the time – a Registrar.

**OH:** I was still a student in 1957.

**ND:** Were you?

**OH:** I recall the only term I did here was in 1957 in Surgery and Clarry was the Senior but you also took us because that was one of the reasons that Peter Nichol and I came to this Hospital – we had marvelous teaching in surgery from Clarry Leggett and you – we've often reflected on those times, so I didn't come until 1958.

**SP:** So you were here then for the rest of your career?

**ND:** Yes.

**SP:** And when did you retire?

**SP:** Well I got cancer of the bladder in 1977 and I trudged along for a while but I had a lot of surgical complications and whatever they say it is quite stressful being a visiting surgeon because you've got to make a lot of decisions really on fairly inadequate information and I gave up in 1980 because I didn't feel I was well enough to carry on. I think when you're young it's easy enough to make those decisions. You might be in charge of 30 patients and you've got to make what could be regarded as life and death decisions as to whether you operate or you don't operate or you put them off or something like that and quite different from private practice where you are taking your own history and have done your own physical examinations and you've seen it all – I think it is quite difficult. You also have trainees in a specialty like surgery and you are trying to teach them and set them an example. There is a lot of responsibility there.

**OH:** But over this period when you were at this hospital Neville you also showed not only great expertise in surgery. Teaching and research were dominant in your life and you showed everyone and made heavy commitments to research and teaching.

**ND:** Yes. Well what happened was in 1962 the Queensland Cancer Fund had a public appeal and they raised quite a lot of money and they said that they were going to support research locally and I spoke to my Senior who was Evan Thomson and I said “There is a bit of money for research and so we ought to do something”. Now in 1962 and 1963 the hospital was under great pressure in relation to the X Ray Department in doing any particular investigative work and he said “Well what can we investigate?” and I said “Well what about melanoma – it’s common here and we don’t need an X Ray to diagnose it – you can use your eyes – we can get the pathology done and we could do a study so it was decided that we would apply for a grant and we obtained a grant from the Queensland Cancer Fund and that initiated the Queensland Melanoma Project. At first it was thought it would be confined to this hospital but some very sound advice from Professor Douglas Gordon said that it ought to be a statewide study and it was somewhat different from other studies insofar as we went out of our way not to try and capture all the patients – what we wanted was that anyone could treat them anywhere in Queensland. All we wanted to know was what they did and what happened. Now in many other research projects at the time and since 1980 a group who starts wants to capture the whole of the particular disease and deal with it themselves and say what good fellows they are. We were looking at how the State handled melanoma.

**SP:** Yes. Catching melanomas and what were their causes would have been a big job anyway.

**ND:** Yes it was a big job and we needed a part time research fellow and the first one was John Herron who is now a Senator and the second one was Rod McLeod who is the current co-ordinator and the third one was Graham Beardmore who was a dermatologist which added a bit of a different approach. We got successive grants from the Queensland Cancer Fund and we studied a lot of cases in great details.

**OH:** And you produced very important statistics on the incidence of it and this was internationally accepted.

**ND:** Yes. We showed that we had the highest incidence of melanoma in the world and although many people didn't believe it, we showed that the results of treatment in Queensland were among the best in the world. That was not because we were brilliant, it was because they were diagnosed much earlier than any other part of the world. Our results were so good that they were disbelieved in America at least.

**OH:** Why do you think there was such awareness amongst the medical practitioners or the patients?

**ND:** Oh I think it was the medical practitioners. Right at the start of the melanoma project in 1963 we had a very active educational programme – both public and professional education – which was sponsored by the Queensland Cancer Fund and I think that the educational campaign was the basis of the fact that we had earlier diagnosis coupled with the fact that at the same time there was this “slip slop slap” business with skin cancer in general and there has always been an awareness of skin cancer in Queensland for many years.

**SP:** Yes I remember my own father saying from a little girl “Put your hat on dear or you'll be a wrinkled old prune by the time you are 35”.

**OH:** Now having got this established in melanoma, some years later you also set up a similar study for colorectal cancer. Tell us about that.

**ND:** Well it was funny, but my father was always very interested in minor anal conditions such as piles and so forth and so really right from the start when I became a surgeon I was interested in colorectal diseases but the fact it would have been hopeless to do a study in 1963 of colorectal diseases because you needed to do barium enemas at that stage and the Radiological Department were absolutely stretched to the limits and there was no way that they could possibly do it. Now in 1971 things had improved and with Jon Cohen as Co-ordinator I was Chairman of the Colorectal Cancer Project in Princess Alexandra Hospital, and we adopted a rather similar approach except it was confined really to the Princess Alexandra Hospital. We tried to get the other hospitals to record their data in a similar way but it didn't work and we collected a great number of

cases in fact it was one of the largest series in Australia I think, and they are still collecting. You know we got to a thousand cancers of the rectum that we analyzed and we were able to show that apart from low rectal cancer, most General Surgeons were able to handle other cancers of the bowel with a similar recovery rate in mortality. In other words, there is no doubt in my mind that rectal cancer is a highly specialized condition that requires very competent technical surgeons, but the rest of cancer of the bowel I think can be done perfectly well by well trained general surgeons.

**OH:** Concurrently certainly from 1970 colonoscopy started in this hospital so you weren't then as reliant on X Rays as you had been and that gave more cases but fewer investigations were performed. The success of these two research projects though demonstrated to this hospital's staff that you do not have to be full-time medical staff or university staff to do research because this was excellent and outstanding research work and Neville was invited as a speaker around the world on many occasions about melanoma and colorectal surgery, weren't you?

**ND:** Yes.

**OH:** It also gave this hospital huge high profile in that area.

**SP:** Traveling overseas, was the hospital able to support you with funds for doing that?

**ND:** No. However I won a Churchill Fellowship in 1968 and the Churchill Fellowship provided me with support when I was studying melanoma – that was in 1968 and I went to the United States, the United Kingdom, Denmark and Italy but at no stage in my research career have I ever been paid for the research that I did nor really have I been supported financially on any trips so far as I can recall.

**OH:** One of the other benefits for the hospital was that people were so impressed with Neville's research, that all these overseas experts in colorectal surgery or melanoma visited this hospital at some stage or other during your term on the staff of this hospital. It was unbelievable the number of people – the number of high profile colorectal people - Rupert Turnbull among others. There was hardly a month Neville, when there wasn't at least one of them here. They came to see what you were up to!

**ND:** And we weren't very sophisticated then. We just had good careful records and a lot of the overseas people didn't have good careful records.

**SP:** Well now let's talk about the organization of the hospital. Were your relations with the Medical Superintendent always good?

**ND:** I had no problem with either of the Superintendents, Owen Powell or John College. I found that if you went up to them with a well prepared submission, preferably if it didn't cost the hospital or the Government any money, they would do it and I know other people have had difficulties but I personally never had any difficulty with either of them.

**SP:** What sort of things might you have been asking for?

**ND:** Oh well at the time I was really asking for the hospital to support in some way the melanoma or the colorectal study and they supported it insofar as they gave us a room to work in and I think they provided us with a typewriter and a few other things like that. The Cancer Fund looked after the administrative side and was very co-operative but not excessively generous in any way.

**OH:** One of the other reasons for success was the great co-operation of the Pathology Department wasn't it?

**ND:** Now Jack Little who subsequently became the Director of Pathology was most fastidious in writing reports on melanoma and Redman Quinn of the Pathology Department did a lot of work for us on colorectal cancer. Much of my time in the early phases of postings was to spend time talking to these people and trying to make them want to do it because it was all extra work as far as they were concerned and there were some divisions in the Pathology Department before Jack Little became the Director and I used to have to go around and sweet talk a number of these people and I spent a lot of time trying to make them want to co-operate.

**OH:** Your other major interest was in teaching Neville. You were very active in both undergraduate and postgraduate roles.

**ND:** Yes, I enjoyed postgraduate teaching better, although I enjoyed all teaching. The students used to come on the rounds with us and they were long rounds really because you have to make decisions as I mentioned earlier about the management of patients and then you had to spend time teaching and showing

them how to examine patients and checking them and dealing with them. It was time consuming and quite exhausting in some cases, but equally rewarding because that's part of your job.

**SP:** You had surgery and teaching and research – did you ever think of going into the University?

**ND:** I never really regarded myself as an academic.

**SP:** I cannot think why!

**ND:** I was always interested and regarded myself more as a clinician and I was interested basically in getting sick people better and I had no real desire to get into academia. I did have one venture in about 1980 when I'd been sick. I applied to be the Professor of Surgery and the greatest good fortune fell upon me even though I wasn't appointed – it was the best thing that ever happened to me because I think I wouldn't have been a particularly good Professor.

**OH:** I would interpolate that you would have been outstanding and without going into details, the person who they preferred over you was about 3 or 4 years at this hospital and made no contribution at all.

**ND:** There's a lot of administration in university work and it did not appeal to me all that much. I think it would be fair to say that the University in most people's mind has never properly understood the role of a teaching hospital and has made a lot of funny decisions over the years in not just surgery but affecting the whole of the relationship of the university staff and hospital and what has happened in the last decade is even highlighted it as other outstanding young people were nearly lost to this city because of the way the University messed up their appointments.

**SP:** Well now I think I've covered most of what I had down to ask you. Is there anything else you want to talk about? What about you Owen?

**OH:** Oh, I'd like to bring up one other subject. Neville as you gather is a great person who has made a huge contribution but he's also a marvellous organiser of meetings and I suspect a very obsessive personality. Is that what Lois says about you?

**ND:** Marvelous at organising meetings?

**OH:** Well I'll never forget the one – Neville inspired me to be his Secretary of an international meeting on gastrointestinal cancer in 1981 and I can tell you it was absolutely meticulously organised and I never stopped working for him and it was concurrent with the Silver Jubilee of the PA Hospital and I unfortunately was also the Chairman of that at the same time. It was a marvellous meeting but it was quite exhausting.

**ND:** I remember that meeting because we managed I think with the once again the support of the Queensland Cancer Fund to bring a number of international speakers over and have discussions upon matters to do with colorectal cancer that made a significant difference I think overall.

**OH:** You tried to get a new classification of colorectal cancer, didn't you?

**ND:** Well, we did in fact get a new classification for the Australian Clinicopathological staging of colorectal cancer which I am interested to find is used certainly within this country in reporting of colorectal cancers. The difference was that you have to go and speak at international meetings if you want something to get across and in 1980 and 1981 I was fairly constantly sick and I was not able to go to the meetings except one in Britain I think. The Australian Clinicopathological staging system in my view would have had much greater impact if I'd been fit enough to go every six or twelve months to some international meetings and speak about it – that's the only way it gets known. Most people in the United Kingdom and USA never read the Australian literature so that you've got to actually speak at an international meet and whilst it has made some impact it didn't make as big an impact as the melanoma project for that reason I think.

**SP:** Can you comment on the nursing staff here, particularly the ones who worked closely with you?

**ND:** Well the Nursing Staff and I had good relations. I think they worked terribly hard in the Operating Theatre until about 1968 when there was some sort of change in attitude at the time when there was a lot of dissent in the community – a time of the Vietnam War and a time when there was a lot of dissent and at that time the nursing staff which used to just carry on until we finished at 10.30 pm suddenly decided that that wasn't appropriate – they probably weren't getting overtime or in relation to what they wanted and they said "Well you can't start a

new major case after 4 pm in the afternoon”, and I think that still exists and that’s cut down a lot of the activities. But we had the first Stoma-therapist in this hospital, a girl name Sue Noller who went overseas and made a singular contribution. We also had the first Infection Control Sister and a lot of Hospitals followed that in the 1960’s so the nursing staff did well.

**OH:** Medical politics has never been a dominant interest of yours but you were involved in your College – you were a Councillor at one time weren’t you?

**ND:** Yes. I was on the College Council – that’s the Royal Australasian College of Surgeons Council in Melbourne for 1 term – 1974 until 1979 I think it was, but then I got sick and I didn’t put up any more because I was contracting my outside responsibilities and I didn’t do too much in that regard but I was the Librarian interestingly enough at the Australasian College and it is of interest I was just re-reading the history of here. This hospital started without a library, you know that? And I had to raffle bottles of whisky and so forth to get it started.

**SP:** Yes and doctors would donate books and so forth?

**ND:** Yes. One thing we haven’t covered which I think’s probably worth saying something about is that after the Korean War I maintained an interest in the Army and in fact I did the first operation out at the Military Hospital at Yeronga. It was a haemorrhoidectomy and if I’d been doing an abdominoperineal resection there could not have been more because it was the first operation. I was a Consultant to the Army in 1968 when the Vietnam War evolved and felt I ought to go to the Vietnam conflict for 3 months with the Army and it was totally a different experience compared to the Korean War as far as I was concerned because I was a young Surgeon during the Korean War and I looked on every casualty as an opportunity to improve my surgical skills. In the Vietnam War I was about the second oldest person there and I looked upon every casualty as possibly my son or nephew or brother or someone like that and it was a much more emotionally draining experience as far as I was concerned.

**OH:** Were you in the Medical Corps or the Army?

**ND:** Army. But what did impress me was that the Helicopter evacuation of casualties. I made a statement when I got back that if you are wounded in the jungles of Vietnam you had much better retrieval and survival possibilities than if



you were injured on the South Coast Road in Queensland which was quite true because they had at that stage no facilities for evacuating serious casualties and the contrast was quite remarkable in the dealing with casualties in the Vietnam War and in dealing with road accidents in Brisbane.

**OH:** Who was with you, anyone else from Brisbane?

**ND:** Peter Nicol was with me – he told me what uniform to wear and what gun to carry but Reg McGee and Rod McLeod from this hospital followed me in the Army and I followed Sir Edward Hughes who was a conformant.

**SP:** You had to carry a gun?

**ND:** Well only when you were going into an area where there might be some Viet Cong but I didn't know how to use it even though I'd been involved in the Army intermittently from 1952 until 1982 or so, I'd never regarded myself – a bit like an academic – never regarded myself as a soldier so much as an individual who believed that the troops who were wounded should get as good as medical attention as I could offer them.

**SP:** Let's just talk about your family life. When did you marry?

**ND:** 1954.

**SP:** And where had you met your wife?

**ND:** I met her at the Brisbane Hospital because she was a Medical Student at the time and I can remember the Professor of Surgery at that time was Professor Neville Sutton who was subsequently at this hospital. Professor Sutton had set students an assignment on intestinal obstruction and I had done quite a bit of work on intestinal obstruction and I also had worked with a man named Judson T Chesterman in Sheffield who had written a book on intestinal obstruction and my wife Lois was going up in the lift and she said "I've been asked to refer to a book by Judson T Chesterman on Intestinal Obstruction and the library doesn't have it." And she said to me "Do you know about the book?" and I said, "Yes – I worked with the man and I've got an autographed copy." And she said would I lend it to her and I said yes but I said "You might have to come out to dinner with me". That's how it started! So we married in 1954 and have got 3 lovely children.

**SP:** Have any of them gone into medicine?

**ND:** No, but no offence. In a sense I think it's a very demanding job really, medicine and you've got to like it because it's a big demand on your time and your family life and I mean with all the research I was doing and emergency surgery and the hospital activities and the hospital committees my wife didn't see too much of me in those years.

**SP:** Did she practice medicine?

**ND:** We married in 1954, the year Lois graduated. Her medical career was interrupted by the birth of our three children, looking after me in my various illnesses and her own poor health. Immediately after graduation, she worked in the Queensland Radium Institute, then as a surgical assistant. Later she completed a re-training course for general practitioners and then ran the course funded by the Federal Government to assist women to continue their careers. She also worked for the Family Planning Association, and in the Staff Clinic at the Royal Brisbane Hospital. Subsequently, she worked for a period in the Wesley Breast clinic until she retired. There is no doubt in my mind she contributed greatly to any success I have had in my career.

**OH:** Neville what about the development of laproscopic surgery? I realise you probably have not practised that but what do you think about that particularly with cancer?

**ND:** Laparoscopic surgery developed after I had finished at the PAH. Initially, there is a fairly long training period before a surgeon is skilled in its use. But many have now mastered its use. I have always believed that if you are operating on a cancer, good vision is necessary. For many that means an open incision. I remember saying about melanoma – "large scar is better than a small tombstone". For difficult, complex abdominal surgery, this may also apply. To answer Owen's question if I had to have a cancer of the bowel removed, I would have open surgery rather than laparoscopic surgery.

**SP:** Yes, okay.

**OH:** I think it's an interesting movement, in this hospital there's also one other area I think which has been hugely successful because a very well structured protocol was Nissan's Fundoplication and I think their sort of project was set up with excellent protocol and study rather like your own projects.

**ND:** Well they're non-malignant conditions. I think anything that's got the potential to kill you stone dead is one of those absolute opportunities to do it properly.

**SP:** Thank you for this interview.

**Transcribed by**                      **Robyne Sherrington**                      **May 2000**

**Edited by**                                **Sue Pechey & Jan Leo**                      **July 2000**

**Revisions typed by**                **Sandra Hurn**                                **August 2008**

**The following letters and tributes included at the request of Dr Neville Davis**

**Signed on hard copy**                **Date: 27<sup>th</sup> October 2007**



Patron: H. R. H. The Prince of Wales

**ROYAL AUSTRALASIAN  
COLLEGE OF SURGEON**

College of Surgeons' Gardens, Spring Street, Melbourne, 3000  
Telephone 662 1033 · Cables & Telegrams 'COLLSURG' Melbou.

OFFICE OF THE PRESIDENT

**E. Durham Smith**  
P.R.A.C.S.  
M.D., M.S.(Melb.), F.R.A.C.S.,  
F.A.C.S., Hon.F.R.C.S.I.

1st March 1988

Mr. N. C. Davis, AO, FRACS,  
"Alexandra",  
201 Wickham Terrace,  
BRISBANE, Qld. 4000.

Dear Neville,

I am delighted to inform you that at the meeting of our Council last week it was unanimously recommended that the Council award you the Devine Medal.


As you know, this is the highest honour which our College can confer, and it represents a fitting tribute to one who has served the profession with the utmost dedication and skill. You have the respect of every surgeon in the College, and with the magnificent contributions you have made, Council feels that this award is very appropriate. We would have great pleasure in bestowing this award at the General Scientific Meeting in Brisbane.

With kindest regards,

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'E. Durham Smith'.

E. Durham Smith.

 **NEWS** QUEENSLAND CANCER FUND JUNE '94

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## AWARD OF EXCELLENCE

In the Queensland Cancer Fund's 33 year history, the Fund's Award of Excellence has been made only three times. It is reserved for persons who have made a conspicuously important contribution to the Fund's work. The third award was presented in April to Dr Neville Davis A.O., appropriately before his peers at the International Melanoma Conference dinner.

In presenting the Award, Queensland Cancer Fund Chairman the Hon. Justice Paul de Jersey noted of Dr Davis:

"His contribution to the Queensland Cancer Fund has been of legendary proportions. He began the Melanoma Project in 1963 and continued as its supervisor until 1981. That internationally prominent project was really the flagship of the Fund's research programmes. Its prominence under his leadership drew public attention very markedly to the

work of the Fund. Dr Davis joined the Medical and Scientific Advisory Committee in 1973 and remained a member of it until 1984. He joined the Anti-Cancer Council in 1985 and has been a trustee of the Fund since 1986. He was awarded the Gold Medal of the Australian Cancer Society in 1983. His work with melanoma has brought long term benefit to Queensland, Australia and the world."



*QCF Chairman, Hon. Justice Paul de Jersey, presenting Award of Excellence to Dr Neville Davis A.O.*

**AUSTRALIAN CANCER SOCIETY INC.**

Rooms 311-312, 3rd Floor, Trust Building, Corner King and Castlereagh Streets, Sydney, N.S.W.  
G.P.O. Box 4708, Sydney, N.S.W. 2001, Australia. Telephone (02) 231 3355. Telegraphic address: Austcancer Sydney



*Patron:* His Excellency the Right Honourable Sir Ninian Stephen, AK, GCMG, GCVO, KBE, KStJ  
*President:* Mr W. Brian Fleming, MB, MS, FRACS, FRCS(Eng), FACS  
*Past-President:* Professor John F. Williams, PhD, MSc, FRACI, ASTC  
*Vice-President:* Mr Keith W. Steel, AC, OBE  
*Executive Director:* Mr Lawrence A. Wright

Our Ref.: BV/2

7 November 1983

Dr Neville Davis,  
Alexandra,  
201 Wickham Terrace,  
BRISBANE, QLD, 4000.

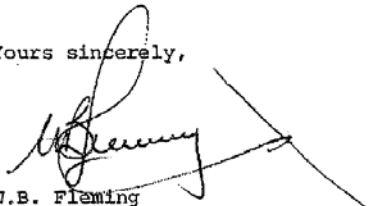
Dear Neville,

It is my pleasant duty and privilege to inform you, that, at its last meeting, the Council of this Society decided to award to you its Gold Medal for Distinguished Service. This award which is given on petition is for exceptional service in the fight against cancer in the field of research education or service. The petition for your award mentioned specifically your leadership of the Queensland Melanoma Project and the later involvement with the staging of bowel cancer.

If you are agreeable it is proposed to make this award to you at the COSA Annual Dinner being held in Brisbane in early December. I should be pleased if you would advise our Executive Director of your acceptance of the award and the presentation arrangements.

May I offer my personal congratulations on the recognition of your work by this Society.

Yours sincerely,

  
W.B. Fleming  
PRESIDENT

*Member Organizations:*

ACT Cancer Society, Anti-Cancer Council of Victoria, Anti-Cancer Foundation of the Universities of South Australia, Cancer Foundation of Western Australia, New South Wales State Cancer Council, Queensland Cancer Fund, Tasmanian Cancer Committee



TELEPHONE 370 0111  
TELEX—UNIVQLD AA40312  
TELEGRAPHIC ADDRESS—BRISBANE UNIVERSITY

## University of Queensland

ST. LUCIA, BRISBANE, AUSTRALIA, 4067

ADDRESS REPLY TO REGISTRAR  
BUT IN REPLY PLEASE QUOTE  
HBG:akd

FOR ENQUIRIES REGARDING  
THIS LETTER TELEPHONE  
377.2235

17th November, 1978.

Dr. N.C. Davis,  
"Alexandra",  
201 Wickham Terrace,  
BRISBANE. 4000.

Dear Dr. Davis,

At its recent meeting, the Senate resolved that the Degree of Doctor of Surgery "honoris causa" be conferred on you in recognition of your professional excellence, particularly in regard to your achievements in the treatment of melanoma and bowel cancer and for your inspired leadership in the surgical profession.

It is proposed that the degree be conferred on you at a Graduation Ceremony to be held on Tuesday, 12th December, 1978 commencing at 8.00 p.m. in the University's Mayne Hall.

The Assistant Registrar (Admin.), Mr. H.B. Green, will contact you in regard to the arrangements for this award.

Please accept my own personal congratulations.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'D.J. Munro', written in a cursive style.

(D.J. MUNRO)  
Acting Registrar

**ACS AWARD GOLD MEDAL**

The Australian Cancer Society has awarded the Gold Medal for Distinguished Service in the fight against cancer to Dr Neville Davis of Brisbane.

The award recognizes the work of Dr Davis principally as co-ordinator and chairman of the Queensland Melanoma Project, a project which has attracted international recognition, and more recently his work in chairing the project on the review and staging of colorectal cancer. He has made a much respected contribution to the development of cancer surgery in Australia and has served with distinction on the staff of the Princess Alexandra Hospital, the Council of the Queensland Institute for Medical Research, the Medical and Scientific Advisory Committee of the Queensland Cancer Fund and the Royal Australasian Army Medical Corps.

The Medal was presented to Dr Davis by the President of the ACS during the 1983 Annual Dinner of the Clinical Oncological Society of Australia.



*Dr Neville Davis*

□



# RNS

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St Leonards 2065 New South Wales  
Telephone 438 0411 Cables Royshore

Address Official Correspondence to the  
General Medical Superintendent

Reference

Professorial Unit in Surgery,  
The University of Sydney.

13th July, 1978

Dr. Neville C. Davis,  
20 Wickham Terrace,  
BRISBANE, QLD. 4000

Dear Dr. Davis,

I know that Professor Gerry Milton has spoken to you about your attending the Inaugural Meeting of the John Loewenthal Club at both Royal Prince Alfred Hospital and the Sydney University Union for a Clinical Meeting and Dinner respectively.

At the Clinical Meeting you will be presented with the John Loewenthal Clinical Medal, being the first recipient of this award.

~~My colleagues and I are all delighted to have you come and we look forward to seeing you on 5th August.~~

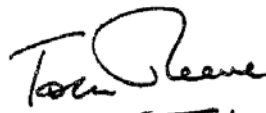
The Meeting commences at 1.30 p.m. in the Scott Skirving Lecture Theatre at Prince Alfred Hospital and I shall have a Programme sent to you as soon as they are available in about two weeks time.

There will be a short simple presentation, and the final programme for that particular afternoon will not be available until you attend on the day, but the presentation will be made immediately after afternoon tea at approximately 3.45. p.m.

If you have any questions that you would like to ask of me or any other information that you would desire to have please write to me and I shall be in touch right away.

With best regards,

Yours sincerely,



T. S. REEVE,  
Convenor,  
Clinical Meeting,  
John Loewenthal Club.