

A medical student's interest in the practice of his chosen specialty in another country is far more often acquired than inherited. It is the early introduction of eponyms into his study of anatomy and surgery which usually creates this curiosity to know more of the man after whom the condition has been named eponymously. Thus Hunter's canal in the leg has made each student aware very early in his studies of the great 18th century British surgeon who was with Wellington in the Peninsular Wars and whose studies on growth and transplantation are still available to be studied and admired in the Hunterian Museum of the Royal College of Surgeons in London. About the same time as one heard of Hunter, one heard also of Dupuytren. This great man has a fracture of the foot named after him, a classification of burns named after him and, most frequently quoted is the contracture of the tissues of the palm which may bend the fingers to an uncorrectable degree unless treated. That this last condition still, exactly 150 years after his death, retains his name draws the student's attention to the fact that no basic scientific study has been able to provide a better name!

Most medical students learn early that Dupuytren was a civilian surgeon in Paris in the time of Napoleon and the Restoration.

My own interest has continued for 35 years, as I became very early interested in a particular study of this condition of the hand. Therefore in the early 50s one visited Paris not merely to establish professional connections but to hunt down the phantom of this, France's most famous surgeon. Knowing he was professor at the *Hôtel-Dieu*, one was not surprised to find his statue in a formal garden in this hospital adjacent to Notre-Dame. However one has to stretch the imagination and realise that this hospital is later than the time of Dupuytren when he practised in the previous *Hôtel-Dieu*, which was on both the Left Bank and a bridge over the Seine to finish close to Notre-Dame possibly for funerary convenience. At Père-Lachaise, one learnt more of the personality who had a tombstone made as a huge monolithic obelisk losing itself among the trees above while his earlier divorced wife was represented by a mere thin marble slab lying within the same fenced enclosure. At Pierre Buffière just south of Limoges, the home of Dupuytren was found to have been changed to a girls' school and the large bronze which stood in the town's square had been taken during the war to make German armaments.

It was refreshing to find that a personal interest in the life and times of this doyen Dupuytren was appreciated by French surgeons who had so much taken him for granted that they knew only a skeleton of this figure whose flesh one was trying to add on. This led to many pleasant introductions and a widening of personal contacts through surgeons in both hand surgery and plastic

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surgery. Translations of French articles and books into English and introduction of French to the English literature became something that could be continued from the Antipodes. Further visits and lectures in France widened these contacts and stimulated research and new surgical techniques and subjects of common interests.

In the 1960s the French formed a *Groupe d'Etude de la Main* and *Société de Chirurgie Plastique et Reconstructive*, to which one was invited to become the corresponding member from Australia. Meetings began then on a greater scale between the French and non-French surgeons with mutual interests.

In 1971 the Fifth International Congress of Plastic and Reconstructive Surgery was held in Melbourne and, being Programme Secretary and editor of the Transactions, one was in a position to place the most revered French surgeons in places of prestige on the programme so that they were successful in gaining the vote for the succeeding sixth such Congress which was held in Paris in 1975. As co-editor of the volume of the transactions of this Sixth Congress, I spent a further three months in Paris deepening the strength and warmth of contacts with the leisure to visit provincial centres and this has remained the watershed in the International/Antipodean connection with French plastic surgeons.

Since then an increasing interchange of plastic surgeons in training from Paris and Marseilles in particular, coming to Melbourne and Australians spending at least one year in Paris and Bordeaux, has continued. Now regular exchange fellowships are being set up, the latest being a Monash Fellowship in Plastic Surgery.

The warmest compliment that the French plastic surgeons have paid to their Australian colleagues was in 1977 when they moved their Annual General Meeting out of France to Mauritius so that the Australians would have a better chance of coming in greater numbers to join them in this bilingual Congress which was, of course, a very lively and instructive event.

Throughout these decades an interesting evolution could be observed within the French surgical structure.

In the early 1950s one entered a hierarchic structure of hospital appointments with private practice only available to the professor and the staff beneath him, simply following his edicts without question and preserving, in some cases, surgical attitudes and technique which the Anglo-Saxon surgical world had discarded previously. This idea of looking back to the past masters was obviously slowing the progress of young French surgical thinking. It was therefore a great event when, in the 1960s, the above two surgical societies, one of the hand surgery and one of plastic surgery were set up, not only to allow International visits to the meetings but in particular to bring Paris and the provinces closer together in an interchange of ideas to their mutual advantage and admira-

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tion. Until that time the provinces had been, and unfortunately still are today to some extent, regarded as outside of the centre of surgical activity in Paris. It was only when the Parisian surgeons saw the enormous number of new operations and tremendously vital surgical enterprise of provincial surgeons in Nancy, Marseilles, Bordeaux and Lille, that French surgery began to take on a more monolithic and stronger stature than the former separate Paris and provincial divisions. Having strengthened its inner structure during the 60s, France was prepared in the 1970s to meet the world as explained above in the Fifth and Sixth International Congresses. At this time people who had previously just been names in French literature became speakers and demonstrators of their technique to the world at large. Thus in the 80s surgeons have become highly mobile within France itself and within international circles, with now some world leaders not only in Paris but in the provincial cities are being invited to Australia as lecturers, as in the past one had been invited to lecture in France.

This evolution from a medical student's continuing interest in a surgeon long dead has enabled an observation of the evolution of surgery in such a vibrant country that techniques now are free of the hierarchic control and research work can be anticipated with confidence to take on the world leadership in the same avant garde manner that the French have done previously in the other creative arts of art and music.

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