F. Douglas Stephens, MD

Interviewed by
John M. Hutson, MD

May 30, 2007
Melbourne, Australia

This interview was supported by a donation from the American Academy of Pediatrics Section on Surgery
PREFACE

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events that are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

Historical Archives Advisory Committee, 2008/2009

Howard A. Pearson, MD, FAAP, Chair
David Annunziato, MD, FAAP
Jeffrey P. Baker, MD, FAAP
Lawrence M. Gartner, MD, FAAP
Doris A. Howell, MD, FAAP
James E. Strain, MD, FAAP
ABOUT THE INTERVIEWER

John M Hutson, MD

Prof. John Hutson is a graduate of both Monash University and University of Melbourne. After training in general surgery and at the Royal Children's Hospital (with Douglas Stephens) through the 1970s, he went to Massachusetts General Hospital and Harvard Medical School for three years as a surgical research fellow under Dr. Patricia K. Donahoe. He then spent a year in Glasgow at Yorkhill Hospital for Sick Children before returning to Melbourne in 1984.

He was appointed Professor/Director of Paediatric Surgery in 1993 and Chair of Paediatric Surgery, University of Melbourne in 2006.
Interview of F. Douglas Stephens, MD

DR. HUTSON: This is Dr. John [M.] Hutson from Melbourne, Australia. It’s the 30th of May, 2007, and we’re interviewing Mr. [Frank] Douglas Stephens, who is a previous recipient of the William E. Ladd Medal from the Section on Surgery of the American Academy of Pediatrics. This interview is taking place in Toorak, which is a suburb of Melbourne, Australia, on behalf of the [American] Academy of Pediatrics. Douglas, I’m delighted that you’re able to help us collect the oral history of Australian pediatric surgery. Why don’t you tell me about your family and your background?

DR. STEPHENS: Well, my parents lived in a suburb of Melbourne, and my father [Henry Douglas Stephens] was a pediatric surgeon at the [now named Royal] Children's Hospital in Melbourne. He was assistant to Dr. [Frank] Hobill Cole, who was a medical practitioner in the vicinity of the Children's Hospital, within walking distance. He had a series of young people as assistants, and each of those people was interested in pediatrics. Dr. Cole was on the staff of the Children's Hospital for fifty years — no, thirty years. My father became his assistant, and as a result of that, he became a specialist in pediatrics combined with pediatric surgery.

[Recording interruption]

He married the daughter [Eileen Cole] of Dr. Cole, and I was the second child of that marriage. We were then later a family of four children, three daughters, one son — that’s me. My father graduated in 1889, and then served for fifty years on the Children's Hospital as pediatrician and pediatric surgeon, the main reason for pediatrics becoming a specialty at the Children's Hospital. He was due to retire at the beginning of World War II, but because of the absence of staff, he was retained until 1946.

[Recording interruption.]

DR. HUTSON: Carry on.

DR. STEPHENS: In those days, the pediatric surgeon had to be a pediatrician as well, and he was highly competent in both sides of pediatrics. He served for the extra five years or six years during the war, making his total time at the Children's Hospital at least fifty years.

DR. HUTSON: And when did you go to medical school? What influenced you to do that?

DR. HUTSON: I was at Melbourne Church of England Grammar School [now named Melbourne Grammar School], and when I matriculated,
as we call it here, that gave me the opportunity to go to the University [of Melbourne]. And because of the background of pediatrics and family tradition, I suppose, it seemed automatic for me to do medicine. I went to the university at the age of seventeen and had two years at the [Royal] Melbourne Hospital in general training, and one year at the [Royal] Children's Hospital before going to the war. The war broke out in 1939, and I was taken on as a member of the 2/1 AIF [Australian Imperial Force] Casualty Clearing Station and served in the war for the best part of six years. During that time, I was interested in the surgery, but also in the field activities. After the war, I went back to the Royal Melbourne Hospital for further training, and had half a year at the [Royal] Children's Hospital before going to England to Great Ormond Street Hospital for Sick Children [currently named Great Ormond Street Hospital for Children NHS Trust].

DR. HUTSON: Did you have a scholarship?

DR. STEPHENS: Yes, on a Nuffield Australia Army Scholarship. The chief of the medical corps of the Australian Imperial Forces arranged with the Nuffield people for approximately thirty serving doctors to go to England on a scholarship, and we stayed in London and had training.

DR. HUTSON: Whom did you work for at Great Ormond Street, Douglas?

DR. STEPHENS: Oh, I went there particularly to work with Denis Browne [later Sir Denis John Walko Browne], who was at that time one of the senior surgeons at the hospital in London, Great Ormond Street. In addition to training with him, there was a man called T. [Thomas] Twistington Higgins, who was a general surgeon with a bit of a specialty in children's work. So between the two, I got the surgical training. That was a period of three years. But the person that helped the most was the pathologist, Dr. Martin Bodian. He was the person who took a very special interest in my work. I was able to work with him on post-mortems of all kinds of pediatric surgical problems doing meticulous post-mortem examinations.

DR. HUTSON: So is he the person that got you interested in embryology?

DR. STEPHENS: Well, yes, I suppose he was. The complicated pelvic abnormalities needed some sorting out, and I took it up with embryology. Not so much doing embryology research work myself, but from reading of books and getting an idea of how things stood at the time. Working out how the abnormalities occurred, I was able to develop a classification of the abnormalities.

DR. HUTSON: And what did you think of Denis Browne? Tell us about him.
DR. STEPHENS: Denis Browne was a very forceful character. He had a very successful period of time during the First World War. His activities there were taken note of by eminent surgeons in London, and after the war they had an idea that he’d be well suited to developing a surgical career in London. And so he stayed on there and took an interest in pediatric surgery and finally got on the staff of Great Ormond Street Hospital. He was a general pediatric surgeon. At that time, pediatric surgery was developing, and he had his own ideas of how to tackle the surgical problems.

DR. HUTSON: He had a reputation even as wide as pediatric orthopedics, which for general surgery now, seems quite unusual.

DR. STEPHENS: I think he did the first ligation of the ductus arteriosis in the UK [United Kingdom].

DR. HUTSON: Patent ductus [arteriosus (PDA)]?

DR. STEPHENS: Patent ductus in London. He developed special techniques for empyema in children — which was quite common — and tackled all the emergency abdominal surgery. Orthopedics was one of his special problems which he tackled, especially club foot and congenital dislocation of the hip. I must say that he was an expert in both of these aspects. The other thing that he did was all the abnormalities of the anorectum and developed certain ideas, especially with the operation which he called the “cut-back operation” [anoplasty] for these problems. As a matter of fact, I learned a tremendous amount from him, especially on the cut-back, because this revealed the individuality of the sphincters of the anorectum, and was able to differentiate the functions of each one — each sphincter. But whatever Denis Browne did, he had his own ideas, and of course he always thought his own ideas were the last word. [Laughs]

DR. HUTSON: How many surgeons were there in Great Ormond Street in those postwar years?

DR. STEPHENS: Yes, well, I can remember four senior general surgeons.

DR. HUTSON: Okay, so a very small number relative to what there probably is now?

DR. STEPHENS: Yes, they did have an ENT [ear, nose, and throat] surgeon and later an orthopedic surgeon, as well, coming on, and they had a plastic surgeon coming on, and then eventually they developed cardiac and thoracic surgery.
DR. HUTSON: Sure. And then when you came home to Melbourne, what was it like at the [Royal] Children's Hospital? So that would have been 1948 or 1949.

DR. STEPHENS: No, I came back to Melbourne in 1950.

DR. HUTSON: So what was it like then?

DR. STEPHENS: Children's Hospital then, from the point of view of surgery, was rather in a backward state, I thought, because people like general practitioners were doing surgical consultation.

DR. HUTSON: [Laughs]

DR. STEPHENS: My father had just retired, and surgeons could not make a living out of pediatric surgery. They were doing general surgery, and pediatric surgery as a bit of a hobby.

DR. HUTSON: These were honorary appointments, of course, and not paid consultant posts.

DR. STEPHENS: Yes, these were all honorary appointments. All emergency surgery was pretty well dealt with, but pediatric surgery, by and large, was in its infancy all around the world. And then the medical director [medical superintendent] Vernon [Leslie] Collins (and the committee of management) felt that in order to keep surgeons totally interested in pediatric surgery, you have to pay them for service. That revolutionized the whole development of specialist pediatric surgery in the hospital.

DR. HUTSON: When did that happen, approximately? Was that before the current hospital was built in 1960?

DR. STEPHENS: When I got back from overseas it was 1950. This change was just taking place.

DR. HUTSON: Oh yes, okay. So this happens in the 1950s for surgeons?

DR. STEPHENS: Yes.

DR. HUTSON: But did you then have a full-time position at the hospital?

DR. STEPHENS: I had an extra year at [Royal] Children's Hospital on the Nuffield scholarship after coming home. After that, I became a research surgeon, and after that, the director of pediatric surgical research. Well, the good thing about it was that Russell Howard — who was an expert prewar surgeon at the Alfred Hospital, and had good war service with a lot of
surgery, and a very experienced adult surgeon — had taken a special interest in pediatric surgery. He became the director of pediatric surgery at the Children's Hospital. And he was very, very good. He divided us up into three different categories. All surgeons did emergency work, but there were three general surgical units: one was above the diaphragm, one was below the diaphragm including liver surgery and burns, and one was urological and pelvic surgery. That gave special experience of the rarities, which really make up pediatric surgery.

DR. HUTSON: So that sounds to me like it happened at a stage which was a bit ahead of what was happening elsewhere in the world.

DR. STEPHENS: Yes, I think that’s so, except for [William E.] Ladd and Robert Gross in Children’s Hospital Boston and Denis Browne in London, and in Europe there were pediatric surgeons well established.

DR. HUTSON: Were they as sub-specialized as you became at that time?

DR. STEPHENS: No, they were all general pediatric surgeons.

DR. HUTSON: And what about the position, going from an honorary consulting surgeon, visiting at Children's Hospital — but really being a general surgeon just helping look after children some of the time — to being a fully paid surgeon, full time in the Children's Hospital? Was that happening everywhere in the world, or did that just happen in Melbourne in the 1950s?

DR. STEPHENS: No, it wasn’t happening everywhere. I was the only surgeon on full-time pay.

DR. HUTSON: As the director of surgical research?

DR. STEPHENS: Yes.

DR. HUTSON: Okay, so the others were all visiting surgeons?

DR. STEPHENS: Yes. I did do two years part-time with my father in private practice, and they were golden years in learning.

DR. HUTSON: Yes.

DR. STEPHENS: Especially in abdominal pain. Fifty percent of pediatric patients with clinical symptoms of abdominal pain did not have acute appendicitis.
DR. HUTSON: So this job you had as a full-time director of surgical research in the 1950s — were there many other people with jobs like that, or was that a unique position?

DR. STEPHENS: That was unique in Australia, yes.

DR. HUTSON: And what did you do? How did you decide what to work on, and what did you do?

DR. STEPHENS: While I was in the Hospital for Sick Children, London, I developed a specialty in anorectal and urological surgery. When I went to London, I had three research projects in mind: one was urethral obstruction, one was Hirschsprung's disease, and one was anorectal anomalies.

DR. HUTSON: So you went to London specifically to learn those three things?

DR. STEPHENS: Yes.

DR. HUTSON: So you had these already in mind before you went to London?

DR. STEPHENS: Yes.

DR. HUTSON: When you came back to Melbourne, were you able to use what you’d learned in London and carry on doing it?

DR. STEPHENS: Absolutely, and I had the opportunity to make detailed records, both clinical and autopsy, of all these.

DR. HUTSON: When did you start collecting all the specimens?

DR. STEPHENS: Right from London.

DR. HUTSON: Ah, okay.

DR. STEPHENS: I didn’t bring any specimens out from London, but I collected and classified the anorectourinary anomalies. These produced the basic material to be added to in Melbourne.

DR. HUTSON: Of course, I’ve still got in the museum at the Royal Children’s Hospital, at least 200 of those specimens that were dissected, studied and mounted, some of them right back to the 1950s.
DR. STEPHENS: Yes, right, I started then. Any autopsy that took place, I had the opportunity to work on relevant specimens with Dr. Reginald Webster, the director of pathology.

DR. HUTSON: Yes.

DR. STEPHENS: He was the pathologist at the Children's Hospital. Just as an aside and of interest because of Dr. Reginald Webster, he made important academic studies of tuberculosis. When the war broke out, of course, he was the one who was called on to test all these recruits presenting with symptoms suggestive of tuberculosis, because some had coughs and things like that. They had to have sputum analysis, and gastric analysis and things. But at any rate, nearly every morning in the week my father repaired a hare lip and cleft palate in a private hospital, and Reg Webster was the anesthetist. He used chloroform and ether. By 11:00 am, he became the pathologist at Children's Hospital and my father attended to outpatients or began an operating session. After being the anesthetist earlier in the morning. That’s fantastic combination.


DR. HUTSON: So did he call you whenever there was a post-mortem to do?

DR. STEPHENS: Yes, he would inform me. I also was appointed consultant pediatric surgeon to the Royal Women’s Hospital. I was able to work there with the pathologist. That was an absolute golden opportunity for special studies of any abnormality because I had the opportunity to study abortuses, stillborns, and newborn babies with birth defects. That’s where a tremendous amount of material came from for study by myself, [E.] Durham Smith, Robert Fowler and Justin [H.] Kelly. All the wonderful specimens that I was able to obtain and study there and hand on to various members of my unit. All this work was done on post-mortem studies.

DR. HUTSON: So in the 1950s, when you were there as the research surgeon, you were there by yourself doing this work?

DR. STEPHENS: I had a unit, an admirable unit.

DR. HUTSON: Right, and who was in the unit?
DR. STEPHENS: I first of all had Bob Fowler — Robert Fowler — then Durham Smith, and then a series of people, including Justin Kelly. We formed a unit of really four long-term surgical and numerous short-term investigators.

DR. HUTSON: So a clinical, working, functioning unit doing surgery of anorectal, urological and genital anomalies.

DR. STEPHENS: Yes, as well as emergency surgery of the abdomen. But we worked below the diaphragm, in the abdomen and pelvis.

DR. HUTSON: So did you do esophageal atresia surgery?

DR. STEPHENS: No, never.

DR. HUTSON: Okay.

DR. STEPHENS: And never did any cardiac work. I did some studies of the diaphragm, especially the kidneys that rise up higher than the diaphragm and also embryology of defects of the diaphragm.

DR. HUTSON: Ah, yes. They call it thoracic kidney.

DR. STEPHENS: Yes, right and left thoracic kidneys.

DR. HUTSON: Were there any special, memorable things that happened when the [Royal] Children's Hospital moved from Carlton to Parkville — to the current park site?

DR. STEPHENS: Well, yes. We moved in 1963, and the Queen of England and Australia came out to open the now Royal Children’s Hospital — the new state-of-the-art hospital.

DR. HUTSON: And so that’s when the Children's Hospital converted to the Royal Children's Hospital?

DR. STEPHENS: That’s when it became the Royal Children's Hospital, yes. The Queen came out. One thing that the old hospital had was a great fellowship amongst the doctors. They always had morning tea on, and they always had afternoon tea on in a special area, and had a doctors’ lunch.

DR. HUTSON: This was like a club.

DR. STEPHENS: Like a club, yes. And you had interchange of everything there. Reggie Webster would come over at eleven o’clock, and any surgeon who was in hospital would drop in for a cup. You could see
them walking around because it was a sort of pavilion hospital, whereas now
in the new hospital, you suddenly became isolated. The unit was on a certain
floor. You didn’t go down to morning tea and didn’t go down to lunch. It all
became —

DR. HUTSON: Was the surgical ward that you were in on the eighth floor
of a ten-floor building right from when you first started there?

DR. STEPHENS: Yes.

DR. HUTSON: Because it was on the eighth floor when I came in 1974, so
that would have been 11 years later.

DR. STEPHENS: All of our unit was located on the eighth floor. It was
one floor above pathology, which was very handy.

DR. HUTSON: Yes, yes, because pathology is still on the seventh floor.

DR. STEPHENS: Yes, and I was able to continue there with Dr. Alan
Williams, who was very amenable to having special studies performed on any
anorectal abnormality. And of course, my laboratories were all on that floor.
Many people spent one or two years working on various problems, including
Dr. Dan [Daniel] Lenaghan and others, who did special studies in pediatric
urology.

DR. HUTSON: What about the political environment at the hospital at that
time? What was it like?

DR. STEPHENS: I think the political situation then was very smooth.
The hospital had a Ladies Committee that was in my time chaired by Lady
Murdoch, later Dame Elisabeth Murdoch. She seemed to be able to handle
all the problems concerned with the building of the new hospital and its
management and the members of the medical staff.

DR. HUTSON: And still is.

END OF TAPE 1, SIDE A

DR. HUTSON: Tell me more about the political situation in the hospital?

DR. STEPHENS: We had a medical director in those days, and he was the
go-between for the medical staff and the administrators, and could present
the problems and sort them out. And over the years, in addition to the three
general surgical units, all specialties became represented, including pediatric
plastic surgery, thoracic surgery, and cardiac surgery. The three general
surgical units developed special knowledge in all the abnormalities because
the patients were all directed to those appropriate surgical units. Helen [R.] Noblett was one in Russell Howard’s thoracic unit, and she eventually became a senior pediatric surgeon in Bristol [Royal Hospital for Children]. She became well known for her work on Noblett biopsies of the rectum.

Well, while the Ladies Committee of management worked well with inclusion of some male specialist consultants, after a certain time the government took over the management of the hospital. But I suppose it was inevitable. It’s a public hospital, public money, so forth. Well, we had the development of the Murdoch [Children’s Research] Institute. There was a bit of friction when that started up because there was competition for money from the various philanthropic bodies.

DR. HUTSON: Philanthropic trusts and so on, for the funds.

DR. STEPHENS: Yes.

DR. HUTSON: Research funds.

DR. STEPHENS: That was rather a bit of friction there, all out for money for research work. Well, other than that, I think it’s been very happy.

DR. HUTSON: What were the factors which led you to go to Chicago? Tell us about that.

DR. STEPHENS: Oh, well, I got to know people in Chicago quite well from my travels. I gave lectures from time to time there.

DR. HUTSON: And in those days, how frequently did you travel to Europe or North America?

DR. STEPHENS: Very uncommonly.

DR. HUTSON: Not as frequently as we do now?

DR. STEPHENS: No, only when money was available. I think there was sort of an idea that you could go once every four, five years with hospital assistance.

DR. HUTSON: So you’d been to North America a few times during this period, presumably.

DR. STEPHENS: Yes.

DR. HUTSON: And whom did you meet? You must have met Lowell [R.] King sometime.
DR. STEPHENS: Yes. Lowell was chief of pediatric urology at Children’s Memorial Hospital in Chicago. But there were several others I knew. Orvar Swenson — I first met him in Boston and also later in Chicago when he was chief of pediatric surgery. And Lowell King. I was coming up for retirement when I received an invitation from Lowell to come and fill a vacancy there.

DR. HUTSON: What was the job you went to?

DR. STEPHENS: I went there as Professor of Urology and Surgery, Northwestern [University] Medical School and Director of Surgical Research, Children’s Memorial Hospital.

[Recording interruption.]

DR. HUTSON: So let’s go back to when you went to Chicago. What was the job that you had in Chicago?

DR. STEPHENS: It was director of surgical research.

DR. HUTSON: And what did that allow you to do?

DR. STEPHENS: That gave me the opportunity to employ young people to undertake research, to do pediatric surgery and pediatric urology in particular. This gave me the opportunity to have time in the animal research laboratories.

DR. HUTSON: Were you doing night work?

DR. STEPHENS: Occasionally called in for night work for emergencies in urology.

DR. HUTSON: How complicated was it at that time for a doctor like you, registered outside America, to get registration in Chicago?

DR. STEPHENS: Well, it’s very difficult, but Lowell King knew the procedure and the authorities.

DR. HUTSON: Ah, yes, good friends are always useful.

DR. STEPHENS: I had to have a formal interview, but no other examinations.

DR. HUTSON: You didn’t have to do an exam or anything like that?

DR. STEPHENS: No.
DR. HUTSON: They just assumed all that was okay.

DR. STEPHENS: Yes.

DR. HUTSON: Did you have to have your original certificates from the University of Melbourne?

DR. STEPHENS: I had to have those, including my CV.

DR. HUTSON: Tell me about Chicago. I remember visiting you there once when I was a fellow with Pat [Patricia K.] Donahoe, but tell me what it was like.

DR. STEPHENS: Well, it was an awfully friendly place. Everybody seemed to get on well. And I call it a very high-quality, very high-quality children’s hospital. It had a really high-quality clinical training system for all the residents.

DR. HUTSON: A formalized system rather than just ad hoc apprenticeship training.

DR. STEPHENS: Yes, very formal.

DR. HUTSON: Yes.

DR. STEPHENS: And very thorough. And I didn’t have anything to do with that organization. That was done by Lowell [King] and his administration.

DR. HUTSON: Sure. So tell me about the young trainees that you were the mentor for in Chicago who went on to make a name for themselves, because there must be quite a few.

DR. STEPHENS: Well, of course, I remember Dr. Max Maizels.

DR. HUTSON: Max was one of yours?

DR. STEPHENS: Yes. He was highly competent, a very keen investigator. He’s gone on to do lots of good work.

DR. HUTSON: Any other names that spring to mind?

DR. STEPHENS: Dr. Bill [William] Kaplan, who eventually became the head of the urology department and Dr. Max Maizels, who undertook research with me on ureteral valves, also in the division of urology.
[Recording interruption.]

DR. HUTSON: During your time in Chicago, what would you regard as the highlights?

DR. STEPHENS: Living in Chicago alongside the lake near the Northwestern University and Children’s Memorial Hospital was wonderful, really. Really very nice. Northwestern University Medical School is right in the heart of Chicago. The regular shuttle bus was a ten-minute drive from Children’s to the medical school. The whole of the lakeside is a most beautiful part of the world. It’s beautiful in the summer and beautiful in the winter, but the winter is very, very cold.

DR. HUTSON: Not like Melbourne at all.

DR. STEPHENS: No.

DR. HUTSON: [Laughs]

DR. STEPHENS: The wind chill goes down to minus 80° sometimes.

DR. HUTSON: Dear, oh dear.

DR. STEPHENS: But the social life is really nice there, too.

DR. HUTSON: And you would have gotten to meet a lot more American surgeons, of course, living in America during the time.

DR. STEPHENS: Oh, yes, yes. And the thing about Chicago is, it is about six hours from everywhere: six hours from London, six hours to South America.

DR. HUTSON: So the amount of travel — did you do a lot of travel?

DR. STEPHENS: A lot of travel, yes.

DR. HUTSON: Not once every five years, but several times a year, probably.

DR. STEPHENS: A couple of times a year, yes. But I got to South America, got to London. I went to West Africa.

DR. HUTSON: So you went to lots of different places you never would have gone to.

DR. STEPHENS: Mexico.
DR. HUTSON: Mexico, yes.

DR. STEPHENS: All kinds of places in America. Just two hours from Chicago.

DR. HUTSON: Yes.

DR. STEPHENS: By train occasionally.

[Recording interruption.]

DR. STEPHENS: The hospitality of John [T.] Grayhack, as director [chairman] of the urological unit at Northwestern, was wonderful, both academically, as well as socially. I regard him as one absolutely marvelous investigator.

DR. HUTSON: So you felt at home in America after you’d been there. You were there 12 years?

DR. STEPHENS: Yes, I expect it was 12 years. Yes, well, I found them very, very hospitable, not unlike here. They’re very much like ourselves, in the Midwest.

DR. HUTSON: Yes, yes, fair enough. What are the biggest changes that you have seen in pediatric surgery during your career, would you think? What would you regard as the biggest changes?

DR. STEPHENS: Specialization.

DR. HUTSON: So you think specialization. Would you, in your opinion, think that’s good or bad?

DR. STEPHENS: Is it ever bad?

DR. HUTSON: Yes.

DR. STEPHENS: Well, for pediatric surgery it’s good. The big centers, where the population is huge really have to specialize. For instance, in Great Ormond Street it’s the thoracic, cardiac, plastic, orthopaedic, and then when it comes to general surgery, it’s abdominal, urological, anorectal. People get into specialties because the flood of rare material is so great.

DR. HUTSON: Yes, yes. What about advances in pediatric surgery — apart from specialization? Which things do you think are the most memorable?
DR. STEPHENS: Well, my most memorable aspects of pediatric surgery are the development of the people who worked with me.

DR. HUTSON: Watching the careers of your young trainees.

DR. STEPHENS: Yes. So many of them have become internationally recognized as experts in the field, and I think that’s good. And that goes for members of the other units in our Children's Hospital. I think that’s what I feel is nice. But they’re all specialists.

DR. HUTSON: And in the end pediatrics has benefited from that, it would appear.

DR. STEPHENS: Yes, yes.

DR. HUTSON: Whom would you regard as the people who helped you the most in your career?

DR. STEPHENS: Well, my father first, earliest on; he was very wise to clinical diagnosis and pediatric surgery as known prior to World War II. Then there’s Denis Browne, Martin Bodian.

DR. HUTSON: The pathologist.

DR. STEPHENS: The pathologist, yes. And then, all the other people who have helped me, like subsequent pathologists at the [Royal] Children's Hospital and the [Royal] Women’s Hospital. All were so helpful.

DR. HUTSON: When did you first get an idea that you needed to write books?

DR. STEPHENS: Yes, well, my first book was in 1963.

[Recording interruption.]


DR. STEPHENS: Yes, but that was a book which was written by my colleagues working with me, but under my direction. The people who were in that unit were clearly listed as contributors. The title of the book is Congenital Malformations of the Rectum, Anus and Genito-Urinary Tracts. One of the contributors was John Barnett.

DR. HUTSON: Ah, yes, the plastic surgeon.
DR. STEPHENS: Yes, John Barnett became a plastic surgeon. Dora Bialestock, who did micro work on the kidney. Robert Fowler, Durham Smith and [Daniel] Lenaghan — a whole series of them had done special work, which could be brought together in this book on pediatric surgery.

DR. HUTSON: So this was all work that had been completed when you were the director of surgical research in the 1950s, and then got put into a book in the early sixties.

DR. STEPHENS: Yes. They were all Australian. There were twelve authors, plus myself. And all had completed their research projects.

DR. HUTSON: Yes, okay, so this is really a record, a publication of their early research projects. And, of course, my recollection of your first book is that it contains one of the chapters written by Robert Fowler, describing what would now be regarded as the basic anatomy for the Fowler-Stephens [orchiopexy] procedure for undescended testes.

DR. STEPHENS: That’s right, yes.

DR. HUTSON: The original description of the vascular supply of the testes.

DR. STEPHENS: Yes. That work had been published before and then republished as a chapter in the book.

DR. HUTSON: Yes. Then you went on to write a book on anorectal anomalies more specifically, which came out in the hospital centenary year or thereabouts, I recall.

DR. STEPHENS: Yes.


DR. STEPHENS: I forget the order of them now, but there are six books, I think, or seven.

DR. HUTSON: That was the first book on anorectal anomalies, it’s *Anorectal Malformations in Children*, co-authored by [E.] Durham Smith. And then the next one after that?

DR. STEPHENS: That was urological.

[Recording interruption.]
DR. HUTSON: Then the first book that you had published when you were in America is *Congenital Malformations of the Urinary Tract*. This was work done in Melbourne?

DR. STEPHENS: Well, it’s a compilation of work done previously in Melbourne, but a lot of it completed in Chicago.

DR. HUTSON: Finalized when you were in Chicago.

DR. STEPHENS: Yes.

DR. HUTSON: And how many books have you written all together?

DR. STEPHENS: Six, I think, six books.

DR. HUTSON: Six.

DR. STEPHENS: But with colleagues.

DR. HUTSON: Yes.

DR. STEPHENS: Durham in particular — Durham Smith in particular.

DR. HUTSON: Durham was always a fantastic editor.

DR. STEPHENS: [Laughs] Yes, Durham was an authentic editor, couldn’t have written the books without him. He is smart, and he’s able to put together chapters.

DR. HUTSON: Agreed. So maybe this is an appropriate time to just discuss those of your colleagues you were closest to in the early years in Melbourne. Durham Smith. Tell me about Durham.

DR. STEPHENS: Durham was a wonderful colleague, a wonderful collaborator, and worked with me on any project, writing on any paper — a great contributor — and he’s an excellent surgeon.

DR. HUTSON: Yes, he was, wasn’t he? Excellent.

DR. STEPHENS: Wonderful dexterity.

DR. HUTSON: Yes, I agree. I must say, when I was a registrar at the hospital after you were in Chicago, I regarded him as clearly the most skillful of the surgeons at the hospital at the time.
DR. STEPHENS: I would find it hard to sort out who was the better and best, but Durham was an expert.

DR. HUTSON: He was an expert.

DR. STEPHENS: Very dexterous, and a very, very good clinician.

DR. HUTSON: Good clinician, good writer, good organizer.

DR. STEPHENS: And a wonderful teacher.

DR. HUTSON: Yes, he was a good teacher.

DR. STEPHENS: I think he was probably one of the best teachers. His early career was upset by tuberculosis, and that set him back several years. He recovered completely from TB.

DR. HUTSON: Tell me about Robert Fowler.

DR. STEPHENS: Yes. Robert Fowler was the son of a leading obstetrician and a good friend of my father’s, and a good friend of mine as well. I remember talking with his father, and his father was telling me about Bob. Soon after, I had an interview with Bob, and he became keen. We worked together, you know, for the lifetime of my career in Melbourne. He is an exceptional research type and did a vast amount of animal work. He had a very good command of English, and he could write wonderful papers.

DR. HUTSON: Yes, agreed.

DR. STEPHENS: He did basic research on the anatomy of the anorectum when it was in a state of flux. Different muscles that were attributed to different functions. I remember [C.] Naunton-Morgan was the leader in London at the time, and I think Bob had some different ideas from that, and Bob put it all down in a paper here.


DR. STEPHENS: Yes, that was not only in the book, but it was published earlier in a paper.

DR. HUTSON: Sure. So let’s just talk a bit more about when you were in America. When did you first become involved in the American Academy [of Pediatrics]? Did that happen the moment you got to Chicago, or not?

DR. STEPHENS: Well, I attended the Academy meetings before then, but I was never in any great way involved in the organization.
DR. HUTSON: Were you allowed to be a member of the Academy of Pediatrics when you were a foreign doctor in Melbourne, before you went to Chicago?

[Recording interruption.]

DR. HUTSON: So you went to the surgical section [American Academy of Pediatrics Section on Surgery] meetings?

DR. STEPHENS: Yes, surgical section meetings. But I really went to America more to specialize in urology.

DR. HUTSON: Was there a urology section of the Academy at that time, or not?

DR. STEPHENS: Yes, I think it was at that time. It was part of general urology, but eventually split off from general urology into a specialty of pediatric urology.

DR. HUTSON: Of course, now it has gotten to the point where they’ve got a special training and examination in pediatric urology.

DR. STEPHENS: Yes.

DR. HUTSON: Were you involved in any other medical organizations? Did you have any administrative or political role outside the surgical research and clinical work that you did?

DR. STEPHENS: Not after I left here. No, I didn’t really have any political positions. I rather steered away from it because if you’re doing research, in my time, it was pretty hard to cope with other things.

DR. HUTSON: That’s still true, I think. Now, the British Association [of Paediatric Surgeons]? Having been in England, of course, in the late 1940s, were you in BAPS [British Association of Paediatric Surgeons] right from the start?

DR. STEPHENS: No, not from the start. I think that it got going before I became a member. And then while I was in England, I remember Denis Browne being very excited about getting the Association running. And then a lot later, the European people wanted to make it into a general pediatric club, but the British wanted to maintain it as is. Because it came first and was predominant, they wanted to keep it as a British Association of Paediatric Surgeons.

END OF TAPE 1, SIDE B
DR. HUTSON: Let’s just go back to your relationship with British pediatric surgery, and their interaction with the Europeans.

DR. STEPHENS: Yes, well, that’s well known in the history of pediatric surgery. It wasn’t a conflict, but it was a sort of a feeling in Europe that it shouldn’t be British.

DR. HUTSON: I understand. Well, it’s interesting because just last week I was the guest of the new European Society of Paediatric Surgery [European Society for Paediatric Surgery] at their 8th meeting, in Italy. They finally got to the point where they’ve got a separate organization with what looks like enough impetus to have an annual meeting. There were 500 people from all over Europe there. My suspicion is that in another ten years it will probably be bigger than that. There were English people at this European meeting, and my hosts tell me that there were more people there — more English people there — at this recent meeting than have been so in the past. So they’re starting to attend, and it will provide a forum for pediatric surgeons all over Europe.

DR. STEPHENS: Yes. A lot of the pediatric surgeons, so-called in Europe, are not full-time pediatric surgeons.

DR. HUTSON: Yes. However, that’s changing quickly now, I think. It looks like within a few years it’ll be like it is in the UK and America, where pediatric surgery will, for practical purposes, only be done by pediatric surgeons.

DR. STEPHENS: And I suppose that’s a good thing, but there won’t be any research work done. [laughs] It will all be worked over.

DR. HUTSON: Let’s talk a little bit about the future. Where’s pediatric surgery going to go in the future? What do you think about that?

DR. STEPHENS: I know that pediatric surgeons will have to have a specialty. It might be urology, it might be urology and pediatric pelvic surgery, and then orthopedics are going to be specialized. I do feel that the big hospitals must be very closely associated with pediatrics. They can’t have a wing in a big hospital doing pediatric surgery without the complete pediatric backup.

DR. HUTSON: Backup of a bigger place.

DR. STEPHENS: — the backup of all pediatric specialties. In other words, it will be confined to big pediatric hospitals, maybe 300 beds or 500 beds. But it must have pediatric specialties, and neonatology, and intensive care for the premature babies. It must have pediatric physicians available.
for consultation. There’s no place, in my view, for a ward in a general hospital for specialized pediatric surgery.

DR. HUTSON: What do you think it’s going to be like for doctors graduating now? What would your advice be to them if they wanted to become a pediatric surgeon?

DR. STEPHENS: Well, my advice would be to get the training, but to undertake some form of pediatric research, clinical research, to get a special knowledge of some branch of pediatric surgery.

DR. HUTSON: And, of course, time in research allows you to get particularly unique, special knowledge.

DR. STEPHENS: Yes, and competence.

DR. HUTSON: Agreed.

DR. HUTSON: Do you think doctors of the present will be able to have as interesting a career as you’ve had?

DR. STEPHENS: I think that the only doctors who would have that interesting career would be those that have had a research background.

DR. HUTSON: And is there still enough to discover that people can aspire to a research career in surgery?

DR. STEPHENS: That’s getting harder and harder to find some special aspect.

DR. HUTSON: Some little niche that they can fit into.

DR. STEPHENS: Yes, but to get to the stage of discovering something new, you have to have a special knowledge of that subject.

DR. HUTSON: Yes, you do.

DR. STEPHENS: More than anybody else. And then you can perhaps make a little bit of a push ahead.

DR. HUTSON: Let’s talk about the children. Why did you get involved in children’s surgery particularly, right at the start?

DR. STEPHENS: Well, I think it was my background.
DR. HUTSON: Ah, yes sir. But, of course, I’m now seeing children —
grown-up children that you looked after.

DR. STEPHENS: [Laughs]

DR. HUTSON: You know, there are still plenty of mid-life people in our
society who you treated when they were babies. How rewarding was it, do you
think, looking after children, as it might have been if you just stayed in a big adult
general hospital?

DR. STEPHENS: My feeling was that there was so much not known about
children’s surgery in my time, whereas in adult surgery, it was like more of a
routine.

DR. HUTSON: All of the basic ideas had been worked out.

DR. STEPHENS: Yes, worked out and worked over so much. But the
children’s work was really in its infancy. The postwar development of
pediatric surgery has been astronomical, hasn’t it?

DR. HUTSON: I agree, astronomical. But it would have been a very open
field when you started.

DR. STEPHENS: Yes. Oh, very open. I think that I did get a special
liking for anorectal surgery from Dr. John Turner at the Royal Melbourne
Hospital. He was a specialist in colorectal surgery, and I got the liking for it
there. And then anorectal surgery of infants was absolutely in its infancy,
and it needed work on post mortem specimens to get it systematized and
worked out. John Turner was a very popular surgical teacher.

DR. HUTSON: Sure.

DR. STEPHENS: And all congenital anorectal defects were called
imperforate anus. [Laughs]

DR. HUTSON: I’m sure that’s the case. Seeing he had different ideas from
the current time where Alex [Alexander Matthias] Holschneider and I have just
edited an updated version of your original textbook fifty years later.

DR. STEPHENS: Yes.

DR. HUTSON: It’s just a completely different world now compared to
then. So are kids better off now, do you think, if they’re born with a congenital
malformation?

DR. STEPHENS: Yes, I think they’re better off.
DR. HUTSON: Because one of the issues that we’ve got, we now look after children who, when you first entered pediatric surgery as a clinician, the kids might have died. We’ve now got children that have survived with complex congenital malformations, which previously would have been regarded as fatal.

DR. STEPHENS: Yes.

DR. HUTSON: Yes, that’s a two-edged sword a little bit.

DR. STEPHENS: Yes, because some of them require a colostomy for survival and later, after further investigation, the magnitude of the pelvic visceral anomalies may lead to only unsatisfactory palliative treatment.

DR. HUTSON: Yes, that’s true enough, and you wouldn’t want to.

DR. STEPHENS: But you don’t know which one’s going to work out until you investigate them after the colostomy.

DR. HUTSON: True. Now let’s just talk a little bit about your awards, because not only were you the Ladd Medalist [William E. Ladd Medal (sponsored by the Section on Surgery), the American Academy of Pediatrics], but you also received the Denis Browne Gold Medal [The Denis Browne Medal] from the British [Association of] Paediatric Surgeons.

DR. STEPHENS: Yes.

DR. HUTSON: And what other awards do you regard as important to you?

DR. STEPHENS: They’ve all been important to me. [Laughs] I haven’t got any other award. If you take memberships in all the societies —

DR. HUTSON: Are you an honorary member in many societies? Have you got any honorary fellowships and honorary degrees or anything like that?

DR. STEPHENS: No, but I’ve been an honorary member of the Indian Association of Paediatric Surgeons. I never put them all down.

DR. HUTSON: [Laughs] Too many.

DR. STEPHENS: Yes, yes, so many. Wherever you went, they made you an honorary member of the pediatric surgical society — in Brazil, and Argentina, and all those places.
DR. HUTSON: What would you regard as your most significant contributions to pediatric surgery? In what way do you think you’ve contributed the most?

DR. STEPHENS: Well, I think it is employing young people to use their brains, and to work on research projects with successful achievements. Such work is their springboard to ultimate successful careers.

DR. HUTSON: So you’d like to be known by your trainees, the success of your trainees.

DR. STEPHENS: Yes.

DR. HUTSON: Yes, that’s an important thing, I agree. That’s important. Having been one of your trainees from a long time ago, I can relate to that, because that’s how I like to see myself, by the success of my own trainees.

DR. STEPHENS: Yes.

DR. HUTSON: And, of course, you’ve got a very long string of them, not only in Australia, but in America now.

DR. STEPHENS: But I haven’t got that many. You’ve got far more. I remember though, when I was out in Chicago, we were on the telephone about what you were going to do.

DR. HUTSON: Yes.

DR. STEPHENS: And you were wondering whether you were going to do research as a career, and I did have an idea that you ought to go to Pat Donahoe. [Laughs]

DR. HUTSON: Yes, you did, and that made a huge difference. However, my own interest in a surgical career, particularly a research orientated career, was when I was your junior resident in 1974. I can remember vividly on a Saturday morning when I’d be doing the ward round, I would see the patients in the ward, and then I would come and find you in the office to report to you about what your patients’ current clinical status was in the ward on a Saturday morning. You would be sitting in your office dissecting specimens.

DR. STEPHENS: [Laughs]

DR. HUTSON: I found this completely fascinating. You were completely enthralled in these specimens. And this was a world that I didn’t understand at all at that time and had never been previously exposed to it. But I found this very exciting that you could be so interested in something as that. Then of course, later
in my career, when Robert Fowler asked me to come and work at the hospital as a research fellow in the middle of my training, I thought, *this is too good an opportunity*. And this was just after you’d gone to Chicago. I had so much fun working for Robert Fowler because, as you know, he is an amazing man. He had an amazing mind. He was a very stimulating supervisor for research. And so, then after a year with Robert Fowler, getting introduced to how exciting research was then, it was an easy decision for me when I finished my training that I should see if I could get you to help me get a job in America. And, of course, working for Pat [Patricia K.] Donahoe was a fantastic thing. I think I personally have benefited, and Australian pediatric surgery has benefited from that, all directly related to your mentorship originally.

**DR. STEPHENS:** [Laughs] I’m very proud of you, but I don’t think I did as much for you as I did for some other people.

**DR. HUTSON:** But the effect of your legacy, of course, around the hospital is still very significant. Any other reminiscences or stories that you would like recorded?

[Recording interruption.]

**DR. HUTSON:** Bill Clatworthy [H. William Clatworthy, Jr.]? Yes, what about him? He was professor of pediatric surgery at Ohio State University?

**DR. STEPHENS:** Bill Clatworthy was a wonderful friend of mine, and his wife too. I remember he came out to Australia as a guest lecturer. He came with his wife [Dr. Nancy Moore Krueger Clatworthy], and she gave a stimulating lecture on sociology to the hospital.

**DR. HUTSON:** Wow. That’s good, that’s good.

**DR. STEPHENS:** Yes. And Bill was really expert on the surgery of portal hypertension in children, as well as being a rattling good pediatric surgeon. He was a great director and promoter of pediatric surgery, but he was a bit irascible. He got involved in politics, and I think he wasn’t satisfied with the decisions made about pediatric surgery. He stepped aside, I think from the directorship, but was a big influence in the development of pediatric surgery in the United States and beyond.

**DR. HUTSON:** Where did he work?

**DR. STEPHENS:** Ohio State University and the department of pediatric surgery at Children’s Hospital, Columbus.

**DR. HUTSON:** Any other people you remember specifically in —
DR. STEPHENS: Well, Orvar Swenson, of course.

DR. HUTSON: Ah, yes.

DR. STEPHENS: He was a mentor of mine.

DR. HUTSON: He was still working at Chicago Memorial Children’s [Children’s Memorial Hospital, Chicago] when you went there?

DR. STEPHENS: He had retired.

DR. HUTSON: He’d retired.

DR. STEPHENS: Yes, and I followed on there, I think. He retired down to Florida, I think, but I’m not quite sure where. He was a wonderful person, charming and a great surgeon.

DR. HUTSON: Which other people in pediatric surgery sort of stick in your mind that you remember from your American period?

DR. STEPHENS: Well, John Grayhack.

DR. HUTSON: Yes, he was in Chicago as the urology chief at Northwestern University Medical School?

DR. STEPHENS: He was chief of urology. And Lowell King was chief of pediatric urology.

DR. HUTSON: Yes.

DR. STEPHENS: And another person comes to mind was a pediatric surgeon named John Raffensperger.


DR. STEPHENS: Yes, he was an expert pediatric surgeon and chief of pediatric surgery at CMH [Children’s Memorial Hospital].

DR. HUTSON: What about the other people around America — in the other places? Who stood out in your memory as important people at the time?

DR. STEPHENS: Professor Emil Tanagho led a very active and competitive team of pediatric urologists in San Francisco. The late John [W.] Duckett at Children’s Hospital of Philadelphia. Frank Hinman, Jr., clinical professor of urology in San Francisco; D. I. Williams, pediatric urologist,
Hospital for Sick Children, London; and a host of other eminent pediatric surgeons worldwide.

DR. HUTSON: So this is the urology team in University of California, San Francisco. You were saying that they thought that bladder neck obstruction was the cause of vesicoureteric reflux.

DR. STEPHENS: [Laughs] Well, some of them did. It ended up that reflux was a common entity unrelated to bladder neck obstruction.

DR. HUTSON: Yes, that’s a really rare abnormality.

DR. STEPHENS: But it’s still going on, the discussion of vesicoureteral reflux in children. We worked over that for 40 years.

DR. HUTSON: That’s right, and we still are.

[Laughter]

DR. HUTSON: What are your hobbies?

DR. STEPHENS: I have been trout fishing in the Rockies with Bill Clatworthy, and watercolor painting, golf, tennis, and fishing here in Australia as well as further studies on embryogenesis of the innervation of the hindgut.

DR. HUTSON: Are you still playing tennis?

DR. STEPHENS: Yes, [Laughs] and golf. Golf is my sport now.

DR. HUTSON: And how much painting are you doing at the moment?

DR. STEPHENS: Well, I’m doing quite a bit, but this latest paper is taking all my time.

DR. HUTSON: Okay.

DR. STEPHENS: It should be a really good paper.

DR. HUTSON: Still writing papers, but there’s no time to do watercolor when you’re writing a paper. [Laughs]

DR. STEPHENS: Certainly, no. But I’ve got quite a few. You know I have exhibitions.

DR. HUTSON: So how many paintings do you do a year, approximately?
DR. STEPHENS: You know just pictures as well, so about 20.

DR. HUTSON: Ten pictures a year — 10 full, finished watercolors.

DR. STEPHENS: Possibly.

DR. HUTSON: And you’re selling them at exhibitions? They’re getting exhibited at the AMA [Australian Medical Association Arts Group] Arts Show?

DR. STEPHENS: Also Victorian Artists’ Society. I’ve had a couple of solo exhibitions.

[Pause]

DR. STEPHENS: Dr. T. Dorairajan made landmark studies of anterior urethral diverticula and megalourethra. He came from Madras [India]. Also, K. K. [Karthikaya K.] Varma from Kerala, India; we remember him for his anomanometry recordings in diagnosis of megarectum and Hirschsprung’s disease.

DR. HUTSON: [Christopher] Thevathasan studied accessory urethra in the male child in 1961.

DR. STEPHENS: [Kiti] Tayakkanonta described the innervation of the gubernaculum testis resulting from his macro- and microdissections.

DR. HUTSON: Tayakkanonta, yes. They were all your trainees in Melbourne.

DR. STEPHENS: Whitaker, John Whitaker.

DR. HUTSON: John Whitaker, known as Jock.

DR. STEPHENS: He was a clever fellow, but he went off the boil. He did an awful lot of good work on urinary tract infections and genetics of duplex ureters. [J. Graeme] Sloman worked on “testicular infarctions” in infants and later became a cardiologist at [Royal] Melbourne Hospital. Peter L. Field defined the role of the urethral membrane as a cause of congenital urethral obstruction.

DR. HUTSON: Dr. Sloman. And you supervised a paper by him and Dr. R. E. Mylius.

DR. STEPHENS: Yes, on “Testicular infarctions in infancy: its association with irreducible hernia,” in Congenital Malformations of the

Then there’s Ruth [V.] Magnus. She did an awful lot of good work on normal and abnormal anatomy of the rectum and comparative anatomy of the levatores ani muscles.

DR. HUTSON: Yes, yes


DR. HUTSON: Walter Heale

DR. STEPHENS: Walter Heale. He was a very clever fellow.

DR. HUTSON: He did a lot of work in urinary tract infectious, vesicoureteral reflux. Wrote a lot of papers with you in the early 1970s I see.

DR. STEPHENS: Yes.

DR. HUTSON: In your CV, yes?

DR. STEPHENS: In the CV under “Additional Publications from Surgical Unit [of The Royal Children’s Hospital, Melbourne, Australia].”

DR. HUTSON: Where you were the mentor?

DR. STEPHENS: Yes, mentor. I didn’t put my name on the early publications. But I found after a good number of years, that I really had to add my name in order to attract money from grant-giving trusts, etc., for research work in my unit.

DR. HUTSON: I understand lots of them.

DR. STEPHENS: Yes.

DR. HUTSON: Well, Douglas, it’s been a pleasure to do the interview for the American Academy of Pediatrics. And thank you very much for giving me the opportunity to come into your house and record this for the posterity of pediatric surgery. I’m sure they’ll find this a very interesting interview.

DR. STEPHENS: [Laughs]

DR. HUTSON: Thank you very much.
DR. STEPHENS: I wish I did remember things better., but most research workers who studied in my units at the RCH and Children’s Memorial Hospital are included in one or more of the books authored or co-authored by myself and others.

DR. HUTSON: Thank you.

END OF INTERVIEW
Index

A
American Academy of Pediatrics, 1, 18, 19, 23, 29
American Academy of Pediatrics Section on Surgery, 1, 19, 23
Anorectal Malformations in Children, 16
Australian Medical Association Arts Group, 28

B
Barnett, John, 15, 16
Bialestock, Dora, 16
Bodian, Martin, 2, 15
British Association of Paediatric Surgeons, 19, 23
Browne, Denis, 2, 3, 5, 15, 19

C
Chicago, Illinois, 10, 11, 12, 13, 14, 17, 18, 19, 24, 25, 26
Children's Memorial Hospital, 11, 13, 26, 30
Clatworthy, H. William, Jr., 25, 27
Clatworthy, Nancy Moore Krueger, 25
Cole, Eileen, 1
Cole, Frank Hobill, 1
Collins, Vernon Leslie, 4
Congenital Malformations of the Rectum, Anus and Genito-Urinary Tracts, 7, 15, 29
Congenital Malformations of the Urinary Tract, 17

D
Denis Browne Medal, 23
Donahoe, Patricia K., 12, 24, 25
Dorairajan, T., 28
Duckett, John W., 26

E
European Society of Paediatric Surgery, 20

F
Field, Peter L., 28
Fowler, Robert, 7, 8, 16, 18, 25

G
Grayhack, John T., 14, 26
Great Ormond Street Hospital for Sick Children, 2, 3, 6, 14
Gross, Robert, 5

H
Heale, Walter Francis, 29
Higgins, Thomas Twistington, 2
Hinman, Frank, Jr., 26
Holschneider, Alexander Matthias, 22
Howard, Russell, 4, 10

I
Indian Association of Paediatric Surgeons, 23

K
Kaplan, William, 12
Kelly, Justin H., 7, 8
King, Lowell R., 10, 11, 12, 26
Kitchen, Paul R. B., 29

L
Ladd, William E., 5
Lenaghan, Daniel, 9, 16, 29

M
Magnus, Ruth V., 29
Maizels, Max, 12
Melbourne Church of England Grammar School, 1
Melbourne, Australia, 1, 2, 4, 5, 6, 12, 13, 17, 18, 19, 28
Murdoch Children's Research Institute, 10
Murdoch, Elisabeth, 9
Mylius, R. E., 28

N
Naunton-Morgan, C., 18
Noblett, Helen R., 10
Northwestern University Medical School, 11, 13, 14, 26
Nuffield Australia Army Scholarship, 2

R
Raffensperger, John G., 26
Royal Children’s Hospital, 1, 2, 4, 5, 6, 7, 8, 15, 30
Royal Melbourne Hospital, 2, 22
Royal Women’s Hospital, 7, 15

S
Sloman, J. Graeme, 28
Smith, E. Durham, 7, 8, 16, 17, 18
Stephens, Henry Douglas, 1, 4, 5, 7, 15, 18
Swenson, Orvar, 11, 26

T
Tanagho, Emil, 26
Tayakkanonta, Kiti, 28
Thevathasan, Christopher, 28
Turner, John, 22

U
University of Melbourne, 2

V
Varma, Karthikaya K., 28
Victorian Artists' Society, 28

W
Webster, Reginald, 7, 8, 29
Whitaker, John, 28
William E. Ladd Medal, 1, 23
Williams, D. I., 9, 26
World War II, 1, 15
CURRICULUM VITAE

F. DOUGLAS STEPHENS AO DSO MB MS FRACS
Emeritus Professor, Urology and Surgery, Northwestern University, Chicago, USA
Honorary Consultant Surgeon to the Royal Children’s Hospital, Melbourne
Honorary Senior Research Fellow, Royal Children’s Hospital Research Foundation, Melbourne
Formerly Consultant Paediatric Surgeon, Royal Women’s Hospital, Melbourne

JULY 1997
NAME: STEPHENS, Frank Douglas  DATE OF BIRTH: 10 October 1913

PLACE OF BIRTH: Melbourne  NATIONALITY: Australian

COUNTRIES OF WORK EXPERIENCE: Australia, England, U.S.A.

MEDICAL SPECIALTY: Paediatric Surgery, Paediatric Urology

ADDRESS: C/- Department of Surgery, Royal Children’s Hospital, Flemington Road, Parkville, Victoria 3052

HOME ADDRESS: 26 Grange Road, Toorak, Victoria 3142 Australia

EDUCATION:
Melbourne Church of England Grammar School 1919-1930
University of Melbourne Medical School 1931-1936 (Resident Trinity College 1931-1935)

QUALIFICATIONS AND DEGREES:
MBBS—University of Melbourne, 1936 (with Honours in Medicine, Surgery Obstetrics and Gynaecology)
MS—University of Melbourne, 1943
FRACS—University of Melbourne, 1943

TRAINING POSTS:
1947 - 1950 Research Fellow—The Hospital for Sick Children, Great Ormond Street, London England including 6 months as Chief Registrar
1946 - 1947 Associate surgeon to Julian Orm Smith, Royal Melbourne Hospital
1946- 1947 Assistant Paediatric Surgeon to J. G. Whitaker Snr, “Royal” Children’s Hospital, Melbourne, Victoria
1939 Resident Medical Officer—Surgery, “Royal” Children’s Hospital, Melbourne (renamed in 1954 as the “Royal” Children’s Hospital and known to this day)
1938 Surgical Registrar—Royal Melbourne Hospital, Melbourne
1937 Resident Medical Officer—Royal Melbourne Hospital, Melbourne

HONOURS, AWARDS AND TRAVELLING FELLOWSHIPS
1989 William E. Ladd Medal of the Surgical Section of the American Association of Pediatric Surgeons
1987 AO (Order of Australia) Australia Day Listing
1986 The Urology Section Medal of the American Academy of Pediatrics (Medal)
1986 Distinguished Physician Award, Department of Urology and Pediatric Surgery, Children’s Memorial Hospital, Chicago, Illinios
1976 Denis Browne Medal—British Association of Paediatric Surgeons
1962  Triennial Research Prize—B.M.A. Victoria, Australia
1960  Harry Swift Medal—Adelaide Children’s Hospital, Adelaide
1951  Nuffield Dominion Fellowship—Melbourne
1947-1950  Nuffield Travelling Fellowship to U.K.—The Hospital for Sick Children, Great Ormond Street
1942  Distinguished Service Order (DSO) WW II

HONORARY MEMBERSHIP OF MEDICAL ASSOCIATIONS
1989  Honorary Life Membership of the Australian Association of Paediatric Surgeons
1988  Fellow and Honorary Member of the Urological Society of Australasia
1987  Honorary Member—British Association of Paediatric Surgeons
1985  Honorary Member—Illinios Pediatric Surgical Association
1981  Honorary Member—Association of Surgeons of India
1981  Honorary Member—North Central Section of the American Urological Association
1978  Honorary Membership—Australian College of Paediatrics
1978  Corresponding Member—American Association of Genito-Urinary Surgeons
1977  Honorary Member—Canadian Association of Pediatric Surgeons
1976  Honorary Member—Urological Society of Australia
1974  Honorary Member—Australasian Society of Nephrology
1973  Honorary Member—Society for Pediatric Urology, U.S.A.
1971  Honorary Member—Argentinian and Brazilian Society of Pediatric Surgery
1968  Honorary Surgical Fellow—American Academy of Pediatrics

CURRENT MEMBERSHIPS
1942  Fellow of Royal Australasian College of Surgeons
1937  Member of Australian Medical Association

APPOINTMENTS:
1987 -  Honorary Senior Research Fellow, Royal Children’s Hospital Research Foundation, Melbourne
1986 -  Honorary Senior Consultant Surgeon, Royal Children’s Hospital, Melbourne
1984 -  Professor Emeritus of Urology and Surgery—Northwestern University Medical School and Children’s Memorial Hospital, Chicago, Illinios, U.S.A.
1980 -  Honorary Consultant Surgeon, Royal Children’s Hospital, Melbourne
1975 - 1982  Attending Pediatric Urologist—The Children’s Memorial Hospital, Chicago, Illinios, U.S.A.
1975 - 1984  Professor of Urology and Surgery, The McGaw Medical Center of Northwestern University, Chicago, Illinios, U.S.A.
1972 - 1974 Executive Chairman, Royal Children's Hospital Research Foundation

1958 - 1975 Director, Department of Surgical Research, Royal Children's Hospital, Melbourne, Victoria

1951 - 1957 Research Surgeon, Royal Children's Hospital, Melbourne, Victoria

1950 - 1974 Honorary Paediatric Surgeon, Royal Women's Hospital, Melbourne, Victoria

1947 - 1950 Research Fellow, Hospital for Sick Children, Great Ormond Street, London, U.K.

SERVICE IN WORLD WAR II
1939 - 1946 Middle East and South West Pacific Area

MAJOR EXECUTIVE POSTS:
1965 - 1975 Councillor of Royal Australasian College of Surgeons
1969 - 1974 Honorary Treasurer of Royal Australasian College of Surgeons
1959 - 1975 Editorial Secretary, Journal of Royal Australasian College of Surgeons
(Australian and New Zealand Journal of Surgery)
1989 - 1995 Honorary Archivist, Royal Australasian College of Surgeons

LECTURESHIPS:
1975 John K. Lattimer Lecturer—Section of Pediatric Urology of American Academy of Pediatrics

1974 Guest Lecturer—Symposium of Pediatric Urology, Munich, Germany

1974 Guest Lecturer—Pediatric Urologic Seminar, Children's Hospital, Los Angeles

1973 Guest Lecturer—Brazilian Urological Society

1973 Guest Lecturer—Meredith Campbell Lecture, American Urological Association and the Society of Pediatric Urology

1970 Co-organizer of Symposium on “Anorectal Anomalies—Proposed International Classification” as part of the Paediatric Surgical Congress at the Royal Children’s Hospital, Melbourne

1968 Guest Lecturer—American Academy of Pediatrics


1962 Guest Lecturer—Nisbet Symposium, College of Radiologists of Australia

1949 Arris and Gale Professor, Royal College of Surgeons of England
VISITING PROFESSORSHIPS: (INTERNATIONAL)

- **26-30 March 1995**
  Guest Lecturer—The International Congress of Paediatric Surgery and Radiology, Melbourne, Australia

- **October 1991**
  Indian Paediatric Surgery Annual Scientific Meeting, Calicut, Kerala, India

- **October 1991**
  Guest Lecturer—Madras, India

- **2-4 November 1989**
  International Incontinence Conference, Munster, Germany

- **15-16 October 1985**
  Division of Urology, University of British Columbia, Canada

- **2 July 1985**
  International Meeting on Paediatric Urology, Florence, Italy

- **28 June 1985**
  International Society of Urology, Vienna, Austria

- **20 June 1985**
  Polish Association of Pediatric Surgeons’ Meeting, Warsaw, Poland

- **5 April 1984**
  37th Annual General Meeting of the Urological Society of Australasia—Guest Lecturer

- **7 March 1984**
  International Congress of Pediatric Surgery, Perth, Australia—Guest Discussant

- **30 September - 1 October 1983**
  Sixth International Symposium on Pediatric Urology, Albert-Ludwig’s University Freiburg, West Germany

- **20 September 1983**
  Children’s Hospital, Munich, West Germany

- **6-10 September 1983**
  Third International Congress of Pediatric Urology, Florence, Italy

- **5 September 1983**
  Ospedale Bambino Gesu, Rome, Italy

- **15-19 February 1982**
  International Pediatric Urological Seminar, Sao Paulo, Brazil
27-31 December 1981  
Annual Scientific Meeting of the Association of Surgeons of India, Patna, Bihar, India

31 March 1981  
Alder Hay Hospital, Liverpool, England

27 March 1981  
Institute of Urology, London, England

26 March 1981  
Royal Society of Medicine, Section of Urology, London, England

19-24 January 1981  
Fifth Abidjan Medical Day Meeting, Abidjan, Ivory Coast, West Africa

5-9 November 1980  
International Assembly for Pediatric Urology, Pinehurst, North Carolina

15-19 October 1980  
Fifth World Symposium on Pediatric Surgery, Mexico

21-25 February 1980  
World Congress of Pediatric Surgery, Bombay, India

VISITING PROFESSORSHIPS - U.S.A.

6 October 1991  
Elsie Taber Lecture, Medical University of South Carolina, Charleston, South Carolina, USA

16-18 October 1986  
Guest of Honour, Douglas Stephens Symposium, Children’s Memorial Hospital (City Center) Chicago

6-8 June 1986  
Guest of Honour and Moderator of Pediatric Symposium, Section of “Clinical Problems In Urology”, Northwestern University, Chicago

18 May 1986  
American Urological Association, New York

16 April 1986  
Cook County Graduate School, Chicago—Specialty Review Course in Urology

24-26 February 1986  
Texas Children’s Hospital
• **18-19 January 1986**
  Children’s Hospital of Los Angeles, 9th Clinical Conference in Pediatric Urology, “The Lower Urinary Tract”

• **19-21 September 1985**
  Duke Urologic Assembly, New Horizons in Pediatric Urology

• **19-20 October 1984**
  Department of Surgery, Children’s Orthopedic Hospital and Medical Center, Seattle, University of Washington “Current Problems and future directions in Pediatric Surgery”

• **10-24 June 1984**
  Guest Professor to Division of Pediatric Urology and Surgery, Children’s Hospital of Philadelphia

• **25-27 May 1984**
  Workshop Meeting on Classification Identification and Assessment of Surgical Treatment of Anorectal Anomalies, The Johnson Foundation “Wingspread” Conference Center, Racine, Wisconsin

• **23 October 1983**
  American Academy of Paediatrics, Section of Urology “Research in Pediatric Urology” — “What is being done and why”

• **20 October 1983**
  Emory University, Grand Rounds of the Department of Pediatrics, Atlanta, Georgia

• **19 October 1983**
  Guest Commentator, Post Graduate course of the American College of Surgeons Meeting on “Embryology and Developmental Biology as a Basis for Pediatric Surgery”

• **5-10 September 1982**
  Invited Speaker XIX Congress of the Société International d’Urologie, San Francisco, California

• **18 May 1982**
  Guest Panel, AUA Post Graduate course in Urology on Ureteropelvic Obstruction and Pyeloplasty

• **30-30 April 1982**
  Guest Professor, Department of Urology, Medical University of South Carolina, Charleston, South Carolina

• **26-28 April 1982**
  Guest Professor, Department of Urology, Duke University Medical Center, Durham, North Carolina
• 9-14 September 1981
  University of Minneapolis, Third Biennial Leadbetter Symposium “Pediatric Urology”, Minneapolis, Minnesota

• 26-27 June 1981
  Department of Urology, St Paul Ramsay Medical Center, St Paul, Minnesota

• 5 June 1981
  Northwestern University Post Graduate Course, “Clinical Problems in Urology”, Chicago, Illinios

• 27-28 May 1981
  University of Michigan, Pediatric Urology, Detroit, Michigan

• 7-8 February 1981
  Albert Einstein College of Medicine, Bronx, New York

• 20-30 January 1981
  College of Medicine, University of Florida, Gainesville, Florida

• 27-29 October 1980
  University of Rochester Medical Center, Division of Urology, Rochester, New York

• 11 April 1980
  Cook County Graduate School of Medicine, Specialty Review Course in Urology, Chicago, Illinios

BOOKS PUBLISHED:


PAPERS PUBLISHED:


Additional Publications from the Surgical Unit of  
The Royal Children’s Hospital, Melbourne, Australia

The following additional articles were published by members of the Surgical Research Unit of the Royal Children’s Hospital, Melbourne directed by F. Douglas Stephens.


