DENIS JOSEPH GLISSAN
1889–1958

Denis Glissan, who died on May 19, was one of the pioneers of orthopaedic surgery in Australia—one of the first three Australians who trained in orthopaedic surgery and who specialised in this field in Australia after the first world war. Before that there was one orthopaedic practitioner, a German; Gordon Craig and Robert Wade of Sydney did a certain amount of orthopaedic practice as part of the general field of surgery; and Kent Hughes of Melbourne found a curious common interest in otolaryngology and orthopaedics. Not until the first world war did a real interest in orthopaedic surgery arise in Australia, and the first men to devote themselves entirely to it were all disciples of Robert Jones.

Denis Glissan was educated at Riverview and Sydney Grammar School. After graduation in Sydney he served as a Resident Medical Officer at Goulburn Hospital, and then for a short time pursued an assistantship in country practice. In July 1915 he enlisted and served for four years in Gallipoli, Sinai, France and England. He was one of the small group of men selected from the Australian Army Medical Corps for special orthopaedic training in England, and learned his first principles at Alder Hey Military Hospital at Liverpool. He returned to Australia in 1919 and thereafter served on the honorary staff of the Royal Prince Alfred Hospital and of St Vincent’s Hospital for over twenty years.
In the second world war he was the first orthopaedic surgeon to be appointed to the 113th Military Hospital at Concord, and he gave to it five years of unremitting work. He was a foundation Fellow of the Royal Australasian College of Surgeons, a founder member and for two years President of the Australian Orthopaedic Association. Perhaps the body that owes him the greatest debt is the Australian Occupational Therapy Association, of which he was a founder and for some years President.

Lennox Teece writes: "At St Vincent's Hospital he was senior honorary surgeon of the orthopaedic department which he built up from nothing to its present pitch of efficiency. He set the standard of work on a firm, rational basis, avoiding the showy and the ephemeral. Many young men and several of the present honorary staff owe him a debt of gratitude for their early training. It is to some considerable extent due to him that the specialty of orthopaedic surgery in Australia today is accorded a high standard of public and professional respect. His tireless energy and enthusiasm established the Australian Occupational Therapy Association on its present firm footing. As a surgeon he was conservative and a perfectionist. He was not to be led astray by some widely acclaimed new procedure or by ill-judged enthusiasm. Everything had to be tried and tested. His meticulous attention to detail was largely responsible for the high standing of his surgical results. Time meant nothing to him. At hospital his operation list would be completed no matter what the hour, and at the end of a long afternoon he would be the freshest person of the whole theatre staff. He had no mercy for laziness, inefficiency or carelessness, and was not slow to speak his mind when he encountered these shortcomings. He devised an effective operation for extensor contraction of the toes and saw it widely adopted throughout the orthopaedic world. He was a man of quiet and unassuming manner; his friends were many and of long standing; yet in addition he enjoyed the respect of his junior colleagues."

John Hoets writes: "My acquaintance with D. J. Glissan began between the first and second world wars with a friendship which became cemented with a real regard for his professional work. His students spoke with affection and reverence of his insistence on correct methods. I personally came under his professional care at that time; I can speak with gratitude and with respect for his discipline and after-care of wounds. I worked with him at 113th Military Hospital at Concord where, in addition to routine visits, every Sunday morning we met together and talked over the problems of our patients. It was a very happy association though pretty hard work and I was impressed more than ever with his meticulous and thoughtful care of patients."

A. F. Dwyer writes: "When Dinny Glissan was forced to retire from practice, orthopaedic surgery in this country lost not only one of its pioneers, but also one of its most original minds. Very few men had as deep an understanding of the form and function of the human foot, and it is a pity that his illness prevented him from writing the monograph he intended. His originality in outlook and technique showed themselves in his highly original solution to the problem of the old, completely avulsed capsulo-tendinous cuff of the shoulder. He was the first to realise the usefulness of the transradiancy and malleability of aluminium for splintage and devised many ingenious ways of using it. He tried to enrol at the Technical College but lacked the necessary union card; but he did become an authority on the use and care of wood-working and metal-working hand tools. A natural teacher, he left his stamp on generations of house surgeons. Irascible in temperament yet patient in demonstration, he impressed on all the importance of methodical clinical work and operative technique, down to the smallest details of nursing. His last years were saddened by confinement to a bed and a wheelchair. Only those who knew his restless temperament realised the frustration he suffered and the genuine fortitude he displayed."

H. Jackson Burrows writes: "Dinny Glissan was a perfectionist, who looked for this quality in his patients and in his assistants. They were left in no doubt when they failed to rise to his own high standards. He held strong principles, and when these were at issue he
was formidable indeed. Yet he had the kindest, gentlest and most generous character—with a sense of humour—that made him the most lovable of men. He both gave and inspired loyalty. His integrity was complete. Everything interested him, particularly natural history in a land richly endowed. He had a rare command of the mother tongue, and his letters were a joy to read because of the grace of their construction and perfection of their vocabulary. He was most happily married to a devoted wife, who shared the tribulations of the illness that clouded his last five years."

**CARLO PAIS**

**1910–1958**

On July 21 Professor Carlo Pais died in Genoa at the age of forty-eight years after several months of illness. He had been born in Auronzo (Belluno) in the Italian Alps in 1910, and qualified in Padua in 1934, soon becoming assistant to Professor Delitala in Venice. When Delitala was appointed head of the Institute of Orthopaedics at Naples, Pais was made his First Assistant, and, also as such, he followed Delitala in 1942 when he went to Bologna to take over the place left vacant by the death of Vittorio Putti at the Instituto Rizzoli. In 1948 he was appointed Lecturer in Orthopaedics at Padua, and finally he was elected to the full orthopaedic chair at Genoa in 1954. He was from that year editor of *La Clinica Ortopedica*.

As befitted a typical educated Italian, his manual skill was accompanied by an artistic nature which expressed itself in painting. This was his hidden hobby of which he talked to no one.

The passing of Carlo Pais is a serious blow indeed to Italian orthopaedics, for he represented the type of orthopaedic surgeon now emerging in post-war Italy much closer than before to the methods and system of work prevalent in this country, based more on team work and amiable guidance from the head than on the personal directives of the master. In this connection his appointment to the chair of orthopaedics at Genoa in 1954, after his long training in Venice, Naples and Bologna, was a most timely and welcome decision, as is shown by his election to the Presidency of the Italian Orthopaedic Society for the year 1957–58.

Despite his continuous contributions to the study of orthopaedic conditions in his almost one hundred and twenty varied presentations—some of which, such as those on giant-cell tumours and surgery of the spine, are first class—Pais’s disappearance may affect the progress of the speciality in Italy, not so much for the discontinuation of his surgical and clinical work, but by the mere fact that he was not there at the time when important decisions were taken.

He had always been an extremely hard worker despite his relaxed appearance and shy and retiring nature. He owed to this diffidence as much as to his good sense and high ideals, the particular esteem in which he was held by his more senior colleagues, the present leaders of Italian orthopaedics; and many of us had great admiration for his ability to remain on
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good and friendly terms with all those strong personalities on whom has fallen the heritage of Codivilla and Putti.

Pais does not leave behind a family of his own as he has died single; but he found homely warmth in his hospital at the side of his assistants and patients who surrounded him by the most touching affection, for there were many who had benefited from his kindness as much as from his professional knowledge and experience.

We in this country join our Italian colleagues in their hour of mourning. J. T.

JOHN KEITH CUNNINGHAME
1911–1957

We have learnt with regret of the death in Wellington, New Zealand, of Mr Keith Cunninghame at the age of forty-six. He was a graduate of the Otago Medical School, a Fellow of the Royal College of Surgeons of England, and a senior orthopaedic surgeon on the visiting staff of the Wellington Hospital. He had been for years the senior full time orthopaedic surgeon on the staff of the Wellington group hospitals. He was largely responsible for the organisation, administration and growth of the orthopaedic department. His professional judgment and skill were allied with a quiet modesty. Outside his professional life he was immersed in a very happy family life. J. K. E.