husband to social occasions and continued to take an active and informed interest in all her children's various activities. A sudden deterioration necessitated a fourth craniotomy and, although there was a miraculous short-term improvement, there was subsequently a slow deterioration until her death on February 5, 1976.

The triumphs and tragedies of Pia's life developed in her an understanding and feeling for others which made her an excellent doctor and mother and a dear friend. She will be sadly missed by her husband, Alan, her son, Edward, her daughters, Vicki and Linda, and her many friends.

*Med. J. Aust.*, 1976, 2: 623–624.

## LESLIE JOHN JARVIS NYE

WE are grateful to the QUEENSLAND BRANCH COUNCIL of the AMA and DR A. H. ROBERTSON for the following account of the life and career of Leslie John Jarvis Nye.

The Council of the Queensland Branch of the Australian Medical Association, at its meeting on March 19, 1976, paid tribute to Dr Leslie John Jarvis Nye in the following minute which sets out details of his career:

Leslie John Jarvis Nye, C.B.E., M.B. (Syd.) 1914, Ch.M., F.R.A.C.P., F.R.G.S.A., M.D. (Hon. Qld.) 1972.

Council records with regret the death on the 22nd of February, 1976, of one of the Senior Life Members of the Association in Queensland. Dr Jarvis Nye was born in Rockhampton in 1891 and educated there, at the Brisbane Grammar School and the University of Sydney graduating in 1914. A year as Resident Medical Officer at the Sydney Hospital was followed by war service in the A.I.F. and later in the R.A.M.C. of the British Army. He was wounded in action and invalided home in 1917.

In 1918 he returned to Queensland as Superintendent of the Atherton District Hospital where he remained until 1926. He then returned to Brisbane and was appointed Honorary Out-patient Physician to the Brisbane General Hospital.

In 1930 he was one of the three founders of the Brisbane Clinic, an action that resulted in considerable controversy and began a period in his career that lasted until his death during which period he was responsible for publications and views of a thought provoking nature, lauded by many and equally strongly opposed by others. His Jackson Lecture, delivered in 1964, "The Practice of Medicine Yesterday, Today and Tomorrow" is an example. However controversial his views, Dr Nye held them with conviction and a transparently honest belief in their truth. Many of these views were propounded in almost twenty books and booklets of which he was either sole or co-author. Articles on medical topics of various kinds appeared in THE MEDICAL JOURNAL OF AUSTRALIA.

Elected a member of the B.M.A. in 1915, Dr Nye served this and the AMA is many capacities. He was a member of Branch Council from 1928 to 1930 during which time he was Assistant Honorary Secretary and member of many sub-committees. He later served on the Building and Maintenance Committee from 1956 to 1963, for some years as Chairman. During the same period he was a Director of the British Medical Agency of Queensland and the Queensland Medical Finance Pty Ltd and played an active role in the development of our present headquarters. From 1942 to 1968 he was a member of the Ethics Committee.

Dr Nye had many interests outside Medicine and was an Honorary Life Member of the Returned Services League, President of the Society of Returned Medical Officers from 1941 to 1943, Member of the Prisoners Parole Board from 1959 to 1969, Member of the Senate of the University of Queensland from 1960 to 1963, Life Member of the Royal Queensland Yacht Squadron, an exponent of Esperanto and a critic of the White Australia Policy. Numerous other activities included the following: In Atherton he introduced X-rays and Blood Transfusion with which he was familiar as a result of his military surgical experience. He also established the Tennis Competition Cup. As a founder of the Golf Club he opened the Club and drove off the first ball. He was also President of the R.S.L. and President of the Atherton Dramatic Society. As a friend of Romeo Lahey, he was an early supporter of National Parks and an original shareholder in Binna Burra Lodge (1938). He was a foundation member of Save the Trees Campaign (one of 4 speakers at the inaugural meeting). He was a member of the original committee formed to establish a Crematorium in Brisbane and an original shareholder. Because of his close friendship with Professor E. J. Goddard, the first meetings to establish a Marine Biological Station at Heron Island were held at the Brisbane Clinic. He was a foundation member of the Legacy Club of Brisbane, a foundation member of the Marriage Guidance Council whose meetings for its first year were held at the Clinic, life member of the Creche and Kindergarten Association, fellow and life member of the Queensland Branch of the Royal Geographical Society of Australia. He was a foundation member of the Australian/American Association (the first meeting was held at the Clinic). He was a foundation member and Vice Patron of the Subnormal Children's Welfare Association, foundation member of the Australian-Asian Society, foundation member of International House at University of Queensland, Honorary Member of Rotary Club of Brisbane, foundation member of Medical and Allied Professions Superannuation Plan. With John Bostock he established the Goodwill Cup at Royal Queensland Yacht Club (later Royal Queensland Yacht Squadron). He was active in support of Garden Clubs around the State. In the early 1930s with Dr John Bostock and Professor Duhig, he initiated the Queensland Mens Dress Reform Society. With Dr Bostock he established the I.K.L. Fellowship and published the I. K. L. Series of Booklets. His theories on the prevention of war led to the publication of "Homo Insipiens" in 1968. This was eventually published (the 4th edition in 1970) as "Man the Fool". Since 1970 he had worked constantly revising some of his older books and published the following: "Escape to Elysium", "Elysium Attained", "Eureka, we have found it", "Towards the Light—a physician's search for God".

Dr Nye was a physician beloved by his patients and his name was a household word in Queensland. Even when one disagreed with him very strongly one had to acknowledge his gentleness and gentlemanly behaviour. In honouring him tonight and placing on record in our minutes some facets of his career we can only note what he maintained was the motive of his actions: "It is the truth I seek, the truth, by which I am sure no man was ever hurt."

Dr Robertson writes: The death of Leslie John Jarvis Nye was the loss of one of the great medical intellectuals of the 20th century. This wonderful man bettered the lives of thousands of patients, and by his personality must have influenced the attitudes of many more in the community towards tolerance, understanding and cooperation among all levels of society.

Jarvis had all the virtues of the true aristocrat in his presence and style, but possessed the common touch and an empathy rarely encountered. As he had received a classical education, his understanding of the past was profound, and to discuss interpretations of history with him was to be further informed. His concern for the future of man was constant, and he wrote and spoke often, using material from the United Nations, various institutes and a wide network of like-minded workers in the cause of world peace. He stressed the importance of developing an international language to assist communication, and actively supported the use of phonetic English as a logical move in the wider use of a living language. His qualities of leadership were a special blend of suggestion and determination which never faltered, no matter how massive the opposition.

The establishment of the Brisbane Clinic in 1930, in partnership with John Bostock, was tested by professional opposition and the economics of the Depression era, and that it continues today is a tribute to the foresight of these two great men. Jarvis wrote extensively on all aspects of medicine, and especially on renal disease. His consolidation of the experience of the earlier Brisbane doctors on the influence of lead paint in nephropathy changed legislation in Queensland, and restricted its use in dwellings and other potentially hazardous areas.

Jarvis had a comprehensive knowledge of comparative religions and to be present at discussions with bishops and other religious leaders was a mind-expanding experience.

Jarvis Nye died as he had lived, with dignity and adherence to principle, and the writer believes that he was most fortunate in having the friendship and influence of a great gentleman, scholar and humanist.

# CORRESPONDENCE

*Letters should not exceed 300 words in length. Otherwise it may not be possible to find space for them.*

## THE PLACE OF THE OPERATING MICROSCOPE IN SURGERY OF THE HAND

SIR: Magnification is essential for many types of hand surgery. Most surgeons experienced in hand surgery operate with a range of simple loupes, giving a magnification of ×2 to ×6. Such magnification is readily available, easy to use and quite sufficient for more than 90% of all hand operations.

Such has been the publicity in medical journals and the lay Press about limb replantation that many doctors and the public have come to expect that microsurgical techniques are an integral and essential part of most modern hand surgery. This is not the case. Microsurgery is but one of the adjuncts; it has a place in replantation and revascularization, and in the diagnosis and repair of some nerves in the hand.

Except for many Asian surgeons, who reportedly use simple loupe magnification, most surgeons need the magnification of the operating microscope for successful replantation and revascularization. These procedures, however, are rarely indicated. There is probably no indication for the replantation of a single finger in a working man. Avulsion amputations likewise do not lend themselves to replantation. Because of biased reporting, the public is informed of nearly every replantation operation, but never of the results, and certainly never of the economic and psychological hardship which must be borne by the patient and his family.

It is accepted that a successful return of function after nerve repair is dependent on an accurate apposition of the nerve fibres without tension. Whether this should be by epineural or intrafascicular repair, with a few or a greater number of microsutures, is still debatable. Those experienced in microneurosurgery are confident they can perform more accurate repairs with the operating microscope than with a loupe. Those hand surgeons not experienced with the operating microscope certainly do adequately with a loupe.

The extra magnification provided by the operating microscope is always useful and often essential in the diagnosis of nerve injuries in continuity. A nerve with distal dysfunction can look normal under the naked eye or loupe magnification. However, intrafascicular fibrosis may only be diagnosed with magnification of ×10 or more.

The outcome of any hand operation is dependent, more than anything else, on the experience of the surgeon and the motivation of the patient. The operating microscope is but one of the instruments he may or may not choose to use. It is always essential for replantation and revascularization. It is often essential in the diagnosis of nerve injuries in continuity. It is not always essential for nerve repair. Any technique is only as good as the experience of the operator employing that technique. Microsurgery, whether microvascular or microneural surgery, requires training, experience, and practice.

The various microsurgical centres have an ethical responsibility to submit a full account of their experience, including all cases treated, inviting appraisal of failures as well as successes. In terms of overall hand surgery practice, the operating microscope is rarely necessary. More important than advertising replantation would be advertising the overwhelming importance of the basic primary care of hand injuries.

Sydney Hospital,
Box 1614, G.P.O.,
Sydney, N.S.W. 2001.

W. BRUCE CONOLLY, and
J. T. HUESTON.

## INTRAVENTRICULAR HAEMORRHAGE IN THE NEWBORN

SIR: Your comment writer (Journal, August 28) confidently asserted, perhaps with a sigh of relief, that the study by Gupta *et alii* in the same issue had finally laid to rest the controversial issue of whether replacement of deficient coagulation factors in premature babies could reduce the incidence of intraventricular haemorrhage (IVH).

We would disagree. In their study, no benefit was shown from the administration of plasma coagulation factor concentrate (PPSB). In all, only 10 babies in the trial died from IVH, and the differences between the treatment and control groups were not statistically significant. We feel that the numbers are far too small for your comment writer to state that this trial ". . . has clearly shown that coagulation factors have no place in the prevention of IVH". It therefore cannot be inferred from the trial that effective screening and treatment would not reduce the incidence of IVH. The object of screening is to detect and treat all abnormalities and not, as they have apparently done, to treat only babies with an abnormal prothrombin time or kaolin clotting time. It would be interesting to know the outcome of the 20 babies excluded from the study on the basis of ". . . haemorrhagic disorders, previous treatment such as heparin or fresh frozen plasma . . .". Surely, these constituted precisely the group which could have benefited from effective therapy. As PPSB was administered presumably shortly after the initial abnormal coagulation tests (range: 5 to 13 hours), and in four of the treated babies with IVH, the interval between treatment and death was less than seven hours, it is not unlikely that the IVH had occurred before the PPSB was administered. In our experience, abnormal coagulation tests in at-risk babies can be detected shortly after birth, which enables effective therapy to be started immediately. If there is any value in screening for coagulation disorders, early testing is mandatory and must be repeated frequently, and certainly more than once a day.

Although IVH is a complication of respiratory distress syndrome, the link as they correctly pointout is not direct, nor is it a necessary one. Of our last 29 babies with IVH, 10 suffered from recurrent apnoea, with normal lungs. Intraventricular haemorrhage would seem to be basically a problem of immaturity, rather than any particular disease process, with the exact mechanisms involved still a matter of dispute.

We feel the issue of whether or not the correction of coagulation abnormalities is a worthwhile procedure will not be resolved until a larger and more closely controlled trial is undertaken.

The Women's Hospital,
Crown Street,
Surry Hills, N.S.W. 2010.

D. B. THOMAS,
E. D. BURNARD.

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SIR: Our aim (Journal, August 28) was to determine whether plasma coagulation factor concentrate (PPSB) had any place in the prevention of intraventricular haemorrhage (IVH) in low-birth weights infants, or infants with severe infant respiratory distress syndrome (IRDS). It was therefore necessary to exclude cases that did not satisfy these criteria or were given treatment other than, or in addition to PPSB. On reviewing our data, we find that, had we included these cases in our results, the bias would have been against infants that were treated. Out of the 20 infants excluded from the

achievements. His quiet pride in the new Gallery, and in particular the beautiful display areas for the incomparable Chinese collection, was apparent to his friends who shared with him the joy of discovery when the building was open. For his great contribution to the Gallery he was awarded the C.M.G. in 1968. The Gallery later honoured him in a unique way by inviting him to mount a special exhibition of his own collection, and it was only then that the extent and quality of his treasures were fully appreciated. Shortly before his death, the Felton trustees purchased a blue and white stem cup and placed it in the collection in his honour; this gave him the greatest pleasure.

After he came to live in Olinda, he helped to establish the National Rhododendron Garden nearby, advising on cultivation and the collection of rare species, many of which he grew in his own glass-house and personally planted in the spacious grounds of the Garden. His own grounds contained almost every variety of rhododendron, which he delighted to show his friends. All his pleasures and interests were shared with Nancy, his wife, and their daughter, Barbara. Nancy Cox was the daughter of J. W. Trumble and sister of Hugh Trumble.

It would be difficult to meet a more devoted and delightful couple, the warmth of whose friendship can never be forgotten. Nancy had a long illness and died on October 9, 1976.

*Med. J. Aust.*, 1977, 1: 38.

## LESLIE JOHN JARVIS NYE

WE are indebted to PROFESSOR DOUGLAS GORDON for the following appreciation of the late Dr Leslie John Jarvis Nye. (An earlier obituary notice appeared in the issue of October 16, 1976.)

Jarvis Nye had a rare mixture of talents and was a most unusual man. He looked at life carefully and bravely and came up with some very radical answers, as the manner of his death attests. In fact, his ideas were sometimes too starkly real and too logical for some to stomach. He was a true biologist and these are scarce in medicine, since much of medical practice is devoted to thwarting biology. At the same time, he was a social reformer, an ascetic, somewhat of a mystic and a visionary, and all in the guise of a successful consultant physician and an astute man of affairs.

Some of his solutions to life's more difficult problems appeared to me somewhat simplistic, but the angels were usually on Jarvis's side and base dross on mine. And, as a reformer he had substantial successes. Many of the things he advocated in medical organization, in the handling of global resources and in international relations are now espoused by large sections of the educated population. He was usually a decade or two ahead of his contemporaries. He was not the first Australian to point out the dangers of lead in paint, but his book on the subject was taken so seriously by certain large American lead interests that they expended money and resources on producing a "scientific monograph" to refute him. Needless to say, lead paint is recognized today in North America for the hazard that it is. His advocacy brought this danger to children to global notice. He was in his outlook in direct line of descent from the illustrious medical social reformers of the nineteenth century. However, he did not quite make the history books, perhaps because he looked at so many things differently and with originality, that this cast him in the role of a precursor hurrying on before, leaving the details of reform to be filled in by others who came after.

He was a very good friend to the University, and I have reason to believe that the financial facets of this were anonymous, as was so much of his generosity to other projects in which he was interested. It gave us great pleasure that he received an honorary doctorate, an award which did something to right an ancient injustice which he could discuss objectively and without rancour.

Over a period of time, he was the medical adviser to and confidant of several premiers and other prominent politicians at Federal and State levels. Some interesting snippets of history died with him. He certainly could have produced an entrancing paper on the "ocupational diseases" of politicians and their wives. This is hardly an area of practice in which visionaries prosper! In fact, this combination of dreamer and down-to-earth doctor made him an enigma to his contemporaries, a few of whom treated him poorly. However, in the main, he was held in great affection and esteem. Fortunately our association has a capacity to nurture a few heretics in its midst, provided that it deems them intellectually honest. Jarvis was certainly a persistent heretic who never recanted (some of his heresies became orthodox), but he was also an original thinker, a very moral person in the wider sense, a wise physician, and the kindest and most considerate of friends.

# CORRESPONDENCE

*Letters should not exceed 300 words in length. Otherwise it may not be possible to find space for them.*

## THE PLIGHT OF THE MIGRANT: COMMUNICATION IN EMERGENCY

SIR: Through the correspondence section of your Journal, may I answer a question from Dr William Molloy (Journal, October 23) on action being taken by the Health Commission of New South Wales in the provision of interpreter services in hospitals?

During 1975 the Health Commission determined that there was a need for 27 interpreter positions within New South Wales hospitals, each demanding multilingual abilities. This determination was based on a review carried out by our Division of Health Education in the same year. Contrary to the impression obtained from Dr Molloy's comments, I would point out that there are already interpreters working in some of our public hospitals. The Royal Alexandra Hospital for Children employs four full-time interpreters for patients only covering the languages of Italian, French, Spanish, Greek, Arabic and Serbo-Croatian. The Port Kembla Hospital also employs two full-time and one part-time interpreter, each of whom is employed on a regional basis. A number of other hospitals make arrangements for voluntary interpreter services.

In addition, our Division of Health Education pioneered a system of trained educators in Australia a decade ago who were themselves from the principal ethnic groups. These people visited community health and other migrant centres at Arncliffe, Campsie, Lakemba, Marrickville, Redfern, Concord, Punchbowl, Mascot, Leichhardt, Petersham and Newtown, and cover the languages of Arabic, Lebanese, Greek, Italian, Spanish/Portuguese and Turkish. Interpreters also attend baby health centres regularly at Fairfield, Auburn and Cabramatta, while both the Granville and Fairfield area health centres

# OBITUARY

*Med. J. Aust.*, 1977, 1: 37–38.

## LEONARD BELL COX

WE are grateful to PROFESSOR KENNETH F. RUSSELL and PROFESSOR K. C. BRADLEY for the following account of the life and career of the late Dr Leonard Bell Cox.

Leonard Cox, C.M.G., M.D., B.S. (Melb.), M.R.C.P. (Edin.), F.R.A.C.P., the doyen of Melbourne's neurologists and one of the outstanding figures of Australian medicine, died suddenly on July 24, 1976, aged 82 years. He was born at Prahran on August 29, 1894, the son of The Revd Edward Thomas Cox and Isabella, his wife (*née* Bell). His father was born in 1852, near Ballarat, and his mother, the daughter of Henry Bell (1817–1887) had come to Victoria as an infant in 1851. Henry Bell settled in Ballarat and became MLA for West Ballarat from 1877 until 1886.

Len Cox was educated at Wesley College, Melbourne, sharing his school days and indeed his days at the University with Sir Robert Menzies. He graduated M.B., B.S. (Melb.) in 1916, and after a period as a resident at the Melbourne Hospital, enlisted in the AIF as Captain AAMC. Just after World War I, he obtained his M.R.C.P. (Edin.) in 1919, and returned to Melbourne to obtain his M.D. in 1920, while holding the position of Beaney Scholar in the pathology department. Particularly interested in neuropathology, he commenced practice specializing in neurology. He was Honorary Neurologist at the Alfred Hospital from 1934 to 1955, and Consulting Neurologist from 1955. In addition, he became Consulting Neurologist to the Queen Victoria Hospital and the Royal Children's Hospital. In 1932, he was appointed Honorary Lecturer in Neuropathology at the University, a position he held until 1951. During World War II, he served as Part-time Neurologist to the RAAF, with the rank of Wing-Commander. From 1947 to 1957, he served as a member of the Commonwealth Medical Research Advisory Committee. He was one of the founders of the Australian Association of Neurologists, and in 1951 was elected its first President.

It is now over 40 years since the neurological and neurosurgical clinics at the Alfred Hospital were established by Len Cox. He was in charge of the neurology department and encouraged Hugh Trumble, his brother-in-law, to develop the neurosurgical side. The success of both is well known.

Len Cox made a number of notable contributions to neurology. One of these is little known, but it antedated the work of Magoun and others on the mechanism of the conscious state. In 1937, he published a paper on tumours of the base of the brain[1] and their relation to pathological sleep and the effects of lesions of the brain stem and hypothalamus. In this he predicted "we might feasibly conclude that in the area lies some 'waking mechanism' or mechanism for the promotion of attention". Magoun's work came a decade later. His paper on the cytology of the glioma group of brain tumours in 1933[2] includes some of the very early work on tissue culture of tumour cells and shows to perfection his skill in the staining of nerve tissues; it is still frequently quoted. With Jean Tolhurst, he published a classic monograph on human torulosis,[3] still unsurpassed to this day.

He will be remembered by a large number of graduates whom he taught as students at Melbourne University, and at the Alfred Hospital. For a number of years he conducted a series of lectures in neurology, given at St Vincent's Hospital and attended by all medical students in the appropriate year from the Alfred, Royal Melbourne and St Vincent's Hospitals. Students appreciated his clear and concise presentation of a difficult area of medicine, and especially the detailed synopsis which every student received at the commencement of each lecture. He was for several years an examiner in medicine in the final year of the course. As a clinical neurologist, his teaching at the bedside was a careful presentation and a model in concise English. He found time, quite apart from his outside activities, to pursue research projects at the Baker Research Institute and at the Department of Pathology, University of Melbourne.

Len Cox was a modest, retiring and almost self-effacing person. Loud in his praise of the achievement of others, his own great contributions to neurology and to culture were shielded from all but his close friends and colleagues. His philosophy towards life and living was admirably expressed in a small book which he had printed in 1942.[4] To be with him in conversation was always a delight, for it was then that his profound knowledge of Chinese art, book collecting, fine prints, rhododendrons, tree culture, plant propagation and many other pursuits came to the surface to be illustrated with examples from his collections. In 1912, his father had built a cottage in the hills at Olinda which he and Len surrounded with magnificent trees, and later, a garden was added, designed by Edna Walling. It was here that Len and Nancy came to live in 1962.

His modesty was nowhere better seen than in his work for the National Gallery of Victoria. His great interest was in the ceramic art of China, to which he had been introduced by H. W. Kent, whose notable collection had been given to the Gallery. In the course of time, Len built up the finest collection of Chinese ceramics in private hands in Australia.

Never content with just collecting, he learnt Chinese calligraphy and studied the history of the country, and in 1956 was invited to lead a medical delegation to China. He was the friend and confidant of the notable dealers in Chinese art in London, Tokyo and America.

In 1948, he helped to establish the National Gallery Society, of which he was Chairman of the Executive Committee and President in 1952. When plans were announced for a new building for the Gallery, he was a trustee. He became Chairman of the National Gallery and Cultural Centre Committee in 1957 and served until 1965; he had been a member of the committee since 1948. From 1957 to 1965, he was Chairman of Trustees of the Gallery as well as being a member of the Felton Bequest Committee from 1958. It was during his period as Chairman of Trustees that the new Gallery came to be built. To give himself more time to devote to the planning, he gave up part of his extensive practice. Few people can realize the incredible amount of work that Len Cox put into this outstanding project and yet, when he came to write and publish his magnificent book, *The National Gallery of Victoria, 1861–1968*, he did not mention his own

[1] Cox, L. B., MED. J. AUST., 1937, 1: 742.

[2] Cox, L. B., *Amer. J. Path.*, 1933, 9: 839.

[3] Cox, L. B., and Tolhurst, J. C., *Human Torulosis: A Clinical, Pathological and Microbiological Study With a Report of Thirteen Cases*, Melbourne University Press, Melbourne, 1946.

[4] Cox, L. B., *Ars vivendi*, Ruskin Press, Melbourne, 1942.