Graham Lancelot Hill

Graham Lancelot Hill was born in 1939 in Dunedin, New Zealand, the son of Tom and Iris Hill. He was educated at Kings High School in Dunedin and went to Otago Medical School.

He went to Indonesia and Hong Kong as a missionary and later trained in Leeds, England, and Houston in the United States.

He returned to Auckland, New Zealand in 1980 as the Head of Surgery at the University of Auckland.

He retired to Wanaka in the South Island of New Zealand and more recently, due to failing health, he relocated to the town of his birth, Dunedin.

In 1296, long before the guilds became colleges, it was said that a great surgeon would have a temperate and moderate disposition.

That he would have well-formed hands, long slender fingers, a strong body, not inclined to tremble and with all his members trained to the capable fulfillment of the wishes of his mind. He would be of deep intelligence and of a simple, humble, brave, but not audacious disposition. He would be well grounded in natural science, and should know not only medicine but every part of philosophy…so as to be able to understand what is written, to talk properly and to support what he has to say by good reason. Graham fitted that description almost perfectly, except for the long slender fingers!

But who better to judge the man than his own patients and their families? Many still come to our clinics and speak so warmly of him, of his care and attention, his skill and wit. He made them feel important and special. At the bedside he would pull up a chair, gently take the hand, and speak in the way they understood. He was a master of reassurance, he instilled confidence, disarmed anxiety, encouraged those in the darkest places and brought hope tangibly into the room.

After a complex operation, his patients admired him even more when he would recount the complexity of the case, and I heard many times that ‘it was the most difficult of operations’ and ‘it took 10 years off my life’.

As a teacher of surgery, Prof (as he was known throughout New Zealand) was outstanding. His lectures and his informal tutorials were lucid and grounded and memorable. He had all the requirements-enthusiasm for his subject, ability to pitch at the right level, expert knowledge, a quick mind and a dash of humour. But he also had a certain gravitas, hard to replicate in today’s flatter world. You listened, were
inspired, and challenged. He drew a response from you. He encouraged deeper thought.

As a surgeon he was careful and considered. Very few are in a position to appraise a surgeon’s work because the work is so intensely private—inside an abdomen, inside a theatre, inside a hospital. Having worked opposite Prof, the master surgeon in his prime, it was like music and theatre, combined. There was a palpable rhythm, and there was purposeful melody line, and yes there were the occasional understated flourishes. But there was also an economy of motion, a steadiness of hand, deep concentration - and certainly no idle talk. His sharp dissection was meticulous and tissue planes parted before him as if on command.

His love of anatomy was infectious. His patience and persistence were legendary. He would stress that one should not go out the night before an operating list, but to prepare oneself well for the task ahead. He would speak of the need to be like a General, planning all the steps of an operation with the precision of a military campaign, and how to deal with the unexpected. He simply inspired you to do your best—by his own great example.

He understood the importance of those who had gone before, having been inspired himself by Allan Clark in Dunedin, Stanley Dudrick in Houston, Francis Moore in Boston, and John Goligher in Leeds.

It was Franny Moore who set the course of Graham’s surgical career—he saw first hand the way that a surgeon can be a bridge between the laboratory and the bedside, how research and clinical care can direct each other. Early on he committed to becoming a surgeon-scientist. And throughout his career he put enormous efforts into creating an environment in which both (science and surgery) could flourish.

He established the first colorectal unit in New Zealand, and through this delivered a national service for patients with complex colorectal disease. And he was a true pioneer in many areas of clinical surgery, including the physiology of ileostomy care, surgical stapling, highly selective vagotomy, total parenteral nutrition, ileal J-pouch, enteric fistulae and extrafascial excision of the rectum.

Alongside this extra-ordinary contribution to the surgical craft he established the flagship body composition unit, which included the design and construction of the in vivo neutron activation facility, which has been the envy of the research community for decades and which continues to produce world class research. The validation of this facility took some courage, with a donated cadaver being measured before complete chemical analysis.

Through this facility he elegantly and convincingly demonstrated:

- The dramatic expansion of the extracellular fluid compartment in illness,
- The constancy of the fat free mass,
- The functional implications of body protein loss,
- And the effects of nutritional support.
He garnered critical international acclaim for this body of work and has been rightly known as the authority on the metabolic and body compositional effects of serious illness, and of the impact of malnutrition on surgical outcome.

Grahams inspiring life as a surgeon-scientist is now history, but fortunately a recorded history, in his book, subtitled ‘adventures in surgical research’ the breadth and depth of his surgical research is described. His patients were front and central-they were the reason for the research and their problems the focus. The book also describes his investment in young people, equipping and inspiring, sharing in discovery and in its application.

This was the vital ingredient that Professor Hill added to the environment of excellence in clinical surgery and surgical research. He selected and nurtured a whole succession of fellows. Graham said that one of his greatest joys was the training of young surgeons and to see them go on to succeed.

Research training was demanding under Professor Hill. He was exacting and set high standards in study design, data collection, analysis and presentation. He would frequently shred a protocol or presentation, but never the person. He was genuinely interested in personal development, and not just academic outputs.

Each Friday afternoon he used to drop by to find out what had been ‘discovered that week’ and how the research fellows’ lives were going. He advised on many matters-even how to change nappies-usually with sound common sense and substantial wisdom.

Wherever Graham worked-Dunedin, Indonesia, Leeds, Houston, and Auckland—he made a distinguished contribution, especially during his tenure as Head of Department at the University of Auckland.

His achievements, on paper, are impressive:

- Three academic degrees from the Universities of Otago and Leeds,
- Three College fellowships,
- Numerous visiting professorships, distinctions and awards, including the Louis Barnett Prize in 1972, the Moynihan Prize in 1978, and he was the James IV Traveller in 1982, John Mitchell Crouch Fellow in 1984 and a Hunterian Professorship in 1986.

In all he wrote 8 surgical books, 35 book chapters and published over 200 papers in the scientific literature and these papers are still consistently cited-over a decade since he retired, at almost 100 citations per year.

Two years after his early retirement at the age of 61 he was awarded the RACS Surgical Research Award, which was specifically created to recognize the distinguished lifetime contributions to research of a pre-eminent Australasian surgical scientist. And even wider recognition of his outstanding contributions to medicine came in 2009 when he was invested with the New Zealand Order of Merit (ONZM).
Graham Hill was a great man and a great surgeon. We will remember him for his passion to improve how we, as surgeons, do surgery, his passion for training young people as surgeon-scientists and his passion to improve patient care and outcome.

His leaves a phenomenal legacy, and we are, as a community of surgeons, deeply indebted to him. He belongs in the pantheon of surgeons. In reference to one of his own mentors Graham said that it was ‘a miracle and a privilege’ to be a surgeon. So too for Graham, in the deepest sense, for him it was a miracle—because surgical healing and wholeness comes from God and for him it was a privilege—because surgery and surgical research allowed him to participate in that process.

After retirement Graham involved himself in his local community in Wanaka, in the heart of the Southern Alps, the very place that he had begun his own Christian journey as a teenager. In particular his involvement in the local Presbyterian Church gave him great joy. He used his particular pastoral gifts to great effect and in the year prior to his passing he took on the mantle as the Moderator of the Presbyterian Synod of Otago and Southland.

Graham died on the 28 February 2013 after a long illness. He is survived by his wife Bartha and his three sons, Andrew, Philip and Douglas who are all Doctors, practicing in New Zealand.

John Windsor and Andrew Hill wrote this obituary.