

PROFESSOR PETER PAUL DEBONO

(19th June 1890 — 3rd June 1958)

THE MAN AND HIS TIMES *

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In November 1967 the Association of Surgeons and Physicians of Malta decided to found a biennial Memorial Lecture in remembrance of the exceptionally meritorious services rendered to the medical profession and the people of Malta by the late Professor Peter Paul Debono, Professor of Surgery at the Royal University of Malta (Times of Malta, 1969).

The first lecture was given in 1969 by a surgeon — the late Professor A.J. Craig O.B.E., M.D., F.R.C.S. — who discussed the “Logic of Surgery” (Craig, 1970); the second was delivered in 1971 by a physician — Prof. Walter Ganado B.Sc., M.D., F.R.C.P. — who expounded the “Logic of Medicine.” The third lecturer happens to be a psychiatrist but I hasten to add that I have no intention to inflict upon you a lecture on the “Logic of Psychiatry”. First of all because the logic of psychiatry is the same logic of surgery and medicine; and secondly because as an observer of human nature I am interested in Professor P.P. Debono as a fellow creature with his particular traits of character and unique individuality.

The personality of a human being, however, cannot be brought into focus without reference to other persons, with whom he shared his activities, and without a knowledge of the contemporary events that shaped his motives and actions. We will, therefore, have to resort to the historical approach to bring into focus the social setting and medical affairs in which he was involved to reach an adequate appreciation of his personality and

work; and to present a picture of the man, to those of a later generation who did not know him, to enable them to understand how he succeeded to dominate surgery in Malta for a quarter of a century and to win the respect of his colleagues and the affection of his contemporaries.

The life of Peter Paul Debono spanned one of the most eventful epochs in the annals of medicine. That epoch began with the discovery of X-rays at the close of the last century, included the Edwardian scene, embraced two world wars and an interlude of a quarter-of-a-century of peace between them and ended with the triumphal entry of the sulphonamides and antibiotics on the medical stage. Peter Paul Debono participated in all these phases.

He came from a family with a strong medical bias. He was the son of Dr. Francesco Debono (1861-1933) who qualified from our university in 1886 and eventually became Professor of Natural History, Hygiene and Forensic Medicine at our *Alma Mater* (1890-1919) and Director of the Department of Agriculture (1902).

When Francesco died in 1933 (April 21st) he left three sons and a daughter. The three sons — of whom Peter Paul was the eldest — studied medicine and graduated from our university. Salvinu (M.D. 1920) became an Ear, Nose and Throat specialist; Joseph Edward (M.D. 1925) has had a distinguished career as a physician culminating in the Professorship of Medicine (Malta, 1933; *The Royal*

University of Malta Calendar, 1939).

Peter Paul was born on the 29th June 1890 and named after his maternal grandfather Peter Paul Caruana, a merchant (*The Chestpiece*, 1952).

He was educated at the Lyceum (1898-1904) and matriculated in the University of Malta in 1904. A colleague said of him:— "Always a very zealous student with a splendid memory and intelligence as well as wisdom, he passed with flying colours after two years the three-year course in science preparatory to the academical course of medicine — a feat never tried before" (Spiteri, 1958). In 1906 he joined the Academical Course of Medicine obtaining his degree of Doctor of Medicine and Surgery on the 8th August 1910 at the age of twenty years. He had a distinguished career as a student having obtained the highest number of marks and passed "with honours" in the annual examinations of each of the four years of the academical course. As the first student of the course he was awarded the Government Exhibition and the Bugeja Scholarship. He thus established, from his early years, a pattern of that brilliance which was to be a feature of his future professional record as a practitioner and as a teacher.

As a student he witnessed a great impetus in many medical areas of enquiry which resulted in vigorous advances in the diagnostic and therapeutic fields. One may recall Sir Frederick Gowland Hopkin's contribution to the science of nutrition when in 1906 he showed the necessity of certain "food factors", later known as vitamins, for the maintenance of health; the discovery in 1905 of the causative organism of syphilis, the *Spirochaeta pallida*, the diagnostic Wassermann blood test for this disease in 1906; the production of *Salvarsan*, the organic arsenical preparation, for its treatment by Paul Ehrlich in 1909; and the publication of two medical classics — Sir Charles Sherrington's *The Integrative Action of the Nervous System* in 1906 and Sir James Mackenzie's *Diseases of the Heart* in 1908.

Early research work

In 1910 he proceeded to England where, for a period of thirteen months, he followed the course for the Diploma in Public Health at the Royal Institute of Public Health in London. Here he studied the anaerobic flora of the normal human intestine which until then had received little attention. He worked out the morphological and biological characters of four organisms which had not yet been described. He communicated his results in a paper read before the Congress of the Royal Institute of Public Health in Dublin which opened on the 15th August, 1911. He published this paper in the German journal *Centralblatt für Bakteriologie, Parasitenkunde und Infektionskrankheiten* (1912). At this Congress he also read a paper on the "Serological Identification of Some Paratyphoid B strains Isolated from the Outbreak of Food Infection at Wrexham in 1910" (Debono, 1926). This contribution, however, was never published (Gaskell, 1971).

At this period he attended hospital practice at the Hospital for Sick Children, Great Ormond Street; Charing Cross Hospital to study radiology; West London Hospital for a special course in anaesthesia and medical electricity; and St. John's Hospital for Diseases of the Skin for lectures and practical demonstrations in dermatology.

After obtaining the DPH of Cambridge University in October 1911 he returned to Malta. On the 15th of that month cholera appeared in the Island following the immigration of nearly two thousand refugees from Tripoli during the hostilities between Italy and Turkey (*Report of the Working of the Public Health Department*, 1912). Dr. Debono was placed as Temporary Medical Officer of Health in charge of the Zejtun District until the outbreak of one hundred and sixteen cases, with eighty-five deaths, came to an end at the close of December.

In the same year (1911) he joined the teaching staff of the University as Assistant to the Professor of Anatomy and Histology, Professor Carmelo Sammut, to

whom he owed "a great debt for his precepts and example". He held this position until 1917. In the meanwhile he worked as pathologist at the Central Hospital, then the general hospital of the Island, substituting the Professor, Dr. C. Sammut, during the latter's absence on war service (from 1914 to 1918).

In spite of the intensive work which these posts entailed, Dr. Debono did not confine his activities to the Dissecting Room and to the Laboratory but was in constant attendance in the wards of the Central Hospital to follow clinically those cases in which laboratory investigations were being carried out.

In 1908 L. Buerger gave the designation of *thromboangietis obliterans* to the form of occlusive vascular disease that is now known by his name. Before that year, however, the disease had been observed in Malta by Professor Debono's predecessor — Professor Salvatore Cassar — who referred to it a *pre-senile gangrene*. Its existence amongst us, however, was only conclusively proved by Professor Debono in 1912-14 when in collaboration with Professor Cassar he demonstrated and confirmed the pathological arterial changes described by Buerger in Maltese patients (Debono, 1938).

Between May 1913 and January 1914 there was an outbreak of dysentery in the village of Qrendi (population 1600). Twenty-eight cases with four deaths were reported. Twelve of the affected patients were admitted to the Central Hospital where Dr. Debono had the opportunity to observe them. On microscopic examination of the faeces, he found the *Entamoeba histolytica* in eight of the cases. The disease cleared up rapidly following treatment with emetine injections.

Although the existence of amoebiasis had been suspected in Malta, it had not been definitely proved before Dr. Debono demonstrated the presence of *Entamoeba histolytica* in the stools during this outbreak. He attributed the occurrence of the disease to contamination of the water in the public cisterns of the village and to spread by flies infected from the excreta of the sick.

These events induced Dr. Debono to study the incidence of liver abscess from the records of forty-one patients, admitted to the Central Hospital during the previous thirteen years, suffering from this condition. Although he did not succeed in isolating the *Entamoeba* from the liver pus in the very few cases that came under his personal observation, he felt convinced, from the clinical and pathological evidence which he collected, that most of these abscesses were the result of amoebiasis. Dr. P.P. Debono published these findings in the *Journal of State Medicine* (1914).

First World War

In the meantime the First World War had broken out in 1914 and concurrently with the duties already mentioned, Dr. Debono joined the British naval and military services as Civil Surgeon. He served as Specialist Anaesthetist to the Royal Navy (1914-16) at Bighi Hospital and as Specialist Pathologist and Bacteriologist to the RAMC (1916-18) at the Tigne Military Hospital Laboratory (1917-18). This was a general hospital with 700 to 1,000 beds. In these posts he was closely associated with Col. A.C.O. Sullivan, Professor of Pathology, Trinity College Dublin, who had been a pupil of Rudolf Virchow; Sir Charles Ballance, the Consulting Surgeon and Sir Archibald E. Garrod, Regius Professor of Medicine at the University of Oxford who formed a high opinion of Dr. Debono as an indefatigable worker and a skilled pathologist.

Dysentery again claimed Dr. Debono's attention when, during the summer and autumn of 1916, many cases of this disease were admitted to Tigne Hospital from Macedonia. This time, however, it was the bacillary form that he had to deal with. He did not find it difficult to isolate the infecting organism from patients who were in the acute stage of the illness but in those who had passed the acute phase or were more or less convalescent, isolation of the bacillus was far more difficult and in a considerable number of instances it failed altogether.

At a meeting of the Malta Branch of the B.M.A. held on the 29th March, 1917 he demonstrated specimens of intestines illustrating the morbid anatomy of bacillary dysentery and of slides showing *Bacillus dysinteriae* (Shiga).

At another meeting of the 31st January, 1918 he demonstrated an intestine from a case of Shiga dysentery in which the characteristic lesions were present in the small gut while the large intestine showed lesions which macroscopically simulated amoebic dysentery (*Minutes Book*, 1917-18).

In order to help establish the diagnosis in such cases, he undertook, together with Capt. J. Speares RAMC, to investigate the possibility of diagnosing the disease by means of agglutination tests. They found that while a serological diagnosis was not always possible in Flexner cases, a positive agglutination reaction was obtained in Shiga infections about the tenth day. These results, together with a detailed account of the techniques adopted in this study, were published in the *Journal of the RAMC* in June 1919.

In 1917 Peter Paul Debono was appointed member of a Committee to study *de novo* the question of the isolation of lepers in Malta. The Committee was under the Chairmanship of Sir Michael Angelo Refalo, the other members being Archibald E. Garrod, Colonel the Army Medical Service (later Sir), Dr. A. Critien, later Chief Government Medical Officer, and Dr. E. Meli. In the state of knowledge prevailing at the time, the Committee found that segregation was the only effective means for checking the spread of leprosy but they suggested that patients who were not likely to spread the disease were to be discharged from hospital under certain conditions. They also recommended the carrying out of research work to obtain a better knowledge of the life history of the causative organism and of the mode of transmission of the malady to ensure control of the disease without resorting to segregation (*Report on Leprosy*, 1919). As a result of the recommendations of this committee the hospitalisation of lepers gradually became less irksome but the po-

licy of compulsory segregation, except in certain special cases, was not abolished until 1953 (Cassar, 1965 a).

Junior surgeon

At the end of the war in 1918, Debono was appointed Medical Officer of Health at the Public Health Department (February 1918 — May 1919). At this juncture the post of Junior Surgeon at the Central Hospital became vacant. The holder of this post was normally expected to succeed the Senior Surgeon and also to the Chair of Surgery at the University. One of the results of the war had been the advancement of surgery in a way that none had thought possible a few years previously. In fact many conditions that up to that time had been treated by the physician had passed within the domain of the surgeon. Thanks to the thousands of wounded men treated in the Island's hospitals during the war and to the eminent British surgeons that looked after them, the Maltese medical profession had ample occasions to witness and to participate in these advances. When the war was over, it was rightly deemed important to maintain these high standards. The easiest and quickest way to ensure the continuation of this surgical progress seemed to be to obtain the services of an outstanding surgeon from Italy or the United Kingdom. It was, however, realised that there were objections to such a course. It would have been very expensive and also very unpopular. But apart from these considerations, as the Lieutenant Governor himself stated in the Council of Government, it was known that there were young men in Malta who had "the ability and the genius to rise to the highest heights in the profession of surgery" if they were given the proper opportunities. It was, therefore, decided that the candidate selected for appointment should attend a course of instruction at the best surgical school in England and should secure the Fellowship of the Royal College of Surgeons possibly in two years (*Debates Council of Government*, 1919).

Dr. Debono applied and was selected for the post of Junior Surgeon. On the 3rd

June 1919 he left for England where through the influence of Sir Archibald Garrod he entered St. Barth's Hospital and joined its surgical Professorial Unit after passing the Primary Fellowship Examination in November of the same year. He was, shortly after (1920), selected as substitute of the Second Assistant to the Professor of Surgery in the University of London, Professor G.E. Gask to whom he had been introduced by Garrod. He was also House Surgeon to Sir Thomas Dunhill, Surgeon to King George V.

After eighteen months in England he obtained the FRCS passing both the Primary and the Final Examination at the first attempt and the Final with distinction (end of 1920). He was, in fact, the first Maltese surgeon to be elected FRCS.

In 1921 he left London for Manchester where, for six months (January — June) he occupied the post of Assistant Resident Surgical Officer at the Royal Infirmary. Here he gained an extensive experience in casualty and emergency surgery, such cases occasionally reaching the number of sixty a week.

In the same year he was back in Malta to his post of Junior Surgeon at the Central Hospital in charge of the Female Subdivision and replacing Professor S. Cassar during the latter's absences on leave and performing gynaecological operations handed to him by Professor George Debono, the Professor of Midwifery and Gynaecology. He was also engaged in private practice. (He attended the Anglo-Maltese Dispensary, 14 Prince of Wales Road, Sliema in 1923. *The Daily Malta Chronicle*, 1923).

He was examiner in anatomy, surgery, physiology and pathology since 1919. In 1922 he was appointed Honorary Visiting Surgeon at the Malta War Memorial Hospital for Children. He was also a Council Member of the St. John Ambulance Association (Malta Centre) and member of the Medical Board, of the Council of Health and of the Board for the Examination of Lepers (1933) (*Guida Generale*, n.d.).

... Professor of Surgery

He became Professor of Surgery and Senior Surgeon to the Central Hospital on the 5th October 1926 (*The Malta Government Gazette*, 1926) (Fig. 1) — a post which he held for twenty-five years until his retirement, on reaching the age limit, in 1951. On his superannuation he was honoured by the University by his appointment as Emeritus Professor in Surgery.

In 1932 he was the delegate of the University of Malta at the Centenary Meeting of the British Medical Association held in London on the 21st July with the Rt. Honourable Lord Dawson of Penn, as President Elect, and the Rt. Honourable Lord Moynihan of Leeds as President of the Section of Surgery (*British Medical Journal*, 1932). Among the stars of the medical galaxy that converged on London for that occasion there were at least three men who held a special interest for Professor Debono — his former teacher, Professor A.H. Burgess of the Victoria University of Manchester; Sir James Purves-Stewart, who, while physician to Westminster Hospital, had been in Malta as consultant to the forces during World War I; and Lord Moynihan of Leeds, who was then the representative of British abdominal surgery and who had been born in Malta where he also spent his early years.

His times

P.P. Debono lived during one of the most exciting periods in the evolution of medicine and surgery that extended over the first half of our century and were fostered by the upheavals of two world wars.

In November 1895, when Debono was still a child of five years, Wilhelm Conrad von Rontgen, Professor of Physics at the University of Wurzburg discovered X-rays. Rontgen sent his paper on the new kind of rays for publication in the last days of December and by the 6th January 1896 the news had appeared in the lay continental press. By the 30th of the same month the importance of the new rays in the diagnosis of fractures and the location of foreign bodies was recognised (Bleich, 1960).

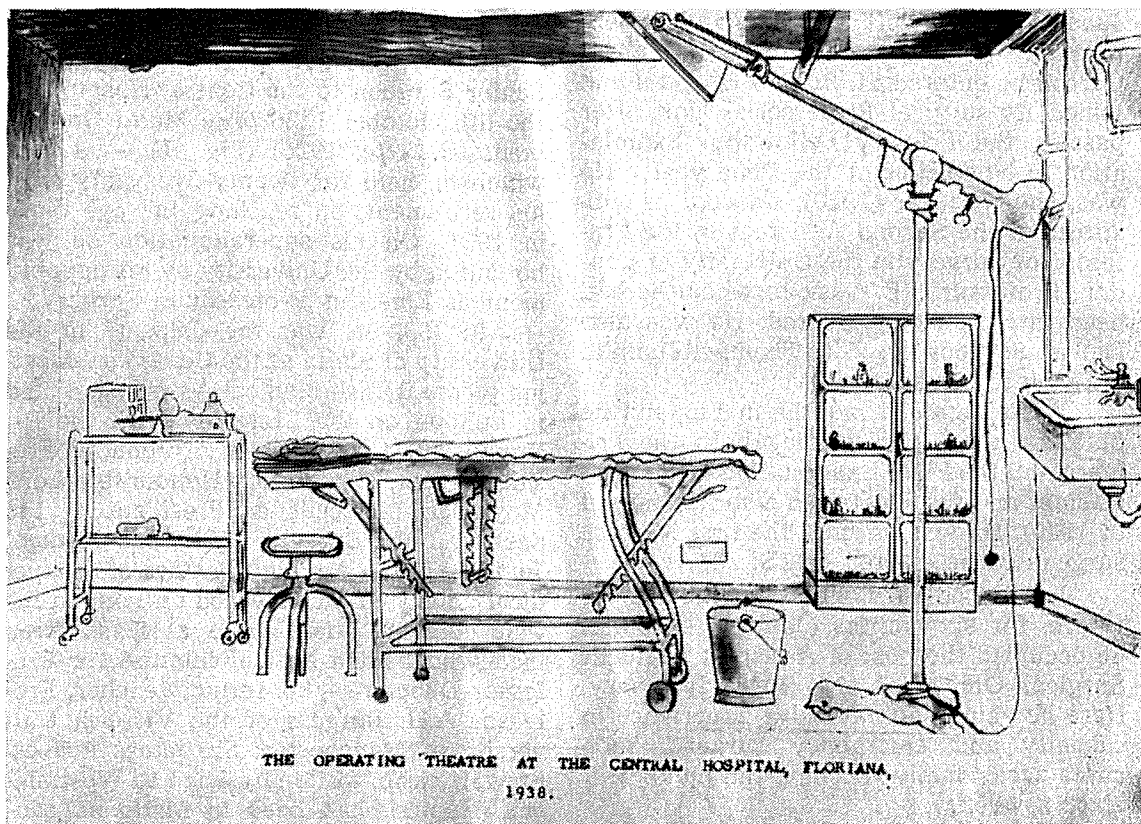


Fig. 1. A sketch showing the operating theatre at the Central Hospital, Floriana, now the Police Depot, in pre-war days.

People in Malta learned of the discovery of X-rays or the 'New Photography' on the 12th March 1896. News about Rontgen and the properties of the new rays continued to reach the Island in the following months (*The Daily Malta Chronicle*, 1896). Professor P.P. Debono stated that the first man to produce X-rays in Malta was his own teacher Professor Thomas Agius, Professor of Physics at our University (1901 — 1926), who assembled an improvised apparatus and demonstrated them to his students. It appears, however, that P.P. Debono was not aware that when he was still a child of six years Professor (later Sir) Themistocles Zammit was experimenting with the new rays in August 1896; that Mr. John Ellis of the photographic firm Richard Ellis of Valletta was similarly engaged in November of the same year (Cassar, 1972) and that on the

3rd December 1898 Professor Zammit gave a public lecture-demonstration on "The Photography of the Invisible" at the Lyceum. Zammit used a Crooke's tube and a chemically treated screen for catching the shadow of the object subjected to the Rontgen light. To Zammit and Ellis, therefore, must go the credit of pioneering the infant science of radiology in Malta (*The Malta Times*, 1908).

An X-rays set for medical purposes was ordered by the Office of Charitable Institutions from England in May 1899 (Cassar, 1965 b) but Professor Debono states that the first X-rays equipment was installed at the Central Hospital about the year 1908 when he was still a student. He describes it as having been "very primitive in type and not very efficient".

With the establishment of the many military hospitals that sprung up all over

the Island during World War I, a number of X-rays sets were installed at Valletta, St. Andrew's, Cottonera, Tigne and St. Ignatius Hospitals (Bruce, n.d.). When these hospitals were closed down, the Maltese Government took the opportunity to acquire the X-rays apparatus of Tigne Hospital for £300 — "a price much lower than what Government would have had to pay if the apparatus were to be purchased from abroad". At the sitting of the Council of Government of the 5th July 1919, the Lieutenant Governor stated that the apparatus was a "very excellent and efficient one" and that the medical and surgical staff of the Central Hospital had strongly recommended its acquisition without delay (*Debates Council of Government*, 1923), but Professor Debono was never satisfied with the X-rays equipment of the Central Hospital. Indeed he was openly critical of the policy of parsimony of our Government that prevailed in his time. "For reasons which to me are quite inexplicable", he wrote as late as 1947, "the authorities have consistently refused to invest money either in the purchase of an apparatus or in remunerating adequately those that handle them. It is only in comparatively recent years that improvements have been made in the apparatus supplied and in the status and remuneration of the staff. But we must confess that we have not kept abreast of modern progress and this. I am convinced, through no personal fault of the professional personnel entrusted with the work" (Debono, 1947).

Debono first saw anaesthesia administered about the year 1907. Chloroform was then the agent in use and was administered on a Shimelbush mask which was covered with lint and a layer of oiled silk. This was the technique of the Edinburgh School which Debono found to be an excellent method and to which he remained partial during all his professional life. When he went to London after qualifying from our University in 1910 he saw the administration of Nitrous Oxide and Ether, both open and closed, and of spinal anaesthesia at the West London Hospital. When he returned to Malta in 1911 his private practice was non-existent and to

occupy his time he used to volunteer to give anaesthetics and thus it came about that he eventually became a member of the operating team as anaesthetist to his "predecessor and master" Professor Salvu Cassar who had a great regard for Debono in spite of the fact that he belonged to an earlier school of thought of surgery of the twenties (Casolani, 1971), and "to another revered master and valued friend" Professor George Debono — who in spite of the surname was not related to him.

At this period he began to use Closed Ether with the Clover apparatus, open Ether and premedication with morphia and atropine and Nitrous Oxide. On one occasion he improvised an apparatus for giving gas and oxygen. Gas was difficult to get in those days and Debono records a case when the supply of gas run out before the operation was completed.

In the first World War he worked as anaesthetist at the Royal Naval Hospital at Bighi during the Dardanelles campaign. At Bighi he came under the influence of Dr. Silk, of Silk's inhaler, Senior Anaesthetist at King's College Hospital and Dr. Schafer. It was at the Naval Hospital and at this time that he began to use Spinal Anaesthesia which he later introduced into civilian practice (Debono, 1947a).

Thousands of sick and wounded sailors and soldiers were brought to Malta and passed through the naval and military hospitals where Debono worked. The Gallipoli campaign of 1915 was especially prolific in the influx of casualties when surgeons had to battle against suppuration, erysipelas, septicaemia and gangrene unaided by chemotherapy and antibiotics. Indeed those were times when the surgeon could not wait but had to take quick decisive action in the face of overwhelming infection (Ballance, 1918; Garrod, 1919).

In the less pressing cases of civilian practice that followed the war years, the standard treatment of pyogenic infection consisted for many years in the application of local heat and surgical drainage. It was no better in medical cases. In a series of patients suffering from "fever similar to influenza"; which Debono treated at the Central Hospital in 1923, the on-

ly forms of therapy which he had at his disposal were the administration of a calomel purge, diaphoretic and expectorant mixture and the application of cataplasms to the chest wall in those with bronchitis (*La Rivista Medica*, 1923a).

In the field of surgical tuberculosis, the surgeon's weapon against the disease, apart from operative intervention, was prolonged rest in bed and a nourishing diet. Professor Debono has, in fact, left us a detailed account of the treatment of abdominal tuberculosis current in the early twenties (Debono, 1923).

He also knew the early days of insulin therapy for diabetes introduced in 1921 and the years when brucellosis was still a scourge in Malta. At a meeting of the Malta Branch of the BMA, held on the 29th March, 1917, he read a paper on "The Specific Treatment of Undulant Fever". It is very tantalizing to know what this specific treatment was, but unfortunately the text of this paper has not been traced. We know, however, that he did not rely much on the effectiveness of therapy then available (*Minutes Book*, 1917); but he felt convinced that medical science would ultimately triumph over it and declared himself proud of the prominent parts played by his Maltese contemporaries — Dr. Giuseppe Caruana Scicluna and Professor Themistocles Zammit — in its investigations. He lived long enough to see the final conquest of brucellosis in Malta forecast by him.

In the early months of 1938 two delegates of the British Social Hygiene Council — Dr. Drummond Shiels and Dr. Laetitia Fairfield — visited Malta in connection with a study about the health and social services of the Island. Among the topics raised was that of Venereal Disease. Malta was then the main station of the British navy in the Mediterranean and this question was of great relevance to Britain and to us. Professor P.P. Debono had been watching the situation; however, in spite of the fact that the new generation was living under conditions which made it "difficult for them not to fall" in sexual temptations, it was gratifying that venereal disease was "extremely rare" in Mal-

ta and that its incidence was much lower than in other countries. He ascribed this state of affairs to the good influence of the church which, though it appeared to be on the wane, had succeeded in counteracting the baneful effects of the cinema, immoral literature and the use of alcohol in country districts during *festas* which led the unwary to "a visit to a pub and thence to V.D."

He stressed the important role of education as a preventive measure against infection. He favoured the teaching of biology to children as an introduction to sex education later on but he realised that this was not easy to achieve in his time because of the conservative attitude of the church on this topic (*Minutes Book*, 1938; *The Daily Malta Chronicle*, 1938). But even without the advantage of sex education venereal diseases made no appreciable progress in our Islands (Cassar, 1965 c).

Of much more concern for Professor P.P. Debono were the pyogenic and tuberculous infections that proved so intractable, so disabling and so fatal. My generation will recall the sickening sight of long suffering patients with carbuncles, osteomyelitis and gangrenes and the unbearable stench that greeted us students, as recently as thirty-five years ago, in the surgical wards of the Central Hospital. One can feel in the following words the relief that Professor Debono experienced with the discovery of the sulphonamides and the antibiotics. Penicillin was, in fact, tried for the first time in Malta in the Surgical Clinic of Professor Debono on the 31st January 1945, the supply being obtained on loan from the military authorities. It became available for civilian patients on the 15th February of the same year, its use being, however, restricted owing to shortage of supplies. The position improved in 1946 when Professor Debono commented that penicillin was being "widely used both in suitable as well as in unsuitable cases". Before use the penicillin powder had to be made into a solution. Its preparation required great care for its potency was very easily lost in the process. Professor Debono, how-

ever, declared himself "fortunate in securing the services of Mr. A. Darmania, who bestows in the preparation of penicillin solution the utmost care with the result that his solution is always active" (Debono, 1947b). Mr. Darmania, now Chief Pharmacist with the Health Department, states that the difficulty arose from the thermolability of penicillin which had to be handled under strict temperature control and protected from contamination with penicillinase producing organisms. "Surgery", Professor Debono said, "rendered safer by the new discoveries, has become bolder and bolder and has now planted its banner on the body's most guarded citadels, the Heart and Brain" (Debono, 1950).

Few people know that Debono himself gave us an instance of this boldness when he performed the first surgical ligation of a patent *ductus arteriosus* in Malta. Professor Debono had witnessed the repair of injuries of the heart at the time of World War I when suturing of wounds of this organ and the removal of foreign bodies from it represented the highest ambition to which surgeons could aspire. He had to deal with such an emergency in later years when he had his first surgical encounter with the heart. "I myself", he wrote, "have been lucky enough to get a case in which I had the opportunity of suturing successfully a wound in the heart. The experience left a strong impression on me that the heart was a coarse organ which did not resent surgical insult" (Debono, ms. no date but prior to 1947). As you know patent *ductus arteriosus* or Ductus of Botani is a congenital arteriovenous communication between the Pulmonary Artery and the Aorta which predisposes the patient to bacterial endocarditis and cardiac decompensation with an average death age of 24 years. Although operations upon the heart had occasionally been performed before World War II, it was the 1939-45 conflict that led to the present development of cardiac surgery when many foreign bodies that had lodged themselves in the heart were removed by open operation (Cope, 1961). A report of the earliest

successful case of ligation of the *ductus* with survival of the patient — a girl aged 7½ years — appeared in America in 1939 over the names of Robert E. Gross and John P. Hubbard (Gross and Hubbard, 1939). Debono was acquainted with this paper and also with subsequent literature on the subject so that when a girl of eight years with patent *ductus* came his way in 1941, he grasped the opportunity to tackle the case. We have his own notes of the operation which was performed at Bugeja Emergency Hospital, Hamrun, on the 27th September 1947, after an electrocardiogram interpreted by Dr. V. Cuptur and Professor J.E. Debono supported the clinical diagnosis of patent *ductus*. The anaesthetist was D. Joseph Darmanin Demajo and the assistants were Dr. V. Grifiths, now his successor in the Chair of Surgery, and Dr. Joseph Ellul until recently Port Medical Officer (Fig. 2).

Since Professor Debono's successful intervention a wide experience of the operation has been gained in many centres all over the world so that to-day ligation of *patent ductus* in children is considered to be a safe and curative operation (*British Medical Journal*, 1971).

Until the 1920's the only chest operation that was undertaken was drainage of an empyema. Intrathoracic surgery had not yet developed for the problems posed by the open pneumothorax at operation had not been satisfactorily solved. It was only with the introduction of endotracheal intubation pioneered by Ivan Magill that the possibility for operative treatment in chest diseases became apparent (Sellors, 1972).

When thoracic surgery became a practical proposition, Professor Debono introduced thoracoplasty for pulmonary tuberculosis in Malta in 1929 thus following in the path of his erstwhile teacher, Professor G.E. Gask, who was one of the pioneers of this branch of surgery in the United Kingdom. At a meeting of the Malta Branch of the BMA of the 23rd May, 1944 he demonstrated one of the cases on whom he had performed thoracoplasty (Minutes Book, 1944).

One other aspect which had particul-

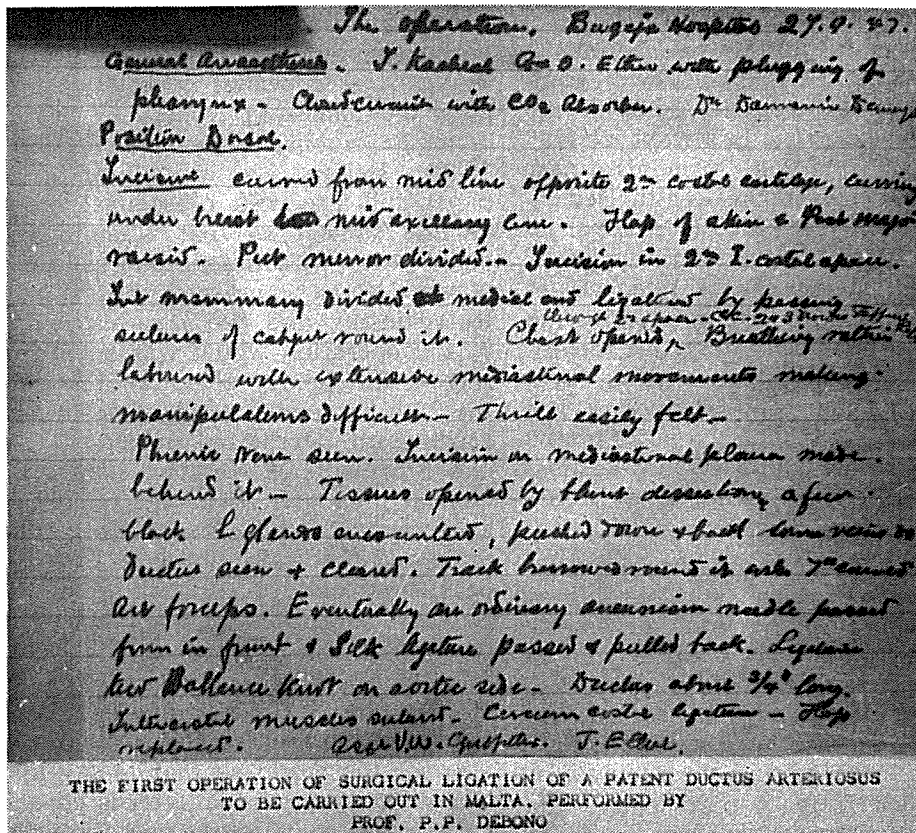


Fig. 2. Notes of the operation in Prof. Debono's own handwriting.

arly engaged his attention was the incidence of inguinal hernia which he found to be very frequent in these Islands. He ascribed this condition, apart from its anatomical congenital component, to two mechanical factors with a Maltese colouring:— (a) the habit of many manual workers to wear a sash or *terha* round their waist which caused a rise on bending forwards in internal pressure in the lower parts of the abdomen and in the inguinal region; and (b) adiposity which by the deposition of an abundant layer of fat in the inguinal canal weakened its anatomical defences. While the surgeon could correct the anatomical defect by restoring the defences of the inguinal canal, Professor Debono insisted that there was no set operation to be used indiscriminately but that each particular case had to be

treated by the appropriate procedure. For this purpose he himself had devised a special fascia carrier in 1929 for use in the Mc Arthur technique which he employed in operations for direct hernia. This instrument, made for him by Down Brothers of London, was a modification of the ordinary ligature carrier but which had the advantage of utilising the strip of fascia up to the last fraction of an inch. In 1939 he proposed to follow up the hernia cases he had performed during the previous ten years but the outbreak of World War II and the siege conditions that occurred in 1940 brought about a scattering and re-distribution of the population which made a later study impossible. The only indication of the efficacy of his operative procedures which he could adduce in the absence of a follow

up, was the very low recurrence which was not more than one or two with an average of four to five hundred operations a year (Debono, 1957).

Second World War

When the Maltese Islands became involved in World War II, Professor P.P. Debono was faced with a formidable task as the Chief Surgeon in the Emergency Medical Service (1941-43) set up to deal with civilian casualties from air bombardment. Most of his work was done at the Bugeja Technical School at Hamrun which was turned into an emergency hospital for the duration of the war. A colleague of Peter Paul Debono criticised this building as having been an unsuitable place for the care of patients especially those needing surgery. "The shortage of food", he remarked, "and still more the lack of soap were the cause of skin infections" such as scabies and impetigo which became epidemic. "This sort of thing was enough to daunt the most ardent surgeon but Peter Paul plugged away with indomitable courage" (J.H.S. 1958). In spite of the lack of personal hygiene occasioned by the war and the shortcomings of untrained personnel among the nursing staff, the problem of secondary infection in operative wounds did not loom very large during the war period. Professor Debono ascribed it to the fact that his wards were light and airy and that he was "old fashioned enough to follow Lister's rules and to use boric acid and iodoform dressings and the sulpha drugs when these were available". In the management of injuries and fractures he employed Trueta's method of immobilisation by means of a closed plaster covering but he modified Trueta's technique by packing the wound with Bipped gauze instead of plain or vaselined gauze (Debono, 1947c). His resources were further taxed by an unexpected outbreak of a poliomyelitis epidemic in November 1942 when for the next four months he had to organise and carry out the orthopaedic and surgical treatment of over four hundred victims of the disease — from the acute, through the

convalescent to the residual stage of the illness. There were then no physiotherapists while orthopaedic appliances were in short supply and had to be improvised from splints of wood and bandages.

Professor P.P. Debono met these challenges with his characteristic calm, determination and silent efficiency. There were times when the work was overwhelming but he carried on unflinchingly. Whatever the nature of the emergency he was always in complete command of his emotions. His resourcefulness never failed him in tackling unexpected situations on the operating table. He turned adversity into an undoubted success, his contributions during those years of trial being of inestimable value.

An appreciation of his surgical work by one of his colleagues has been recorded. Professor Joseph Ellul, Professor of Midwifery, expressed the admiration felt by the medical profession for the exceptional services which Professor P.P. Debono had rendered to the people of Malta in his capacity of Senior Surgeon during the years of warfare. "Professor P.P. Debono", declared Professor Ellul, "had worked with an intensity and an accuracy which deserved all the praise his colleagues could give him" (*Minutes Book 1943*).

It has been rightly said by his two successors in the Chair of Surgery that he pioneered modern surgery in Malta (Griffiths, 1958; Craig, 1970). His merits and renown spread beyond our shores and were appreciated not only by official bodies but also by the British Crown. Thus in 1938 he was appointed an Officer of the Venerable Order of St. John in the British Realm; in 1944, an officer of the Most Excellent Order of the British Empire (OBE) for his services during World War II (*Lehen-is-Sewwa*, 1944); and from 1946 to 1951 he served on the Editorial Committee of the British Journal of Surgery together with the heads of the more prominent surgical clinics in the Commonwealth. Yet, in spite of these honours, he remained humble and was ever ready to avail himself of every occasion to increase his knowledge by inviting discussions with

his colleagues on the treatment of war injuries that were new to him and to them. This applied especially to injuries of the chest caused by blast, as the result of the violent air commotion induced by high explosives dropped from hostile airplanes, and by the invasion of the air passages by dust in casualties buried alive under the debris of houses. These cases formed an important group both from their number and from the seriousness of prognosis. Professor P.P. Debono had nothing to go by except the principles of treatment that had been worked out in the 1914-18 war and the use of the sulphonamides (Dage-nan) which he found of great help to combat the pulmonary infections that complicated these cases. Not even sufficient supplies of oxygen and the necessary apparatus for inhalation were available during a rush of casualties.

Another acute problem he had to face was the adequate treatment of shock and of severe bleeding. He was familiar with the good results obtained in World War I first by the transfusion of saline solution and subsequently of whole blood so that on the threshold of World War II he was quite transfusion-conscious. In the initial phases of the war, however, he was only provided with reconstituted plasma which he found to be a poor substitute for whole fresh blood. In fact he strongly advocated the use of fresh blood for, he says, "I have seen patients in the last gasps recover when fresh blood is rapidly transfused" (Debono, 1947a).

In the surgery of peacetime he was equally on the look out to grasp every opportunity to widen his experience of surgical procedures. Thus when in 1949 he went to Canada for the Meeting of the Commonwealth Parliamentary Association he found time in a crowded programme of political gatherings and official activities to visit surgical clinics and hospitals. At the Sick Children's Hospital of Toronto he was present during a harelip and cleft palate operation; at the General Hospital of the same city he saw a lobectomy and an excision of the scapula; and at the Royal Victoria Hospital of Montreal he attended operations for spinal fusion, oesophago-

gastrostomy for cardiospasm and suture of the *tendo patellae*. Of these operations he wrote detailed notes.

When in mid August 1953 an earthquake struck the Greek Ionian Islands, Professor P.P. Debono flew there in a British naval seaplane to help in the relief work with Dr. Roger Parnis, the late Dr. John Attard and Mr. L. Vassallo and Mr. J. C. Agius of the Sanitary branch of the Health Department. However soon after the team reached Argostoli, the relief work was taken over by the Greek authorities and Professor Debono left for Malta with the other members after twenty four hours on a ship of the British navy (*Times of Malta*, 1953).

Nursing

At a time when nursing standards in government hospitals were unsatisfactory, Professor Debono did his utmost to promote the formation of fully trained and competent nurses.

Skilled nursing had been introduced in Malta in 1894 with the coming of the Little Company of Mary, known as the Blue Sisters. They opened their private hospital in 1910 and in 1922 they set up a School of Nursing on modern lines with a three year course as prescribed by the Nursing Council of England. Professor P.P. Debono was appointed lecturer and Director (*La Rivista Medica*, 1932b).

To remedy the situation in its hospitals, the Government of Malta enacted an Ordinance in 1936 (Ord. VIII of 1936) which established a register of nurses, laid down standards for registration and prepared a plan for the creation of a School of Nursing.

The scheme was implemented only in part and then abandoned. After World War II, it was revived and on the 7th February 1948, Professor P.P. Debono had the satisfaction of being present as Minister for Health at the formal opening of the Nursing School of St. Luke Hospital (*Times of Malta*, 1948). In the same year the General Nursing Council of England gave full reciprocity to those who were on the Maltese Register of Nurses (Debono 1955).

When the Malta Memorial District Nursing Association started to function in February 1947, Professor P.P. Debono assumed responsibility for the training of ten Maltese Assistant Nurses at the Blue Sisters' Hospital with the help of Surgeon Major R.L. Casolani and Sister M. Jerome of the Little Company of Mary. After twelve months' training they joined the Six Queen's Nursing Sisters who formed the original nucleus of the MMDNA (Cassar, 1965d; Agius, 1972; Casolani, 1972).

In 1950 he was instrumental in re-organizing "The Mary Potter School of Nursing" of the Blue Sisters Hospital. In his inaugural speech at the opening of the new premises to house this school on the 21st November 1950 he declared:—"The Healer of to-day is no longer the single person endowed with quasi-magical attributes; he is fast becoming a team of trained workers of which the nurse is certainly not the least important member. In other words nursing has become a necessary, nay, an indispensable adjunct of medical treatment". In his view, however, the nurse is much more than a mere technical assistant to the doctor. He was acutely aware of the psychological element in every illness and of the fact that the human being has, to use his own words, "a mind as well as a body which makes him more susceptible to suffering when ill". He considered it to be the mission of the nurse "not only to relieve physical suffering and to afford material comfort but also to encourage the patient, to brighten his days of tribulation and by her moral support to make physical suffering more bearable".

His drive to obtain suitable candidates for the nursing school was far from easy, the main obstacles being the lack of girls with sufficiently high standards of education and the persistence of the old prejudice that hospital nurses were something akin to servants. However he was optimistic about the future. "I venture to prophecy", he said, "that it will not be long before Malta will follow the example of England and Europe..... when educated girls will realise that in nursing they have a profession that is both noble and satisfy-

ing" (*Times of Malta*, 1950; Debono, undated).

University

The University was another of his life-long interests. As Professor of Surgery, he was a member of the Special Council of the Faculty of Medicine and Surgery. He had no narrow view of his subject and as early as 1926 we find him championing the teaching of dentistry which was then still in its infancy in Malta. Although the basic conditions for regular training in dentistry and for the granting of the Diploma in Dental Surgery had been laid down by the University Statute of 1907, the University remained a mere examining body in the field of dentistry until 1921 when steps were taken to establish a course of studies leading to the Diploma in Dental Surgery. However, while the subjects of the course were prescribed in that year, no syllabus was drawn up. When the matter came up for discussion at the meeting of the Special Council of the Faculty of Medicine and Surgery on the 2nd August 1926, Professor P.P. Debono pointed out the expediency of establishing a School of Dentistry in our University. At its sitting of the 24th September, the Council resolved that a special teacher be appointed to teach special dental subjects and that he be styled Lecturer in Dentistry. The matter, however, was not taken up again until 1930 when at the sitting of the 23rd December, Professor P.P. Debono again referred to the need of a School of Dentistry and proposed the appointment of a qualified Lecturer in Dentistry and the provision by government of the necessary clinic and laboratory "for the proper teaching, theoretical and practical, of the students." His proposal was unanimously approved and three years later the first *ad hoc* Lecturer in Dental Subjects was appointed. Thus thanks to the efforts of Professor P.P. Debono Maltese dentistry began to emerge as a separate discipline from the matrix of medicine and surgery (Cassar, 1971).

In later years he served for two

periods of three years on the General Council as representative of the Faculty of Medicine and for a further period of six years as a nominated member until 1947. During the last three years of his membership of the General Council he was the deputy of the Rector and when the University became autonomous in 1947 he sat on the new Council as a representative of the Legislative Assembly.

He was proud of his *Alma Mater* and of its doctorates and insignia — which, as he himself stated, “on all occasions not only here in my native land but also abroad I have ever been proud to wear” (Debono, 1949a). This pride he endeavoured to instil in his students. “Cherish the *Alma Mater*”, he exhorted them, “which is the symbol of our cultural level. Prove yourselves worthy sons of this institution, be conscious of its antiquity and of its standards” (Debono, 1952).

He has handed down to us his ideas of what a university education should be. “It is an essential attribute of a University Education”, he says, “to train the mind to seek Truth and to question everything that attempts to assume its semblance. A mind thus trained aspires to intellectual freedom and will not willingly submit to the will of dictators or to be led astray by the empty promises of demagogues; such trained minds are sensitive to any encroachment on the dignity of man or to any infringement of his fundamental rights..... The University must keep at a high level the intellectual and cultural standards of the nation.” He was a great champion not only of the academical but also of the financial autonomy of the University, for, while only an academically free university can assume the intellectual leadership of a free people, it is only the fullest financial support that can keep the University abreast of the forward march of progress. Professor Debono, however, was no dreamer and he was quite conscious of the limitations imposed upon our University by our material resources. In fact he warns us of the danger “that by aping what is done in large countries we might plan beyond our resources and by attempting too much we succeed in ac-

complishing nothing at all” (Debono, 1949a; *Times of Malta*, 1947; Debono, 1958).

British Medical Association (Malta Branch) and Camera Medica di Malta

Professor P.P. Debono took an active part in the proceedings of the two medical societies of his time — the *Camera Medica di Malta* and the Malta Branch of the British Medical Association. Of the *Camera medica* he was librarian, editor of its journal *La rivista medica* ((1923) and finally President in 1936. Of the Malta Branch of the BMA, he was a member for forty-five years, had occupied the offices of Assistant Secretary (1919—23), Honorary Secretary and Treasurer (1923—30), and President on two occasions (1953—37 and 1942—43). (*British Medical Journal*, 1958; *Times of Malta*, 1958).

In July 1932 (21st-30th) he represented the University at the Centenary Celebrations of the British Medical Association (*Report of University*, 1933; *British Medical Journal*, 1932) and in July 1939 he was the delegate of the Malta Branch of the BMA at the Annual Meeting of the parent body at Aberdeen (*Minutes Book*, 1939).

Professor P.P. Debono was a firm believer in a united profession and he never failed to foster the integration of all groups of practitioners into one single force whenever a crisis faced the profession. Towards the end of 1937 the District Medical Service of those days was made the target of complaints from many quarters. Debono realised that the problem was a difficult one for impartial consideration and that it could be tackled only if all the members of the profession were given a chance to air their views. He, therefore, proposed on the 18th December of that year, the holding of a joint meeting of the BMA Malta Branch with the *Camera Medica* to discuss the whole question (*Minutes Book*, 1937).

Soon after, at a meeting of the Branch on the 11th January 1938, Surgeon Major J.H.F. Gatt proposed the amalgamation of

the Branch and the *Camera Medica* under the name of *Malta Medical Society*. In fact both bodies had the same aims but were kept apart by the language question. P.P. Debono hastened to support the motion as he envisaged that through one society the profession could speak with one voice and thus obtain recognition from the Government and also representation on its boards (*Minutes Book*, 1938).

The desired amalgamation did not materialise. Professor P.P. Debono again appealed for close collaboration between the two professional associations on the 22nd September 1944 when as President of the Malta Branch of the BMA he proposed the creation of a body composed of an equal number of delegates from the Council of the Branch and from the Committee of the *Camera Medica* which under some such name as *Malta Medical Union* would be empowered to speak for the whole profession. At that time the profession was striving to convince the Government that the salaries being offered by the Medical & Health Department were unacceptably low and that the tariff of fees for private practitioners was in need of revision. The overtures from the BMA Branch, however, did not meet with the desired response from the *Camera Medica* (*Minutes Book*, 1944).

Professor P.P. Debono, however was not daunted by this setback and when in 1948 the then Minister for Health proposed the introduction of a National Health Scheme, Professor Debono, as President of the Branch, again proposed a joint meeting with the *Camera Medica* for the election of a Committee representative of the various groups of the profession (*Minutes Book*, 1948). The joint meeting took place and the committee was formed. This was a step forward as the Malta Branch of the BMA, not being a Trade Union, could not exercise all the pressure needed to meet effectively the new developments. The scheme was eventually shelved indefinitely by the Government but from this joint meeting of the two bodies the Medical Practitioners Union was born (*Minutes Book*, 1950).

In 1953 on a proposal of Dr. Fortuna-

to Zammit, then Secretary of the Malta Branch of the BMA, an annual memorial lecture was instituted by this branch to celebrate St. Luke Day. The lecture was not to be of a clinical nature but had to treat issues of an ethical, religious or social kind (*Minutes Book*, 1953).

Professor P.P. Debono was the first lecturer to deliver this oration on the 18th October 1954. He spoke, at the Aula Magna of our University, on "Medicine in Malta" in which he surveyed the evolution and achievements of our medical past and dealt at some length upon that controversial and burning topic of his day, the State Medical Service. "The state", Professor Debono, unhesitatingly declared, "is all powerful". He seems to have been awed by the might of the modern state and the establishment of a State Medical Service appeared inevitable to him. He was prepared to adapt himself to it but not unconditionally. "Medicine is a free profession", he told his audience, "it resents shackles and is resisting — but the State is all powerful and in the end the State will win as has happened in England and a state medical service will come into being..... Given a reasonable amount of freedom especially freedom from exploitation a State Medical Service would not be a bad thing after all" (Debono, 1955; *Times of Malta*, 1954).

He was proud of St. Luke's Hospital but stressed the need for maintaining its high standards for he felt that "suitable premises are an essential factor in determining the level of efficiency of a hospital which in turn determines the standards of the medical profession in general. This is only natural because it is in the hospital that doctors are made" (Debono, ms. notes, undated).

Politics

In spite of the demands of an extensive surgical practice, of his academic and hospital commitments, Professor Debono was drawn into local politics. In 1936-39 he was a nominated member of the Executive Council of Government thus earning the title of "The Honourable" for his services in that capacity.

In 1944 he was chosen delegate of the Malta Branch of the BMA, with Professor Walter Ganado, to represent the Association in the National Assembly that was convened (1945—46) under the chairmanship of Professor (later Sir) Luigi Preziosi to submit proposals for drawing up a Constitution for Malta (*Minutes Book*, 1944).

On the restoration of self-government in 1947, he joined the Labour Party. He was elected from the Fourth District gaining a seat in the Legislative Assembly. At the beginning of November he became Minister of Health in the Labour Administration (1947—50) under the premiership



Fig. 3. Professor P. Debono as Minister of Health during a visit to St. Luke's Hospital 1948.

of Dr. (later Sir) Paul Boffa (*Times of Malta*, 1947). (Fig. 3).

His ministerial duties, however, did not cure his itch for surgery as the following incident shows. On the night of the 7th December 1947 the Dutch vessel *Wilhelm Ruys* was about sixty miles off Malta on her way to the Far East when she signalled for help as a nine year old boy was suffering from acute appendicitis. The local shipping agents got in touch with Professor Debono (Darmanin Demajo, 1971) who immediately answered the call and with an anaesthetist and an assistant set out in a motor fishing boat at midnight to board the ship which in the meantime had approached the Island to a distance of four miles. He carried out the operation in a quarter of an hour and the boy was saved (*Times of Malta*, 1947).

Some criticism was raised in the Assembly against some members who, in spite of their government office, had retained their private practice. Professor Debono replied that since taking up ministerial duties he had only undertaken two private operations — “and these in the public interest” (*Times of Malta*, 1947). He remained in office for another four months but on the 12th April 1948 he tendered his resignation from the ministry so that he could be free to continue with his professional work. The Prime Minister, said that in accepting the resignation of his Minister of Health he was influenced by the fact that Professor Debono could be substituted as a Minister but not as a surgeon.

On the same day he was appointed Speaker of the Assembly (*Times of Malta*, 1948) and was Malta's delegate to the London Conference of the Commonwealth Parliamentary Association of that year. In 1949 he was again Malta's delegate at the meeting of that Association held in Ottawa ((28th April — 3rd May).

The Labour Administration was then passing through a critical period on account of a dispute with the British Government concerning the financial and economic situation of Malta and because of internal differences that eventually gave rise to a split in the party. During this

period Professor P.P. Debono gave his support to Dr. P. Boffa (E.C. & A.H., 1971). His flirtation with politics, however, was short for he had no real passion for the conflicts and intricacies of politics and he definitely abandoned them in 1950.

Clinician and Diagnostician

Professor Debono was a first class clinician and an outstanding diagnostician (Craig, A.J. 1970). His early training and experience in pathology and his comprehensive and broad grounding in the basic aspects of medicine and surgery determined his subsequent approach to his clinical work and especially to the problem of diagnosis. He always emphasised the need for the integration of all data — history, clinical findings, laboratory and special investigations and the underlying pathology before attempting a diagnosis (Debono, 1951); but for him pathology was the fundamental feature; in fact he warns us that a “diagnosis should be the expression of, and should convey to the mind, the concept of a definite pathological process” and that we should “stoutly resist the temptation to accept in lieu of a diagnosis terms, however high sounding, which do not convey the notion of the disease process itself (Debono, 1952).

As early as 1921 his chiefs at the Manchester Royal Infirmary and at St. Barth's were struck by his mature judgement and skill in diagnosis especially in deciding the extent permissible in a given case by operation. That skill and that judgement became even more pronounced and sharp with the experience gained over the passage of years. His assessment of a situation was based on accurate observation and a quick grasp of essentials. In fact he was seldom wide of the mark in his decisions. However, thanks to his intellectual integrity he was never too proud to admit mistakes and to confess being baffled by an occasional case; or to say “I don't know” — although at such times no one else knew.

As an operator he had achieved a fine technical excellence. Professor A.H.

Burgess, Professor of Clinical Surgery at the University of Manchester, showed the utmost confidence in Debono and said of him:— “Mr. Debono came to us with a high reputation from Malta and London and his work and conduct here have served only to enhance it. Mr. Debono has (shown) himself a thoroughly practical and up to date surgeon, a skillful and dexterous operator”. These attainments first recorded by Professor Burgess in 1921 continued to mark all Debono's later work and to earn him the high regard and implicit trust which he gained among his colleagues. He was self-critical to a high degree and gave minute attention to every detail whether he worked in the calm atmosphere of the hospital theatre or on a kitchen table in the primitive set-up of a village house or in an improvised operating room in the more comfortable home of a town dweller — when such domiciliary surgery was still a reality in Malta as late as 1953 (Ellis, 1972) But his facade of unruffled self-confidence was rooted in a lifetime of methodical study and well-devised planning. “The art of surgery,” he once said, “can only be learnt at the bedside by precept and even more by example. The craft of surgery can only be learnt by apprenticeship and only by a thorough grasp of scientific principles”. It is in the wards “as well as in the operating theatre and the post mortem room that the foundations are laid for a clinical career and where diagnostic ability and clinical judgement are acquired” (Debono, 1952). That is what Professor Debono had preached and that is what he himself had practiced; and it was this steady endeavour, coupled with his resourcefulness and determination, that made difficult things appear easy and near-disasters a mere routine exercise. Dr. Richard Casolari recalls the days when he was Debono's First Assistant for three and a half years at the Central Hospital. “I shall never forget”, he says “what a pleasure it was to work with him for long hours under conditions which he must have felt were then not as ideal as he would have wanted them to be, in a Operating Theatre which was only a make shift at the Cent-

ral Hospital in those days. He often had big arguments with the powers that be and although he never lost his temper, he would stick to his guns until he got what he wanted" (Casolani, 1971).

He belonged to a generation of surgeons who were expected to tackle any surgical condition that came their way. Peter Paul Debono took everything in his stride without hesitation although in later years he came to realise that specialisation within the surgical field had become necessary and unavoidable.

The same thoroughness that was so typical of Professor Debono as a surgeon characterised also his frequent appearances in our Law Courts as a forensic expert in murder and other cases. Indeed he was equally at home in the witness box as in the operating theatre. He would muster all the findings revealed by the *post mortem* examination, reconstruct the sequence of the pathological and clinical events, link them up with the available legal evidence and finally deduce the manner and cause of death; and he marshalled his arguments so well as to make it impossible for the defence or prosecution to find any flaws. His accounts of two medico-legal cases, which he published in 1955, provide us with an eloquent example of the completeness of his investigative methods, the soundness of his arguments, the exhaustiveness of the differential diagnosis between homicide and suicide and the inevitability of his conclusions (Debono, 1955).

Personality

In spite of a crowded professional career, Professor Debono enjoyed his family life to the full. From an early age he had to shoulder responsibility as his mother was ill most of the time of his student days and early years after his qualification. After her death, although his father was still alive, he took over the role of the head of the family. His daughter Lilian has drawn an exquisite picture of his likes and dislikes, his intimate traits of character.

"No one," she says, "was ever told to

study in the Debono family — it was just taken for granted — part of life. He spent long hours in his 'den' — a room in the quietest part of the house usually near the roof — piled high with papers and books. When not sitting at his desk he would recline in his favourite chair with his feet up working far into the night and again in the early hours of the morning".

He loved teaching and he never missed an occasion to impart his knowledge about various subjects to those who would listen to him. "In the first ten or twelve years of our life", states his daughter, "we were with him whenever possible. Thus we went to the Central Hospital at Floriana and chatted with the patients in the morning and drove around the various villages in the afternoon. All the time, wherever we were, he was telling us about things. He loved to take us out for walks in the evening in summer and he taught us to recognise the constellations. I remember at the age of about three years being taken up on the roof during a storm and told what was happening." When grandchildren enlivened his later years this kind of teaching began all over again and he loved nothing better than taking them to some farmers he knew to roam in the fields while he pointed out to them the herbs and trees.

In the house he was the plumber and carpenter. He devised a running hot water system with pipes fed from a large tank in the cellar heated by a Primus stove which warmed the bedrooms and supplied hot water to the kitchen and bathroom. Although he did not make furniture, he designed it, upholstered chairs and made mattresses.

He loved company and was equally at home with all sorts of individuals irrespective of their social status meeting the professional, the sophisticated and the farmer at their level.

He appreciated music, tried not to miss a weekly visit to the Opera, played the mandoline accompanied by his wife on the piano and, though he did not sing, he whistled the highlights of operas beautifully. Verdi and Wagner were his favourite composers. Strangely enough

ballet did not appeal to him and not even Pavlova, whom he saw on the stage in 1911, impressed him.

His fondness for food was proverbial, sometimes doing the shopping and the cooking himself. He always insisted on engaging a fat cook. "Fat people are happier" he used to remark during the slimming vogue of the 1930's.

He enjoyed a certain amount of 'pomp' and had to be at the head of whatever he was engaged upon. He disliked opposition and criticism and, though not a good follower himself, he loved a following.

The sight of blood annoyed him — a trait that manifested itself during his student days when he used to faint in the theatre. It is said that anger and moods were alien to him and he kept outwardly calm even under strong provocation as when, for instance, the most valuable part of his stamp collection was stolen by a workman in the house. He got it back by persuasion using no threats.

He had no fear of the rough seas he had to cross when called over to Gozo to see patients there and of the air bombardments of the last war; but he feared ill-health and dreaded ever being bed-ridden or having to undergo surgery. "I shall be the worst patient possible" he often told his children in his later years (Micallef Eynaud, 1973; Podestà, 1973).

One of his contemporaries — Dr. Richard Casolani who often worked with him as anaesthetist — says: "As a youth of seventeen I distinctly remember seeing the then Dr. P.P. Debono in naval uniform. He was then young himself..... I came in contact with him again years later when I was a medical student (1918—25). We students were always keen to attend Dr. Debono's ward rounds and bed-side demonstrations in the Female Surgical Wards at the Central Hospital at Floriana of which he was in charge as Junior Surgeon. He had then only recently returned from London and was full of enthusiasm for the latest advances in surgery of those days especially the then modern Operating Theatre aseptic techniques of which he was a keen follower. To assist P.P. Debono at that time or to stand around the Oper-

ating Table and listen to him lucidly explaining to us students what he was doing was indeed a pleasure..... He was a non-smoker and did not touch alcohol but he liked a good wine with his meals. One could often see a good sized demijon at the back of his car when he returned from an operating session in Gozo. There was one thing he never really took much care of. That was his motor car. His car was purely a means to an end and the end was invariably the good of his patients. He often drove through narrow village streets to get to some out-of-the-way house or farm with the result that his mud-guards were nearly always damaged. They remained so till he changed his car for a new one. He was a fast driver and sometimes took risks. I shudder to think what would have happened to him to-day. He often forgot to look at the oil level in his sump with the result that he sometimes stopped with engine trouble in some country lane but sure enough there would always be some one to give Pitru Pawl a helping hand" (Casolani, 1971).

Debono's immediate successor to the Chair of Surgery — the late Professor A.J. Craig — has also commented on Debono's unorthodox driving methods besides recording other amusing facets of Debono's personality such as his eating habits and culinary expertise, his hobbies of gardening and stamp collecting (Craig, 1970). I should like to add a few more strokes to that portrayal derived from my personal contacts with Professor Debono as his student, as his assistant and as his colleague.

As a teacher he was gifted with an extraordinary capacity of imparting knowledge but he spent endless pains upon the preparation of his lectures which he was fond of illustrating with chalk drawings and diagrams on the blackboard. His teaching was no mere repetition of a textbook but was based on his own observations, experience, successes and failures. I well remember his clarity of thought and his great facility for words. His fluency of expression, his wide knowledge of English idioms, his marshalling of the facts and his

emphasis on fundamental principles made him an outstanding, stimulating and exceptionally lucid lecturer. His lecture on "The Repair of Wounds" which he published in 1949 is a typical example (Debono, 1949b).

His ward rounds were high-lighted by some illuminating remark ranging from the pointing out of a symptom that would escape the student's attention to observations of great clinical significance. His aphorisms were forceful and convincing being based on lessons he himself had learned at his own expense I still recall him saying:— "Do not look for initial jaundice in the eyes in artificial light because you will miss it"; "In every case of bleeding from the anus in an infant remember intussusception"; "Avoid diagnosing rare diseases as you will rarely prove to be right", and "Think twice before opening the abdomen of a nun complaining of pain in the right iliac fossa. I do not know what causes this kind of pain but if you operate you find no pathology".

As students he demanded a high standard from us but he also knew how to get the best out of each of us.

Those who did not know him well enough thought that he was gruff in the manners and blunt in his approach; but those who were intimate with him were conscious that under a brusque exterior was concealed a humane character and a cultured gentleman. Under an unassuming facade there was a huge store of vitality, inventiveness and alertness of mind.

He never hesitated to answer any call for advice or help from his colleagues be the problem great or small; and to share his wide experience with them. He was a foul-weather guide to his assistants for whom he was ever ready to carry the burden when it was too much for them whether in the wards, at the operating table or in the law courts. He was an unfailing support to the newly fledged doctors many of whom owed much to his counselling and constructive suggestions in their formative years. His kindness extended to his colleagues abroad and is still vividly remem-

bered after thirteen years from his death. Sir Cecil Wakely Bt., K.B.E., C.B., D.Sc., F.R.C.S., Editorial Secretary of *The British Journal of Surgery* wrote to me thus:— "We all had a great affection for him and whenever I called at Malta he was always most kind. We felt his going very much indeed" (Wakely, 1971).

His private practice came from all walks of life. His patients "adored him. Pitru Pawl was sacrosanct and to be operated by him was the very best thing that could happen. He was specially loved by country folk with whom he had a special way of discussing their agricultural problems" (Casolani, 1971). He would answer a call without demur whether by day or by night and no emergency or demand seemed to upset him. It has been recorded how on the 9th January, 1930 he hurried to Gozo to see a gravely ill lady of 76 years. Transport by ship had been suspended owing to rough seas but Peter Paul crossed the channel in a Gozo boat propelled by motor. He failed to see the patient alive by a few minutes (Mercieca, 1969). His care of the patients was scrupulous and unhurried. His deep sense of responsibility made him unsparing of himself from the beginning to the end of treatment. He was indefatigable even in his retirement and died in harness on the 3rd June 1958 aged 67 at the Blue Sisters Hospital where he had spent so many years of his professional life and which he loved so much. He was a man who could not have stopped work ever. It was his nature (Casolani, 1971). On such traits of character was built a reputation that made the name of Pitru Pawl familiar to all in Malta and Gozo: indeed he earned recognition not only by what he did but also by what he was. He not only dominated but also transformed surgical practice in Malta.

His influence raised the standards of those professional men who came within his ken and so benefited not only students, physicians and surgeons but also their patients. He will be remembered as an intrepid surgeon who added stature to Maltese surgery.

APPENDIX

WORKS OF PROFESSOR P.P. DEBONO

Papers in preparation in 1926

1. On Arthrogryphosis Multiplex Congenita. (Text untraced).
2. On the Joint Manifestations of Undulant Fever in Children. (This paper was redrafted some time in June 1950. It exists in manuscript form).
3. Notes on the Clinical Examination on Surgical Cases. (Text untraced). (Reference:— Application of Pietro Paolo Debono for the Chair of Surgery, Malta, 1926, no pagination).

Demonstrations

1. Specimens of intestines illustrating morbid anatomy of bacillary dysentery and of slides showing *Bacillus dysenteriae* (Shiga). Meeting of the Malta Branch of the BMA 29th March 1917.
2. Intestine from a case of Shiga dysentery in which the characteristic lesions were present in the small gut while the large intestine showed lesions which macroscopically simulated amoebic dysentery. Meeting of the Malta Branch of the BMA 31st January 1918.
3. A case of bronchobiliary fistula of twenty years standing in a woman of sixty-four years on whom he proposed operating under spinal anaesthesia. Meeting of the *Camera Medica* 15th February 1923. (Reference:— *La rivista medica*, 1923,1,65).
4. A case on whom he had performed thoracoplasty. Meeting of the Malta Branch of the BMA 23rd May 1944.

Lectures

1. A Preliminary Note on the Serological Identification of Some Paratyphoid B Strains Isolated from the Outbreak of Food Infection at Wrexham in 1910. With L. Rajcham M.D. (Cracow). From the Bacteriological Department of the Royal Institute of Public Health. Typescript). (Alternate title:— On the Complement Fixation Reaction in the Identification of the Typhoid Group of Bacteria). Read before the Congress of the Royal Institute of Public Health, Dublin, 1911. (Reference:— Application etc.).
2. On the Treatment of Undulant Fever by Sensitised Vaccines. (Typescript). Annual

Meeting of the Malta Branch of the BMA, 1915. (Reference:— Application etc.).

3. The Specific Treatment of Undulant Fever. (Text untraced). Meeting of the Malta Branch of the BMA 29th March 1917.

4. On Encephalitis Lethargica. (Text untraced). Meeting of the Malta Branch of the BMA, 1924. (Reference:— Application etc.).

5. Lister. Lyceum Public Lecture delivered to the general public at the Aula Magna of the University. 28th February 1928. (References:— Report of the University for 1927-28, Malta, 1929, p.2; *The Daily Malta Chronicle* of 25th February p.8 & 1st March 1928, p.3).

6. Surgical Treatment in Pulmonary Tuberculosis. (Manuscript). Meeting of the Malta Branch of the BMA, 1936.

7. The Evolution of the Treatment of Fractures. (Manuscript). Meeting of the Malta Branch of the BMA Presidential Address January 1937.

8. Thromboangiitis Obliterans. (Manuscript). Where delivered unknown. 1938.

9. Clinical Aspects of Closed Injuries of the Chest. (Text untraced). Where delivered unknown. 1941.

10. Injuries of the Chest. (Text exists in draft form). Where delivered unknown. 1946.

1. Recent Achievements of Surgery in Diseases of the Chest. (Text exists in draft form). Where delivered unknown. Some time after October 1946.

12. The Surgery of Injuries. (Part of the text has survived in typescript). Delivered as "the first of a series of advanced lectures" at Cini Hospital on the occasion of the opening of a hall set apart by the Medical & Health Department for holding lectures, medical meetings, etc. Cini Hospital was the Emergency Maternity Hospital established at Hamrun during World War II. 6th February 1947. (Reference:— Circular No. 9/46 M. & H. Dept. 31st January 1947).

13. Experiences with Penicillin. (Manuscript). Where delivered unknown. 1947.

14. Infection of Wounds. (Manuscript). Where delivered unknown. 1947.

15. Medical Practice Here and Elsewhere. (Text untraced). Meeting of the British Medical Students Association (Malta Branch) at the Royal University of Malta Union. 3rd April 1948. (Reference:— Notice in *Times of Malta* of 31st March 1948, p.7).

Publications

1. On Some Anaerobic Bacteria of the Normal Human Intestine. *Centralblatt für Bakteriologie, Parasitenkunde und Infektionskrankheiten*, 1912,62,229.
2. On the Occurrence of Amoebiasis in Malta. *Journal of State Medicine*, 1914,22,625-9.
3. Agglutination in Bacillary Dysentery. Spears, J. & Debono, P.P. *RAMC Journal*, 1919,32,430.
4. Reports on Leprosy in Malta by a Committee Appointed by H.E. the Governor in 1917. Refalo, M.A.; Garrod, A.E.; Critien, A.; Meli, R. & Debono, P.P. Government Printing Office, Malta, 1919.
5. Report of the Committee on the Question of Hernia as an Accident during Employment. In collaboration with others. (Untraced). 1923.
6. On Some Cases of Abdominal Tuberculosis. *La rivista medica*, 1923,1,49.
7. Insulin. *La rivista medica*, 1923,1,58.
8. *Sull'attuale prevalenza di casi di febbre simili all'influenza*. *La rivista medica*, 1923,1,66.
9. *Centenarii celebri*. *La rivista medica*, 1923,1,70.
10. *Necrologio*. Dr. M. Asphar, Sir William Thorburn, Rontgen. *La rivista medica*, 1923,1,73.
11. Application of Pietro Paolo Debono for the Chair of Surgery. Malta, 1926.
12. Some Centenaries of Men Famous in Science. Malta, 1929.
13. Acute Anterior Poliomyelitis. Orthopaedic and Surgical Treatment. British Medical Association, Malta Branch, Malta, 1943.
14. Michel'Angelo Grima. First Professor of Surgery in the Royal University of Malta. *The Sundial*, 1945,4,10.
15. *Medical Services of Malta*. Past, Present and Future. *Times of Malta*, 9th, 10th & 12th April 1946. (Text of a lecture given to the Malta Branch of the British Medical Students Association. No date).
16. A Centenary of Anaesthesia and a Half Century of X-Rays. *Scientia*, 1947,13,4.
17. Oration Delivered on Foundation Day Celebrations 1949. Malta, 1949.
18. The Repair of Wounds. *Chestpiece*, 1949,1,2.
19. The Diagnosis of Abdominal Tumours. *Chestpiece*, 1951,1,14.
20. Introduction to Clinical Surgery. *Chestpiece*, 1952,1,17.
21. Medicine in Malta. *Chestpiece*,

1955,1,4.

22. Two Cases of Medico-Legal Interest. *Scientia*, 1955,21,169.
23. Medical Practice in Malta. Malta Trade Directory, Malta, 1956, p. 23.
24. Hernia. *Chestpiece*, 1957,2,37.
25. Autonomy of the Royal University of Malta. *Scientia*, 1958,24,11.

Unpublished typescripts

1. Speech delivered on Rediffusion in support of his candidature as a Labour Party candidate during the election campaign. 17th October 1947.
2. Speech proposing the toast to the Noble Professor Contino Sir Luigi Preziosi at the Luncheon given by the Faculty of Medicine of the Royal University of Malta and the Staff of the Central Hospital on the occasion of the conferment of the Knighthood by His Majesty the King on Professor Preziosi. 22nd January 1948.

Works mentioned by Professor A.J. Craig but untraced

1. Paper on Brucellosis.
 2. Inaugural Lecture 1926.
- (Reference:— Craig, A.J. The Logic of Surgery. *The St. Luke's Hospital Gazette*, 1970,5,3).

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