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Hugo Heij (1949) worked as general medical officer in Zambia. He then specialized in general and pediatric surgery in Rotterdam and Amsterdam. From 1995 he worked again in Zambia until he was appointed as professor of pediatric surgery in Amsterdam in 1999. After his retirement, he is part-time consultant at the Princess Maxima Center for pediatric oncology in Utrecht.

Historical perspective of surgery in LRC

The earliest involvement of western surgery in the tropics dates back to the United East India Company (VOC). Ship's surgeons were primarily engaged for the care of the seamen and soldiers. Jan van Riebeeck, founder of the Cape Colony, is one example.

In the 19th century missionaries were sent to Africa and Asia. Initially clergymen were trained to perform surgical procedures, but later more and more professional surgeons became active, both in missionary and government services. Many of them had a life long commitment to the tropics. Albert Schweitzer may well be considered the icon of this generation, but many other names have to be recognized.

After about 1970 these cornerstones were replaced by doctors serving short-term contracts. The place of these expatriates in turn is now taken over by national specialists, and their role is limited to specific training projects. Concomitantly, the training of expatriate doctors has been adapted to the need of the receiving countries. In the new curriculum part of it is taking place in these countries.

Why do we study history? Is it to give a retired professor the opportunity to look back on his career or is its purpose to detect patterns that may help to answer certain actual questions? The key issue is: do people or rather the circumstances and structures determine the course of history? In the present case, if we assess the impact that individual surgeons had on the course of events, we can conclude that this impact was limited in many cases to the local or regional practice. The establishment of the ASEA in 1948 mainly by expatriate surgeons in East Africa, is one of the footprints left behind. The most well known non-surgeon who had a great impact on surgery in tropical countries is Maurice King. His 2-volume book Primary Surgery is the 'bible' for many students, doctors and paramedics working in LRC.

The alternative approach is to analyze the structures in which they worked and are working in order to determine their effects on history. This includes the type of pathology, surgical need and the tools available, the training facilities and organization of health care in general and surgical services in particular. This approach is best suited to solve the problems we are facing.