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Obituary: Justin Francis Kelly (1938–2018) By Wyn Morgan

Titles/Qualifications:

BA Cambridge, MB BChir 1961, DRCOG 1963, FRCS 1967

Justin was born in Rickmansworth, Hertfordshire on 7 February 1938, the son of Bernard Kelly, who worked for the company Lamson Paragon, and Katherine Kelly née Hodgson, a teacher, who suffered from multiple sclerosis. Justin’s elder brother, Michael ‘Manx’ Kelly, an RAF squadron leader and the founder and leader of the Rothmans aerobatic team, died testing a prototype aircraft in the USA in 1976.

Justin attended Douai Abbey School, founded by Benedictine monks, and then in 1956 went up to Magdalene College, Cambridge to read botany and zoology. He was considering becoming a priest and thought he would be able to teach these subjects as an adjunct to his ministry. He completed his degree and then his tutor recommended that he should study medicine. Justin consulted the Abbot, who agreed, and Justin returned to Magdalene for pre-clinical studies. Whilst at Cambridge, Justin was a member of the university and British fencing team, specializing in the sabre. He attended St Mary’s Hospital, Paddington, for his clinical studies and qualified in 1961.

Medical and surgical house jobs followed at St Marys’. From 1962 to 1963, he was a senior house officer in obstetrics and gynaecology. He was then a senior house officer (casualty) at Paddington General Hospital and in the surgery department at Brighton General Hospital. He was a registrar in surgery at the Royal Sussex County Hospital from 1965 to 1967 and at Paddington General Hospital from 1967 to 1969. He then became a senior registrar in general surgery and urology at St Mary’s and at Wexham Park Hospital, Slough, from 1969 to 1974. During this period, he was awarded a Medical Research Council fellowship in the immunology department of St Mary’s. During his training at St Mary’s, Justin worked for Felix Eastcott and this inspired his passion for vascular surgery.

In 1975, Anthony Adamson, a friend from Cambridge and a physician at the Royal Lancaster Infirmary, invited Justin to look at the hospital set-up. Justin was soon appointed as a consultant general/vascular surgeon to the Royal Lancaster Infirmary and Westmorland County Hospital.

The caseload in Lancaster and Kendal was very general and the vascular service minimal, when he first started. Justin’s determination to introduce a vascular service led to the purchase of vascular instruments and equipment, the setting up of new theatres and the establishment of an intensive care unit. Justin established vascular surgery in Lancaster and south Cumbria; the unit later expanded to include Preston and Blackpool.

By the time Justin retired, there was a 24/7 service for elective and emergency aneurysms, carotid endarterectomies and peripheral vascular grafting, together with an endovascular theatre for stenting. There were five vascular/general surgeons and the patients came from Lancaster, Kendal, Furness, Preston and Blackpool. Vascular specialty registrars were rotated to the unit from Manchester.

Breast surgery was practised in Lancaster without the benefit of NHS mammography facilities until 1991. Patients requiring mammography either had to have the x-rays performed privately or had to travel to Manchester for NHS Mammography. Justin played a prominent role in a new surgical/radiological group, which was founded to raise funds to pay for mammography equipment at the Royal Lancaster Infirmary. At the same time, meetings were occurring to decide where to site a breast-screening unit for Lancaster, Preston, Blackpool and south Cumbria. The main unit was sited in Lancaster with satellite units. The number of radiologists with mammography/ultrasound experience increased. Justin was one of the two surgeons who ran this unit in Lancaster, but later withdrew to take up the post of medical director. The general/breast surgeons were gradually replaced by full-time breast surgeons.

His main clinical practice was vascular and laparoscopic, and involved the training of registrars from the north-west region, the USA and Egypt. A rotating programme had been established in the 1980s when an American surgical resident from Creighton University, Omaha, Nebraska, came to Lancaster for six months to increase their clinical experience. In turn, a Lancaster surgical registrar went to Creighton to undertake a research project. Justin was in charge of this rotation from 1990 to 1996 and was appointed to the surgical faculty at Creighton.

During one of his visits to Creighton, he observed laparoscopic cholecystectomies being performed. The equipment was purchased for Lancaster and four of the Lancaster surgeons were trained in laparoscopic cholecystectomy. The procedure began locally in 1990 and the results were published in *The Lancet* in 1991 (‘Elective laparoscopic cholecystectomy for “all-comers”.’ *Lancet* 1991 Sep 28; 338 [8770]:795-7).

Several of his surgical trainees were Egyptian and one of them became head of Army surgical services at the Maadi Military Hospital, Cairo. Every year, the Cairo surgeons assembled a group of difficult vascular patients and Justin went to Cairo to operate on them and to teach staff of all levels of seniority.

Justin was also involved in treating victims of the Abbeystead disaster, which happened on 23 May 1984. A massive methane explosion occurred at the waterworks valve house on the Abbeystead estate; 44 people had been invited by the North West Water Authority to observe the operations of the station. The explosion blew the concrete roof off the structure and destroyed the steel mesh floor. Sixteen people were killed – eight immediately and another eight in hospital. The majority of the survivors sustained burns. Justin was the general surgeon on duty at the Royal Lancaster Infirmary and co-ordinated the major trauma plan. Severe burns cases were transferred to the plastic surgery unit at the Royal Preston Hospital. This incident was extremely traumatic for all involved; many of the injuries were extreme.

Justin was very involved with the administration of

the Lancaster and Kendal hospitals. He sat on multiple local and regional committees, including the Vascular Society and the Manchester Medical Society. He was chair of the Kendal unit medical advisory group, the Westmorland Trust development board and, from 1992 to 1995, was medical director of the Westmorland Hospitals Trust. From 1995 to 1998, he was medical director of the Lancaster Acute Hospitals Trust.

In 1996, Justin began to suffer from angina pectoris and this led to a quintuple coronary artery bypass. He made a successful recovery and returned to work as medical director with reduced clinical duties. He retired on 31 March 1998 and in July 2002 moved to Liss in Hampshire with his wife Valerie (née Walton), a former nurse, whom he married in 1967. Justin was a dedicated family man; he and his wife Val had four children (Sarah, Dominic, Julian and Justine) and 12 grandchildren.

In Liss, Justin became involved with the Crossover Youth Centre and would later become its chair. Run by Liss residents, the local churches and parish council, the centre aims to take young people off the streets and reduce minor crime.

Justin had suffered from rheumatoid arthritis for several years and latterly from prostatic carcinoma and spinal stenosis. In 2016, he fractured his hip. A combination of those conditions and progression of the carcinoma led to his final illness. He died peacefully at his home on 20 November 2018 aged 80.

John Abraham added the following:

“As a vascular and general surgeon Justin brought with him new skills for the RLI and repaired the first ruptured aortic aneurysm at the infirmary before any vascular instruments were available. Using typical innovation, he controlled the aorta with a Rampley’s sponge holder whilst the graft was sewn into place.

Throughout his career, Justin remained dedicated to the vascular service always willing and able to learn new techniques to enhance the range of services available to patients. His manual dexterity was extraordinary, leading to quick and decisive operations. His operating speed earned him the nickname of ‘Scissorhands’ after the film of the same name. Certainly, operations would appear to others as a blur until suddenly all was clear and the operation was complete.

He was entirely committed to his patients. Rarely did an evening pass without a distal bypass or similar procedure on the emergency operating list. Many a holiday was delayed by the need for an aneurysm repair just when the family was all set to leave. To Justin the patient always came first - that was his way.

Justin had his own special method of winding down after evening operations. This involved a visit to the river Kent where he would fly fish in the dark until the moon appeared and the sea trout were no longer rising. Pre-dating mobile phones, he chose the particular stretch of river because it was within easy reach of a telephone box, just in case he was needed back at the hospital. He was always available. Justin was an accomplished angler and a meal at his house would frequently include a fine sea trout from the freezer.

Although vascular surgery was Justin’s favoured specialty, he was widely experienced in all fields of general surgery and in his latter career undertook a considerable amount of breast surgery. His vision and drive were largely responsible for the siting of the North Lancashire Breast

Screening Programme at the RLI. When early reports of a laparoscopic method of removing the gallbladder were published, he travelled to the USA to learn the technique, returning to Lancaster to perform the first laparoscopic cholecystectomy and was co-author on a seminal paper on the subject published in *The Lancet*.

Vision and institutional loyalty underpinned Justin’s career. In the early days of the Trust, Justin became the first medical director at Kendal. This subsequently placed WGH in a strong position when three trusts would merge years later. He went on to become medical director of the Lancaster Acute Hospitals Trust and helped to appoint the youngest chief executive officer in England. He was never afraid of a challenge, something he took from his surgical practice into medical management. Justin always had a vision and would defend his position robustly if necessary. Not all his colleagues found his approach to their taste, but they would always find him to be fair. As medical director, he was alert to the wellbeing of his medical staff and took a caring pastoral overview.

One very noticeable skill was his ability to multi-task before the term was popularised. He would write a paper, whilst discussing health authority politics and his latest trainee, all between complex operations. Like many brilliant surgeons, he was a keen trainer and the Lancaster Vascular Unit was always a popular posting for trainees, despite its relative rurality.

A third medical directorship following a three-way merger to form the University Hospitals of Morecambe Bay eluded him just prior to his retirement.

Justin and his wife Val moved to Hampshire where Justin directed his energy into setting up a successful youth centre. He was able to spend more time with his children and grandchildren and used his technical skills to make various items of furniture, all to a very high standard of course.

Justin was a deeply spiritual man, indeed he might have become a priest but for an early introduction into medicine. He held a strong faith throughout his life.”

Miles Rucklidge added the following:

“Justin replaced Bill MacGauran, who was one of just three general surgeons then at RLI. The hospital appointed him as a general surgeon with an interest in vascular and urology.

He helped me set up the first ICU in 1975 – three beds at the entrance to Ward 1. He was also the driving force in getting the interim theatres built in the car park to replace the existing antiquated theatres. These could be turned into a day case theatre and an endoscopy suite.

He was a quick and decisive surgeon who would take on any surgical problem. He courted controversy by doing the first laparoscopic cholecystectomy in Lancaster at the Nuffield (BMI) rather than at the RLI.

He was active politically and was instrumental in establishing WGH as a separate Trust in 1993 and becoming the first medical director there. In 1995, he also became the medical director at Lancaster when the two Trusts amalgamated.

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