



Obituary

Australia mourns the loss of Justin Kelly, perhaps our Rembrandt of Paediatric Urology?



Last week, Dr Justin Kelly passed away peacefully in his sleep at St Vincent's Hospital Melbourne, where 4 generations of his family have worked. Just before turning in he left a voice message on his wife of nearly 59 years Elaine's phone "I love you angel. I'm going off to bed now. It's a quarter to midnight. I'm so lucky to have you — it's amazing".

I lost an extraordinary friend, colleague and mentor.

When Rembrandt died, in 1669, his work was regarded as insignificant, and he was buried in an unmarked grave. His unique style and technical mastery were born of single-

minded curiosity and an ability to focus within. He would try new ideas, critically evaluate them, and progress with brilliant, yet unrecognised, results. To quote Gregor J.M. Weber, who leads the department of fine and decorative arts at the Rijksmuseum: "Now we think he's more or less a rebel, who always invented himself anew, who always changed his way of doing things. He struggled and fought against himself and also against the standards of his time."¹

Justin, as a surgeon, was similar. Having worked with him for over 35 years, I soon realised the artistic and technical pre-

¹ New York Times March 3, 2019, Rembrandt Died 350 Years Ago. Why He Matters Today.

eminence beside me. As Weber observed, "Every generation has its own Rembrandt" and, it is fair to say, Justin was such a once-in-a-generation figure.

Paediatric Surgeons are interesting humans. They work in the area of the rare and bizarre; face unique issues in many children and attempt complex and heroic operations to restore normal function. Justin Kelly tackled the Everest of these problems with an intense desire to understand the issues and design radical solutions. His life work was centred around bladder exstrophy, where bladder, genitals and pelvic bones are born completely separate and exposed to the surface. Over 35 years he studied this problem intensely with a genuine desire to understand the issues and design radical solutions. He believed each child had their own unique anatomy and it was his task to understand their particular maldevelopment and tailor a solution accordingly.

Following his junior doctor years at St Vincent's in Melbourne, he fell under the spell of a wizard-like genius Douglas Stephens, Head of Urology Department at the Royal Children's Hospital. Douglas (a Tobruk WW II veteran) saw real talent in Justin and convinced him to research the disordered muscles in fetuses with complex ano-rectal anomalies. In 1969 he published 2 seminal papers on the abnormal pelvis and anatomy in anorectal conditions. Justin then spent 3 years in Boston, trained to an international surgeon standard by the remarkable teachers Judah Folkman, Robert Gross and Hardy Hendren. These surgeons were the envy of many centres around the world, providing Justin with a vast clinical immersion and technical surgical training.

Returning to The Royal Children's Melbourne in 1971 he commenced 38 years of service to the children of Victoria. He started treating all the difficult cases of faecal and urinary incontinence in children, wishing to enable them to go through school without soiling. This is hard, tedious and frustrating medicine with few easy solutions. He saw all his boys with bladder exstrophy in nappies and determined to do better.

The creative genius that he was, Justin thought, pondered and wondered whether the pelvic floor and sphincter muscles were still present in exstrophy, in the form of a flat sheet between the pubic bones and lying above the pelvic nerves. He reasoned that this tissue might provide a continent sphincter for these boys if mobilised and wrapped around the reconstructed bladder neck.

He went to the mortuary and dissected the infant pelvis time and time again until he understood where the dangers lay. He developed scoring systems for continence and critically appraised his results. He then started a completely new technique in exstrophy surgery. The Kelly operation (where Justin would spend 6–8 h with intense magnified vision) involved trying to find thin muscle and fascia overlying the nerves to the genitals. He would rebuild the bladder and wrap this tissue around its neck trying to make a continent sphincter. This is so hard that only a few surgeons, way beyond my skill level, can even attempt this operation. Very dangerous, where $\frac{1}{2}$ mm dissection in the wrong area leads to impotence or an ischaemic penis.

Over the next few years he refined the operation and published the technique in 1995. The world reacted in disbelief. "you got lucky" "not repeatable" "too hard to train others to do", "our patients are more complex" It went on. Justin buried his head in self belief and quietly kept going. Great Ormond Street in London was the centre for this condition in the United Kingdom and they became curious. They invited Justin to work there for 6 months in 1999 and show the technique. Only 2 of the 4 surgeons there could master the Kelly procedure but it caught hold and persisted. The long term results from this centre show markedly improved continence and function in the very difficult group.

In his final decade of practice, Justin travelled the world mentoring, commentating and demonstrating his operation in India, China, New Zealand and England. Always humble, he would gently encourage surgeons to understand the complex anatomy and think about the complex repair. Like Rembrandt, Justin's etchings were superb, he would simplify a 10 h operation into 4 drawings that explained the exact anatomical repair.

On this journey, Justin quietly accumulated all the recognition of a surgical rock star. He was Chief of Surgery, President of the Australasian Society, Senior Examiner and Chair of the Board of Paediatric Surgery. The medals flowed: American Paediatric Surgical Society, The Coe Medal, The Ghandi medal, and the Australasian College of Surgeons "Award for Excellence in Surgery". He received the Member of the Order of Australia in 2003. This recognition made little impact on Justin. He kept thinking, writing, and demonstrating his technique.

Justin was a complete delight to be around. Insanely funny, tears would be wept over his cat stories, love of opera and his unique family. He was immensely proud of his children and grandchildren and deeply involved in their lives. He was the consummate gentleman, always had time for every patient and very dedicated to his work. As he aged he continued to love the arts. Social events with Justin and Elaine, his wife of nearly 59 years, meant witnessing a parody of sparkled banter, deepest affection and complete devotion. He was a superb dancer and throughout COVID lockdown, even with his advancing Parkinson's, he continued dance therapy with physio-therapist and Elaine.

I always felt Justin had my back. Surgically his advice was thoughtful and inciteful. Personally, he cared for your wellbeing and development. Socially he was a complete hoot. He is the giant on whose shoulders we stand.

Vale Justin.

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