

Professor Kenelm Hutchinson Digby
The Rotarian originator of orthopaedics in Hong Kong
By Herbert K. Lau (劉敬恒) (Rotary China Historian)

15 April 2023



Professor Kenelm Hutchinson Digby, OBE, FRCS, MRCS, LRCP, MBBS (*London*) (4 August 1884 - 23 February 1954) was a pioneering British surgeon and medical educator who lived and worked for many years in the British Crown Colony Hong Kong. He held various professorships at Hong Kong University (香港大學) from 1913 to 1949, where he established foundational clinical departments and advanced orthopaedic practices in early 20th-century colonial Asia. He was conferred the title “Emeritus Professor” by the University in 1950.

Digby was an Active Member of the Rotary Club of Hong Kong (香港扶輪社) in the 1930-40s holding the Classification “Medicine – Surgery”.

Born on 4 August 1884 in Ealing, London, Digby was the son of William Digby, a journalist, liberal politician, and East India merchant who had been awarded the Companion of the Most Eminent Order of the Indian Empire (CIE) for famine relief efforts in India, and his second wife, Sarah Maria Hutchinson. He received his early education at Quernmore School in Kent before studying medicine at Guy’s Hospital in London, where he excelled by winning the Michael Harris, Hilton, and Beaney Prizes and serving as house surgeon and resident obstetric assistant. Digby qualified with an MB BS from the University of London, along with MRCS and LRCP diplomas in 1907, and was admitted as a Fellow of the Royal College of Surgeons (FRCS) in 1910. Early in his career, from 1909 to 1911, he worked as a surgical registrar and anaesthetist at Guy’s Hospital, followed by a role as principal medical officer for the Great Central Railway in 1912.

In 1913, Digby relocated to Hong Kong as one of the inaugural professors at the newly founded University of Hong Kong, initially appointed to the chair of anatomy before assuming the Ho Tung Professorship of Clinical Surgery (何東臨床外科教授席) in 1915---a position he held alongside his anatomical role until 1923, when he became the University’s first full Professor of Surgery. He served as honorary consultant surgeon to the Hong Kong Government from 1915 to 1948 and as surgeon at Queen Mary Hospital (瑪麗醫院) from 1930 to 1948, while also contributing to medical education through zealous teaching and visits to

leading surgical centers in England and the United States during leaves. Digby's innovations in orthopaedics were particularly influential. He developed practical devices such as the “mid-position humerus splint” for upper limb fractures and a “flexible knee traction splint” for lower limb injuries, and he pioneered techniques like plating fractures and using ivory in bone surgery, establishing orthopaedics as a specialized field in Hong Kong. His publications, including the 1919 book 《Immunity in Health: The Functions of the Tonsils and the Appendix》 and numerous papers in journals like 《The Lancet》 and 《The China Medical Journal》, reflected his broad interests in surgical techniques, fracture management, and medical research. He was appointed OBE in 1939 for his medical services to Hong Kong.

During the Japanese occupation of Hong Kong from 1941 to 1945, Digby was detained at Stanley Internment Camp (赤柱拘留營), where he acted as senior surgeon to the camp hospital, refusing collaboration with authorities and supporting internees' morale despite personal health declines. He retired in 1945 as emeritus professor and later served as President of the Hong Kong and China Branch of the British Medical Association in 1946 and on its Overseas Committee until early 1954. In 1949, failing health prompted his return to England, where he conducted research at the Royal College of Surgeons on sub-epithelial lymphatic glands and immune reactions.

Rotarian Digby, passed away on 23 February 1954 at the age of 69, was remembered for his integrity, enthusiasm, and stern yet humorous approach to teaching.



The Story of Kenelm Hutchinson Digby

Early Life and Education

Kenelm Hutchinson Digby was born on 4 August 1884 in Ealing, London. He was the son of William Digby (1849–1904) and his second wife, Sarah Maria Hutchinson, both of whom hailed from Wisbech, Cambridgeshire. William Digby came from a mercantile family and established himself as the senior partner of William Hutchinson & Co., East India agents and merchants, in 1887. This firm was deeply involved in colonial trade networks linking Britain to India and beyond, reflecting the family's ties to imperial commerce. William Digby also pursued a career in journalism, working as sub-editor of 《The Ceylon Observer》 and editor of 《The Madras Times》, where he advocated for free trade policies and critiqued colonial economic practices. He was awarded the Companion of the Most Eminent Order of the Indian Empire (CIE) in 1878 for his famine relief efforts in southern India. Sarah Maria Hutchinson, daughter of a former mayor of Wisbech, brought additional local prominence to the family.

Raised in a middle-class British household, Digby experienced an environment shaped by his father's public service ethos and international outlook, with early exposure to global affairs through discussions of colonial trade and humanitarian issues in India. The family's emphasis on education, evident in William Digby's own advocacy for liberal reforms and public engagement, likely influenced young Kenelm's path toward a professional career. This upbringing in a milieu of mercantile enterprise and civic responsibility set the stage for his later transition to medical studies.

Kenelm Hutchinson Digby pursued his medical education at Guy's Hospital Medical School in London, entering after completing his secondary education at Quernmore School in Bromley, Kent. As a student in the early 1900s, he excelled academically, winning prestigious awards including the Michael Harris Prize, the Hilton Prize, and the Beaney Prize for pathology, which recognized his proficiency in surgical and pathological studies. Digby qualified in 1907 with the degrees of Bachelor of Medicine and Bachelor of Surgery (MB BS) from the University of London, along with membership of the Royal College of Surgeons (MRCS) and licentiatehip of the Royal College of Physicians (LRCP).

During his postgraduate training period leading to fellowship, Digby worked under the influential surgeon William Arbuthnot Lane at Guy's Hospital from 1909 to 1911, serving as surgical registrar and anaesthetist. This role provided him with hands-on surgical experience, exposing him to Lane's innovative techniques in orthopaedics and general surgery, which emphasized precise operative methods and early intervention in trauma cases. Digby was admitted as a Fellow of the Royal College of Surgeons (FRCS) in 1910, marking the completion of his formal surgical training in the United Kingdom.

The medical curriculum at Guy's Hospital during Digby's student years (circa 1900–1910) reflected the early 20th-century emphasis on foundational sciences, particularly anatomy, which was taught through extensive cadaver dissection to build a deep understanding of human structure. Operative techniques were integrated via practical exercises on cadavers, simulating procedures such as amputations and organ exposures to develop surgical precision and correlate anatomical knowledge with clinical applications. This hospital-based approach, supported by institutional museums of preserved specimens, prepared students like Digby for the demands of surgical practice in an era of advancing aseptic methods and specialization.

Career in the United Kingdom

Digby began his early surgical career at Guy's Hospital in London, where he served as surgical registrar and anaesthetist from 1909 to 1911, under the renowned surgeon William Arbuthnot Lane (1856–1943), a pioneer in orthopaedic surgery. Lane's influence shaped Digby's approach to fracture management, particularly through the adoption of innovative techniques such as the "no-touch" method for open reduction and internal fixation of long bone fractures using steel plates and screws. This method emphasized aseptic handling to

minimize infection risks, representing a significant advancement in early 20th-century orthopaedics and aligning with broader shifts toward operative interventions over conservative treatments. Digby's practical involvement in these procedures laid the groundwork for his later contributions to surgical innovation.

At Guy's Hospital, Digby also drew from the broader faculty's emphasis on evidence-based patient care, including detailed postoperative monitoring to optimize recovery, fostering his holistic view of surgical intervention.

These foundational influences from Lane and his contemporaries at Guy's manifested in Digby's innovative adaptations, such as refined plating methods for complex fractures, which he later integrated into his teaching and practice, underscoring a legacy of mechanical ingenuity in orthopaedics.

In 1912, following his registrar position, Digby took on the role of Principal Medical Officer for the Great Central Railway, extending his clinical expertise into occupational health and emergency care for railway workers. This brief but demanding post, spanning approximately one year before his departure for Hong Kong in 1913, involved overseeing medical services for a large workforce, including treatment of industrial injuries that further honed his orthopaedic skills. During his early career phase (circa 1910–1913), Digby contributed to medical literature with a 1911 presentation on a case of cicatrizing sarcoma, highlighting his engagement with complex pathological conditions encountered in surgical practice.

Career in Hong Kong

Arrival and Initial Roles

Kenelm Hutchinson Digby arrived in Hong Kong in 1913 to join the newly established University of Hong Kong as its inaugural Professor of Anatomy, contributing to the foundational Medical Faculty amid the Colony's emerging academic landscape. This appointment marked his transition from surgical training in the United Kingdom to a pioneering role in a British colonial outpost, where he quickly adapted to local demands.

In 1915, Digby expanded his responsibilities with the appointment as Ho Tung Professor of Clinical Surgery while retaining his anatomy position until 1923. Concurrently, he became honorary consultant in surgery to the Hong Kong Government, a role that involved direct engagement with public health needs until 1948. His initial clinical engagements centered on government hospitals, particularly the Government Civil Hospital (政府國家醫院) in Sai Ying Pun (西營盤), where he supervised practical surgical training and managed cases reflective of the Colony's environment. These duties exposed him to a broad spectrum of conditions, including tropical ailments such as remnants of bubonic plague and filariasis, as well as trauma from industrial accidents and urban incidents prevalent in the densely populated port city.

The early 1910s and 1920s presented significant hurdles in Hong Kong's nascent medical infrastructure, inherited from the inadequately equipped Hong Kong College of Medicine (香港西醫書院), including overcrowded teaching spaces, limited laboratory facilities, and insufficient hospital beds at the Government Civil Hospital. Resource constraints were exacerbated by post-World War I economic pressures and reliance on uncertain government funding and private donations, complicating efforts to serve a diverse patient base comprising European expatriates, local Chinese residents, and transient maritime workers. Digby's work during this period laid essential groundwork for surgical practice in the Colony, navigating these limitations to address urgent public health issues like epidemics and everyday trauma in a resource-scarce setting.

Professorship at the University of Hong Kong

Other than the above-mentioned, Digby also served as Dean of the Faculty of Medicine during several intervals, including 1915–1916, 1920–1922, and 1923–1925. In 1923, he assumed the position of the inaugural Professor of Surgery, leading the newly established Department of Surgery and overseeing its initial growth amid the challenges of building a clinical program in a colonial setting with diverse medical needs.

During his tenure, which extended until the Japanese invasion in 1941, Digby focused on administrative leadership and educational development, tailoring the surgical curriculum to address Hong Kong's unique population dynamics by emphasizing practical training suitable for both Western expatriates and local Chinese practitioners. He integrated elements of Western surgical techniques with considerations for prevalent local health issues, such as tropical diseases, fostering a hybrid approach that prepared students for the Colony's multicultural medical landscape. After the War, Digby resigned from his university position soon after liberation in 1945 due to ill health and was appointed Emeritus Professor, though he continued in honorary roles such as consultant surgeon until 1948.

Digby's educational efforts centered on hands-on student training, where he was renowned for his zealous teaching style and ability to inspire through ward rounds and clinical demonstrations. He collaborated extensively with key institutions, notably serving as honorary surgeon at Queen Mary Hospital from 1930 to 1948, which facilitated real-world application of the curriculum through integrated hospital-university rotations and case-based learning for medical students. Under his guidance, the Department trained generations of surgeons, establishing a foundation for surgical practice in Hong Kong that emphasized discipline, anatomical precision, and patient care.

Contributions to Medicine

Advancements in Orthopaedics

Digby pioneered the application of internal fixation techniques for fracture treatment in Hong Kong, directly inspired by his mentor William Arbuthnot Lane's innovations in using steel plates and screws for the open reduction of long bone fractures. Arriving in Hong Kong

in 1913 as one of the founding professors at the newly established University of Hong Kong, Digby introduced these methods to the region, adapting them to the challenges of a tropical climate, including elevated risks of postoperative infection due to humidity and environmental factors. He advocated for simple, limited internal fixation of diaphyseal fractures, incorporating techniques such as suturing bones with absorbable ligatures to promote healing while minimizing complications in resource-limited settings.

In his Hong Kong practice at Queen Mary Hospital, Digby applied these techniques to local cases, establishing them for managing compound and complex fractures common among the working population engaged in manual labor and construction. For example, his methods were instrumental in treating fractures resulting from industrial accidents and falls. These applications not only advanced surgical outcomes but also laid the foundation for orthopaedic care in colonial Asia, tailored to the tropical environment's demands. He also developed practical devices such as the "mid-position humerus splint" for upper limb fractures and a "flexible knee traction splint" for lower limb injuries, and pioneered the use of ivory in bone surgery.

Digby's contributions extended to key publications and lectures on orthopaedics during the 1920s to 1940s, emphasizing adaptations for Asian populations. In 1926, he presented a lecture titled 《A preliminary note on a new method of plating fractures》 at the surgical section of the China Medical Association (中華醫學會) conference in Peking (*Beijing*) (北京), later published in the 《China Medical Journal》 (1926; 40:316–324), where he detailed refinements to Lane's plating system suitable for regional anatomical variations and endemic health issues. This work highlighted the need for modified protocols to address higher incidences of malnutrition-related poor healing in Asian patients. Additionally, Digby developed orthopaedic protocols for war injuries---drawing from global conflicts---and endemic conditions like bone tuberculosis, which was rampant in Hong Kong. He promoted combined surgical debridement and sanatorium care, achieving notable success in stabilizing spinal and joint involvement through case series reported in local medical proceedings.

Teaching and Institutional Development

Digby's approach to medical education at the University of Hong Kong emphasized practical, hands-on instruction, particularly through bedside teaching in the hospital wards, where he demonstrated surgical techniques to students and trainees. Known for his zealous enthusiasm and strict discipline, he inspired a commitment to excellence among his pupils while infusing lessons with humor to engage learners during long ward rounds.

As the inaugural Ho Tung Professor of Clinical Surgery from 1915 and later Professor of Surgery, Digby played a pivotal role in establishing the Faculty of Medicine's clinical departments at HKU, transforming rudimentary facilities into structured educational hubs. With support from the Rockefeller Foundation's endowments in the early 1920s, he founded the Department of Surgery, equipping it with essential laboratory facilities for anatomical and

pathological studies. He also developed comprehensive training programs that integrated classroom lectures with clinical practice at institutions like the Government Civil Hospital, enabling local medical graduates to specialize in surgery and build expertise in emerging fields like orthopaedics.

Through dedicated mentorship, Digby guided numerous aspiring surgeons during their surgical clerkships and apprenticeships. His oversight fostered the development of early surgical specialists in Hong Kong from the 1920s to the 1950s, many of whom went on to lead the Colony's surgical advancements and expand orthopaedic care beyond colonial frameworks.

In recognition of his extensive contributions to medicine in colonial Hong Kong, Digby was appointed Officer of the Most Excellent Order of the British Empire (OBE) in 1939 by George VI, King of the United Kingdom and the Dominions of the British Commonwealth. The award honored his pioneering work in surgery and public health services within the Colony.

World War II Experiences

Internment in Stanley Camp

During World War II, following the Japanese capture of Hong Kong on 25 December 1941, Digby was detained at Stanley Internment Camp along with approximately 3,000 other British and Allied civilian expatriates. During the detention, Digby refused an offer of freedom in exchange for cooperation with the Japanese authorities, choosing internment instead. The Camp, situated at the former Stanley Police Station on the southern shore of Hong Kong Island, served as the primary facility for detaining enemy nationals during the occupation, which lasted until Japan's surrender in August 1945.

Life in Stanley Camp was marked by extreme hardship and deprivation. Internees endured severe overcrowding in makeshift barracks originally designed for far fewer people, with limited space leading to poor sanitation and the rapid spread of infectious diseases. Food rations were grossly insufficient, consisting mainly of rice and meager vegetables, resulting in widespread malnutrition that manifested in deficiency diseases such as beriberi, pellagra, and peripheral neuropathies often described as "electric feet". These conditions took a heavy toll on physical health, with many internees, including Digby, suffering from chronic weakness, weight loss, and recurrent illnesses like dysentery and sprue. Mortality rates were high, exacerbated by inadequate medical supplies and forced labor demands imposed by the Japanese authorities. Despite the oppressive environment and pressure from captors to collaborate, Digby steadfastly resisted, maintaining his resolve throughout the four-year ordeal.

Medical Work during Captivity

During his internment in Stanley Camp from 1942 to 1945, Digby served as the senior surgeon at the Camp's Tweed Bay Hospital, a converted building that housed wards, an

operating theatre, and staff quarters for approximately 2,800 civilian internees. He organized a medical team comprising about 40 fellow interned doctors, 100 trained nurses (including sisters from pre-War government hospitals like Queen Mary Hospital), and additional camp volunteers to manage healthcare amid severe shortages imposed by Japanese authorities, who provided no medical supplies despite having them available. This team delivered comprehensive care, including daily ward rounds, surgical interventions, and improvised treatments, contributing significantly to the internees' survival and morale despite rampant diseases and malnutrition.

Digby led numerous improvised surgical procedures to address injuries sustained in the Camp, adapting pre-War techniques to extreme scarcity by relying on Red-Cross-supplied drugs and locally sourced materials. For instance, he performed major abdominal operations in a dimly lit theatre without electricity, using a polished mud wall outside the window to reflect sunlight, augmented by a colleague holding a polished tin sheet to direct light onto the patient. One such procedure on internee Bill Ahearn involved a nine-inch incision under a combination of spinal, local, and chloroform anaesthesia, lasting nearly five hours, with post-operative dressings made from old rags and a protective shield fashioned from a sardine tin and glass. He also improvised medications, such as a dysentery remedy from kaolin clay dug in the camp grounds and another from asbestos boiler lagging.

In orthopaedics, Digby specialized in non-operative fracture management, drawing on his pre-War expertise to treat camp-related injuries with minimal resources. A notable case was that of internee Mabel Anslow, who fell 16 feet, suffering displaced vertebrae, a fractured wrist, heel, and rib. In fading natural light, Digby applied a makeshift Thomas splint using three charcoal irons as counterweights to stabilize her injuries without X-ray access or advanced tools. These adaptations, including reliance on sunlight for diagnostics and improvised splints, enabled effective care for fractures and other traumas common among the aging and debilitated population, preventing further complications despite the absence of Japanese cooperation or equipment.

Later Life and Legacy

Following the liberation of Hong Kong in August 1945, Digby continued his professional responsibilities at the University of Hong Kong and Queen Mary Hospital, contributing to the restoration of surgical services in the aftermath of Japanese occupation. He had retired from the professorship in 1945 and was granted emeritus status, but served as honorary consultant in surgery to the Hong Kong Government---a role he had held since 1915---advising on clinical standards and departmental reconstruction until 1948, helping to re-establish training programs and infrastructure damaged during the War.

In 1946, Digby was elected President of the Hong Kong and China Branch of the British Medical Association, where he played a key role in coordinating post-War medical recovery efforts across the region, including discussions on surgical protocols and resource allocation

for colonial health services. He maintained active involvement in teaching and clinical practice at the University's Surgery Department, mentoring a new generation of surgeons amid the challenges of rebuilding medical education in post-occupation Asia. This work focused on practical reconstruction, such as reinstating cadaver-based surgical demonstrations.

Digby persisted in these efforts until 1948, after which declining health prompted his return to England in 1949. He was formally honored as Emeritus Professor of Surgery at the University of Hong Kong in 1950 and shifted to research on immune reactions at the Royal College of Surgeons.

Rotarian Professor Kenelm Hutchinson Digby passed away on 23 February 1954 at Guy's Hospital in London, at the age of 69.

Following his death, Digby received posthumous honors that underscored his lasting impact on medical education and orthopaedics. In 1955, the University of Hong Kong established the [K. H. Digby Memorial Fund] to commemorate his tenure as the institution's first Professor of Surgery and his role in developing its clinical programs. His advancements in orthopaedic practices, such as developing splints for limb fractures and techniques for plating fractures, have been highlighted in subsequent scholarly literature, cementing his legacy as a foundational figure in the region's orthopaedics.

Personal Life and Interests

In 1913, Digby married Selina Dorothy Law, the daughter of John S. Law, and the couple had two daughters. While specific details of their home life in Hong Kong are limited, the family resided there during Digby's long tenure as a surgeon and professor, facing the disruptions of the Japanese occupation in 1941, which led to their internment.

Digby was renowned for his personal qualities, including an infectious laugh and humor that endeared him to colleagues and students, balanced by stern discipline in the operating theatre. Described as a "big man in every sense of the word", he exhibited great compassion, integrity, and honesty of purpose, earning high regard from patients, peers, and pupils alike. His enthusiasm extended to teaching, where he was an innovative and inspiring figure, and he demonstrated remarkable perseverance, particularly during his wartime internment at Stanley Camp from 1941 to 1945.

Publications and Writings

Key Medical Publications

Kenelm Hutchinson Digby's medical publications primarily focused on surgical innovations, tropical diseases, and orthopaedic techniques, reflecting his extensive practice in Hong Kong. His early work emphasized immunology and lymphatic functions, culminating in the 1919 book 《Immunity in Health: The Function of the Tonsils and other Sub-epithelial Lymphatic Glands in the Bodily Economy》 which explored the role of tonsils in bacterial ingestion and immune defense, building on his prior article 《Functions of the

Tonsils and the Appendix》 published in 《The Lancet》 in 1912. This text advocated for conservative management of tonsillar hypertrophy, arguing against routine removal unless pathologically indicated, and influenced debates on lymphoid tissue in immunity.

In surgical practice, Digby advanced operative tools and methods suited to tropical environments. His 1917 article 《A Plea for the General Use of Pneumatic Tourniquets》 in 《The Lancet》 promoted inflatable tourniquets for limb surgeries, emphasizing their superiority in controlling hemorrhage without tissue damage, particularly in resource-limited settings like colonial Hong Kong. This was followed by his landmark 1930 paper 《Common Duct Stones of Liver Origin》 in 《The British Journal of Surgery》, which detailed hepatolithiasis as a distinct entity causing recurrent biliary infections, based on observations of Chinese patients. This work established the clinical profile of recurrent pyogenic cholangitis, a condition endemic to East Asia.

Digby's orthopaedic contributions addressed fracture management adapted to local demographics and available materials. In 1926, he published 《A Flexible Knee Traction Splint for the Lower Limb》 in 《Surgery, Gynecology & Obstetrics》, describing a device for treating lower limb injuries, incorporating lightweight designs suitable for undernourished patients in tropical climates. He also innovated splints, such as the mid-position humerus splint, detailed in 《The Mid-Position Humerus Splint》 in the 《China Medical Journal》 in 1930, which facilitated non-operative reduction of humeral fractures common among rickshaw laborers. These efforts, often shared through Hong Kong University surgical reports, influenced conservative treatment strategies in austere conditions. His wartime medical notes from Stanley Internment Camp, compiled post-liberation, provided informal reflections on improvised orthopaedics and malnutrition-related complications, though not formally published until referenced in later historical accounts.

Other Writings

In addition to his specialized orthopaedic contributions, Digby authored several works addressing broader aspects of public health and medical history in colonial contexts, reflecting his interest in epidemiological patterns and historical practices relevant to Asia during the 1930s and 1940s. One such piece is his 1939 article 《An Eighteenth Century Small-Pox Hospital》 which examines early efforts in inoculation and isolation for smallpox control, drawing parallels to contemporary colonial public hygiene challenges in regions like Hong Kong. This historical essay highlights the evolution of preventive medicine and underscores the importance of institutional responses to infectious diseases in pre-modern settings.

Digby's 1941 paper 《Nasopharyngeal Carcinoma》 published in 《The British Journal of Surgery》, provides an early epidemiological analysis of this prevalent malignancy among Chinese populations in Hong Kong, noting its high incidence and potential environmental links, such as dietary factors common in southern China. The work combines clinical

observations with public health implications, advocating for greater awareness and research into regionally specific cancers to inform colonial medical policy and prevention strategies in Asia. These publications demonstrate Digby's engagement with accessible topics beyond technical surgery, contributing to discussions on hygiene and disease patterns in tropical colonies during the interwar and wartime periods.

Digby is remembered for his excellent teaching, his enthusiasm in the wards, his infectious laugh and humour, and his stern discipline in the operation theatre. He was a big man in every sense of the word.

Brief Service Record

- (1) 1909-1911 Surgical Registrar and Anaesthetist to Guy's Hospital, England
- (2) 1912 Principal Medical Officer, Great Central Railway, England
- (3) 1913-1923 Professor of Anatomy, University of Hong Kong
- (4) 1915-1941 Ho Tung Professor of Clinical Surgery, University of Hong Kong
- (5) 1923-1941 Professor of Surgery, University of Hong Kong
- (6) 1930-1948 Surgeon, Queen Mary Hospital, Hong Kong
- (7) 1945-1948 Honorary Consultant in Surgery to Government of Hong Kong
- (8) 1949 onwards Engaged in research work at Royal College of Surgeons of England
- (9) 1950-1954 Emeritus Professor of Surgery, University of Hong Kong

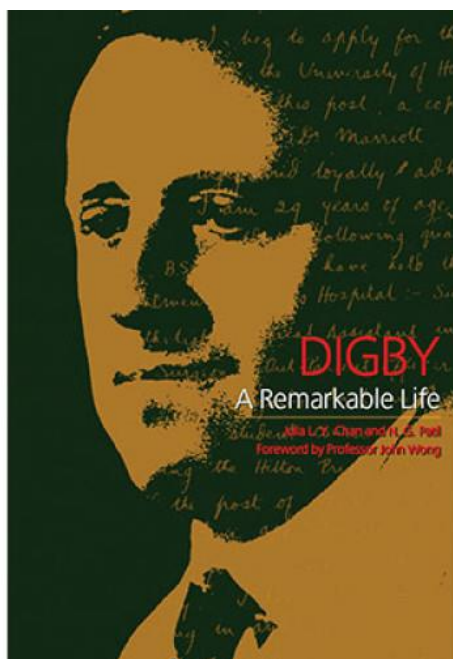


HKU LKS Faculty of Medicine
Med The University of Hong Kong
香港大學李嘉誠醫學院

The Digby Memorial Fund

In 2001, the Digby Memorial Fund was established by the University of Hong Kong in memory of the late Professor Kenelm Hutchinson Digby, Professor of Anatomy from 1913 to 1923, Professor of Clinical Surgery from 1923 to 1941 and Emeritus Professor from 1950 to 1954. A scholarship was set up from 2001-02 for 1st year MBBS students until they complete their studies and MRes (Med). In 2022, the Scholarship was extended to full-time undergraduate programmes under the Medical Faculty.

The Scholarship shall be awarded annually to students who are admitted to any full-time undergraduate programmes under the Medical Faculty on the basis of academic merit (as shown in the prevailing public examination or equivalent for admission), financial need and performance at admission interview.



《Digby: A Remarkable Life》 By Julia L. Y. Chan and N. G. Patil

ISBN : 978-962-209-800-8

June 2006 / 96 pages, 7" x 10"

 香港大學出版社
HONG KONG UNIVERSITY PRESS

This monograph chronicles the life of an eminent pioneer of surgery, K. H. Digby, the important milestones in his professional life and the hardship he faced to fulfill his dreams.

Digby was a remarkable man with great compassion, highly regarded by colleagues, students, and patients, and an innovative and inspiring teacher. This biography, containing previously unpublished photographs, is a tribute to one of the pioneers of modern surgery.

In 1913, Digby took on the challenge travel to the Far East to take up the appointment at the newly established University of Hong Kong. During his career in academia spanning four decades, he endured many challenges that tested his mettle and the limits of his professionalism, especially in his internment during the Japanese occupation of Hong Kong. This biography is a testament to his perseverance and commitment to medical education and surgical practice in Hong Kong.

A fine anatomist and a precise surgeon, Digby is well remembered for his surgical ingenuity in nasopharyngeal carcinoma, common duct stones of liver origin, and in particular his unique “no-touch technique”, operating with perfect anatomical dissection. He contributed invaluable insight on the role of sub-epithelial lymphatic glands in immune reactions and was recognized as the first to describe “Hong Kong Disease” in the Hong Kong Chinese population in medical literature.