

Dr Wilfred Win Law

OAM, DO, FACS, FRACO



AN OPHTHALMOLOGIST who made an enormous contribution to improving eye care in Central Australia, Wilfred Win Law died suddenly on 11 October 2005 as the result of a stroke.

Wilfred was born on 11 June 1930 in Rangoon, Burma. He graduated from Rangoon University in 1955, after which he received postgraduate training in ophthalmology in London. After working at the Royal Victorian Eye and Ear Hospital, Melbourne, in 1977, he spent 6 years in Hong Kong before moving to Alice Springs in 1984 to take up the position of Senior Specialist Ophthalmologist at Alice Springs Hospital. For the next 21 years, until his death, he devoted himself to establishing a sustainable eye care service in Central Australia — a service that was badly needed.

Through his considerable energy and dogged persistence, Wilfred built up a substantial ophthalmology service based in Alice Springs. Recognising the paramount need to achieve a sustainable pattern of activity, he committed himself to stay for the long term. He realised that a resident specialist would always be able to achieve more than a visitor. He also recognised the value of teaching and training the next generation. Like all good teachers, he was a generous man, prepared to pass on in a few minutes

something that he may have taken decades to learn.

He also had a well developed sense of responsibility. This he attributed to his traditional oriental upbringing. He felt he was fortunate to have been given the talent to study medicine and the opportunity to do so. In recognition of

this privilege, he chose to practise medicine for as long as he could do it well — and he did, until the day he died.

Wilfred taught not by preaching but by example. If he was consulted by junior emergency staff, even in the middle of the night (as was often the case), he was always prepared to attend the hospital — replete in coat and tie. The junior staff loved him for his generosity, wisdom and after-hours support. To them he was more a mentor than a clinical supervisor.

Wilfred is survived by his wife Elizabeth, children Justus and Maria, and two much-loved grandchildren.

Douglas J Coster

Correction

Re: “Long-term trends in cancer mortality for Indigenous Australians in the Northern Territory”, by John R Condon, Tony Barnes, Joan Cunningham and Bruce K Armstrong, in the 17 May 2004 issue of the *Journal (Med J Aust 2004; 180: 504-507)*. Box 1 on page 505 of this article inadvertently included some incorrect data. The corrected table is shown with the changes in bold text.

In summary:

- for oesophageal cancer, the corrected mortality rate ratios (NT Indigenous to total Australian) are higher than the published results in all age categories;
- for stomach cancer, the corrected rate ratio for the 0–64 age group is lower than the published figure, and the all-ages result is now reported because the difference between the younger and older age groups is no longer statistically significant ($P=0.06$);
- for cancer of the liver and gallbladder, the corrected rate ratios are lower in the 0–64 years and all-ages groups; and
- there are also very slight changes for breast and lung cancers.

These changes do not alter the inferences that might reasonably be drawn from the results in the table, or the overall findings of the study and their interpretation. □

Cancer mortality rate ratios* (NT Indigenous population compared with the total Australian population), by age group, 1991–2000

Site/type of cancer	0–64 years	65 years and over	All ages [†]	Interaction P value [‡]
Oropharynx	8.0 (5.5, 11.6)	2.0 (0.8, 4.8)	—	<0.01
Oesophagus	2.9 (1.5, 5.6)	1.2 (0.5, 2.9)	1.9 (1.1, 3.2)	0.11
Stomach	1.4 (0.6, 3.0)	0.2 (0.0, 1.2)	0.7 (0.3, 1.4)	0.06
Colon and rectum	0.9 (0.5, 1.4)	0.2 (0.1, 0.6)	—	0.01
Liver and gallbladder	5.5 (3.6, 8.6)	5.8 (3.9, 8.6)	5.7 (4.2, 7.6)	0.88
Pancreas	4.1 (2.7, 6.3)	1.1 (0.5, 2.2)	—	<0.001
Lung	3.6 (2.9, 4.5)	1.4 (1.0, 1.9)	—	<0.001
Melanoma	0.0	0.0	0.0	na
Breast	0.8 (0.5, 1.3)	0.9 (0.4, 1.8)	0.8 (0.6, 1.3)	0.86
Uterus [‡]	3.4 (1.1, 10.7)	2.5 (0.8, 7.6)	2.9 (1.3, 6.4)	0.68
Cervix	8.0 (5.2, 12.4)	10.1 (5.4, 19.1)	8.6 (6.0, 12.3)	0.56
Ovary	1.0 (0.4, 2.6)	1.3 (0.5, 3.5)	1.1 (0.6, 2.2)	0.67
Prostate	0.9 (0.2, 3.6)	0.3 (0.1, 0.8)	0.4 (0.2, 0.8)	0.23
Bladder	1.5 (0.4, 6.1)	0.5 (0.1, 1.9)	0.7 (0.3, 1.9)	0.24
Kidney	0.3 (0.0, 2.2)	0.0	0.1 (0.0, 1.0)	1.00
Thyroid	12.9 (4.8, 34.7)	6.1 (1.5, 24.7)	9.4 (4.2, 21.1)	0.40
Unknown primary	3.2 (2.1, 4.7)	1.7 (1.0, 2.6)	—	0.04
Non-Hodgkin's lymphoma	1.1 (0.5, 2.2)	0.7 (0.2, 1.7)	0.9 (0.5, 1.6)	0.40
Leukaemia	1.5 (0.9, 2.5)	0.8 (0.3, 2.0)	1.2 (0.8, 1.9)	0.25

* Mortality rate ratio estimated by negative binomial regression.

† Mortality rate ratios are reported separately for age groups 0–64 and 65 years and over; the rate ratio for all ages combined is reported only where the P value of an interaction term testing for difference in mortality rate between younger and older age groups was >0.05.

‡ Not including cervix.

na = not applicable because rate ratio was zero (no NT Indigenous deaths from this cancer in 1991–2000). ◆