

# A Brief History of the Royal Australasian College of Surgeons



The history of the College has been extensively documented. The various Handbooks from the first in 1931 to the most recent in 1995 have all contained detailed accounts, but with different emphasis, of the initiation and formative years of the College. Julian Ormond Smith ("Orm" Smith), who much later became President, was a young graduate of Melbourne University in 1927. He lived through and closely observed these years and wrote "The History of the Royal Australasian College of Surgeons 1920-1935" (*ANZ Journ. Surg.* Vol. 41 No. 1, August, 1971). The year 1935 was when the College Headquarters were opened in Melbourne. Wyn Beasley's monumental work *The Mantle of Surgery (MoS)* goes into great detail about the early years and then takes us onwards step by step to 2002, the first seventy-five years. Colin Smith the College Archivist (1990-1999) in the last Handbook in 1995 has given a very comprehensive account of the shaping of the College from 1920 to 1960. These three very seminal and each quite different documents are now all on the College's website and are a rich source of information.

The following brief account attempts to encapsulate the history and bring the reader up to the present, nearly eighty years after the founding of the College.

The College of Surgeons of Australasia (the “Royal” prefix was added with the approval of King George V in 1931 but without a Royal Charter) was launched at the meeting of the Australasian Medical Congress in Dunedin in February 1927.



A year later the College held its first Annual General Meeting with an added clinical component in the Assembly Hall in Canberra on 31 March 1928. Concurrently and largely driven by Sir Hugh Devine, the great surgeon of Melbourne’s St. Vincent’s Hospital and later President, the *Journal of the College of Surgeons of Australasia* was first published. It was to be renamed the *Australian and New Zealand Journal of Surgery* in 1931.

The launch of the College in Dunedin was appropriate, as this was the home town of Professor Sir Louis Barnett who, at this time, was the President of the Australasian Medical Congress. Barnett was a central figure in the founding of the College. Seven years earlier, in February 1920, while occupying the chair of surgery at Otago University, he had proposed to a meeting of the New Zealand Branch of the British Medical Association that an association of surgeons should be founded to raise surgical standards and recognise surgical expertise. In those days the British Medical Association was the dominant force on both sides of the Tasman. Barnett’s proposal found favour at this meeting and a working party was established that, whilst not producing a positive outcome straight away, led to an expansion of his idea to embrace surgeons in both Australia and New Zealand.



The 11<sup>th</sup> Australasian Medical Congress, part of the British Medical Association, was scheduled to meet in Brisbane in October 1920. Barnett felt it appropriate to float his proposal at this meeting. Unfortunately he was not able to travel to the meeting (a journey in those days from Dunedin to Brisbane by train and then by boat across the Tasman took many days, a daunting period of time out for a busy surgeon). Fortunately among Barnett’s Australian surgical colleagues there were men of like mind, particularly in Victoria. In this State a Surgical Association of Melbourne (SAM) had just been established.

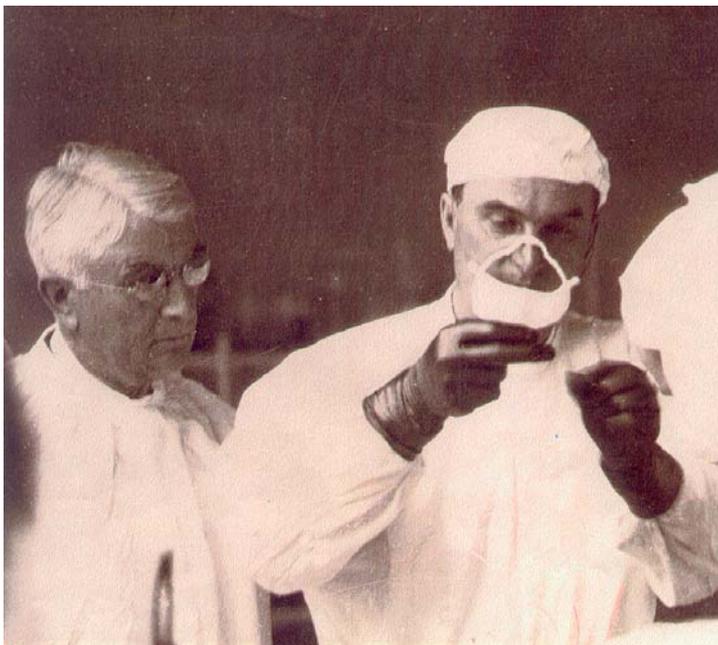


Hamilton Russell, one of Melbourne's prominent surgeons and associated with the Alfred Hospital, was a leader who espoused Barnett's proposal. He took it to Brisbane where it was moved that "the time has arrived for considering the desirability of forming an Australasian Surgical Association with the objects of raising the standards of surgery in Australia" (note the wording "Australia" and not "Australasia"). With discussion of the motion frustration ensued for the proposer. The motion had a mixed reception and without unanimity the matter foundered. Wyn Beasley describes the events surrounding this (*MoS* p14). So 1920 was not to be the founding year of the College.

It is interesting that seven years before this, across the Pacific in 1913, the American College of Surgeons had been born. Its aim was the pursuit of excellence but also to recognise legitimacy as opposed to quackery and the evils of fee splitting. The American College was founded on high ideals.

A group of the founding Fellows of the American College of Surgeons, doubtless with a measure of messianic zeal, travelled to New Zealand and Australia in 1924, eleven years after their own College's founding, as surgical visitors to establish bonds of friendship. Among them was Dr Will Mayo, the older of the two brothers who were co-founders of the Mayo Clinic. Will was a giant in American surgical history. It is noteworthy that the Mayo's father, Dr. William Worrall Mayo, had migrated as a young man from England in 1846.

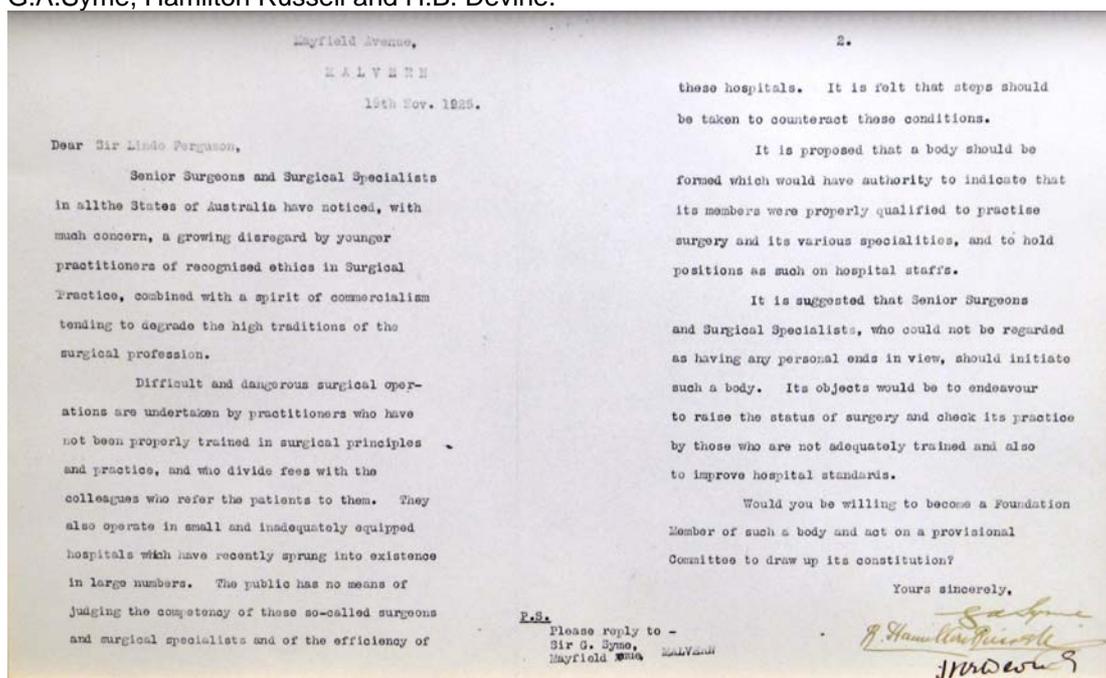
The Royal College of Surgeons of England had had a significant influence on the founding of the American College. Yet there was one fundamental difference in the basic philosophy of these two Colleges. Whereas the English College and likewise the other British Surgical Colleges granted their diplomas of Fellowship on the basis of an examination, the American College diplomate had to provide an adequate record of operations that they had performed: this to be combined with appropriate recommendations from senior colleagues. This difference persists to the present day.



One gathers that the American visitors did not try overtly to influence the Australian or New Zealand surgeon, but they did offer charter Fellowship to a number of prominent surgeons plus an invitation to attend the 12<sup>th</sup> American College of Surgeons Annual Meeting the following year in New York. Prominent among those who travelled to New York was Hugh Devine. Devine was on the threshold of becoming a great leader and one singles him out because it was he who was invited after the meeting by Will Mayo to come to the Mayo Clinic and later take a cruise in a houseboat down the Mississippi. One can imagine the exchanges that took place between these two charismatic men. Unquestionably the matter of an Australasian College was much to the fore. Devine was a firm protagonist of the Barnett proposal of 1920. Five years had elapsed and much discussion had occurred since. Understandably the Australian and New Zealand surgeons must have debated already the merits and demerits of an American or British style College. A conversation on the houseboat brings this to light – Devine had blurted out to Mayo "but we could not have a College in a British community wholly on the principles of your American College of Surgeons". "I know that" Mayo said "and I always told Franklin Martin (a co-founder of the American College and

a gynaecologist) that. My boy, go home and found your own College and make it fit into your own Australasian conditions and circumstances". This was a defining moment for Devine. He returned to Australia full of zeal for an Australasian College of Surgeons.

Sir George Adlington Syme, a Melbourne University graduate and a Fellow of the English College, was the doyen of Melbourne surgeons in the 1920s. Syme had been opposed to a Surgical College in the 1920 debate initiated by Louis Barnett. His loyalty was to the British Medical Association as an all-embracing body. Devine, with a broader and native Australian perspective, sought to persuade Syme otherwise, and with Hamilton Russell, another English migrant, he succeeded because very soon the Melbourne group produced a letter which was sent to identified surgical leaders in both countries. The signatories of the letter were G.A.Syme, Hamilton Russell and H.B. Devine.



It sought support for the founding of a regulatory "body (that) should be formed which would have authority to indicate that its member were properly qualified to practise surgery etc." ( MoS p18).

This letter led to much discussion, particularly in Melbourne and Sydney. Professor F. P. Sandes of Sydney was deeply involved and so too was W. E. Herbert of Wellington. The net result of all this was a definitive document titled the *Exordium* - meaning the beginning, the weaving of a web or cloth. (MoS p267)

This was tantamount to being the initial founding document of the College of Surgeons of Australasia, later to be given the Royal title in 1931. It was presented and discussed at the Australasian Medical Congress in Dunedin in February 1927 (seven years after Barnett's original proposal). From the ensuing discussion at this meeting the Australasian College of Surgeons was born.

An historical footnote is that the concept of a College of Surgeons had been mooted without any action being taken some eighty years earlier in 1857 in Melbourne. This was a mere sixty nine years after the arrival of the First Fleet in Port Jackson in 1788. Even then, organised society was well under way.

Sir George Adlington Syme, who had worked with Lord Joseph Lister in London and was highly respected, was unanimously elected the first President of the young College. Syme had by this time retired from active surgical practice. He was a veteran of the First World War, had been involved in the Gallipoli Landing, had achieved distinction for his military service and had been knighted in 1924. It was a very sad blow for the College when, at the age of 70, he died in office in 1929. His



memory is perpetuated in the George Adlington Syme Oration, which is delivered every year at the Convocation ceremony as part of the Annual Scientific Congress of the College.

The early years of the College were not without dispute and controversy, particularly from general practitioners and general practitioner-surgeons, who no doubt felt threatened by a body purporting to be exclusive. Syme, a gentle man, had to bear the brunt of this vitriol. In spite of this, the College flourished.

In the beginning, because of Federalism, there had been moves from within the College to establish its definitive headquarters in Canberra. This matter was certainly discussed in Canberra in March 1928 at the first Annual Meeting. A site was even identified and came close to being chosen for the future headquarters. However, in spite of some initial enthusiasm, the proposal failed to achieve universal approval and almost by default and perhaps because Syme was the founding President, Melbourne became the focus of the young College's administration. This occurred with the support of the group of powerful Sydney surgeons who had been involved in the deliberations about the formation of the College.

The original administrative office in Melbourne was at No.6 Collins Street, in a building that no longer exists. It was a tiny office managed by Miss Oldham, the College's first shorthand typist. It was quite inadequate for a College destined to grow rapidly in pace with the growing number of Fellows necessary to service the Australian and New Zealand populations. Various alternative sites were considered but by great good fortune the land on which the College Headquarters now stands became available.

A building on the site occupied for nigh on 80 years as a Model High School and ultimately Melbourne Girls High School (1927-1933) had just been condemned. The Girls High School as an institution had been moved elsewhere. The Victorian Government of the day, who were the owners of the land, dealt with the College more than generously and the land was acquired on lease at the nominal rent of £1/- per annum. On acquiring the site, the College moved quickly. The old school was demolished and construction began in 1934. The building, the original facade



of which and structure immediately behind still remains, was completed ahead of schedule later that year. Ornate balconies had been in the architects' original plan but these were not included in the final structure (*MoS* p34). In spite of this, the building won for its architects a prestigious award.

All was set for the official opening in 1935 which, fortuitously, was the centenary year of the founding of the City of Melbourne. The date was 4 March. The occasion was appropriately graced by Sir Holburt Waring, the President of the Royal College of Surgeons of England at that time. The English College, while not the parent of the Australasian College, had, throughout the formative years of the College, taken a paternal role. Earlier the gift of the Great Mace (in 1932) on the occasion of the fifth Annual Scientific Meeting and also the inaugural Syme Oration, given by C.H. Fagge, Vice President of the English College, is testimony to this. On this occasion Lord Moynihan, the President of the English College, had been unable to come. Sir Hugh Devine and Lord Moynihan had been the planners of the gift of the Great Mace. The ceremony at which it was presented took place in the



Wilson Hall of Melbourne University, a fitting and splendid venue for such an occasion.



It is noteworthy that, in the same vein, the English College had earlier given a Great Mace to the young American College of Surgeons. Lord Moynihan had presented it in person.

The official opening of the College building in Spring Street was a grand affair attended by fellow surgeons from around the world and a very large number of local and overseas dignitaries. The highlight of the occasion was the Syme Oration given by Professor Frederic Wood Jones, the Professor of Anatomy at Melbourne University and a most accomplished orator. His title was "The Master Surgeon". This was the third Syme Oration. Many distinguished orators have followed him and the titles of many of these orations reflect the thinking of the times.

The new building gave the College substance. Throughout the years that followed and leading up to the outbreak of the Second World War, the Fellowship grew in numbers in step with the gradual increase in the Australian and New Zealand populations.



## **The Era after Completion of the College Headquarters**

In the beginning the Fellowship was a relatively homogeneous group and general surgery was the predominant specialty. Nevertheless Gynæcology, Orthopædics, Ophthalmology and Otolaryngology were already established as specialty groups. Plastic Surgery and Urology were also beginning to emerge. While Thoracic Surgery had developed, driven by the problems created by pulmonary tuberculosis, Cardiac Surgery had yet to come onto the scene. Neurosurgery, Pædiatrics and Vascular Surgery all existed but had not yet become distinct specialties. Naturally, specialisation was strongest in the major cities whilst in country areas, then as now, surgeons had to be capable of all things.

The Second World War was a watershed. Many surgeons were in the armed forces and served in every theatre of the War. Five made the ultimate sacrifice. Whilst war demanded versatility in the surgeon, one specialty flourished. This was Plastic and Reconstructive and Maxillofacial Surgery. War-related burns and soft tissue destruction drove this. B.K. Rank and William Manchester both became distinguished in this field. Rank was later to become President of the College.

With war's end, many young surgeons, some of whom had been prisoners like the iconic figures E.E. "Weary" Dunlop and A.E. "Bertie" Coates, returned to civilian life keen to take up the threads of normal practice again. They came back to fill positions in city and country and to service communities starved of surgical services. This was a time of rapid population increase in both countries through migration. The College in its capacity as an examining body had to face the challenge of providing more surgeons for the community. It did just that.

The years after the Second World War saw an explosion of technology which has accelerated in the last quarter century. With the increase in complexity of nearly everything in surgery specialisation became inevitable and the College recognised this. There are now acknowledged specialty groups in:

1. Cardiothoracic
2. General Surgery
3. Gynæcology (now completely separate)
4. Neurosurgery
5. Ophthalmology (now completely separate)
6. Orthopædics
7. Otolaryngology
8. Pædiatric Surgery
9. Plastic and Reconstructive Surgery
10. Urology
11. Vascular Surgery

The College will have to address issues associated with the proliferation of specialist groups and Council is well aware of this.

It is appropriate to touch on a number of areas of the broad canvas of the College in the beginning of the 21<sup>st</sup> century. These are:

### ***The College of Surgeons and the College of Anæsthetists***

Surgeons and anaesthetists have always been associated and are interdependent. In Australia in 1934 the Society of Anæsthetists (ASA) was created under the ægis of the British Medical Association but also with a close affiliation with the College. Indeed anæsthesia became part of the scientific programme at the College's Annual Scientific Meetings. The ASA was not an organisation that awarded any hallmark of competence. That awaited the establishment of the Faculty of Anæsthetists within the College of Surgeons in 1952. The Faculty awarded a Fellowship.

As Anæsthesia became more powerful in terms of numbers, independence, sophistication and prestige, it became evident that the Faculty could emerge from the shelter of the College whilst remaining closely associated with it. This occurred in 1992 when the Australian and New Zealand College of Anæsthetists (ANZCA) was created out of the Faculty. The College of Anæsthetists achieved their own headquarters in Melbourne ('Ulimaroa') but continued to share their Annual Scientific Meeting with the College of Surgeons until they had their first completely separate Annual Scientific Meeting in 1994. This separation was an amicable one. Interests are still shared and of particular concern to both groups is the management of pain.

### ***The College Buildings and College Staff***

The College has progressed a very long way since the days of the office at 6 Collins Street with Miss Oldham as the first and only paid employee. In 1934 the headquarters in Spring Street was leased on a peppercorn rental from the Victorian Government. In 1992 the College, under some pressure, was obliged to purchase the site outright from the Government at a cost of \$4.2 million. Many structural changes have taken place in the building since it was opened. The most recent is the replacement of the Great Hall by an administrative, education and skills centre opened in 2004. Fortunately the original façade designed by Leighton Irwin remains as it was planned, as do the College Gardens.



However the Melbourne headquarters is no longer the only College building.

There are offices in New Zealand and every state and territory other than the Northern Territory. An account of the various buildings is being prepared. This will compliment and bring together what has been written already on the subject. One hundred and forty people staff these various offices. The College's budget for all of this is very substantial.



A word has to be said about the skills centres that are being developed in many places in both Australia and New Zealand. These are sophisticated teaching facilities at the cutting edge of the burgeoning fields of robotics and virtual reality. They are an excellent training ground for young surgeons who can practice their craft in a simulated but real environment which is not unduly threatening. In the years ahead these will become more and more elaborate.

## ***The College Council and Governance***

In 1931 the College Council consisted of the President, two Vice Presidents, Censor-In-Chief, Honorary Secretary-Treasurer and five Council members; a total of ten. In addition, and answerable to the Censor-in-Chief, there were a New Zealand Censor and State Censors responsible for establishing the *bona fides* of aspirants for Fellowship. There were also various state committees and hospital committees in New Zealand and the Australian States. The organisation was tight and many individuals fulfilled several roles. Not unexpectedly there were no women representatives. Since then there have been profound changes, not least of which is the increasing involvement of women in surgery and therefore women in governance. In 2003 the first female President, Anne Kolbe, was elected. The College is proud that it has moved with the times.



Council is no longer a coterie of ten people, but now consists of 25 individuals of whom a number are co-opted, and all specialties are represented. With a Fellowship now numbering 5,495 (2005 figures), the College is a major enterprise with many surgeons in both countries devoting considerable time *pro bono* to College activities.

The role of the President is a dominant one within the Council and the College. Council elects the President from within its ranks. Fortunately, in spite of the risk that New Zealand and the populous states of New South Wales and Victoria might have undue control, Presidents have come from New Zealand and every state except Tasmania. Furthermore there has been a healthy mix of Presidents from different specialty groups. It is customary for the President to serve for two years but there have been a few exceptions to this. The task is formidable and involves a significant time commitment in national and international travel as well as administration. Council meets four times a year and this includes a meeting at the Annual Scientific Congress. Elections to Council occur annually and Councillors are elected for three years initially and are eligible for two further periods of three years conditional on being elected. Councillors and particularly Office Bearers have to devote much time to the College.

### ***The Annual Scientific Congress and other Scientific Meetings***

Vital to the health of the College has been the fostering of clinical and scientific endeavour. In 1928 at the first Annual Meeting of the College there was a small clinical component. This tradition has continued except that the Annual Business Meeting has become only a tiny part of a very large and constantly expanding clinical-scientific meeting which has become very important to the corporate health of the College. In recent years the number of Fellows attending the A.S.C. has exceeded 1500 and the meeting has generally lasted five days. A source of concern is that a number of specialist groups who have their own organisation now have completely separate meetings and do not participate in the A.S.C. This weakens the strength of the Annual Scientific Congress which nevertheless is still a very viable institution within the College and hopefully will remain so.

In 1973 the College embarked on a new venture. There were now many Fellows living and working in Malaysia, Singapore and Hong Kong. Off-shore examinations in Hong Kong and Singapore had been a significant success and as well Australia and New Zealand had and have continued to provide training facilities for surgeons from these areas prior to sitting the Fellowship.

COURT OF EXAMINERS.  
SINGAPORE - APRIL 1970.



*R. Sundarason REGISTRAR, Mrs. P.S. Goh, Alan Sharp, C.A.C. Leggett, A.C. McEachern CHAIRMAN,  
J.W.E. Raine, J.R. Magarey, D.R. Leslie, Y.Y. Cohen, K.T. Chan.*

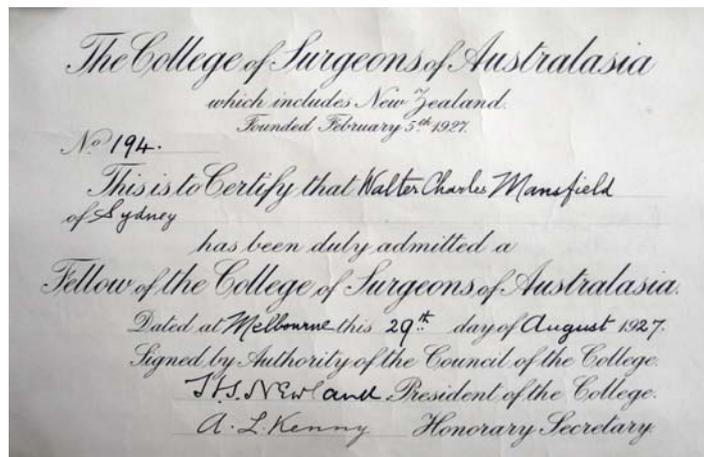
*BACK ROW. R.A. Chapman. SECRETARY.*

Thus in 1973 the College held its first Annual Scientific Congress in Singapore. This was well received and repeated in 1978 in Kuala Lumpur and in 1983 in Hong Kong. All of this endeavour was very good for the College's international relations in the Asia-Pacific Region.

The Annual Scientific Congress is by no means the only scientific meeting held under the banner of the College. There are the New Zealand Annual General Meeting and numerous State and New Zealand meetings that are an endorsement of the strength of the College. These are organised by the Regional Committees and Boards.

### **The Examination Process**

From the founding of the College in 1927 onwards there has been constant discussion as to the criteria for awarding the Fellowship of the College. The early philosophical arguments revolved around the British (English College) way or the American College of Surgeons way. The English Fellowship was awarded to someone who showed, by examination, capability of becoming a surgeon: an entry qualification. The American model was and still is awarded on the basis of operations performed and recorded and recommendations by senior colleagues: an exit qualification.



Julian Orm Smith, who was a junior member of the profession in 1927 but thereafter devoted his life to the College, ultimately became President and on the way was Censor-in-Chief for a number years, claimed that in the formative years there had been fourteen different ways of

becoming FRACS. Be that as it may, successive Councils have wrestled with the need to establish a fair examination process that would uphold the high ideals of the College. Vast amounts of time have been devoted by numbers of dedicated surgeon-educationalists to produce the current Fellowship examination process. It is based on four criteria:

1. An interview to establish aptitude and eligibility to be accepted as a Basic Surgical Trainee with time spent as such.
2. Success in passing the Basic Surgical Training Examination.
3. An interview for acceptance into Advanced Surgical Training with time spent in such training.
4. Success in passing the Final Fellowship Examination.

The person emerging from this process is considered to be a trained surgeon and should be recognised accordingly.

### ***The Interface with the Community***

In 1927 the young College had to cope with the resistance and even antagonism of other members of the medical profession who held allegiance to the British Medical Association. However in due course this was overcome and by the time the College Headquarters had been built the College itself and surgeons had a high standing within the community. This continued for many decades and the College was proud of its image and felt well able to self regulate. Its interface with the community was good even if the general public might perceive surgeons to be aloof and at times arrogant. This has changed in recent years. Two problems have faced surgeons as well as other members of the medical profession: the need for accountability and the ever increasing threat of litigation.

The Council of the College has taken these matters very seriously. Accusations of restrictions of entry of young surgical aspirants into specialist groups has been addressed with the Australian Competition and Consumer Commission and its New Zealand equivalent. Hopefully community anxiety has been alleviated. In the broadest of terms the College is sensitive to and well aware of being under scrutiny and is proactive in this area with a very professional public relations department. In this regard, too, the President has a pivotal role in projecting and promoting a good image of the College.

The spectre of litigation hangs over every member of the medical profession. The escalation of the size of awards for liability reached astronomical levels with a consequent rise in indemnity insurance premiums. Whilst the College is not involved directly in such matters it is extremely mindful of the need to set performance standards and these are now clearly set down in College documents and are described in detail on the College website, at [www.surgeons.org](http://www.surgeons.org).

The College is very sensitive of the need for independence from government and to this end is determined to maintain the highest of standards. Successive Presidents and Council know this only too well.

**John Masterton, FRACS**

21/11/2005