

RAISING THE STANDARD

Between the idea
And the reality
Between the motion
And the act
Falls the Shadow.

T.S. Eliot, *The Hollow Men* (1925)

The idea and the reality were, in the case of the College, to be separated by seven years.¹ In February 1920 the professor of surgery at Otago University in Dunedin, New Zealand, Louis Barnett,² proposed to a meeting of the New Zealand branch of the British Medical Association that an association should be founded to raise surgical standards and recognise surgical expertise.³ He modelled his proposal on the American College system, but wanted it to be affiliated with the BMA – for the sake of legitimacy and unity – though, in the interests of standards, not a mere BMA section, which would have had to be open to all.⁴

His proposal was adopted and a working party set up to develop a system for achieving the aims he had defined. The working party achieved little tangible, but Barnett's vision had meanwhile expanded to embrace the wider world of Australasia, so that he wrote to the honorary secretary of the surgical section of the 11th Australasian Medical Congress, which met in Brisbane in October 1920. His proposal for an association to improve efficiency in surgical practice and bestow some hallmark on those who qualified, was again on the lines of the American College of Surgeons, which had been founded as recently as 1913.

Such a concept might have been expected to find favour at the Brisbane meeting, at least with the Victorians, for already in the autumn of 1920 a Surgical Association of Melbourne had been set up at a meeting of the surgical staffs of the Melbourne, Alfred and St Vincent's Hospitals, with aims similar to those proposed by Barnett. Its first president was F.D. Bird, its vice-presidents Hamilton Russell and G.A. Syme. It held regular meetings but did not publish its proceedings.

Barnett himself was unable to travel to the Brisbane congress, and his proposal was brought forward by Hamilton Russell, with a motion that



Louis Barnett had occupied the chair of surgery in Dunedin for two decades when he conceived the idea of an organisation which could raise surgical standards and recognise expertise.



Hamilton Russell presented Barnett's proposal to the 1920 medical congress in Brisbane.



At the Brisbane meeting Gordon Craig proposed an amendment which put paid, for the time being, to Barnett's proposal. Seven years later Craig would become a member of the first Council.

Right: The American College visitors of 1924, photographed in the garden of Hugh Devine's Melbourne home. Martin is on the right of the group, Mayo third from left.

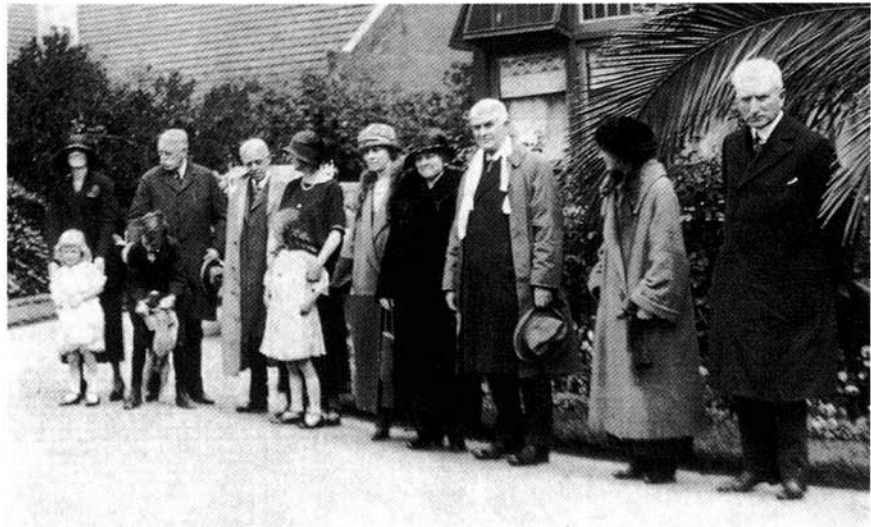
the time has arrived for considering the desirability of forming an Australasian Surgical Association with the objects of raising the standards of surgery in Australia [*sic*; we can see already the problem of nomenclature as between the two countries].

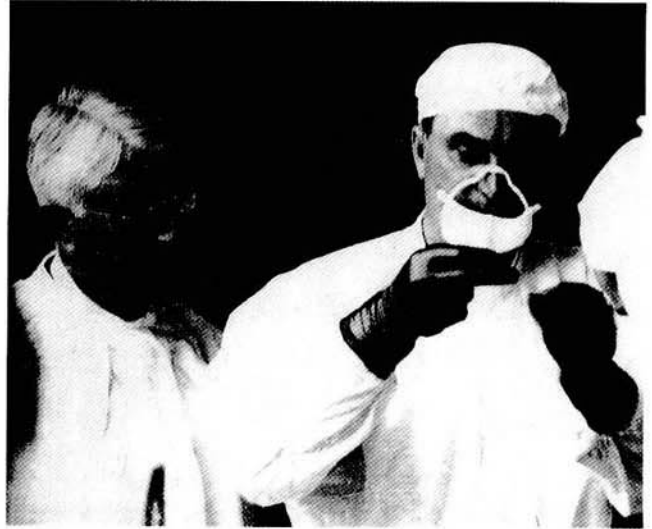
Russell referred to the comparable Victorian initiative – with the admission of certain country surgeons, the Melbourne body had become the Surgical Association of Victoria – but his enthusiasm was not matched by delegates from elsewhere in Australia, even from his own state. Gordon Craig of Sydney proposed, by way of amendment, that a section of surgery should be formed in each BMA branch in the two countries; and he asserted that the public should have some means of differentiating the pure surgeon from the general practitioner.

G.A. Syme, doyen of Melbourne surgeons, feared that Barnett's proposal, linking improved standards to a hallmark, could cause confusion; and he was apprehensive of the possibility of weakening the BMA. H.S. Newland of Adelaide, president of the surgical section of the congress, was more theatrical. He saw the formation of a new association as 'a dagger in the heart of the BMA' and any new qualification as a threat to the standing of the existing higher surgical degrees.

Only two men supported Russell – Hugh Devine and Frank Andrew – and Craig's amendment was carried overwhelmingly; but only in New South Wales was a BMA surgical subsection thereafter formed. And there, for some years, the matter rested. It would take the hustling skills of the Americans to clear away the Shadow.

In 1924 a group of American surgeons visited Australia and New Zealand. Its leaders were Franklin Martin, a Chicago gynaecologist who had been the driving force behind the formation of the American College, was its first secretary and was now recently designated





Left: The American College received its Mace from the English College at the hands of Lord Moynihan, as a memento of the links forged between surgeons of the two countries in the First World War. Here it is being carried in procession at the 1999 Convocation.

Mayo and Devine became friends during the 1924 visit. Here Mayo is watching Devine operate at St Vincent's Hospital in Melbourne.

Director; and Will Mayo, the older and more articulate of the brothers Mayo, who had been president of the American College for the period 1917-20. They came not only as surgical sightseers but as a willing source of information on the translation of the ideals of a surgical college into the culture of a new country.

In the formation of their own college they had been driven as much by a desire to stamp out evils such as fee-splitting as by the pursuit of surgical excellence. To a degree they had turned for inspiration to the English College. Sir Rickman Godlee, Lister's nephew and the president at the time, had come across to Chicago to give the inaugural address and receive the honorary fellowship at the first ACS convocation in 1913; seven years later the English College had presented a mace, and in opting for a Fellows' gown the young American College had followed tradition. However, Mayo assured his Australian hosts that 'something more practical, even drastic, was needed in America than that which could be provided by following the traditional lines of the Royal Colleges'⁵ It was true then, as indeed it is now, that the American College (by contrast with the English one) judged its candidates by a record of the surgical operations they had performed and not by examination.

The visitors tried hard to avoid bringing undue influence to bear on their hosts, but did propose that a number of Australasian surgeons

might be made 'charter-members' of the American College. But then, at a social gathering towards the end of the visit, Martin and Hugh Devine of Melbourne (who had been one of the supporters of Barnett's proposal in 1920) talked about the situation, and at that point, perhaps, the underlying reason for the award of charter-memberships emerged. Martin suggested to Devine that these locals, American College charter members, might form the nucleus of an Australasian College of Surgeons.

Orm Smith's reminiscences describe the notion of affiliating with America rather than Britain as being 'unthinkable' to Devine (and indeed Britain was then still 'Home' to Australians and New Zealanders alike), but he identifies this occasion as having seeded in Devine's mind the idea of an Australasian *College* of Surgeons: not an Association, or a body or a mere organisation, but a College, with all the standing and aspirations the name implies. Devine, the Irishman, was blessed with the imaginative flair of his race, and it is certainly in character that the idea should have rooted and flourished as Smith asserts.

A party of Australasian surgeons attended the American College meeting in New York in 1925. Sir Lindo Ferguson of Dunedin, Carrick (later Sir Carrick) Robertson of Auckland, Hamilton Russell of Melbourne and Ralph Worrall of Sydney were made honorary Fellows. Others in the party were James (later Sir James) Elliott of Wellington – a man of considerable influence who edited the *New Zealand Medical Journal* and was chairman of Council of the New Zealand BMA at the time – Professor John Hunter and Norman Royle of Sydney, and Devine himself.

After the New York meeting Devine visited Will Mayo in Rochester, Minnesota. They took a houseboat cruise down the Mississippi and fell to discussion of Devine's concern to have a college in Australasia. In his writings Devine recalled:

I blurted out: 'But we could not have a College in a British community wholly on the principles of your American College of Surgeons.' His answer came quickly – 'I know that', Mayo said, 'and I always told Franklin Martin that. My boy, go home and found your own College and make it fit into your own Australasian conditions and circumstances.'

This was enough for Devine. His reminiscences continue:

The day after I returned from my American journey, and after careful consideration and thoughtful apprehension, although I knew him well, I forced myself to approach Sir George Syme... notwithstanding the fact that in 1920 Sir George had obstinately and bitterly opposed the foundation of any Surgical College in Australasia on the grounds that the BMA sufficed for all branches of the profession. He was most patient and most interested and deeply inspired. My visit was a great surprise to him.⁶



Will Mayo and the houseboat: here, on a Mississippi cruise, Devine was told, 'My boy, go home and found your own College'.

Given that Syme's opposition in 1920 had been to any association, let alone a College (and that later on the very term 'College' would dismay some foundation members), this conversion was almost of Damascus road proportions.

The recruitment of Syme to Devine's cause was crucial because of his special qualities. Devine goes on:

My reasons for approaching Sir George were that he had retired; that he was regarded as the doyen of the profession; that he was trusted by the BMA and the profession as a whole; and, above all, that if he believed in this great surgical cause, the greatest confidence could be reposed in this honest Quaker soul to carry it through.

They wasted no time. Syme, Hamilton Russell and Devine met a few nights later; Devine laid down three criteria:

1. that, because attempts to link with the BMA had been unavailing, this initiative should be purely surgical;
2. that it should be Australasian; and
3. that it should be designed to embrace all surgical specialties (a weakness of the Victorian association of surgeons had been that it was merely a general surgeons' forum).

They proceeded to draft a letter which could go to the in-patient (i.e. senior) surgeons of every teaching hospital in Australasia, and to a number of prominent senior surgeons working in major non-teaching hospitals. The letter was to become the rallying call that resulted in the formation of the College.



Sir George Syme was the doyen of Melbourne surgeons and widely respected throughout Australia, when Devine gained his support for the idea of 'a body... which would have authority'.

Mayfield Avenue,
Malvern.
19th November, 1925.

Dear Mr X,

Senior Surgeons and Surgical Specialists in all the States of Australia have noticed with much concern, a growing disregard by younger practitioners, of recognised ethics in Surgical Practice, combined with a spirit of commercialism tending to degrade the high traditions of the surgical profession.

Difficult and dangerous surgical operations are undertaken by practitioners who have not been properly trained in surgical principles and practice, and who divide fees with colleagues who refer the patients to them. They also operate in small and inadequately equipped hospitals which have recently sprung into existence in large numbers. The public has no means of judging the competency of these so-called surgeons and surgical specialists, and of the efficiency of these hospitals. It is felt that steps should be taken to counteract these conditions.

It is proposed that a body [*sic*: Syme was still pusillanimous concerning the term 'College'] should be formed which would have authority to indicate that its members were properly qualified to practise surgery and its various specialties, and to hold positions as such on hospital staffs.

It is suggested that Senior Surgeons and Surgical Specialists, who could not be regarded as having any personal ends in view, should initiate such a body. Its objects would be to endeavour to raise the status of surgery and check its practice by those who are not adequately trained, and also to improve hospital standards.

Would you be willing to become a Foundation Member of such a body and act on a provisional Committee to draw up its constitution?

Yours sincerely,
(Signed) G.A. SYME
HAMILTON RUSSELL
H.B. DEVINE



Professor F.P. Sandes of Sydney played an important part in suggesting the process which led to the College, and in drafting the Exordium.

P.S. Please reply to
Sir G. Syme,
Mayfield Avenue,
Malvern.

From those who replied, and from the BMA surgical section in Sydney and the surgical association of Victoria, Syme then sought suggestions on what steps might next be taken.

The Sydney group met in April 1926; the papers for its meeting included the revolutionary term 'Australasian College of Surgeons'. Professor F.P. Sandes recorded that there was no discussion, simply approval of the proposal, with a consensus that 'it would not be wise to have a College on the lines of the British Colleges, but that it should savour more of the American College of Surgeons, *in that practical experience should be essential for membership* [my italics]'.
[my italics]



A.L. Kenny (seen here with Syme) was recruited to join the three signatories of the 1925 Letter; he would become the first secretary of the College.

At the end of April all those who had responded positively to the November letter were invited to a further meeting. Sir Alexander MacCormick was in the chair, Devine travelled up from Melbourne to attend, and a Dr Todd was invited to attend because of his legal expertise. He spoke on the puzzling topic of how a College of Surgeons can, indeed, be founded: he believed that voluntary incorporation, with individual members putting their names to a declaration, would be appropriate. He did not favour an application to the Privy Council for a Charter, because it could offend existing Colleges -- a charter could come later, if at all -- and he felt that incorporation in one State would be preferable to any attempt at multiple incorporations because of the disparity in company legislation in the various states and New Zealand. He advised against affiliation with the BMA because of the conflicts of interest that could arise.

The meeting endorsed the work already done by the Melbourne organising committee, to which A.L. Kenny had been recruited by the three original signatories, and, while agreeing that this committee should carry on with its coordinating role, the meeting also set up a local Sydney committee 'to go into the matter fully'.⁷ From Gordon Craig it heard firm support for adoption of the term 'College' and a report on the possibility of a journal; it voiced its endorsement of Sir George Syme as founding president. The meeting foresaw the possibility of a future Canberra headquarters (Canberra being, at this time, no more than a federal capital in the making).

In Melbourne, by contrast, the Surgical Association of Victoria responded to Syme's request for suggestions with a document -- unsigned and undated -- headed 'Proposal to form an Australasian Association out of, or in conjunction with the Melbourne [*sic*] Surgical Association'.⁸ Membership of this particular association was, as we have seen, confined to general surgeons, not all of whom had qualified to receive the November letter. The 'proposal' identified the need to

include specialists, spoke of 'a more ambitious and utilitarian scheme' and saw the Victorian [*sic*; the names 'Victorian' and 'Melbourne' are used indiscriminately in the document] association as forming the 'nucleus of an Australasian Surgical Association'.

Colin Smith identifies the authors as Syme, Devine and Russell, and it may well be that the proposal had been part of their homework as they planned the Letter. However, their proposal dealt more with the structure and function of an association than with the detail of its formation. 'The launching of such an Association,' it conceded, 'is a delicate matter.' It went on to suggest two mechanisms: a name change for the local association, with invitations beyond Victoria, or a more representative local association which might 'acquaint surgeons in other states and invite them to... endeavour to fall into line'. Fortunately, and perhaps inevitably, this 'proposal' did not get far; it is difficult to see other States falling into line in this fashion.

On 24 May 1926 a Melbourne meeting of respondents to the Letter was attended by 26 surgeons, of whom no fewer than 17 were specialists! Kenny spoke (Orm Smith quotes him at length) on the certainty of 'very many difficulties and much opposition' and stressed that the founders must be 'eminently judicious, fair-minded and tactful, full of regard for the rights and susceptibilities of others, anxious to thoroughly consider and weigh every step, so that there will be no action to retrace or modify or withdraw, even the first move'.

As in Sydney the meeting set up a local committee.⁹ Perhaps from a desire not to appear to be 'grabbing the limelight', perhaps because the 'Proposal' was deficient in the matter of procedure, Melbourne moved cautiously, and the initiative on ways and means shifted to Sydney. On 8 August Sandes wrote to Devine:

Let me confirm my suggestion per telephone with you in Melbourne tonight and make some suggestions to help in overcoming legal difficulties.

Dr Herbert,¹⁰ surgeon, of Wellington, N.Z., and a Senior Hospital man happens to be over here for a week or two. He says that N.Z. will be very keen to join us and he is willing to stay till the meeting 24th-26th August to help us unofficially or convey our views to his colleagues in N.Z. If you can get Carrick Robertson or Lindo Ferguson to write to him (C/- me) and authorise him to act for them it would regularise the proceedings. He has given me a lot of useful information as to the personality of the most suitable N.Z. men.

Might I suggest that you put before your legal adviser the following propositions as regards procedure:

1. Let us call the meeting of delegates the 'Preliminary Convention'. The function of this according to our view is merely to nominate any 40 people who will agree to act as 'Founders'. There is no reason why this convention should not expire when it has done this, but the feeling here is that if say 10 Founders are nominated by N.S.W., say, two of them should be of the active type to get the subsequent work done, because if they are all Consulting Hospital Surgeons these will not be able to do



W.E. Herbert was a prominent Wellington surgeon, who established Bowen Hospital in the city and represented New Zealand at the Sydney meeting in 1926.

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the devilling. This 'Preliminary Convention' is merely a device to avoid heart-burnings.

2. These 'Founders' (it having been ascertained that they are willing to act) sign an agreement (similar to the modification of the 'Exordium' attached). We should have this drawn on parchment and engrossed. It is the 'Magna Carta' and will be a precious and historical document. It could be sent round for signature to the States and to N.Z. and if Sir Geo. Syme accepts the duty laid upon him by common consent of the 'Founders' he can proceed to constitute the College by his own act.

3. The 'Founders' (Fdr. C.S.A.) then or later might co-opt an equal number, say 40, called 'Foundation Fellows' (F.F.C.S.A.) and these 80 surgeons might later on sink their special designation to 'Fellows of C.S.A.' when ordinary Fellows are ready to be admitted and all sign the oath or pledge (to be devised later) in the ordinary way.

4. Sir Geo. Syme takes the steps necessary to have drawn up a Provisional Constitution, selects Vice-Presidents (provisional or actual) and other functionaries of a temporary character. We all place implicit trust in him and know that he will do this work well.

This provisional constitution should be on broad lines so that it can be agreed on by all the Australian States and N.Z. and may be acceptable for adoption as the permanent constitution at the N.Z. congress or later, when the first council etc., shall be selected and empowered to co-opt the 40 'Foundation Fellows' and to draft rules, by-laws, regulations, etc., and other matter for submission to the College.

I think that all possible care should be exercised to make the procedure as plain, straight-forward as possible in view of our later intention to ask for a Royal Charter. This may take some years to obtain and it can only be got after the College has demonstrated its usefulness. Herbert said that Elliot [*sic*, for Elliott] the editor of the N.Z. Journal, and Acland of Auckland [*sic*: Acland was from Christchurch and of an old and illustrious Canterbury family] would be most powerful advocates of any proposition having for its ultimate aim such a Royal College and that in New Zealand, if the 'clean up' did not come from within, it would be attempted by legislation, and that the public press there would be for it 'to a man'.

Yours in the good cause,
(Signed) F.P. SANDES.

P.S. The evening of 25th August and possibly 24th August could be spent on this and the delegates would not be delayed.

The letter was accompanied by a draft 'Exordium' with the explanation subscribed to its title:

(The beginning -
The weaving of a web or cloth)

Modern dictionaries simply define it as the 'beginning, introductory part, esp., of discourse or treatise' and omit reference to its origin in the weaving of cloth.

The exordium as ultimately circulated for signature by the founders differed significantly from Sandes' draft; but we have to regard Sandes' letter as at once reasoned, meticulous and shrewd, and the concept of an exordium as ideally suited to the needs of the situation.



J.S. (later Sir James) Elliott was one of the 1925 touring party, influential as editor of the *New Zealand Medical Journal* and a prominent figure in the BMA in New Zealand.

The meeting of delegates that Sandes had suggested was duly held in August 1926. He and R.B. Wade represented New South Wales; Syme and Kenny, Victoria; H.S. Newland and Bronte Smeaton, South Australia; W.N. Robertson and Lockhart Gibson, Queensland; D.H. Lines, Tasmania. H. Stacy stood proxy for Western Australia; W.E. Herbert (with Gordon Craig as an additional proxy) represented New Zealand. Syme was in the chair, and he outlined the challenges involved in forming such a College: legal advice in Sydney and Melbourne supported the formula of a voluntary pledge, binding on its signatories. Some delegates still yearned for affiliation with the BMA, but Kenny was able to allay their fears (that they might be accused of disloyalty) by pointing out that, of the dozen round the table, six were members of its Federal Committee! Wade emphasised the distinction between the assembled delegates and the prospective Founders, who should, he believed, be men retired from active practice and hence capable of disinterested judgment, and mostly consultants to their respective hospitals. He declared himself ineligible on this basis but emphasised that the prospective founders should be carefully chosen from men not too close to the brink of mortality. (In the event New South Wales appointed two emergencies to its list,¹¹ and two of its main list did die in 1927, one – Thomas Fiaschi – soon enough for an emergency to be called up! Both Queensland and South Australia took the same precaution, with one emergency each.)

The Exordium, amended from Sandes' draft but printed on parchment as he had suggested, was circulated to and signed by the designated 40 founders (Appendix A). But for some reason F.D. Bird of Victoria did not sign, nor had he become a Fellow when he died in 1929. (We have to wonder if he felt himself, as first president of the Melbourne association, to have been deserving of greater prominence

Those of the founders who attended the 1927 congress in Dunedin were photographed together. Front row: Gordon Craig, Barnett, Syme, Lindo Ferguson, Hamilton Russell, Kenny. Middle row: Barrett, William Robertson, Wylie, Ramsay, Pockley, Devine. Back row: Kilvington, Newland, McGavin, Carrick Robertson, Morgan.





in the new scheme of things.) His place was taken by Basil Kilvington. And after Fiaschi had signed, before dying in April 1927, C.E. Corlette signed as his replacement, thus giving the new College a forty-first Founder.

The Australasian Medical Congress met in Dunedin in February 1927. This was a BMA gathering and it had, of course, been at the same event in 1920 that Barnett's proposal was discussed and rejected. Seven years later, then, in Barnett's adopted home town, he found himself hosting, as president of the congress,¹² a group of his surgical colleagues who took the opportunity to form the College of Surgeons of Australasia.

With the exordium the founders had received an invitation to offer themselves for election to the council of the new college: 19 did so, and a ballot paper was thereafter circulated, with space for ten names. The papers were brought over under seal by Kenny and opened in the presence of two scrutineers – one of whom, Sir Richard Stawell, would be the first president of the Association of Physicians of Australasia three years later. (This association did not evolve into a college until 1938; physicians are much less precipitate than their surgical colleagues. *Pace* Orm Smith, Stawell was not founding president of the college itself.)

The ten elected were Syme, Barnett, Worrall, Newland, Gordon Craig, Robertson, Hamilton Russell, Sandes, Kenny and Devine. Syme was elected president, Barnett a vice-president. Then from outside the ranks of those who had offered themselves for election to the council, the founders designated Sir Alexander MacCormick as the other vice-president, an office he held until 1933 without attending a single meeting!¹³ Kenny became honorary secretary-treasurer. The by-laws drafted by the delegates, back in August 1926, were amended and adopted.



The meeting of founders was the first business conducted in the 'new' Medical School building. The fact was recorded on a tablet unveiled by the then president, Sir Edward Hughes, in the jubilee year of the College.



Sir Alexander MacCormick became a vice-president at the foundation of the College; he served until 1933 without attending a Council meeting.

At this stage, of course, the new College had office-bearers, a council and a group of founders, but no other Fellows. It was accordingly agreed to offer enrolment as foundation 'members' to those who had received the November 1925 'Letter' and had consented to become involved in the new organisation, as well as to other surgeons who had been vouched for by local state and dominion committees once these were set up.

With the nomenclature straightened out – the College has never had Members as a grade, though its Faculty of Anaesthetists did so briefly in its early days – the infant college was strengthened by the addition of 165 foundation Fellows, among whom the exordium document was duly circulated.

NOTES

1. To be ruthlessly accurate one might say 'by seventy years', for (as Sir D'Arcy Power pointed out in a paper delivered at the time of the opening of the College building) the first reference to a 'College of Surgeons' came in 1857 when, in only its second year of publication, the then *Australian Medical Journal* printed the following:

... it would be well to have a College of Surgeons established before other and conflicting interests should arise, or monopolies come into existence which might in a few years hence render the establishment of such a College or its affiliation to the University a matter of considerable difficulty.

Sir D'Arcy's paper was published at the time [*Aust. N.Z. J. Surg.* (1935) 4:371] but this historical titbit appears to have had as little impact on his audience – or his readership – in 1935 as it did on the surgical community of 1857. Out of season, the seeds of history can fall on very arid ground.

2. Born in Wellington in 1865, of Jewish rabbinical stock, Louis Barnett attended Wellington College, then did his first two years at the fledgling Otago Medical School before completing his degree in Edinburgh. In 1890 he was the first New Zealander to acquire the English Fellowship. He returned to Dunedin the following year, to a locum surgical appointment and a temporary lectureship; he gained tenure as lecturer in 1894 and was promoted to a chair in 1909.

3. Barnett, LE (1920) A suggested scheme for the formation of a fellowship or association of New Zealand surgeons with a view to raising the standard of hospital and private surgical practice. *NZ Med J* xix: 152.

Barnett wrote: The Fellowship of the American College of Surgeons, established a few years ago in the United States and Canada, has been highly successful in raising the standard of surgery in these countries. Such an organisation instituted in New Zealand would, in my opinion, bring about the following advantages:

(i) a higher grade of efficiency in all surgical work both in hospital and private practice, including diagnosis, laboratory and research investigations, technique and the keeping of records.

(ii) the bestowal of a hall-mark of efficiency in surgery to those, and those only, who are deemed worthy by their colleagues of that honour.

He went on to conjecture that the simplest way of inaugurating a Fellowship in surgery would be through the Council of the Branch of the



Sir Louis Barnett was president of the 1927 congress at which he was elected vice-president of the College along with MacCormick. He would become PRACS 1937-39. This photograph (left), was used by (Sir) William Dargie for his posthumous presidential portrait (far left), of Sir Louis. The torso, presidential gown and neck decoration (the latter being erroneous) were added in the course of Dargie's 1953 painting of Sir Gordon Bell.

BMA, the Medical Board or the Faculty of Medicine of the University of Otago, or 'a specially selected body of surgeons or practitioners chosen by any of the above units, might take on the duty of choosing, say, the first fifty Fellows'.

It is reasonable to assume that his proposal, in its Australasian form as written to the congress in Brisbane later in 1920 (but no longer in existence), was much along the same lines; and it is interesting to see how far he had thought through the subject, even to the point of defining the potential founders of the body he proposed. But, though he thought of a fellowship, the term 'College' eluded him.

4. It is important to appreciate that, in the period leading up to the formation of the College, much operative surgery was performed by practitioners who had no higher qualification and had undergone no special training. Some had judgment and discretion enough to be safe; no doubt some were like Voltaire's Habakkuk, *capable de tout*, but others were capable of anything, especially of making money. The idea that they might be displaced from these surgical activities and their rewards was therefore anathema to them. Their response was to oppose, to denigrate, to howl down the men who sought to raise standards. They were prepared to brand unethical any attempt to claim that surgical training could produce a better surgeon; they found offensive the very idea of a 'hallmark' which would identify the trained surgeon. The founders had an uphill task.

5. Smith, JO (1972) The history of the Royal Australasian College of Surgeons from 1920 to 1935. *Aust. NZ J. Surg* 41:1.

This account by one who, as a young surgeon, was on the edge of great events and who went on to become president, is sometimes parochial but nevertheless of considerable value in establishing the course of events leading up to the establishment of the College. It was later published as a booklet.



Barnett's presidential badge from the congress is one of the College treasures.

6. Devine, HB (1958) *Memoirs* (typewritten), *RACS Archives*. SB 28,30.
7. The members of this committee were: Sir Alexander MacCormick, C.P.B. Clubbe, E.T. Thring, Ralph Worrall, Gordon Craig, R.B. Wade, George Abbott and Professor Sandes; the secretary A.J. Aspinall.
8. *RACS Archives*. SE104/8. I am obliged to the former College archivist, Colin Smith, for bringing the text to my notice.
9. The Melbourne committee comprised Sir George Syme, Professor R.J.A. Berry, Hamilton Russell, H.B. Devine, B.T. Zwar, Victor Hurley, Fay Maclure, W.G.D. Upjohn, A.N. McArthur, A.L. Kenny, Reginald Morrison and S.A. Ewing.
10. Herbert was indeed a prominent Wellington surgeon: founder of Bowen Hospital which is still one of the city's major private hospitals, he was, in the First World War, surgeon in a hospital ship.
11. Emergencies – Orm Smith's word. These days I suppose the word would be 'reserves', and of course it is no longer necessary for a player to be dead or close to death before his replacement can come on to the field!
12. Barnett's presidential badge from this 1927 congress is one of the treasures in Elliott House, the New Zealand headquarters of the College.
13. Aged 71 at the time, MacCormick was the doyen of Sydney surgeons, and his recruitment was obviously seen as essential. In his retirement he settled in Jersey, where he lived until 1947.