

STANDARDS

'Tis not in mortals to command success,
But we'll do more, Sempronius, we'll deserve it.

Joseph Addison *Cato*, 1:2. 43 (1713)

We have seen how the Australasian College drew inspiration from both the American and the English Colleges at the beginning. As a new college in a couple of new countries it found its early preoccupations tallied closely with those of the other new college in a couple of new countries – for it has to be remembered that the American College, by design, embraced Canada just as the Australasian one identified itself, in those days, as ‘including New Zealand’. These preoccupations were with standards: the standard of the hospitals in which surgeons worked, of the behaviour of the surgeons themselves and of their experience in practical terms. They were less with academic standards *as a College responsibility*, essentially because a number of universities had higher surgical degrees which were regarded as an adequate measure of academic standard in the Antipodean scene – so that even the original regulations foresaw (after the five-year ‘grandfather’ period) the need for ‘a senior surgical *degree* or diploma’.

The English College, on the other hand, derived its priorities from its status as an older college in an older country, a college, moreover, that was steeped in the Hunterian tradition. Not for nothing did John Hunter’s tomb in Westminster Abbey identify him as ‘the founder of scientific surgery’. And this tradition was carried into the Antipodes by a substantial number of the Founders: of the 41 who signed the Exordium, 15 had existing Fellowships (13 of the English College, Wilson of South Australia an Edinburgh Fellowship and Lindo Ferguson of New Zealand, one from the Irish Royal College).¹

Nor was this all they brought with them, for a number were the apostles of Lister and the aseptic surgery that overtook his antiseptic principles. Hamilton Russell had been Lister’s house surgeon;² of MacCormick it is recorded that he ‘was the first in this hemisphere to use Listerian principles’.³ Ralph Worrall, though lacking a fellowship, was ‘credited with the introduction of aseptic surgery to Sydney Hospital and of various innovations such as foot taps for wash basins, sterilisers for instruments and dressings, and an adjustable theatre table’. Louis Barnett brought surgical gloves to New Zealand.



John Hunter’s tomb in Westminster Abbey identifies him as ‘the founder of scientific surgery’.



Hamilton Russell, who had been Lister’s house surgeon, was the first to bear the title ‘censor-in-chief’. His portrait by George Lambert was presented to him by Fellows of the College in 1930.

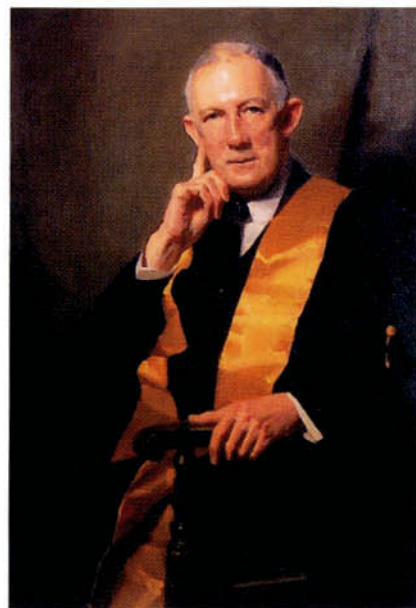
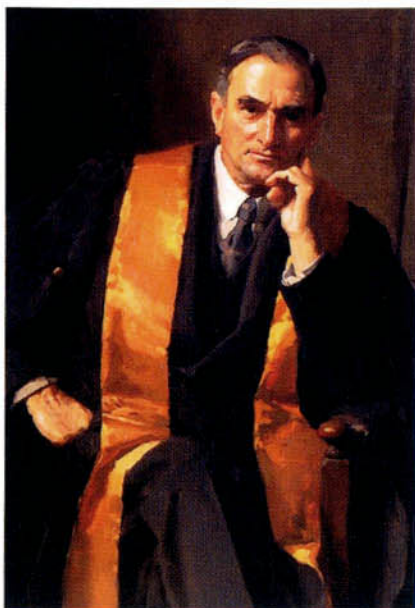
Indeed, the Founders were quite a well-qualified group, and of the 41 who signed, 21 had either a Fellowship or a higher degree – or, in a number of cases, both. The fact that they did not at once require such a qualification from prospective Australasian Fellows is thus no reflection on their own standards.

These founders were also, and by design, an ageing group, chosen in the hope that they would be perceived as disinterested. One of the problems that besets any group made responsible for setting or enforcing standards is this: if its members are in active practice, they can be accused (rightly or wrongly; rightness, or lack of it, has never deterred critics) of bias, of self-serving, of ‘protecting their patch’. Indeed, the taunt was levelled at the Founders, despite the fact that they were, in many cases, retired from active practice; it is levelled at the College these days, and not least by politicians.⁴

But because of their age, the ranks of the Founders were soon thinned. Sir George Syme was the first of the signatories of the original letter to die, on 19 April 1929. The respect he had enjoyed had been critical to the success of those early days. His family endowed the memorial oration that customarily inaugurates the College’s annual meeting. (For many years this was styled the ‘general scientific meeting’; it is now the ‘annual scientific congress’.)

Hamilton Russell took over from Syme the title of ‘director-general’, shortly renamed ‘censor-in-chief’, but he too died, after a car accident, in 1933. He had promoted the idea of what became the College as early as 1920, when he spoke to Barnett’s letter in Brisbane. Gordon Craig, who had opposed Russell’s motion in 1920, but had later been converted and was the one who advocated the term ‘College’, had died in 1931; he left an endowment that led to the

Sir Hugh Devine and Sir Alan Newton were complementary characters who, between them, ‘drove’ the young College in the 1930s. Their portraits were done by W.B. McInnes, who – whether deliberately or not – achieved an inspired ‘matching pair’.



establishment of the library that bears his name.

Another convert, Henry Newland of Adelaide (who had seen Hamilton Russell's presentation of Barnett's proposal as 'a dagger in the heart of the BMA') succeeded Syme as president, and occupied the office for six years.⁵ But he was remote enough from Melbourne to have a role more ceremonial than executive. The key figures in the running and advancement of the College in the 1930s were Hugh Devine and Alan Newton and, as their lieutenant, Julian Ormond Smith. (Smith grew from being the Julian Smith junior of the early days, through every office in the College, to become Orm Smith, president 1962-64 and the man who – having been there when so much happened – left a priceless, if sometimes partisan, account of the College's formative years.)

We have already seen something of the energy and vision of Hugh Devine, the Irishman, the visionary. It is time to meet Alan Newton, who complemented Devine's talents so brilliantly. Sir Douglas Miller wrote in 1972:

Devine, the tactician, the negotiator, the friendly envoy; Newton, the aloof ruler, the elder statesman; the one brimful of ideas often struggling for expression, and the other articulate and pedantic to the last syllable. The one had a whimsical gaiety, the other was authoritarian and uncompromising.⁶

It is tempting to believe that W.B. McInnes saw something of the reciprocity between the two men when he came to paint their portraits, Devine in 1934, Newton about the same time. (The one was presented to the College by Lady Devine in 1951, the other by Lady Newton two years later.) For Devine is shown leaning on his left arm, the hand against the side of his chin – and the right hand is clenched; Newton has his right hand against his chin – and his left hand loosely grips the arm of his chair.

Unlike Devine, Newton was not chosen as one of the *ad hoc* Victorian committee in 1926, although, as Orm Smith points out, he was senior at the Melbourne Hospital to both Hurley and Upjohn, who were. He did, however, propose that the committee should have power to co-opt.⁷ He became a foundation Fellow and succeeded Kenny as honorary secretary-treasurer in 1929, handing over to Orm Smith in order to become censor-in-chief when Hamilton Russell died in 1933. (He retained this post when he became a vice-president in place of Barnett in 1937, on the latter's elevation to the presidency.)

Given Newton's position at the time, it is fair to allow him to describe the early evolution of the College's system of admission to fellowship. His account was published in the July 1934 issue of the *Journal* and reprinted in the 1940 handbook:

The seventh anniversary of the foundation of the Royal Australasian College of Surgeons was notable because it marked the inception of a revised system of admission to its Fellowship. The Founders of the



Bernard Zwar was one of the Victorian founders of the College, who served on the pre-War Board of Censors. A native of Adelaide, he was one of those caught up in the hospital 'troubles' of the 1890s and completed his medical course in Melbourne where, almost half a century later, he would be deputy chancellor of his adopted university.



Carrick Robertson of Auckland was also a member of the Board of Censors, having been one of the New Zealand founders. He was knighted - and awarded the Legion d'Honneur - in 1929.

College, in 1927, drafted regulations which were thought to combine the advantages of the senior surgical degree or diploma system, in use throughout the British Empire, with those of the system introduced by the American College of Surgeons. Their motive was to insure [*sic*: its equation with 'ensure' was obsolescent even when Newton wrote] that all future Fellows of the Royal Australasian College of Surgeons should not only have had a sound training in the basic principles of surgery, but also should be able to perform operations competently. The chief requirements were a minimum of five years post graduate training in surgery and the possession of a senior surgical degree or diploma, though the latter was not made obligatory until after the expiration of a five-year period from the foundation of the College, *id est*, until February, 1932. A candidate who had fulfilled these requirements applied for admission as a Fellow, giving the names of medical practitioners as references, and, usually, supplying case histories in support of his application. This was then considered by the Credentials Committee of the State or Dominion in which he resided, and this Committee sent a report to the Council, which made the final decision on the application.

Six years experience of this method of testing the suitability of candidates for Fellowship convinced the Council that, though it was useful during the period of the foundation of the College, it was unsatisfactory as a permanent system and that, therefore, a radical alteration was imperative. Fortunately, a six-year-old College is unfettered by tradition, so that it was not difficult to bring about the desired reform. There was never any intention of abandoning the fundamental principle of superimposing upon a sound training in the basic principles of surgery, entailed in the acquisition of a senior surgical degree or diploma, a period of apprenticeship to a senior surgeon in operative and clinical work. All that was required was some means of insuring that a candidate had been properly trained and had profited adequately from his training. To gain these ends, it was decided that the duty of deciding whether a candidate had undergone a satisfactory period of training should devolve upon the Censor-in-Chief of the College and that each candidate whose training had been approved by him should appear in person before a Board of Censors of the College empowered to submit him to such tests of his knowledge and ability as seemed desirable in each individual case. For geographical reasons, it was decided to appoint one Board of Censors in Australia and another in New Zealand, but the Censor-in-Chief, when present, acts as Chairman of each Board. The other members of the Australian Board of Censors are Professor H.R. Dew, L.C.E. Lindon, Sir John McKelvey, Balcombe Quick, R.B. Wade, B.T. Zwar, and of the New Zealand Board of Censors, Sir Hugh Acland, Sir Louis Barnett, Professor F. Gordon Bell, Sir Donald McGavin, Sir Carrick Robertson, D.S. Wylie.

In actual practice, uniformity of training is not demanded by the Censor-in-Chief. Credit is given for the time spent as a resident medical officer, in work in university departments and in other countries, and in research but emphasis is laid upon the desirability of an apprenticeship period to a senior surgeon. The practice of attempting to qualify by performing a series of operations unaided and unsupervised is viewed with disapproval.

Candidates whose applications to appear before a Board of Censors

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are refused by the Censor-in-Chief are informed of the additional training demanded and, if dissatisfied with his decision, are entitled to appeal against it to the Council of the College.

Given that four members of the boards were then councillors, and five more would later join the Council, it all seems a shade incestuous, but the pool of talent then recognised was quite small. Newton goes on:

Full information concerning the candidates granted permission to appear before a Board of Censors is circulated to all members of the appropriate Board. Reports are obtained from surgeons with whom the candidate has worked, his contributions to surgical literature, if any, are studied, and all details of his training are verified. In short, before his interview with the Board, an endeavour is made to determine what manner of man he is. Then follows his appearance before the Board, which, at present, consists of a talk with the candidate extending over a space of twenty minutes upon practical problems in surgery. The expression 'at present' is used advisedly, because the Board has the power to vary the test in the light of its experience. It has found, however, that it is possible to conduct a very searching inquiry during the twenty minutes as to how far a candidate has profited by his training. The decision of the Board does not depend exclusively upon the answers given by the candidate in this space of time, for it also gives credit for the work he has done during the training period. Adequate time is allowed after each interview for a consultation among members of the Board upon the merits and demerits of each candidate, based partly upon their personal observation of him and partly upon the reports received concerning the work he has done.

When the College was founded, it was decided to include gynaecologists, ophthalmologists and laryngo-otologists among its Fellows and it was, therefore, necessary to draft regulations for admission in these specialties in addition to those, just described, governing admission in Surgery. Candidates who propose to practise gynaecology are expected to undergo an adequate training in general surgery, so that it was unnecessary to create a Fellowship in gynaecology with separate tests of the suitability of these candidates. The College grants Fellowship in ophthalmology and also in laryngo-otology, and has applied the same principles of a senior degree or diploma and a five-year apprenticeship period to these specialties. The Censor-in-Chief appoints Fellows who have specialised in the appropriate subject to assist the Board of Censors in its interviews with these candidates. These assessors question the candidate and advise the Board concerning his qualifications, but the final decision is made by members of the Board alone, who are expected to satisfy themselves that each candidate possesses some acquaintance with the general principles of surgery in addition to an adequate knowledge of his specialty.

Candidates rejected by the Board must undergo a further period of training before permission is granted to reappear before it. The Board may defer a candidate, who then may reappear before it at a subsequent meeting without making another application to the Censor-in-Chief. Candidates approved by the Board then apply to the Council for election as Fellows and must sign a pledge of obedience to the rules of the College.

It is the duty of the Council to determine the suitability of the candidate from the ethical point of view.

It is not thought that this system is perfect – ‘perfection is finality and finality is death’ – but it seems probable that, though amendments may be necessary from time to time, the general principles underlying this method of testing the qualification of candidates for Fellowship will remain the policy of this College.

Many of these principles, though differently arranged and applied, have indeed stood the test of time.

In its days at 6 Collins Street, the College was served, capably and loyally, by Miss Oldham as secretary-typist. Orm Smith recalled the surroundings in which she worked, in this single room ‘the entrance to which was gained through a small green door, a step above the footpath itself’:

The room was about ten feet by twelve. There was a small window which overlooked a narrow alleyway. There was an iron-grid fireplace in which coal was burned during the winter months. There was a typewriter table at which Miss Oldham worked... There were two filing cabinets, a large but unimpressive office table and five chairs. On top of one of the filing cabinets was an alarm clock.

For this room the College paid 35 shillings a week, and here, until the move to Spring Street, the executive used to meet. As described by Orm Smith, who was present as honorary assistant secretary for a year, then as Kenny’s successor, its meetings, every Wednesday at 12.45pm, had a certain ritual quality:

Hamilton Russell, then an old man crippled with arthritis, would take the chair. Alan Newton would wind up and set the alarm clock. He would then take a seat in company with A.L. Kenny and Hugh Devine... The meeting would begin. Hamilton Russell would shortly fall asleep, and Miss Oldham would take down the proceedings in shorthand. At 2.00pm the alarm clock would explode, and the meeting would adjourn... all the administrative work of the College was carried out [here] until 1935.



H.G. Wheeler was the College’s first full-time secretary. A chartered accountant, he would occupy the post for the period 1934-62.

With the move to the new building imminent, the Council decided in October 1934 to appoint a full-time secretary and accountant. Its choice was H.G. Wheeler, a chartered accountant who would occupy the post (apart from a break for war service) for almost thirty years. Miss Oldham carried on in her supporting role, serving the College almost as long.

Whether Wheeler took up his position before the move, and if so how he fitted into the ‘about ten feet by twelve’ room, is not recorded.

While the College was conducting its own examination on the censorial system, there was, from time to time, another examination

taking place in Australia. This was the Primary examination of the English College. Colin Smith, in his historical survey in the 1995 handbook, is dubious about the motives of the English College, seeing the exercise as a measure to split 'a raw new "college"' away from what it saw as an unhealthy attachment to the American College. He refers to 'a sceptical Sydney minority – including Sandes and at least two other Founders' who 'feared that local qualifications would be undermined', and the practical approach of the Americans supplanted by an examination culture turning out 'surgeons who were "mentally sterile, narrow, tradition-ridden, complacent and incurious"'.

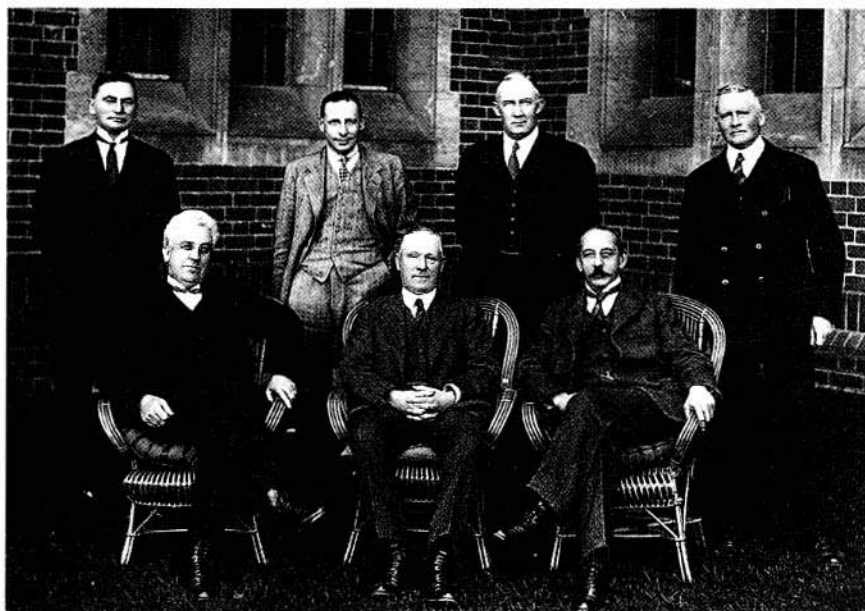
The background to this attitude may lie in the careers of the founders in various regions. Of the 11 New South Wales founders, only four held higher qualifications, according to the *Founders* booklet biographies – and of these four, only MacCormick (honorary) and Thring were English Fellows; Sandes' own higher qualification was a Sydney MD. He obtained this with first class honours and the University medal in 1903, so that his academic status is as unquestionable as his commitment towards his own new college, but, given his background, his attitude would not be expected to lean towards the English College. And, given the background of his fellow New South Welshmen, it is not surprising that he found support for his concerns.

By contrast with New South Wales, the Victorian founders numbered eight with higher qualifications among their ten – and in four cases, these qualifications were English Fellowships. In New Zealand, all but one of the six founders had a Fellowship (four English, and Lindo Ferguson's from the Irish College).

It appears that the first offer to mount an English Primary examination in Australia was made in 1927, and whether or not we



E.T. Thring was one of two New South Wales founders to bring an English Fellowship to the new College.



The English College mounted a Primary examination in Australia in 1931. Back row: Prof. H.S. Summers, Prof. F. Wood Jones, H.A.S. Newton, Prof. W.A. Osborne. Front row: Prof. W. Wright, Sir Henry Newland PRACS, Prof. A. Buckmaster.

Gordon Gordon-Taylor developed a regard for Australasian surgeons when he worked with them in France in the First World War. It was a friendship that bore rich fruits. His portrait by Sir James Gunn was commissioned by Fellows of the College.



choose to accept Colin Smith's interpretation of a pre-emptive strike, an examination did take place in 1931, with Professors Wright and Buckmaster as visiting examiners. The next occasion, in 1934, turned out to be one of the happier events in the social history of the College, for one of the examiners sent out that year was a councillor of the English College, Gordon Gordon-Taylor. He knew something of Australians and New Zealanders, for he had mixed with them in France in the First World War – and he was a devoted follower of cricket (not that this always produces a vast respect for New Zealanders!)

He was made an honorary Fellow during his visit, and he never deviated from his attachment to Australasians and their College. His regard was reciprocated: in 1948 five Australasian Fellows who had in their time been winners of the Hallett prize which goes to the top candidate in the English Primary, endowed a prize for the top candidate in the Australasian Primary (now Part 1); and Gordon-Taylor's name was attached to it.⁸ A decade later Australasian Fellows commissioned his portrait by James Gunn.

He had his vanities, of course. Christened plain William Gordon Taylor, he doubled up his surname 'as a tribute to his mother' (and frivolous juniors dubbed him 'G-squared T'),⁹ but he could laugh at those same vanities. In a paper *In defence of eponyms* in 1957 he exclaimed, 'Who has not heard of Gordon's Gin or Taylor's Port?'¹⁰ But then his father, like Lister's, was in the wine business.

Three years after the G²T visit came another noted figure in the English College – Cecil P.G. Wakeley, like his predecessor, to be knighted later; unlike his predecessor (who got as far as the vice-presidency), a future president. He came with Professor Huggett of St Mary's as physiology examiner; Wakeley examined in anatomy.

There is a story that, after Melbourne, he found himself co-examiner with Percy Gowland, professor of anatomy in Dunedin. Wakeley disputed with a candidate on some point, but the candidate happened to be both bright and right. Gowland took his visitor aside, and (in the accents of the north of England which he retained all his life) counselled him, 'Y'knew, Wakeley, if you're going to *examine* in anatomy y'ave to *know* anatomy.'

The College may have been moving closer to its English counterpart, but differences necessarily exist between countries as disparate as those of Australasia (living, it was said, 'off the sheep's back') and the heavily urbanised Mother Country of those times. Those differences extended to disease patterns and were important, for instance, in determining the early course of College-sponsored research.

First, though, a small anecdote may be relevant. The daughter of a prominent College figure was living in London while her husband was a postgraduate student. One of her father's colleagues, an old family friend, looked up the young couple on a visit to London, to learn that the wife was in hospital, under the care of some most eminent practitioners but with an, as yet, undiagnosed illness. He visited her in hospital, listened attentively to the story of her illness, studied her case notes no doubt and delivered a diagnosis: 'She's got a hydatid.' She had, of course, and it was duly dealt with by the most eminent and somewhat humbled practitioners.

One of the other humbling things about hydatid disease is that the human is no more than a substitute host when there happens to be no sheep available. Yet if the parasite is widely enough disseminated, man is all too often the chosen host – even when sheep are plentiful. In two countries so densely stocked with sheep as Australia and New Zealand in the first half of the twentieth century, the disease was prevalent enough to represent a significant health hazard and its manifestations so Protean as to provide a major challenge to the surgeon. (In England it was a small-print item in surgical texts.)

It was on the recommendation of Louis Barnett (now Sir Louis; his knighthood came in the year of the College's founding) that, on 24 March 1930, the Council established a Registry of Hydatid Disease in Australasia. Four years later local registrars were appointed in each state (except Queensland) and in the four main centres of New Zealand; Barnett paid the price of having originated the scheme and was registrar-in-chief.¹¹ A standard form was devised and supplies issued to local registrars. Fellows were encouraged to report any new case that presented to them, and the registrar-in-chief was to:

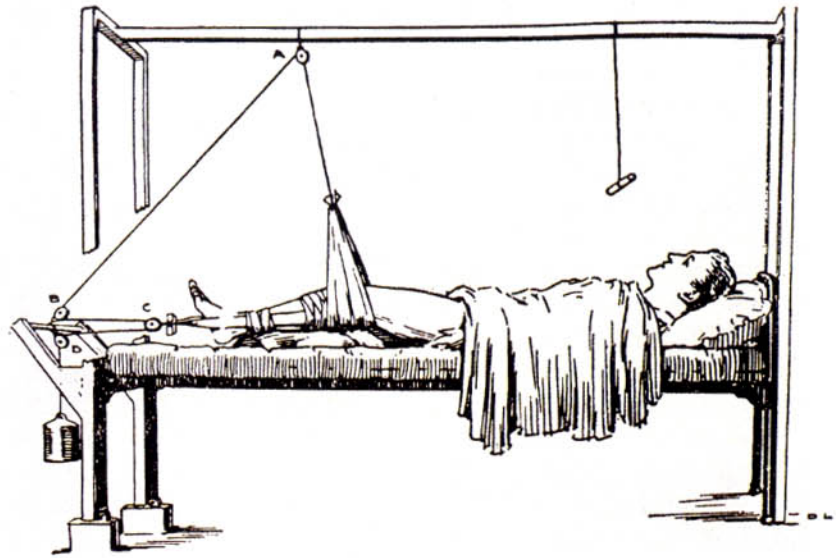
receive, acknowledge, tabulate and file the records, and... submit to the Council, annually, a report. In due course, say, when one thousand records have been collected, he shall place these records, all conveniently filed and indexed, in the reference library of the... College... so that they shall be available for study and clinical research.



C.P.G. (later Sir Cecil, and PRCSEng) Wakeley came out to examine in 1937; legend has it that W.P. Gowland, professor of anatomy in Dunedin, found some shortcomings in his performance. The cartoon of Percy Gowland was part of a group drawn by P.W. Eisdell (now Sir Patrick) Moore [Fellow 1962] in 1940.



Ernest Hey Groves delivered the first Hamilton Russell Memorial Lecture in 1935. It was a good choice of lecturer, for both men had been pioneers of orthopaedics, Hey Groves in the internal fixation of fractures, Russell with his traction apparatus.



Like College tasks before and since, his appointment and those of his local representatives were 'on an honorary basis', though 'stationery, postage and petty expenses' could be refunded on application.

It was the College's first essay in the field of public health.¹²

The English connexion, not disinterested perhaps (and sometimes paternalistic, if we are to interpret Colin Smith's evidence as he has done), continued throughout the 1930s. In September 1935 the BMA meeting in Melbourne – the one that Moynihan was unable to attend – attracted two councillors of the English College, H.S. Souttar and E.W. Hey Groves. Both men were awarded the honorary Fellowship, and to Hey Groves fell the task of delivering the first Hamilton Russell memorial lecture.

It was a good choice of lecturer: both Russell and the man who commemorated him were general surgeons in their time. Indeed, Hey Groves, who helped draft the constitution of the British Orthopaedic Association, was at first refused membership of it – on the grounds that he *had been* a general surgeon! (He ultimately became the Association's president.) Yet each was, in his way, a significant pioneer in orthopaedics, Russell with his traction apparatus, Hey Groves in the internal fixation of fractures. More than that, Russell's traction was first described in a paper in the *British Journal of Surgery*, which was Hey Groves' creation.¹³

Two years later Professor G. Grey Turner visited Australia. He was at the time professor of surgery at the British Postgraduate Medical School and, while in Melbourne, he opened a wing of Prince Henry's Hospital which was intended to be used as the centre of a postgraduate school of surgery by the College – a scheme whose grandeur far exceeded the capabilities of a young College. A happier outcome of his visit was that he developed a regard for the College,



George Grey Turner came out to inaugurate an ambitious scheme for a postgraduate school of surgery at Prince Henry's hospital in Melbourne.

and his widow, who visited the place shortly before her death, became even more attached to it. Her family carried out her desire that the College should have certain pieces of furniture from the family home in Buckinghamshire, Huntercombe Manor. These include two Elizabethan pieces: a court cabinet and a refectory table which had been for centuries in the possession of the Grey family, and a Welsh dresser acquired by the family in Newcastle,¹⁴ where Grey Turner held the chair of surgery before moving to London.

In March 1939 Sir Alfred Webb-Johnson came to Australia to deliver the seventh Syme oration. He was already a supporter of the College; he had followed Sir John Bland-Sutton as Rudyard Kipling's surgical adviser and had treated Kipling during his final illness. It was at his suggestion that Kipling's widow gave her husband's books on medical history (28 volumes, no fewer than nine of them written by Bland-Sutton) to the College. On his 1939 visit he read a message of greetings and good wishes from Queen Mary – who doubtless remembered with pleasure the visit she and her husband paid to Melbourne, as Duke and Duchess of Cornwall and York, for the inauguration of the first Federal Parliament in 1901. Then he left, as a gift for the College, a copy by F. Hodge of the Oules portrait of Lister in the possession of the English College (it is in no way inferior to the original).

While Webb-Johnson was in Australia, Hitler was occupying Czechoslovakia. War was six months away – a war during which Webb-Johnson would become president of an English College, lately laid waste by the Luftwaffe's incendiaries, and after which he himself would drive an elegant and imaginative rebuilding programme.¹⁵ His Middlesex colleague and friend Gordon-Taylor wrote of him that he:

left behind him a hive of industry and enthusiasm in Lincoln's Inn Fields, and he gave a soul to what had hitherto been little more than a famous museum and a rendezvous for examiners and surgical aspirants.¹⁶

Webb-Johnson's manifold achievements were recognised with a peerage; in merit none, perhaps, exceeded that of driving his college's recovery from the wounds of a savage war.

It was a war that would, if less savagely, affect the Australasian College too.

NOTES

1. These figures are derived from the biographies in the booklet *The Founders of the Royal Australasian College of Surgeons*, edited by Sir Patrick Kenny in 1984. Of the English Fellows, Sir Alexander MacCormick was an honorary fellow; Louis Barnett was the first New Zealander to hold the diploma; and Hadley of Western Australia was already a veteran of two campaigns (South Africa in 1900 and Nigeria in 1904) when he returned to England to gain his fellowship in 1905.

2. There is the story of an Australian candidate for the English Fellowship, between the wars, who was discussing the subject of hernia



Sir Alfred (later Lord) Webb-Johnson was the 1939 Syme orator; two years later he became president of the English College, in time to inspire an ambitious rebuilding programme after the Luftwaffe ravaged Lincoln's Inn Fields.



Webb-Johnson brought with him a copy, by F. Hodge, of his own College's Oules portrait of Lister. It is a copy that loses nothing by comparison with the original.

with the examiner. He mentioned Hamilton Russell's views on the subject and was asked, 'And tell me, doctor, who was Hamilton Russell?' Feeling like the man who has been thrown a lifeline, he replied: 'As a matter of fact, sir, he was my first chief.' He received a frosty stare over the examiner's half-glasses. 'No, doctor, he was Lord Lister's house surgeon.' It was not seemly, especially in those days, for colonials to attempt to upstage an examiner.

3. Kenny, PJ (ed.) (1984) *The Founders of the Royal Australasian College of Surgeons*, Melbourne, RACS, p.10-11.

4. It is not long since a candidate, having completed advanced training and then failed the Part 2 examination a number of times, travelled to England and obtained the English Fellowship. But this was, by now, an entrance examination, and specialist registration required it to be backed by a UK certificate of higher surgical training. The candidate claimed that his earlier period of advanced surgical training could serve in this latter respect; the College denied the claim. He became a *cause célèbre*, and a medically qualified politician boomed forth with the assertion: 'Why, this man is a Fellow of the (deep breath) Royal (pause) College of Surgeons (pause) of England!' My friend Bruce Cook likened the situation to the man who has two halves of a three-dollar bill – but the serial numbers are different.

The man in question was later struck off the medical register.

5. Once converted to the idea of the College, Newland 'was not immune from attacks in his own state. He was accused of self-interest and of advocating a policy of "surgery for surgeons", which was regarded as an infringement of the rights of general practitioners. For a time he was the target of some very hostile criticism, but this gradually faded away.' – Hughes, JE (1972) *Henry Simpson Newland – a biography*, Adelaide, SA Fellows of the RACS, p.83. Born in 1873, Sir Henry lived until 1969, distinguished *inter alia* for having attended both the centenary and the sesquicentenary celebrations of the English College. On the latter occasion he brought a message of greeting from the Australasian College.

At the celebration of the sesquicentenary of the English College in 1950, Sir Henry Newland presented a congratulatory address from the Australasian College. He is seen handing the document to Sir Cecil Wakeley PRCS Eng, who stands behind the table which was a gift from the American College at the time of the rebuilding.



6. Miller, ID (1972) *A. & N.Z. J. Surg* 41: 305.
7. It is tempting to regard Newton's proposal as a stratagem to make it possible for him to join the committee.
8. The five Hallett prizemen who endowed the Gordon-Taylor prize were J.S. McMahon, R.S. Lawson, H.H. Eddey, K.W. Starr and Grayton Brown. The fund was augmented by a number of subsequent winners of the Hallett prize: R.P. Melville, C.B.R. Mann, W.J. Cook, B.J. Dooley, J.N. Yelland, G. Anderson and L.A. Riddell.
9. According to K.F. Russell, a London abortionist named William Gordon Taylor was active in the latter part of the nineteenth century, and this too may have been a factor. (Macleish, D.G. *personal communication*, 2000)
10. Gordon-Taylor, G (1958-59) *J.R. Coll. Surg. Edinb.* 4: 105.
11. David Cole (*Aust. NZ. J. Surg.* 47:716) reminds us that Barnett's first operation in Dunedin in 1891 was 'the evacuation of a huge hydatid cyst from the liver of a four-year-old boy who almost inevitably died a fortnight later of respiratory complications'. Barnett's lifelong interest in hydatid disease is thus easy to account for.
12. After Barnett's death in 1946 the Registry was named 'the Sir Louis Barnett Hydatid Registry' as a mark of respect, but the collection of data was brought to an end in June 1949.
13. Russell, RH (1924) *Brit. J. Surg.* 11: 491.
14. The more recent establishment of a medical school in Newcastle, Australia, makes it appropriate to point out that Grey Turner's first chair (1927-34) was in Newcastle-upon-Tyne, and to observe that this was a constituent college of the University of Durham at the time of his visit.
15. The Webb-Johnson presidency covered the years 1941-49.
16. Gordon-Taylor, G (1958) *Ann. Roy. Coll. Surg. Engl.* 23: 64.



Three of the six New Zealand founders (from left: Acland, McGavin, Wylie) survived the sinking of the transport Marquette in the Aegean in 1915, in which a number of New Zealand nurses lost their lives.

