

## MUTABILE SEMPER\*

Finality is death. Perfection is finality.  
Nothing is perfect. There are lumps in it.

James Stephens, *The Crock of Gold* (1912)

When Alan Newton paraphrased the Irish poet James Stephens in his journal article in 1934 (quoted in chapter 4), he went on to predict that ‘amendments may be necessary from time to time’. He could hardly have predicted how numerous these amendments would become and how destructive of his College’s reputation.

In 1943, as we have seen, Newton was succeeded as censor-in-chief by Brigadier W.A. Hailes, who combined this College role with his appointment as consulting surgeon to the AIF. Already (once Australia’s army medical services were concentrated at home and in the near north, and wearing his army ‘red hat’) he had devised a scheme which allowed young surgeons, after a tour in the field, to be posted to base hospitals and the surgical oversight these afforded, so that they were able to enjoy the benefits of a period of formal surgical training, and their units in turn could benefit from their surgical maturity once they returned to active service.

Now, wearing his College hat, he expressed dissatisfaction with the method of admission to Fellowship and proposed new regulations in place of the Board of Censors scheme that had operated hitherto. These regulations, passed by the Council in 1944, required a candidate to possess a Primary examination, to undergo a formal period of training and then to pass a Final examination conducted by the College.

The three elements of the 1934 scheme – a grounding in the basic sciences, a period of ‘apprenticeship’, and an exit assessment – remained, but the final element was to change substantially as a result of Hailes’s reform.

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\**Varium et mutabile semper femina.*

(Fickle and changeable always is woman.) Virgil, *Aeneid*, 4: 59.

The College was, by now, contemplating the need to conduct its own Primary examination. Meanwhile, it was prepared to accept the English Primary (the Edinburgh College's change from a one-part Fellowship examination would come in 1949)<sup>1</sup> or the first part of the Master of Surgery as then administered by Australasian universities.

The subjects for the Final examination were: general surgery, gynaecology, urology, ophthalmology, orthopaedics and laryngology. (They were listed in this order in the 1966 handbook. One may speculate on the formula which caused newer disciplines to be scattered in such a fashion among those which dated from the earlier Board of Censors period.)

In his historical survey in the 1995 handbook, Colin Smith sums up Hailes's arguments thus:

the RACS would never 'be considered first class' so long as it accepted senior surgical qualifications awarded by other bodies, the standard and uniformity of which it could not guarantee - the secret of the prestige of the English Fellowship [examination] being its 'high and uniform standard'. However the English Fellowship also had a weakness in its lack of an apprenticeship requirement (a mere six month residency requirement was introduced in 1935). If the Australasian Fellowship could combine its strength in that regard while adding the strength of the English examination it would become 'possibly the ideal surgical Fellowship'.

Now this Hailes scheme is not too different from the system of admission that was described by John Loewenthal and Bill Hughes in the early 1970s and (I was told) received with polite derision by the heads of the United Kingdom colleges at the time, as they themselves slipped back from the concept of the exit Final examination. (They would spend the next twenty years working out how to correct the slippage!) It was, for that matter, not too different from the system of admission by examination that prevails today; it is a tribute to the vision of W.A. Hailes that, amid the preoccupations of wartime, he was able to propound such a scheme. Regrettably, his service to the College was to be cut short by his death in 1949, 'before opportunity of higher office', as Benny Rank wrote in 1966.<sup>2</sup>

Meanwhile, in March 1946 the Board of Censors was abolished, and in June the newly established Court of Examiners conducted its first Final examination. But the abolition was soon recognised to have been premature, for there was a backlog of surgeons, of appropriate seniority and experience in surgery, who had been prevented by war service from presenting under the 1934 scheme, yet who were by reason of their seniority reluctant to undertake the period of 'academic study' (in the words of the handbook account - a euphemism for 'swotting') required before presenting for the Final examination. The College needed these men within its ranks. It is probably true to say that these same men, however reluctant to pay the price demanded of

them and however reasonable their reluctance, would in time need the surgical companionship that a local college affords.

The Board of Censors was, therefore, hastily reconstituted in 1947 to offer – for a limited period – an alternative pathway into the fellowship of the College. Hailes did not like the concession, but his ideal of a single pathway to the Fellowship was, in the circumstances of the time, unattainable.

The last English Primary in Australasia had been conducted in 1946. After obtaining an assurance of reciprocity from the English college, the Australasian College mounted its own Primary for the first time in 1949. The other United Kingdom colleges followed suit in granting reciprocity in 1952.

But then the Council made its next mistake. Many of its members ‘doubted the wisdom of conducting the Final examination in the specialties, believing that the approach to any specialty, with the exception of ophthalmology and perhaps laryngo-otology, should be through a general surgical training’. This ‘creationist’ view of surgery overlooked the facts of evolution: general surgery had become a circumscribed discipline as gynaecology, urology and orthopaedics developed their own substance by eroding the scope of general surgery (and as cardiothoracic, paediatric and plastic surgery and neurosurgery would shortly do). It had become, as my Canadian friend Bob Salter – with truly orthopaedic candour – defines it, ‘residual surgery’.

However, it was decreed that from May 1953 the final examination would be held only in general surgery and ophthalmology. This, recalls Sir Douglas Miller in his continuation of Orm Smith’s history,

immediately roused criticism on behalf of those who had already held a senior qualification and had become immersed in specialist practice. The threat that such specialties might develop their own qualifications and associations became obvious.<sup>3</sup>

In fact, a number of specialist associations were already in existence, and disputes over the proper relationship between specialty associations and the College would damage the unity of surgery over many years. (It is one of the ironies of history that specialty associations are now defending their own position in the face of the rise of sub-specialty groups.)<sup>4</sup>

Within a year the Council had retreated from its position – it was, I think, even more moved by the thought of wholesale secession than by the possibility of individual injustice – and allowed any holder of another Fellowship with a reciprocal Primary to present in orthopaedics, gynaecology and operative obstetrics, thoracic surgery, neurosurgery and urology. (Paediatric surgery, first examined in 1957, and plastic surgery were added later.)

But the College had by now given offence to many, and every attempt it made to tilt its playing field seemed to create fresh problems. Its error, in hindsight, had been its failure at the outset to distinguish



(Sir) Gordon Bell, Edinburgh trained and decorated in the First World War, became president in 1947, the second New Zealander to occupy the post.



(Sir) Douglas Miller joined the Council at the beginning of Gordon Bell's presidency. He was to become the apostle of flexibility in the period after the Second World War when experienced surgeons needed to be recruited into the College.

adequately between the new trainee presenting for his (surgery was still largely a male preserve, so the masculine pronoun will suffice) first fellowship, and the established surgeon, especially the surgeon established in specialist practice. It was influenced, I believe, by a sense of the divine right of Royal Colleges – a sense which offers as little protection as it once did to Royal heads. Something more in the nature of an *ad eundum* philosophy of admission would have served it better.

Already it is possible to see how wildly astray (one might say 'deluded') was Newton when, in the course of his letter of 12 December 1944 to Gordon Bell, he wrote:

It has followed that the College has grown steadily in power and importance with the result that all surgeons in Australia wish to belong to it.

A decade after he wrote, there were many who held it in low regard. Worse than that, even the 1954 'concession' did not achieve the desired result, of bringing all Australasia's properly trained surgeons 'into the fold' of its own College. There were, as Miller points out, 'many well-established surgeons who while occupying teaching posts were not prepared to submit to formal examination'.<sup>5</sup> He himself had joined the Council in 1947 and became the apostle of flexibility. In May 1950, indeed, he proposed *ad eundum* admission for English Fellows. (Twenty years, earlier, returning to Australia, he had been dismayed to find that his English Fellowship gained him no consideration whatever.) In December 1955 he proposed that Fellows of reciprocal Colleges should be subject only to *viva voce* examination. He was asked to back his proposal by figures, and his statement of the Queensland position was compelling: 38 surgeons under the age of 50 had an English Fellowship, only 17 the Australasian.

Accordingly, in 1956, the Council restored the Board of Censors interview for a couple of years, but only to those whose overseas Fellowship antedated 1950. It was, Miller recalled,

a rather unpleasant and unsatisfactory procedure, in which the candidate confronted the whole Court across a table and could be bombarded with questions which were not always appropriate, and were at times unsympathetic.<sup>3</sup>

Worse than that, coming late in the day, it was perceived by some as discriminatory. Introduced a decade earlier for clearly stated reasons, it would have been more readily accepted, but at least it helped somewhat the recruiting of mature surgeons.

The group it did not help was defined by Miller: the

increasing numbers of young men returning home with senior surgical



qualifications obtained elsewhere. Many of them gained appointments to teaching hospitals and were unwilling to face up to a full-scale examination with the considerable risks of failure.<sup>3</sup>

A few of us, returning with a Fellowship from the United Kingdom, were prudent (or naive) enough to present immediately on our return for the Australasian examination, before we had become too deeply involved in specialist practice and too removed from the world of examinations. We certainly felt ourselves to have been naive when, in 1958, holders of a reciprocal overseas Fellowship were granted exemption from the written examination.

But this next concession did have the effect of bringing in a large number of qualified surgeons, if at the expense of leaving the College open to further criticism for its vacillation. In making it, the College did not altogether re-invent the Board of Censors, as Colin Smith has suggested in his historical survey (p.36), because there was a clinical as well as an oral segment in the modified examination. He is right, though, to emphasise the vast increase in the rate of growth of the College that occurred in the second decade after the end of the war, as compared with the preceding one.

One of the last voices against the change, says Colin Smith, had been his namesake Orm, who had been censor-in-chief during the latter part of the process of incessant change. He protested, we are told,

that there had been fourteen ways of becoming a FRACS since 1926, and at the continued 'nibbling away' at their standards; declaring his difficulty in assessing the training of 'reciprocal Fellows' and his lack of faith in English College training requirements which were, 'compared to [our] own... shoddy to a degree'... - rhetorically suggesting that FRCs might be offered an inferior 'Membership' of the RACS.<sup>6</sup>

Events beyond this College were, over time, to justify his rhetoric.

The final resort of the Council, in its efforts to accommodate the reservations of senior surgeons, was to expand the application of Article 24. This had allowed two practitioners of over 20 years' standing to be elected to fellowship each year – a noble 'grandfather' clause. In 1954 it was resolved to add clause 24(b), which allowed election of surgeons of 12 years' standing who possessed a senior surgical qualification. It was quite strictly stated:

- formal nomination, either by two councillors or one councillor and five other Fellows;
- election to depend on a three-fourths majority of Council; and
- a limit of six new entrants per year.

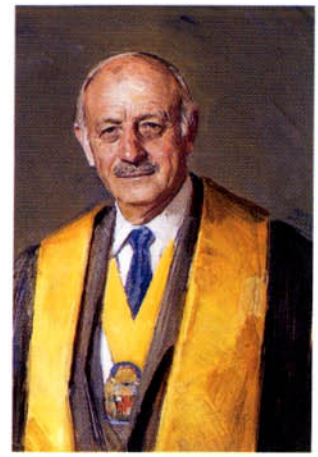
Under this clause John (later Sir John) Loewenthal, now occupying the chair of surgery in Sydney in succession to Sir Harold Dew, was prepared to be recruited into the College of which he would, a mere



Julian Ormond Smith - Orm Smith - occupied every rung of the College's hierarchical ladder in his time. He developed almost a mystical regard for its forms and usages and, in his portrait by Dargie, he draped the presidential gown over the back of the chair, believing himself (as by this time a former president) no longer entitled to wear it.



Sir Harold Dew (left), was succeeded in the Sydney chair by (Sir) John Loewenthal (right); both men were PRACS in their time, but Loewenthal had shunned the College until he was elected to Fellowship in 1956.



W.N. Robertson retired from the Council after only two years, to be replaced by his fellow-Queenslander E.D. Ahern.

Sir Henry Newland retained the presidency for an unrivalled six years. In the days of 'broad-spectrum' general surgery he had been a pioneer of both neurosurgery and plastic surgery and had worked with Gillies at Sidcup. In this view he is fourth from the right in the rear rank, during a visit from Queen Alexandra.

five years later, become a councillor – and ten years after that, president.

In the decade after the end of the war, the College Council faced another embarrassing situation. This related to the system of governance of the College. The 1927 ballot of founders, it will be recalled, elected a council of ten members, to whom was added the name of Sir Alexander MacCormick (not that this made much difference!).

When in 1929 Sir George Syme died, and W.N. Robertson of Queensland retired, the vacancies were filled by the appointment of Alan Newton and E.D. Ahern respectively. Both men were therefore in position as serving councillors and well placed for election at the next ballot. The presidency devolved, with Syme's death, on Sir Henry Newland. Knighted in 1928, he retained the office for six





years, a period never seriously challenged by his successors. Indeed it was thereafter limited to two years, at first by regulation and later by a convention from which only Loewenthal, Hughes and, most recently, Barraclough – each re-elected for a third year – have been exempted. (At a time when the running of the College was effectively in the hands of Devine and Newton, the presidency itself was largely a ceremonial office.)

The practice of appointment by the Council itself, of councillors to fill casual vacancies, thereafter became a routine event and was indeed sanctified by regulation. Thus, Robert Wade and Hugh Poate of Sydney – both of them future presidents – replaced Craig and Worrall in 1931, Balcombe Quick, who became treasurer in 1937, succeeded Hamilton Russell in 1933 and so on. Three men came on in 1937: Sir Hugh Acland of Christchurch when Barnett resigned from Council on assuming the presidency so as to create a casual vacancy, Sir John McKelvey of Sydney (who died in 1939) and Victor Hurley of Melbourne – elected president 14 years later – to bring the number of councillors from ten up to 12.

It was a cosy method of ensuring continuity of policy and compatibility of personnel, but it was hardly democratic, especially at a time when democracy was becoming fashionable. After the war, says Sir Douglas Miller in his reminiscences,

there was a growing feeling that the affairs of the College had been controlled long enough by a small, though important and self-perpetuating, section of Fellows.

It may be felt that the adjective ‘self-perpetuating’ might have been better placed ahead of the word ‘though’.

In 1947 the Council resolved to increase its numbers from 12 to 14, but when this was put to a general meeting of Fellows later that year it was defeated

as the result of very forceful opposition by Sir Alan Newton, himself no longer a member of Council, but still exercising the great authority of his personality. He was most opposed to increasing the number of Council members or any loosening of the reins of government.

Miller goes on:

Not until 1952 was another attempt made, when Council was increased to 16 members, who were to be elected in rotation for a period of three years. Sir Alan Newton had died in 1949.<sup>3</sup>

Meanwhile, another convention came in for criticism: the unlimited term for which a Fellow might serve on the Council. Plainly the continuity this gave was valuable in the early days, but a College which had comprised a mere 200 Fellows when the foundation Fellows joined the founders, now numbered some 750 – and not a few of



Councillors and former presidents dined together in June 1958. Back row: E.L. Button, A.H. Lendon, C.H. Osborn, J. Officer Brown, H.C. Barry, J. Orm Smith, B.K. Rank, H.H. Stewart, N.G. Sutton, R. Officer, S.F. Reid. Front row: Sir Benjamin Edye, Sir Harold Dew, I.D. Miller PRACS, Sir Hugh Devine (who died the following year but was, on this occasion and at the age of 80, the life and soul of the party).

these were interested in becoming involved in the running of the organisation. There had often been murmurings from north of the Murray river about the show being run by a Melbourne clique; there were rumblings from further afield about the self-perpetuating coterie that Miller has mentioned. Certainly councillors appear to have enjoyed office. There was a custom, but no obligation, for presidents to retire from the Council at the end of their term. Indeed, Ahern's presidency ended in 1943, but it was not until 1947 that he retired altogether after serving as a councillor for 18 years! (Perhaps his two post-war years enabled him to catch up on the meetings he had missed during his presidency itself.) Newton, having joined in the same year as Ahern, also left in the same year.

In 1950 the criticism of unlimited terms in office surfaced at a general meeting of Fellows. The Council kept its collective head down for four years, then resolved to limit the term to 12 years. Unlike the 1947 meeting, and perhaps for lack of Newtonian eloquence, this resolution passed unchallenged at the next Fellows' meeting.

But the casual vacancy procedure, enshrined in Article 8 ('any casual vacancy occurring in the Council through the death or resignation of a member *shall* [my italics] be filled by the Council') continued to give offence. There can be little doubt that it was manipulated, at times rather too openly.

Ahern's retirement in 1947 was made in January – and it was Douglas Miller of Sydney, not on this occasion another Queenslander,<sup>7</sup> who was handpicked to succeed him. He was therefore in place and able to observe and report the next application of the process that had brought him in. In June of that year Newton

announced his intention to retire, but stated that he had not yet decided on a suitable successor! Council gave permission for the executive committee to fill this vacancy when Sir Alan had nominated his successor. His choice was Henry Searby, who was appointed the following month.



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Newton, having resigned, was then appointed as adviser on postgraduate surgical education. Sir Alan Newton had doubtless chosen Henry Searby because he was largely the product of his own training and ideas. He was extremely dedicated, hard-working and inflexibly conservative.<sup>3</sup>

A general meeting of Fellows in 1948 recommended that casual vacancies be filled at the next regular elections. The Council was dismissive of the recommendation, and the existing practice continued for a couple of years. Devine and Quick retired in 1948, to be replaced by F.J. Colahan of Melbourne and E.L. Button of Wellington – Colahan served three years, Button his full 12. When Hailes died in 1949, he was replaced by L.C.E. Lindon who, having arrived by the same informal route, would be Miller's successor in the presidency. And when George Bell retired at the end of his presidency, E.S.J. King of Melbourne came in, to succeed Colahan as treasurer in 1951.

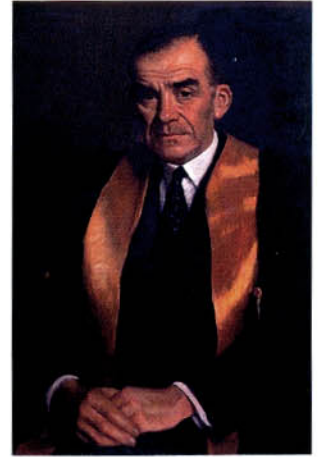
In 1955 the offending Article was repealed, having been ignored for its final five years on the books. During that period, as it happens, only two new members had come on to the Council: Stanley Wilson of Dunedin and Orm Smith himself. It was evidently possible to recruit future presidential material without recourse to Article 8.

It is interesting, though, to detect in the Miller reflections a lingering regard for the earlier procedure:

Since election became a matter for general ballot, disproportionate representation has at times occurred, and has prompted thought as to ways in which this might be avoided.

In 1966 there were six Melbourne surgeons on the Council, as against four from Sydney. In 1972, when Miller wrote, there were still four New South Welshmen, but only three Victorians. Perhaps in these figures there is evidence of what he meant by 'disproportion' and its avoidance.

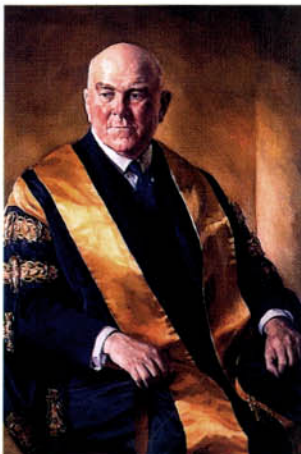
In the context of representation, it is worth moving ahead a few years



Henry Searby of Melbourne was chosen by Sir Alan Newton to be his replacement. He was (according to Douglas Miller, who had no time for him!) 'extremely dedicated, hard-working and inflexibly conservative'.



Eardley Button of Wellington had been groomed for the Council by serving as secretary to the New Zealand committee, before his appointment in 1948.



George Bell (left), retired from Council at the end of his presidency, to be replaced by E.S.J. King (right).



to an issue that caused some flutterings in the New Zealand dovescotes in the early 1960s. During the formative years of the College, its New Zealand Fellows seem to have worried little about who should be their spokesman. In part this reflected the difficulties of communication, which reduced interstate and New Zealand councillors alike to a status approaching that of corresponding membership of Council (and in turn prompted jibes about the 'College of Surgeons of Melbourne'). All New Zealand surgeons, even Barnett, were in a sense remote from the action. And in part, of course, Barnett's own status as the elder statesman guaranteed endorsement of his position. He was the country's first English Fellow and had just retired from its only academic post when the College – his College, we might say, given his role in its formation – was founded in his own city. His primacy was undoubted.

Acland's selection during Barnett's presidency was likewise a natural choice – Acland, the patrician Cantabrian<sup>8</sup> – as was the succession of Gordon Bell, on to whose shoulders Barnett's mantle slipped so comfortably in Dunedin. If College legend is accurate, it was also in Dunedin that Eardley Button earned his position: one of the items of folklore that came to me when I was apprenticed to the New Zealand committee was this:

There was a College meeting in Dunedin [it may even have been the 1948 meeting, which Gordon Bell chaired, as president, in the centennial year of Otago] during which the New Zealand committee succeeded somehow in giving offence to the lady who was acting as shorthand typist; she barricaded herself, with the Committee's papers, in her hotel room – and there threatened to do great harm to them and to herself. Button, then secretary to the committee and recognised for his diplomatic skills, was delegated to talk her out. This he managed to do.



Stanley Wilson was the third New Zealander (and indeed the third Dunedin surgeon) to reach the presidency.

Such stories at least deserve to be true. Whatever the truth of this one, the existing practice – the submission of names to the New Zealand committee for selection after (if necessary) a postal ballot among members of the committee conducted by the honorary secretary<sup>9</sup> – served well enough.

Button's term on the Council took him to the vice-presidency, and three years on he was joined by Stanley Wilson, distinguished as a surgeon in peace and war and a future president (the third in a succession that made Dunedin appear to have a monopoly). But towards the end of their respective terms, a number of younger and more outspoken surgeons became concerned with the succession, with an identifiable New Zealand voice in Melbourne, and with the means by which this might become assured and transparent. It was a local manifestation of the state of mind that had brought the casual vacancies and unlimited term issues to a head.

It will be recalled that the Council had been enlarged to 16 members in 1952. In 1937-39, 1948-49 and again since 1951, two Councillors had been New Zealanders, but there was no guarantee of this, and



the voting strength that elected a Council was overwhelmingly Australian. It was therefore seen as important that the New Zealand vote should not be fragmented. The New Zealand committee discussed the matter in April 1958 and agreed that it should be considered by the annual business meeting of New Zealand Fellows. Here, on 11 September, F.P. Furkert (then chairman of the committee) moved, and J.W.E. Raine seconded, a motion

THAT the New Zealand committee decide which nominations should go forward to Council elections.

The motion to preserve the status quo was carried; but S. deC. Barclay of Greymouth 'mentioned that there was difficulty in voting for Council elections as the New Zealand Fellows did not know a large number of the Australian candidates and they voted at random. He suggested that Council allot a set number of seats to each State and to New Zealand.' This view overlooks the fact, of which the Council was aware, that if you have 'electorates' you get a parliament, not a council. For that reason, there was little sympathy in Melbourne with the idea of regional representation or of pre-selection devices.

In 1960 Furkert, of Auckland, who had just completed a two-year term as chairman of the New Zealand committee, was the chosen New Zealand candidate and was duly elected. He had commanded a mobile field surgical unit and later achieved a red hat in a war that was still fresh in memory; on the other hand he was (as I recall him) stolid rather than charismatic in style. Three years later he was joined by J.W.E. Raine of Wellington, who had been secretary to the committee after Button and came on to the Council in succession to Wilson.

The annual meeting on 19 September 1963 was informed that a letter had been received from J.M. Langham of Auckland 'expressing concern about the method of nomination of New Zealand Fellows for the Council elections'. In discussion, A.F. Hunter of Auckland 'thought that each Fellow would feel that he should have a vote to decide which one or two out of, say, three or four nominees should represent New Zealand on Council'. After a good deal of discussion, it was resolved (on the motion of P.W. Cotter of Christchurch, seconded by Barclay)

THAT if practicable the Dominion Committee should conduct a poll of Fellows in New Zealand on New Zealand nominees for election to Council... This system should apply to all nominations for election to Council, i.e. including those Fellows nominated for re-election.

The sting in the tail will be apparent.

A poll was duly conducted in 1964, and J.W.F. Macky of Auckland recorded a majority of votes, the New Zealand committee thereupon forwarding his name for election. The minutes of the April 1964 meeting record that this was done 'after considerable discussion' -



F.P. Furkert was a sitting councillor and eligible for re-election in 1964, but a poll of New Zealand Fellows favoured J.W.F. Macky. Furkert was, however, nominated and was re-elected.





F.E. Webster, who had nominated Furkert, became chairman of the New Zealand committee in time to find himself faced with an explosive situation.

the committee was well aware that it was in a catch-22 situation. But Furkert was, after all, eligible for re-election (having completed one four-year term), and F.E. Webster, Furkert's old friend and Auckland colleague and a member of the New Zealand committee, asked the Dominion committee to forward both names for election. This was declined. Webster persuaded a reluctant Furkert that he was at least entitled to be nominated for re-election, then himself signed the nomination. Furkert was duly re-elected (serving councillors commonly are).

The New Zealand committee meeting on 11 July 1964 received this news, along with a letter from the Council:

The College Council is elected by an open and common franchise of all Fellows and any Fellow duly proposed and seconded has the right to nominate for Council. i.e. the Council does not consist of 'representatives' either of regions or of any particular branch of surgical practice. The practice of preselection ballots which has grown up contravenes this present system and is not a function of State or Dominion committees. Council does not approve of this practice.

The committee responded by passing a resolution moved by J.W. Ardagh of Christchurch and seconded by W.M. Manchester of Auckland:

THAT the New Zealand Dominion Committee take no part whatsoever in the pre-selection of Fellows nominated for election to Council.

It also elected Webster as its new chairman.

His first task was to chair the committee meeting on 2 September 1964 (which heard differing suggestions from Fellows' meetings round the country: for regional representation, for part-regional representation, for guaranteed New Zealand representation). His next was more disagreeable: to chair an angry annual meeting the following day.

He detailed the course of events, himself taking 'full responsibility for nominating Mr Furkert'. He reported on two resolutions of the previous night's meeting, urging regional voting for one person in each State and New Zealand, or (as a 'bottom-line' position) in New Zealand at least. Barclay expressed the view that Furkert had been elected by an Australian vote and went on to move 'THAT Mr Furkert be asked to resign his office'. His motion was seconded by P.W. Cotter of Christchurch. It brought out a groundswell of support for Furkert's position and 'was *lost heavily* on the voices'. But the meeting still hankered after part-regional representation for a time, before settling on New Zealand guarantees, well summed up in a resolution from Christchurch that 'in view of the fact that New Zealand is a different country and not an Australian State, Council be urged to ensure that New Zealand has adequate representation on Council at all times'.

Before the next committee meeting Furkert was dead. In the election of 1965 his place was taken by Macky; a guarantee of two New Zealand places was quite cheerfully provided by the Council,<sup>11</sup> and the issue died.

## NOTES

1. Orm Smith, in his account of the early days, comments (p.20n) that, in defining a 'senior surgical qualification' in the formative years, the Council had followed the English College precept of the two-part Fellowship examination; and continues: 'The Royal College of Surgeons in [*sic*: only the Irish College is 'in', others 'of'] Edinburgh did not exact the same from its candidates as there was no primary examination. So, shortly, sharp-written words were exchanged between the respective secretaries of the Australasian and the Edinburgh Colleges. A few years later Edinburgh included a primary examination in its Fellowship regulations.'

2. In his 1966 Guide to the items of historical and aesthetic interest, p.6.

3. Miller, ID (1972) *loc. cit.*

The impact of these frequently changing regulations was reflected in a letter I received in 1973 from a colleague lately elected under Article 24, thanking me for whatever help I had given him:

The story of how the regulations continually change so that I was always ineligible to sit for the confounded fellowship is still hard to believe. It was an extraordinary situation because I always intended to get the Australasian Fellowship and not the English Fellowship. For some incredible reason I got the English Fellowship in a nonchalant, cheeky and inevitable fashion, only to find that the one Fellowship that I did want, I was not allowed to sit for.

4. The subject of unity within orthopaedics was addressed by J.B. McGinty in his First Vice-President's address to the American Academy of Orthopaedic Surgeons in 1990 (see *J Bone Jt Surg.* 72A: 484).

5. One such, as Fielding (*op. cit.*) records, was (Sir) John Loewenthal, who ultimately came in by election.

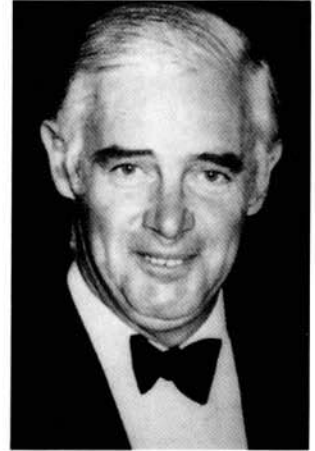
6. This account of Orm Smith's rhetoric appears in Colin Smith's essay, *The shaping of the RACS, 1920-1960*, in the 1995 edition of the RACS handbook (at p.37).

7. The next Queenslander was N.G. (Neville, or 'Nipper') Sutton, elected in more orthodox fashion in 1949.

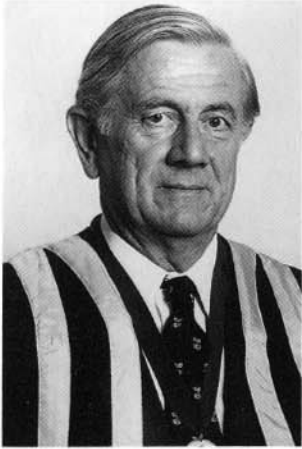
8. I should explain that, in New Zealand usage, 'Cantabrian' is a resident of Canterbury, the region that surrounds Christchurch. (It has nothing to do with northern Spain.) The Acland family were, indeed still are, illustrious in Canterbury society. Sir Hugh's old home and consulting rooms in central Christchurch, however, are now a restaurant - but a good one!

9. Quoted in NZC minutes, 11 April 1958.

10. These events are recorded in the New Zealand committee and annual



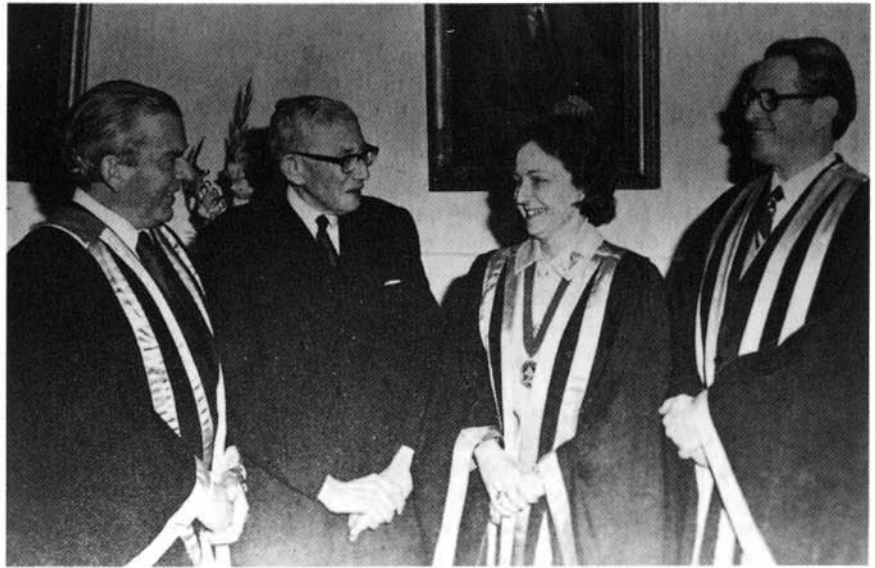
J.W.F. Macky was elected in 1965 to fill the vacancy caused by Furkert's untimely death.



W.J. Watt was the first New Zealander to become Dean of the Faculty of Anaesthetists. He was one of five Kiwis to sit at the Council table, even if briefly, in June 1975.

meeting minute books for the period.

11. The guarantee has never had to be called up. Indeed, there was a short time in 1975 when five New Zealanders (Raine as president, W.J. Watt as Vice-Dean of the Faculty, Macky, and two newcomers – Heslop and Beasley) sat round the Council table.



Geoffrey Kaye was the first president of the Australian Society of Anaesthetists and a pioneer in raising the professional standards of anaesthetists. He collected items of anaesthetic apparatus which later formed the basis of the Faculty's museum, to which his name was attached. Here he is seen after receiving the Orton medal, talking to the Dean, Tess Brophy, while Kevin McCaul (left, former Dean) and Brian Dwyer (right, vice-Dean) look on.