

GENESIS OF A FACULTY

You will rank as an apostle in the high aesthetic band
If you walk down Piccadilly with a poppy or a lily...

W.S. Gilbert *Patience*, act 1 (1881)

Although the analgesic properties of poppy juice had been known for centuries, it was not until the late 1840s that medical use was made of three substances which went further and, during their administration, could abolish awareness of pain. Nitrous oxide, ether and chloroform ushered in a new era of surgery for, quite apart from the benefit to the patient, they freed the surgeon from the tyranny of urgency. The ability to operate longer and with more deliberation is one of the bases of modern surgery.

Surprisingly, therefore, the practitioner who conferred this benefit remained, for generations, the poor relation – literally and figuratively – of the surgeon who enjoyed it. While nitrous oxide was administered by way of a tube and face-mask, and the other two agents commonly by dripping them on to a cloth, there seemed to be little science or subtlety in the practice of anaesthesia. (Thus, chloroform was the most effective of the three, while also the least forgiving of careless or imprecise administration, and it was lack of the science and subtlety it demanded that caused it to be relegated to the ‘too-hard basket’ and discredited.)

Through much of the first half of the twentieth century, anaesthetics were mostly given by general practitioners, and the surgeon’s rate of referral from a particular GP depended on the loyalty with which he used him as anaesthetist. Obviously such a system works best when a surgeon performs private operations one at a time. As soon as he assembles a ‘list’, he will naturally wish to employ one anaesthetist for the entire list.

It is tempting to regard the advent of intravenous thiopentone anaesthesia as marking the birth of modern anaesthesia: it would be better to regard it as the first fruits of the emergence of practitioners who saw anaesthesia as an important field for scientific endeavour. In Australia one such was Geoffrey Kaye, who collected items of anaesthetic apparatus, thought about improvements and innovations and shared his enthusiasm with colleagues. In 1934 the Australian Society of Anaesthetists was formed, with Kaye as its first president.¹

It was an inclusive organisation, along the lines of the surgical

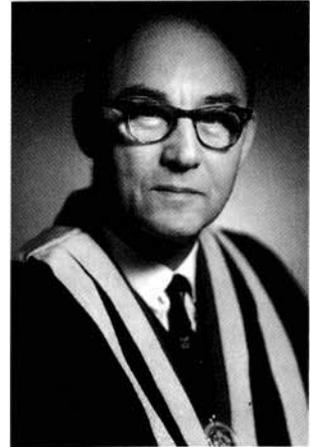
sections of the BMA that Gordon Craig and others had envisaged for surgeons back in 1920. It is a characteristic of such institutions that they drag the dabblers forward, while the dabblers hold them back. (Exclusive organisations, on the other hand, are not held back in this way, but are open to criticism and sniping from the fringes – sniping which may prove fatal! The Australasian College had its share in the late 1920s.)

The College was supportive of this move by the anaesthetists: it included the subject of anaesthesia in the programmes of its annual scientific meetings in 1933 and 1934, Kaye leading a discussion and his colleague Gilbert Brown setting up a display. By 1939 anaesthetists were offered access to the College library, and their museum (based on Kaye's collection) was housed in the College.

As anaesthesia moved towards exclusivity, the several Australian states moved towards introducing diplomas of anaesthesia, while the executive of the ASA began to worry about the disparity in standards that could result from such a piecemeal approach. By 1947 the president (H.J. Daly of New South Wales) and president-elect (R.H. Orton of Victoria) were concerned enough to bring the subject before the Society's annual meeting, which approved a motion to approach the Australasian Royal Colleges – Surgeons and Physicians – asking them to set up a Conjoint Board charged with establishing a Federal Diploma in anaesthesia.



In 1947 H.J. Daly (left), as president of the Society, and his vice-president, R.H. Orton (right), prompted an approach to the Colleges of Surgeons and Physicians seeking support for a Federal diploma.



The idea was not altogether new: as far back as 1939, when it welcomed the anaesthetists into its home, the College had suggested the establishment of a joint diploma. But RACP was in its infancy, the war intervened, and with the approach of peace Sydney in 1944 and Melbourne two years later set up the university diplomas that had triggered the Society's alarm.

The response of the College of Physicians was muted; the Surgeons saw constitutional difficulties in responding as requested, but equally had 'every sympathy with the request'.² It helped focus the local

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surgeons' sympathy, and indeed illuminated their path, when a Faculty of Anaesthetists was formed within the English College in 1947. They now had both a stimulus and a model.

In a way it resembled the parable of the gnat and the camel: the difficulties implicit in creating a diploma could be overcome by creating a Faculty.

During 1947 and 1948 Orton, now in office as president of the ASA, talked much with his Melbourne surgical colleagues Newton and Searby. Then came a lucky 'happencstance' – lucky enough, indeed, to dignify the term! Daly found himself on a visit to England at the same time as Ivan Jose of Adelaide, recently elected to the Council and already enthusiastic about the Faculty idea. The two of them met the leading figures in the English College's Faculty: Archibald Marston the Dean, Bernard Johnson his sub-dean and members of the Board of Faculty. Their discussions were encouraging and might have sufficed – but then came the happiest circumstance of all.

The two visitors returned to Australia in January 1950, and in Adelaide Daly was held up on his way back to Sydney. His anaesthetic colleague Mary Burnell (wife of an Adelaide surgeon, Glen Howard Burnell, who was to die a couple of years later) arranged a further meeting at the Burnell home, where Daly and Jose could tie up the loose ends of their London meetings. By the time Daly's transport left for Sydney, Jose had a clear design to present to the Council.



Ivan Jose, then a junior councillor but to become president 1955-57, was in England at the same time as Daly and able to learn about the recently established Faculty within the English College.

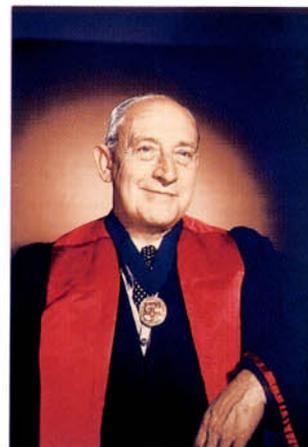


In 1950 Mary Burnell (a future Dean) invited Daly and Jose to the Burnells' home in Adelaide, where they were able to make a plan of campaign.

The Society played its part promptly. At its annual meeting in Brisbane on 29 May 1950 it unanimously approved a resolution:

THAT it is the considered opinion of the Australian Society of Anaesthetists, which represents the majority of anaesthetists in Australia, that a Faculty of Anaesthetists within the Royal Australasian College of Surgeons would be of tremendous benefit to both the College of Surgeons and the Society of Anaesthetists.

It sought a meeting with College representatives and set up a Victorian



The English College formed a Faculty of Anaesthetists in 1947, with Archibald Marston as its first Dean. The example, and Marston's advice, proved invaluable to those who set about establishing an Australasian Faculty.

working party: Douglas Renton, now president of the Society, J.E. Gillespie and L.G. Travers. The group met on 26 July, with Sir Victor Hurley PRACS, the ubiquitous Searby and the College treasurer, F.J. Colahan. (The choice of College negotiators would tend to confirm Colin Smith's view that Searby welcomed the idea of a Faculty as representing an additional source of income to the College.)

Searby produced an 'Outline' designed to retain as much flexibility as possible, thus allowing maximum autonomy to the new Faculty. It was approved by both sides, and by the end of 1950 an interim Board of Faculty was established. Its five anaesthetic members were to be regarded as the 'Founders' of the Faculty: Renton, Travers and Gillespie of Melbourne, Daly of Sydney and Gilbert Troup of Perth. They were joined by Hurley and Searby from the College. These founders met first on 31 January 1951 and were kept busy throughout the year, for they had to go through all the processes that had occupied the College's founders in the late 1920s: a constitution, regulations, the compiling of a list of 40 foundation Fellows (at this stage the New Zealand Society of Anaesthetists was invited to become involved) and of course an exordium which went the rounds for signature by the foundation Fellows. There were (whether 'also' or 'altogether' is unclear from the Faculty's record) 69 foundation members approved on the advice of the two societies.³

Of these foundation Fellows and Members, no fewer than 48 attended the first general meeting of the Faculty in August 1952. With no officers yet confirmed, the inaugural meeting was chaired by Sir Victor Hurley, who reviewed the process that had led to the formation of the Faculty. The meeting went on to approve the interim board's proposals, and confirm it as an acting Board until elections could be held. Renton became acting Dean, Daly his deputy and Wheeler, the College secretary, added the Faculty to his responsibilities. From the English Faculty and its dean came an illuminated address, handed over by none other than that most consistent of visitors, Sir Gordon Gordon-Taylor.

The first election was held in May 1953. Renton, Travers, Daly



Sir Victor Hurley presided over the inaugural meeting of the Faculty of Anaesthetists in August 1952.



Douglas Renton of Melbourne was the Faculty's first Dean; he is commemorated in a prize for the Primary (later Part 1) examination.

Lennard Travers was involved in the design of the Faculty and became Dean in 1959. He is commemorated in an occasional professorship.



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and Troup of the interim and acting Boards were returned, along with R.H. Orton of Victoria and A.N. Slater of Wellington, one of a group of specialist anaesthetists practising in New Zealand.⁴ To this group were added two representatives of the Members of the Faculty (a short-lived junior grade): T.P. Crankshaw and R.B. Speirs. Renton and Daly were confirmed in office.

The first Final examination of the Faculty was held in May 1956 (six of the seven candidates were successful) and the first Primary in March the following year, but here only one of the five candidates was approved. The subsequent addition of clinicians to the Primary board helped give the examination a more practical complexion.

The Faculty's first honorary Fellow had been elected much earlier. Dr Bernard Johnson, by now Dean of the English College's Faculty, was elected on 6 December 1952 and invited to visit Australia and receive his award. When he came in 1953, he brought with him a notable gift: the local Dean's badge of office. Thereafter the new Faculty embarked on a programme which saw visiting professors, past deans and Council representatives admitted, as well as one of its own founding fathers: in 1973 Alf Slater of Wellington, too frail to travel, received his award from his wheelchair in his home town.



A.N. Slater of Wellington was the first New Zealand Board member of the Faculty, of which he became an honorary Fellow in 1973.

We have seen the major part played by Henry Searby in the formation of the Faculty. Indeed, his role in College affairs generally was a substantial one: he came on to the Council as Alan Newton's chosen heir and in a short time was in a position of 'multiple responsibility'. During Sir Gordon Bell's presidency Sir Victor Hurley, as vice-president, had chaired meetings of the executive. He now passed the chairmanship to Searby. On the death of W.A. Hailes in 1949, Searby added the role of censor-in-chief to his list of responsibilities and then, on the retirement of Sir Hugh Devine, succeeded to the chairmanship of the editorial committee of the Journal. He thus, commented Sir Douglas Miller,

carried a great weight of responsibility and did a tremendous amount of routine detailed work which brought him to the College constantly. He found it difficult to delegate any of his duties.⁵

In 1954 he became a vice-president. Though dogged by ill-health, he plainly saw himself as the logical successor to Sir Ivan Jose as president in 1957. But, having arrogated such power to himself, he had become arrogant in the exercise of it.⁶

To his surprise and chagrin, he found himself defeated by Douglas Miller and, in the ballot for the presidency, as in the America's Cup, 'there is no second'. Colin Smith observes:

his enemies may have been as stunned as he was at the election of Miller instead. Anyhow, he sent in his resignation and never attended another RACS meeting or function, despite repeated invitations.



Sir Hugh Cairns was an Australian expatriate who established a unit in Oxford and became one of the founders of neurosurgery as a specialty. Douglas Miller was among his protégés in the mid-1930s. In 1948 Cairns was the first Sims Commonwealth Travelling Professor to visit Australasia.

Douglas Miller (his knighthood came in 1961) was as urbane as Searby had been aloof. He had been a protégé of Sir Alexander MacCormick in his youth, and in 1934 he had paid a return visit to England to study neurosurgery under Hugh Cairns. The Neurosurgical Society of Australasia had been established in 1939 as a result of his efforts, and the Second World War for him had been an amalgam of forward surgery in North Africa, of neurosurgery there and back in Australia, and of administration and teaching. Behind his charming manner he was very determined.

He needed to be: there was widespread resentment on both sides of the Tasman against the machine he took over. The dominance of the executive committee (which then consisted of the Melbourne members of the Council) had led to the perception – most acute in Sydney, of course – of a ‘College of Surgeons of Melbourne’. Outside the rival states of Victoria and New South Wales, but especially in New Zealand, there was a feeling of being both remote and neglected.

Miller’s response to this situation was to chair the next meeting of the executive and then, by having its meetings changed from the traditional weekly pattern (a relic of the alarm clock days at 6 Collins Street) to become fortnightly, to attend roughly half thereafter. Colin Smith comments:

Miller had brought the RACS to terms with the fact that air travel and improved telecommunications had weakened the tyranny of distance, and that it therefore need no longer accept the tyranny of Melbourne.

His New Zealand visit in 1959 was undertaken at the request of his Council, once it recognised that there was a deep malaise in the affairs of the College in this particular part of its domains. Apart from a hard core of loyalists, relatively few New Zealanders took the Australasian College seriously; most regarded their English (or

Cairns is seated alongside Gordon Bell in this photograph of the Dunedin meeting in 1948, during Gordon Bell’s presidency and in the centennial year of Dunedin.



Edinburgh, once it became two-part) Fellowship as carrying greater weight. They voted, more diligently in New Zealand committee elections than for the Council. They plainly wanted to be part of an indigenous college, but for the most part they did not see the Melbourne-based organisation as indigenous to them. Secession by New Zealand was a real hazard. And in orthopaedics – a rapidly growing specialty at the time – there was now a local association, which had deliberately chosen to become part of a burgeoning international network of orthopaedic associations rather than respond to Gordon Bell's plea and affiliate with the College.

For lack of funding the administration of the New Zealand wing of the College was primitive and little suited to the initiatives that could have established its importance on the local scene. At a time when the College had, in any case, been altering its system of admission frequently enough to excite derision, the lack of programmed training struck Miller forcibly on his arrival.

His visit, which had been defined as 'a fact-finding mission and goodwill tour', occupied a couple of weeks (so effectively had the tyranny of distance been overcome), and in the course of it he met nine out of ten local Fellows. He listened, he charmed, he reported back, and the important part of his message was that New Zealand is not just a state of Australia: it is a separate country with its own problems which demand their own solutions. The New Zealand committee has more on its plate than a State committee and needs more resources – and more autonomy – to enable it to cope.

It is a message that still has to be restated from time to time. Australians have to remember that ours is an Australasian College (and that their recurring use of the words 'Australian Fellowship' or suchlike rankles with New Zealanders). The Kiwis, for their part, have to admit that Australia is a big country and occasional memory lapses, concerning its small neighbour, are to be forgiven. New Zealanders also need to bear in mind that the 'clout' of an Australasian College remains greater than a local New Zealand college could aspire to, and if (by reason of its freedom from the complexities of a mixed state/federal system) New Zealand can serve as the test bed for innovations, it can continue to exert influence beyond its numerical strength. The Barnett factor can still operate.

Awareness of these elements in the Australasian partnership made Miller a more important influence in College history than a mere fortnight's 'goodwill tour' might suggest. His Council, he contended on his return, must 'so reorder the College affairs in New Zealand that they may develop under their own power, and the bond with Australia should become principally a means of unifying... standards'.

More than that: since Miller's visit, I believe it is valid to claim that every Australian president has visited New Zealand during his time in office, and these days frequent presidential visits are a matter of course. At the eastern edge of his territory, then, Douglas Miller achieved much for his College.



G.F.V. Anson (known as Eric Anson, the 'F' standing for Frederick) served in both wars – as a naval officer in the First, and an army officer in the Second. Between the wars he practised in Wellington but afterwards moved to Auckland where he was a pioneer in cardiothoracic anaesthesia. He was especially well regarded by (Sir) Douglas Robb, because his patients woke quickly enough to say 'Thank you, Mr Robb' before leaving theatre. The 'luck of the alphabet' brought him certificate No. 1 as a Fellow of the Faculty.



Left: J.R. Ritchie was one of the New Zealand founders of the Faculty. He taught the rudiments of anaesthesia to generations of New Zealand students, becoming an associate professor. He was awarded the Orton medal in 1973.

NOTES

1. Donald Simpson recalls that *Anaesthetic methods* (Kaye, Orton and Renton, 1946) 'was a good and useful book in its day, and emphasises the close affinity of these three men... They were strong characters.'
2. Quoted in Colin Smith's historical survey in the 1995 handbook, p.34.
3. The Faculty distinguished itself, during its time with the College, by doing things on a more elaborate scale: about 40 surgeons sufficed to found the College but the Faculty required about double that number. Citations at inaugural ceremonies were consistently longer, academic gowns progressively showier. It was an interesting phenomenon.
4. The pioneers of specialised anaesthetic practice in New Zealand were G.F.V. Anson of Auckland, A.N. Slater of Wellington, C.J.J. Morkane, E.H.H. Taylor and Margaret Smith of Christchurch and J.R. Ritchie of Dunedin.
5. Miller, ID (1972) *loc. cit.* It is plain, reading between the lines of Miller's account, that he had no time for Searby, and their styles differed greatly. Yet they were both 'clubbable' men, indeed Searby was president of the Melbourne Club in 1955, while Miller (like Jacob in the 27th chapter of the book of Genesis) could say, 'I am a smooth man.'
6. Colin Smith records an occasion when Searby 'declined to promulgate a Fellow's notice of motion – one that was obviously not to his liking – for the 1950 AGM, explaining when challenged that Council "makes recommendations to Fellows"'.

In 1955 Henry Searby was president of the Melbourne Club, an institution in which much College business has been conducted. Here, it has been supposed, Hugh Devine obtained the grant of the College site.

