

EXODUS OF A FACULTY

Oh! we don't want to lose you but we think you ought to go.

Paul Alfred Rubens, *Your King and Country want you* (1914)

Almost from its foundation the Faculty of Anaesthetists closely resembled its parent College in its structures and activities. It soon abandoned its two-level pattern, discontinuing the admission of Members in 1960 and removing Members' representatives on its board. The existing Members were offered the consolation of being able to nominate Fellows for election to the Board of Faculty and to vote at the election. The roll of members was down to 28 by 1966 (as against almost 300 Fellows).

Regional committees were soon established, analogous with the State and New Zealand committees of the surgeons – but easier as a collective description. A two-part examination system was adopted. In 1955 L.G. Travers became the first Assessor, equivalent to the College's censor-in-chief, and in 1959 L.T. Shea became chairman of the Court of Examiners. By 1970 graduates were required to spend two years before becoming eligible to begin vocational training, and by 1975 a four-year period of vocational training was ordained (it became five years in 1985).

In an age when time was more willingly spent on committee work, it became a matter of routine, in New Zealand at least (in Australia the commitment was more variable), for a representative of the Faculty regional committee to attend meetings of the College's New Zealand committee – and *vice versa*. Personal friendships reinforced corporate co-operation.

In 1966 the Faculty followed the College into south-east Asia; a primary examination was mounted in Singapore in 1967, in Hong Kong two years later. In 1975 Dr R.C.S. Teo of Singapore became the first Asian candidate to win the Renton prize (equivalent to the College's Gordon-Taylor prize; so far as I am aware there was never an Eddey prize equivalent) for the highest marks in the Faculty primary examination. The first Asian final examination had taken place in Singapore in 1971.

The Faculty did a good deal to foster the development of intensive care as a discipline, and in 1972 moves began to form a section of Intensive Care. An attempt to involve the College of Physicians, designed to accommodate those intensivists with a background as



L.T. Shea became chairman of the Faculty's examiners in 1955; he was Dean 1964-66.



B.T. Keon-Cohen was the first of a number of Council representatives on the Board of the Faculty to be awarded its honorary Fellowship.



Gwenifer Wilson became official historian of the Faculty in 1966.

physicians, got nowhere, and the regulations of 1975 which established the section, did so entirely within the Faculty. From 1976 the Faculty's Fellowship diploma could be endorsed in intensive care. These developments owed much to the energy of K.G. Jamieson who was at that time a Council representative on the Board of Faculty. Ken Jamieson, with Teresa O'R. Brophy (Dean 1972-74, now Tess Cramond and a much-respected member of the College's Court of Honour),¹ was instrumental in establishing the Australian Resuscitation Council just before his untimely death in 1976.

As a member of the Board of Faculty he had been part of a succession in which two councillors used to provide liaison between the two bodies, with such success that three of these councillors (B.T. Keon-Cohen in 1971, A.C. McEachern in 1976 and J.K. Clarebrough in 1984) became honorary Fellows of the Faculty. There seems little doubt that Jamieson himself, had he survived, would have become a member of the group to be honoured in this way. At the Council itself the Dean and later the vice-Dean became first observers, then full participants and ultimately voting members.

The Faculty was ahead of the College when, in 1966, it designated Gwenifer Wilson (of Sydney, a foundation Fellow from August 1952) as its historian. She was to devote three decades to the task of gathering, collating and ultimately recording the blossoming of anaesthesia in her country.

Five years later may be discerned – with the benefit of hindsight (employing what is sometimes called the 'retrospectoscope', a valuable surgical tool) – the first divergence between the surgical and anaesthetic elements in the College. From its foundation the Faculty had used the *Australian and New Zealand Journal of Surgery* as the vehicle for publication of anaesthetic papers. In 1971 a new journal came into existence: *Anaesthesia and Intensive Care*, in which anaesthetists were able to publish their own particular material. It was evidence of maturation, of a next generation preparing to leave home.

The next evidence may be seen on the cover of the 1988 College handbook. Previous issues had identified the

Royal Australasian College of Surgeons
including the Faculty of Anaesthetists'

(which was a bit reminiscent of the pleonastic 'including New Zealand' in descriptions of the College before it became 'Royal', to which the *Medical Journal of Australia* took exception – see chapter 3, note 5).

But in 1988 the handbook cover proclaimed:

Royal Australasian College of Surgeons
and
Faculty of Anaesthetists

(all in the same size of type) with the implication of two connected



In 1992 the Faculty seceded to become the Australian and New Zealand College of Anaesthetists; two years later it moved to 'Ulimaroa'.



organisations, rather than of a College which subsumed its Faculty.

Yet in Gwen Wilson's historical summary of the Faculty, in that same 1988 handbook, she was able to write:

This outline... indicates how [the Faculty] has become progressively involved in all the activities of a corporate institution which shares the same basic aims and ideals. In these changing times, especially when government participation in post-graduate education, and hospital and health services, is increasing, there is a greater need for unity in thought and action within the College and Faculty.

The new College's arms were derived from those of the parent College; their design owed much to Peter Jones, who had long been an authority on heraldic matters.

A couple of years later I drafted the programme for the inaugural

The parent College provided the new anaesthetic College with its Mace. Made by Flynn Silver of Kyneton, it is here being examined by D.E. Theile PRACS and M.J. Davies PANZCA.



ceremony of the Wellington GSM. I headed it 'Royal Australasian College of Surgeons' and was roundly scolded for an assumed slight to the Faculty. It was apparent that the anaesthetists were approaching the stage of leaving home.

Their departure, and the formation of the Australian and New Zealand College of Anaesthetists, occurred in 1992. It was an amicable separation, the new college moving to dignified premises along the St Kilda road on the south side of the Yarra.² Within a couple of years it had secured a grant of arms, not dissimilar to those of the parent College, but generously provided with the symbols of anaesthesia. The College of Surgeons provided the College of Anaesthetists with its Mace: contemporary in design, it could double as an Olympic torch. And within eight years of its foundation ANZCA had spawned two Faculties: of Intensive Care and Pain Management.

I think some of the senior members of the Faculty regretted the thinning of their College links, and certainly there were many surgeons who missed the company of their anaesthetic colleagues.

For a few years from 1994 the anaesthetists celebrated their independence by holding their principal meetings in a different city from that in which the surgeons gathered, but happily the year 2000 saw the two Colleges meeting in the same week in Melbourne. It was even possible for the history section of RACS to join ANZCA in a joint history session. This was held in the conference centre of the new Casino (the ANZCA venue; RACS met in the old Casino!) and surgeons were able to hear their old friend Ross Holland, a former Dean of the Faculty (1984-86), deliver the first Gwen Wilson memorial lecture, on a pioneering exercise in mortality review, a fascinating story told by one who had been at the centre of it (and described

further in the next chapter).

It has to be allowed that the departure of the Faculty freed up a good deal of space in the College building in Melbourne, space which was soon taken up by the expansion of the College's own activities. In that logistic sense the loss of the anaesthetists was a boon.

Elsewhere, the split was more of a mixed blessing, for it created issues of sharing and costing, of facilities and services, that had to be very diplomatically solved. There may have been no messy divorce, but the property settlement itself could easily have become messy. Fortunately, it did not.

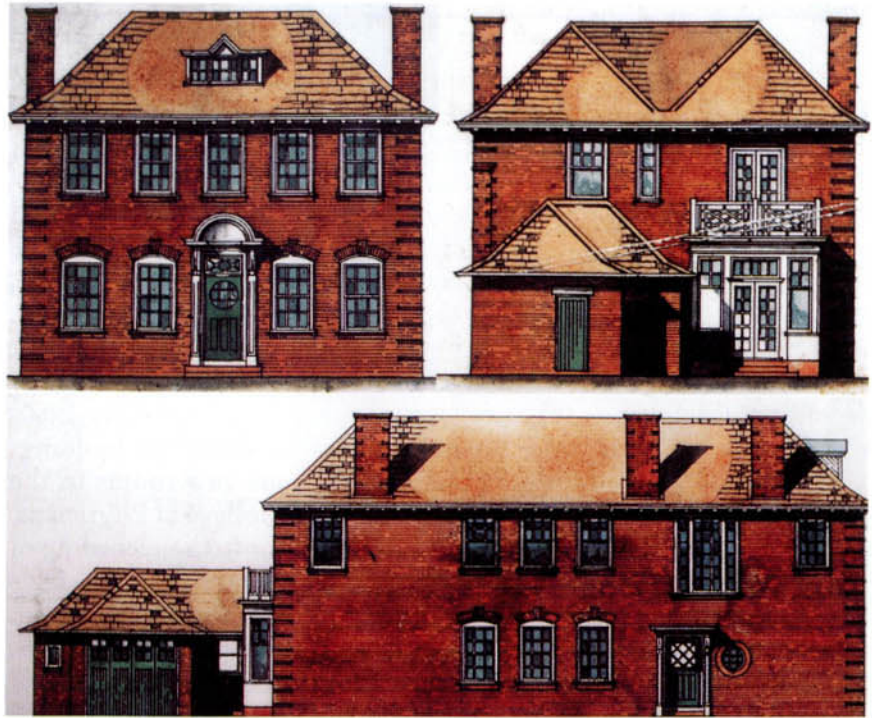
In New Zealand the administrative headquarters of the College had originally been the secretary's spare suitcase. By the early 1960s a room in one of Wellington's principal medical chambers buildings had been secured, and by the end of that decade two rooms in the other such building – shared, this time, with the College of Physicians.

It was here that I gained an important insight into the recording of medical decisions. My opposite number, the secretary of the RACP's New Zealand committee, was G.F. Hall, who had an MA in English before he turned to medicine. He spoke, and wrote, with precision. I was discussing the problem of minuting committee meetings (one of the committee had objected to my verbatim record of something he had said, which evidently did not look as good in print as he had meant it to sound). Frank Hall explained patiently to me, 'I don't record what my committee members say – I record what they *should have said*.'³

In 1968 B.K. Rank, in office as president, came over to New Zealand. With the members of the New Zealand committee, he went round to a property in Boulcott Street to inspect one of the city's oldest buildings which had just come on the market. For various reasons the College did not, in the end, make a bid for it. It went on to become quite a notable restaurant, and a high-rise building was ultimately inserted behind it on a remarkably small plot. It could (had the College been enterprising – or rash – enough) have been a very profitable investment, but it would have been a nightmare to be guardians of a heritage building, and a wooden one at that.

Instead of Boulcott Street the New Zealand headquarters moved for a time to a disused nurses' home at Wellington Hospital. When a new clinical services block was built during the late 1970s, the whole of its top floor was enclosed with walk-up access, giving a substantial area surrounding the lift machinery. Into one bay of this space were installed the two Colleges, in a space that included several offices and store rooms, as well as a decent-sized committee room with folding doors through to an ante-room. (It was in this area, before its subdivision, that the Council met in 1982 – and the chairs went missing.)

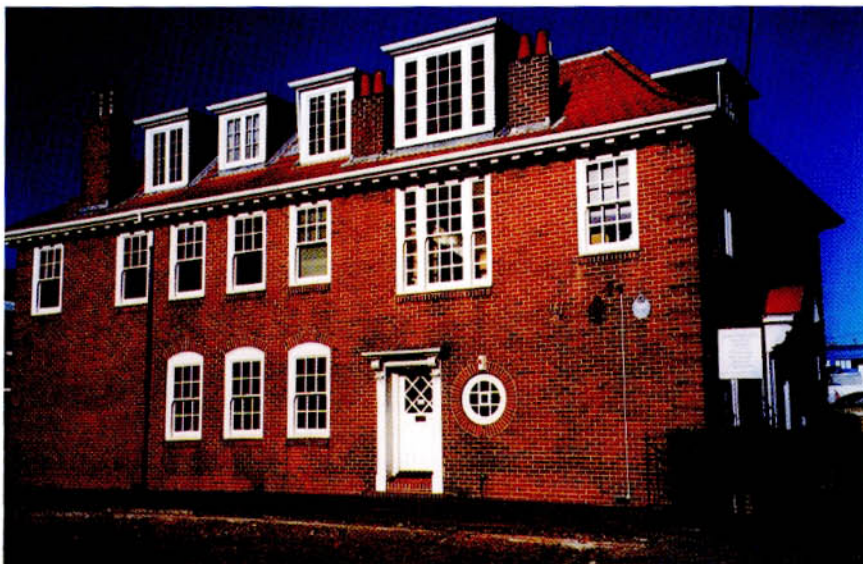
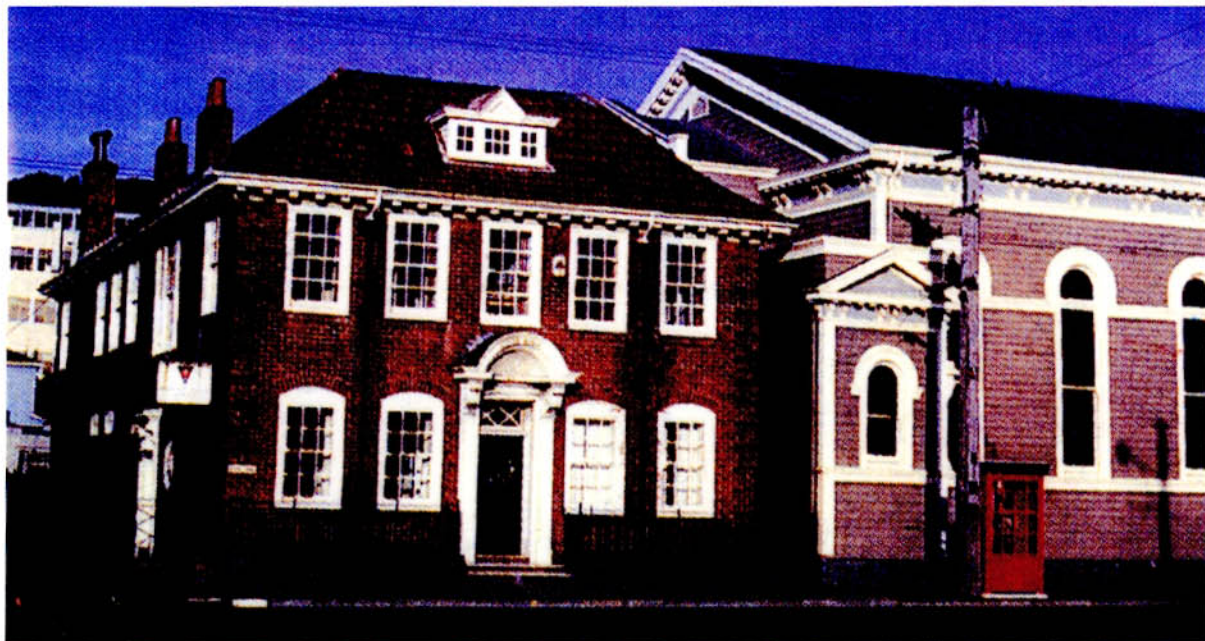
Even as it took over this space, the College looked wistfully as a Georgian brick building changed hands in Kent Terrace. This had



In 1913 a residence with consulting rooms attached was built for Dr (later Sir) James Elliott on land adjacent to his father's church. The original plans are still in existence, though the church is long gone. Elliott House is now the New Zealand headquarters of the College.

been the home and consulting rooms of Sir James Elliott, who came into our story at the point where the American College was putting out feelers in 1924 and who edited the *New Zealand Medical Journal* for many years. It had become offices after he moved out in his old age; now its asking price was beyond the College's resources.

By the end of the 1980s the expansion of the colleges and the proliferation of paper had made the top floor suite overcrowded. The physicians moved in one direction (and took space in the headquarters building of the Order of St John), the surgeons and anaesthetists in another, their search leading them to a large wooden property in Thorndon. But town planning problems beset their application – and then the Kent Terrace property came on the market again! It had been refurbished and seismically strengthened (as buildings have to be in Wellington these days)⁴ before the crash of 1987 drove its new owners to the brink. Improvements and all, it now became available to the College at little more than its 1980 price and was snapped up accordingly. Given that Sir James's three sons all became Fellows of the College – and members of the Court of Examiners into the bargain – it was an ideal surgical headquarters on the basis of its historical associations as much as its practical merits, and it was promptly named Elliott House.⁵ While the anaesthetists were a faculty, expenses were shared on a bookkeeping basis; since their secession, the basis of joint ownership of the property and the apportioning of expenses have had to be defined with much more precision.



The building has a heritage classification with the Historic Places Trust. Fortunately, the extra attic space inserted by the previous owner did not compromise the design too badly, and the College can enjoy the space without incurring the scorn of the conservationists. Indeed it has been able not only to provide facilities for various surgical associations, but to appoint J.S. Simpson as part-time executive director of surgical affairs without becoming embarrassed for lack of space.

The work of the New Zealand office is under the direction of Justine Peterson and John Simpson, both of whom have received the RACS medal for their achievements.



Another jointly owned property is in Brisbane. It is a two-storey building in Spring Hill, close to town on the way to the airport and was secured shortly before Elliott House. It was bought freehold in 1988, the year of the Brisbane Expo, when the College not only held its GSM in the city, but promoted itself as a progressive institution with a stand at Expo itself. The purchase was thus doubly opportune.

Since 1992 the two Colleges have joint ownership here, too, in about a two-to-one ratio, and space is also available for use by the Physicians and the O&G College, as well as various specialty groups.

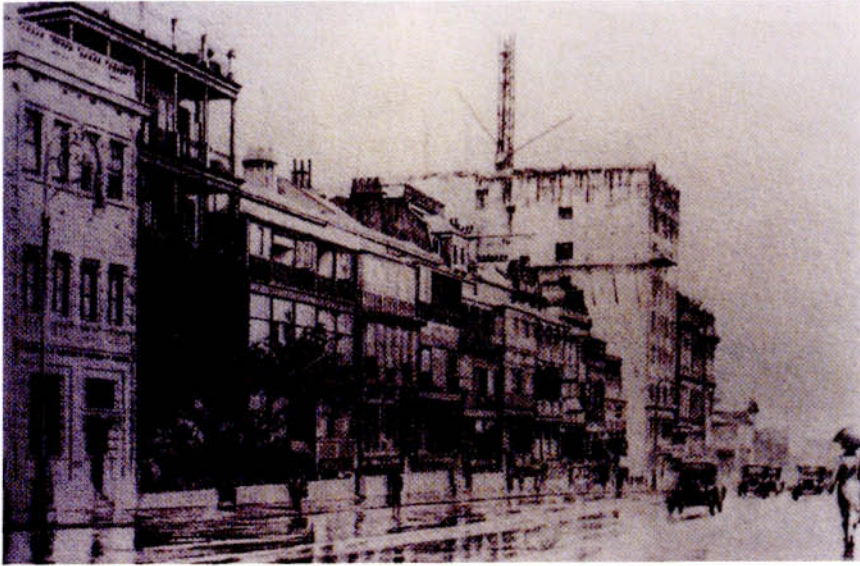
In Canberra the College purchased a strata title in the Australian Surgeons Building in 1991, leased the area to the Australian Medical Council and gained a rent-free office. It was an enterprising move.

The acquisition of a College building in Sydney was a more protracted business. In the earlier days of the two Colleges, the surgeons enjoyed space in the College of Physicians building in Macquarie Street, just as the physicians have used (and continue to use) space at Spring Street. But the gracious old building in Macquarie Street does not have much room to spare or to spread. For some years the New South Wales committee scoured the inner suburbs

The Brisbane building was secured in 1988, the year of Expo and a College GSM. As well as the surgeons and anaesthetists, it provides facilities for the Physicians and the O&G College.



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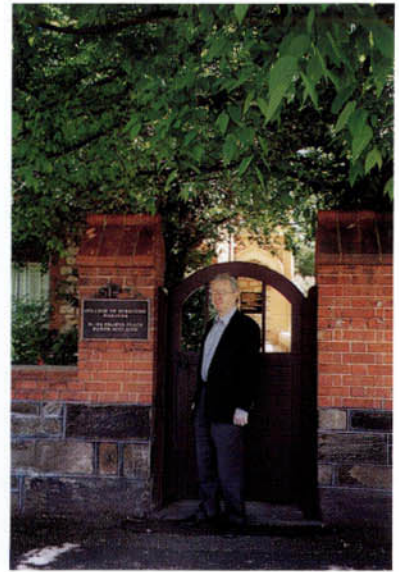
For a number of years, the Physicians' headquarters in Macquarie Street provided accommodation for the College's New South Wales Fellows.



In 1991 the College secured a headquarters building of its own in Surry Hills.

until, in 1991, they were able to secure a property in Surry Hills. On it were two buildings: a former private residence of about 1891 (which had later become a boarding house) and even older former stables, dating from about 1850. The old house became the College's state headquarters, with room left over for the local Upper Gastrointestinal Society, the Australian Society of Cardiac and Thoracic Surgeons and the Society of Plastic Surgeons. The stables provided a headquarters for the Urological Society of Australasia (so far are former tensions a thing of the past).

Most recently a property in Adelaide has been secured. It is, once again, a heritage building, at 51-54 Palmer Place in North Adelaide, and has given the South Australian Fellows a home of their own. Moreover, the heritage classification was flexible enough to allow



The South Australian building in Palmer Place in North Adelaide overlooks an area of parkland. Donald Simpson stands guard at the gate.

alterations that made the building suitable for their needs.

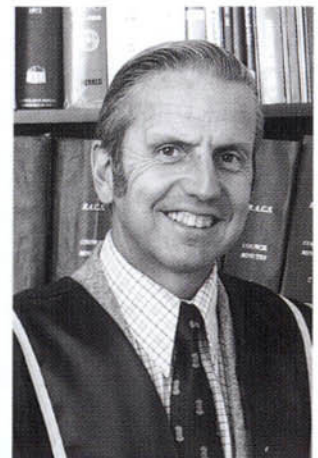
It might even be said that the 1990s were the period in which (like Britain after 1776) the College 'lost a colony and founded an empire'.

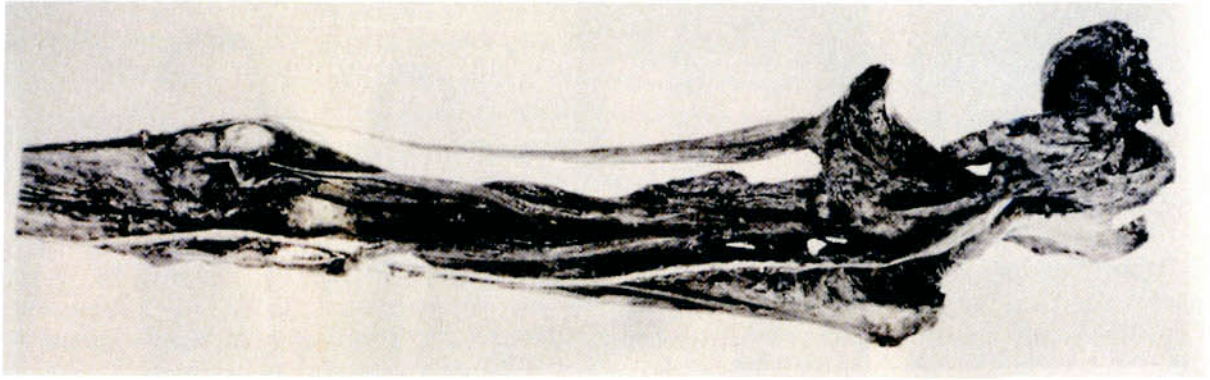
The 1990s were also the decade in which Peter Carter occupied the position that had been held for so long by Ray Chapman.⁶ An arts graduate with qualifications in educational administration, he was to be involved in some major developments – in property acquisition, in staffing, in the College's role and relationships. Some of these will merit fuller examination; two may be mentioned briefly here.

Vascular surgery had advanced by leaps and bounds in the second half of the twentieth century. Ligation of troublesome vessels sufficed from Hunter's time⁷ until the combination of anatomical and physiological understanding, enhanced imaging, surgical dexterity and improved materials that underlies so much surgical progress, became available.



Peter Carter (left), succeeded Ray Chapman (right), as secretary; during his decade the post was renamed 'chief executive officer'.





With this combination, interested surgeons were able to devote themselves more and more to an discipline that became all-absorbing. The College's section of vascular surgery, founded in 1971, had become one of its most active and cohesive, to the extent that in 1995 it evolved into a division, with its specific training and examination structure. It was the first broadening of the spectrum of surgical disciplines in which the College examined since plastic and paediatric surgery achieved full specialty status. Men such as Tracy, Mellick,⁸ Jepson in Adelaide, Ferguson of Melbourne, had laid the foundations; R.D. Blair of Hamilton was the first senior examiner in vascular surgery and its second co-opted Councillor (in 1999 he was elected to Council in his own right).

There have been other developments in the structure of the College. Rural surgery has become a divisional group, and the principle (which I for one advanced almost twenty years ago, when a working party from the College and the Hospital Boards Association looked at the New Zealand end of the problem) is now recognised: that, whereas a Fellow in general surgery can develop an interest in, say, colorectal – or nowadays vascular – surgery by post-Fellowship study in depth, a prospective rural surgeon needs to develop surgical expertise in breadth and should be helped to do so if the shortage is severe enough. The business foundered at that time because hospital boards, though lamenting the difficulty of recruiting surgeons for provincial hospitals, felt unable to invest in this 'in-breadth' training – in case their investment did not pay a dividend. They overlooked the fact that non-investment can pay nothing.

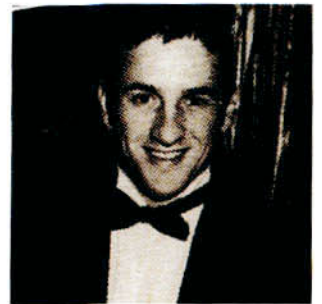
Now, however, a Rural Surgery Training Programme is in existence, the first trainee, Lucas Stradwick, being appointed in 1997.⁹ As applied to New Zealand, too, the programme is at the point of implementation, as M.C. Sexton was able to report in the June 2000 New Zealand newsletter of the College. He went on:

The Executive of the DGRS also met with the President. Bruce Barraclough reported on his meeting earlier this year with NZ's new Minister of Health [Hon. Annette King] and was impressed with her enthusiasm and her intention to address rural health issues.¹⁰

The fourth patient in John Hunter's series survived over 40 years after proximal ligation of a popliteal aneurysm.



Sam Mellick is the first Australian to have become president of the International Society for Cardiovascular Surgery.



Lucas Stradwick was the first advanced trainee in the rural surgery programme.

General Sir Peter de la Billière was a distinguished Foundation Visitor for the history and military sections in 1999. In this group are Donald Simpson (Adelaide), the author, Sir Peter and John Todd (Court of Honour, Wellington).



Leslie Cowlshaw had collected historical books since his medical student days. His personal collection forms the basis of the College's historical library.



Kenneth Russell made the Cowlshaw collection his special concern over four decades. Designated Reader to the Gordon Craig Library, he is commemorated by a plaque in the library and by a memorial lecture.



On a more modest scale, interdisciplinary sections, of military surgery and surgical history, flourished in the final decade of the century. Their main problems, so far as programming of ASC sessions is concerned, have related to the difficulty of obtaining plenary time, for an ASC these days is a crowded affair. At the 2000 meeting in Melbourne there were 17 sectional programmes, including the newly formed medico-legal section, which will doubtless face the same challenge because of its interdisciplinary character. Fellows are confronted with the dilemma of attending a session which deals with the clinical concerns of their specialty, rather than a simultaneous one in history, or military surgery or henceforth in the medico-legal issues that increasingly confront surgeons in Australasia.

The military and history sections have responded by securing persons of some eminence as their Foundation Visitors. In 1990 Sir James Watt, a former Director-General of Naval Medical Services and a medical historian of international repute, visited the Wellington meeting and a satellite meeting on military surgery in Rotorua. In 1996 Professor J.C. (Kay) de Villiers, a neurosurgeon and medical historian from South Africa, came to Melbourne at the time of the centenary of Dr Jameson's raid (which led directly to the South African War of 1899-1902), and three years later General Sir Peter de la Billière was Foundation Visitor for the two sections at the Auckland meeting. Having commanded the British forces in the Gulf War, then written a history of the conflict, he was uniquely qualified for his role.¹¹

In chapter 5 I described the circumstances in which the Cowlshaw collection of historical medical books was acquired in the middle of a world war in 1943 and the part played by Kenneth Russell in this serendipitous acquisition. Russell became a Fellow of the College two years later. He was shortly designated Reader to the Gordon

Craig Library and charged with the care of the College's historical works, of which Cowlshaw's volumes formed such an important part. He gave his whole self to the charge. He chivvied successive Councils, reminding them of their responsibility as guardians of such a treasure, and wrote a scholarly catalogue of the volumes in the collection, which was published in 1979.¹²

Russell died in 1987. Eight years later the Council decided to revive the Reader post. It advertised the vacancy in these terms:

Council is anxious to revive the Readership, particularly to promote interest in, and the use of, the treasury of rare and valuable books. It is hoped that these objectives will be achieved in a variety of ways, including the commissioning of lectures, updating catalogues and disseminating information.

In the event it made two appointments: I was designated Reader, and Marius Fahrer, 'the man on the spot', became Curator of the Cowlshaw Collection. I could not hope to compete with Russell's scholarship and hit instead on the idea of a Cowlshaw symposium, in which a number of speakers could each take a book in the collection as a starting point and develop a theme in a direction of their choosing. There was already a K.F. Russell memorial lecture, which had been given a couple of times to local audiences, and it was obviously appropriate to incorporate this into the programme of the symposium. I found no difficulty in recruiting speakers and, with the support of the Development Office, it was possible to arrange a meeting of this sort from a distance. The volumes being discussed were put on display, along with archival material, and J.P. Royle (whose knowledge of the College treasures rivals even that of Ray Chapman) agreed to take registrants on a tour of the College.

The first symposium, in October 1996, was successful enough to



An anatomist and multilingual scholar, Marius Fahrer is now curator of the Cowlshaw Collection.



John Royle (president 1995-96) is renowned as a guide to the College and its treasures.



The Kenneth Russell lecturer in 1996, Professor John Pearn, is seen here with Mrs Fogo Russell and her daughter Margaret.

Below: The Cowlshaw symposia provide an opportunity for old friends to foregather. From left: Rowan Nicks, Sam Mellick, George Stirling.





Sir Douglas Miller was succeeded as honorary archivist by Russell Howard and Douglas Stephens; their successors have been Nate Myers (left) and Cas McInnes (right).



make the event a part of the College calendar. The *Australian and New Zealand Journal of Surgery* was generous in arranging publication of the proceedings, and three symposia have now been held. The collection is somewhat better known as a result.

In describing the Cowlshaw symposium I have referred to the Development Office and to archival displays. It is appropriate here to say a few words about these two aspects of College life: the one safeguarding its past, the other promoting its future.

In 1973 Sir Douglas Miller retired from the chairmanship of the editorial board of the *Journal* and was promptly made honorary College archivist, serving until 1980. (His successors in the post have been the late R.N. Howard, F.D. Stephens, N.A. Myers and I.E. McInnes.) In 1981 the Council was persuaded that the time had come to appoint a professional archivist. As Colin Smith has written, Miller

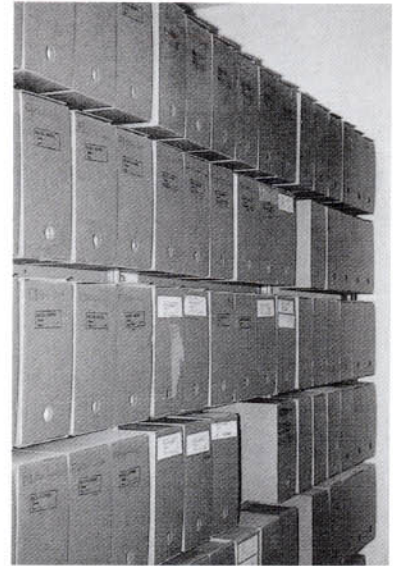
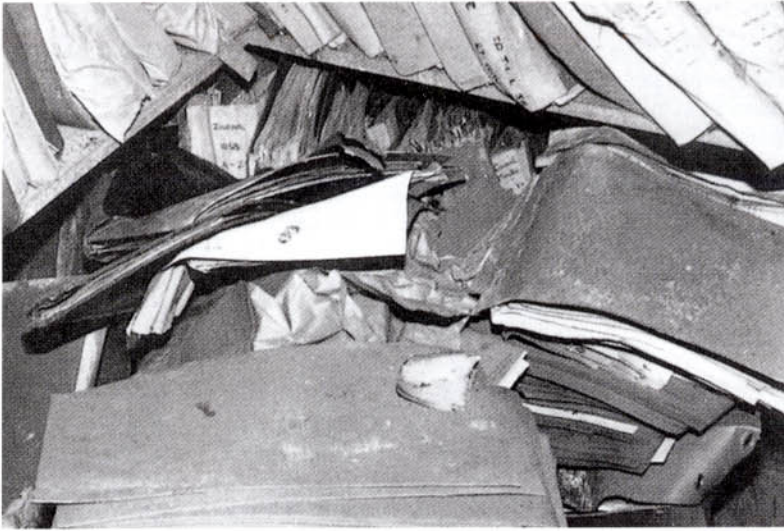
became sufficiently disturbed by the destructive consequences of a *laissez-faire* approach, to press for proper provisions to ensure that all disposal and acquisition of records should be professionally managed, and that records of enduring value should be kept safe, retrievable and available.¹³

For persuasion at the Council table credit must go to B.McC. O'Brien, who was elected in 1979, went on to become vice-president in 1989-91 and was awarded the Devine Medal shortly before his death in 1993. A plastic surgeon by training, his extreme myopia prompted him to become a pioneer of microsurgery; in College matters he was anything but myopic.

As a result of Miller's influence and O'Brien's insistence, T. Best was appointed in 1982. He inherited an archival system that was a mixture of oral tradition and studied neglect. Old records were stored – if that is the word – in a recess under the stairs, where they had accumulated a dusting of white mould. His time was brief and largely devoted to rescue; the time of his successor Ann Bartlett was equally brief, from 1985 to 1989. But the third College archivist, Colin Smith,



Bernard O'Brien was a pioneer of microsurgery and a powerful advocate for his causes.

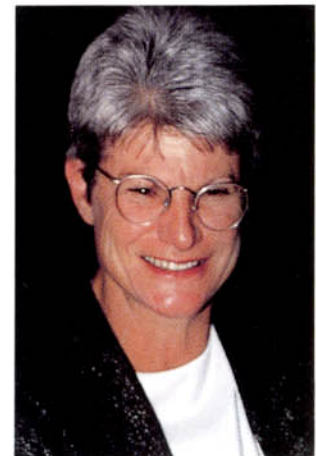


was in the post for over a decade and performed a herculean task in gathering and codifying material relating especially to the early years of the institution. This provided him with the basis of a number of papers. One, given at the meeting of the Australian Society of the History of Medicine on Norfolk Island in 1995 and published in the volume of proceedings, *History, Heritage and Health*, was given the title *A muted mutiny* (aptly in such a place!) and has provided useful views in the composition of this history. His contribution to the 1995 handbook has also 'refined' the record of the early years.

If the archives system owed its institution to the urging of Bernard O'Brien, the formation of the Development Office is equally the product of Bruce Barraclough's vision. In 1994 Christine Hazell was appointed to establish this new department, and she built up an active and innovative structure to 'package and present' the College to its Fellows and to the community. Whether it was the sale of 'College collectibles' at a stall in the trades area during an ASC, or the publicising of a Cowlshaw symposium, she brought a breathless enthusiasm to the activity.

By initiatives such as these, the College grew instead of shrinking after the departure of the anaesthetists. The process struck only one sour note: a 'mission statement' which averred that the Australasian College would be the best surgical college in the world by the year 2000. Senior Fellows were modest enough to feel that such an accolade is given, not claimed, and they were disappointed when the administration of the time seemed unable to understand the distinction. They winced when visiting presidents walked past the poster that proclaimed so brash a statement – the visiting presidents merely smiled. Fortunately, the statement and the poster were shortly and quietly discarded.

As these 'before-and-after' views show, Tam Best and his successors have performed miracles of salvage on the College's records in the process of creating a respectable archive. Its preservation will require an ongoing commitment from the College authorities.



Christine Hazell headed an active Development Office.

NOTES

1. I am sure Tess will forgive me if I record one piece of College folklore concerning her. She was at the time consultant anaesthetist to the Australian army, in the rank of colonel. She was planning a trip to London and wondering where to stay. It was suggested she might book in at the RAMC Headquarter Mess at Millbank. She wrote off, signing herself 'T O'Rourke Brophy, Colonel' and in due course received confirmation of her booking. But Millbank in those days had not adapted its thinking or its facilities to 'mixed flatting', and the staff were consternated when Colonel Brophy arrived. The only unconcerned person was Tess, who coped admirably with the routines of her male bastion.

2. The College of Anaesthetists secured 'Ulimaroa', a mansion at 630 St Kilda Road, which was opened in its refurbished state by the governor-general, Mr W. Hayden, on 19 February 1994. 'The dignified opening ceremony took place in the front garden in perfect weather,' wrote David Theile in his presidential newsletter. One week after the opening the new college vacated the Spring Street building which had been its home for 42 years; and in May of that year it held its annual scientific meeting separately from the surgeons, in Launceston.

3. Frank Hall went on to be New Zealand vice-president of the RACP 1972-74.

4. Those who attended the 1990 Wellington meeting will recall the ecumenical service in Wellington Cathedral on the Sunday afternoon. There was an elegant printed order of service, but the Archbishop, charged with pronouncing the benediction, strayed from this – and the building forthwith began to shake. The Dean calmed the congregation, announced that the Archbishop would pronounce the benediction (one could sense him, admonishing his boss, 'This time, follow the printed order'). His Grace did so, and the earthquake stopped. It showed what prayer, and a resourceful dean, can do: it also gave overseas visitors something to write about.

5. Kennedy, the oldest of the Elliott sons, became an orthopaedic surgeon, Robert an otolaryngologist; both served with distinction in the Second World War. The youngest son, Randal, was still a medical student at the war's end but went on to become an ophthalmologist and has emulated his father with both a knighthood and the highest rank in the Order of St John.

6. The post of secretary was renamed 'Chief Executive Officer' during Carter's tenure, evidently on the basis that the occupant's role had changed. It has to be observed that Chapman's own role had changed quite dramatically (without a change of name) during his tenure and that, by the time Carter's replacement was being sought, the very term 'chief executive' had acquired a pejorative flavour that was to affect the College. Changes in terminology are like pharmaceutical drugs: they have their share of side-effects.

7. Hunter introduced the principle of proximal ligation for aneurysm, and gave a 45-year lease of life to the coachman who was his fourth such patient. Even the first, also a coachman, had survived for two years from 1785.

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8. Sam Mellick was the first Australian to become president of the International Society of Cardiovascular Surgery, in 1991-93. The energy of the late Justin Miller of Adelaide had prompted the formation, in 1983, of a local Australian and New Zealand Chapter of the society, to bring the vascular group on to the international scene.

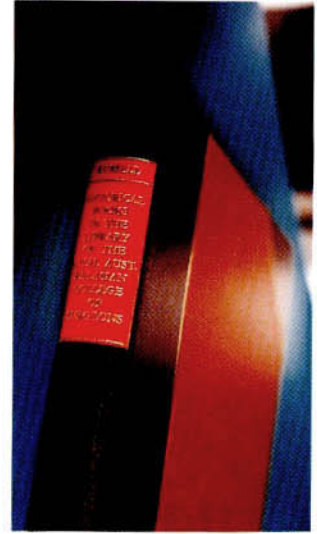
9. During his medical course, attachments to Whyalla, Ceduna, Gawler and (crucial, this one) Ban Na San in Thailand inspired him to work in a rural community. 'He admired the ability of the lone surgeon to handle surgical problems with limited resources and found it rewarding to experience the special relationship.'

10. RACS NZ Committee Newsletter, June 2000, p.7. In July Ms King sacked Gisborne Hospital's board of directors after a series of blunders of the sort to which peripheral hospitals are especially liable.

11. His visit coincided with the NATO bombing of Kosovo, and he was pursued by the media during most of his New Zealand visit. The College gained a good deal of incidental publicity. His concerns about the aptness of the bombing campaign were borne out by subsequent events.

12. Russell, KF (1979) *Catalogue of the historical books in the library of the Royal Australasian College of Surgeons*, Melbourne, Queensberry Hill Press. One of my own treasures is a copy of the de luxe edition of this catalogue, signed by the members of the Council and given me as a memento of my Hamilton Russell lecture that year.

13. 1995 Handbook, p.181.



The scholarly catalogue compiled by Russell was published in 1979.

Sir Gustav Nossal (second from left), who performed the launching, sits with Michael Gorton, Brendan Dooley and Michael Fearnside at the launch of the book *Surgery, Ethics and the Law*.

