

Australian Society of Anaesthetists: Presidential Address, 1980

The Queensland Presidents

D. H. McCONNEL*

We are all fascinated by history and our historical beginnings are important to us. Children read books entitled — "Where Did I Come From?" Adults go to extraordinary lengths to delve into family history no matter how embarrassing the truth may be.

The study of history has another significance. It allows us to learn by example and to benefit from the mistakes of our predecessors and thus set guidelines and lessons for the future.

We, as members of the Australian Society of Anaesthetists, should not lose sight of what has gone before us, or of the people who have been instrumental in moulding the society into its present shape.

As with others before me, being the president of this society gives me this unique opportunity to expound on matters of personal philosophy or interest to an almost captive audience. Therefore with my opening comments in mind it will come as no surprise that coloured by a certain element of parochialism, I intend to expound on some matters of history.

Since the inception of this society some 46 years ago, only three anaesthetists from Queensland have become its president. Two of them were quite remarkable men. Modesty precludes my making any comment on the third!

However I do indeed regard it as an honour and a privilege to be in the position to place on public record some small tribute to the activities of the two remarkable men who were my predecessors.

The first of the Queensland presidents was Arnold Robertson. The son of a prominent E.N.T. surgeon in Brisbane at the time, he graduated from the University of Sydney in early 1936 after having been obliged to sit a supplementary examination — the first medical student from Sydney University to be awarded this doubtful honour, the legacy of insisting on playing rugby for Australian universities in his final year in Medicine!

This, however, was only the start of a colourful career in Medicine and Anaesthetics. Arnold entered general practice in Brisbane shortly after graduating but drifted into full-time anaesthetic practice because he liked it and found he was good at it. He was appointed as visiting anaesthetist to the Mater Hospital in Brisbane and thus virtually founded the speciality of anaesthetics in our state.

The outbreak of war in 1939 saw many Australian medical graduates offer their services to the allied forces and Arnold was the second person in Queensland to enlist as an officer. He saw action as the commander of a field ambulance unit in Europe, North Africa, where he spent seven months in Tobruk, and New Guinea. He was awarded the Order of the British Empire in 1944 after having been mentioned in dispatches on several occasions.

After recovering from tuberculosis and spending some time at sea, Arnold was back in practice as an anaesthetist in 1946 and during the next six years he made his greatest contribution to anaesthetics and medical politics in Queensland and Australia. He became a member of the Queensland council of the British Medical Association in 1947 and its secretary in 1948. He had already become the

*President, Australian Society of Anaesthetists 1978-80.

Address for Reprints: Dr D. H. McConnel, 1st Floor, S.D.K. House, 28 Fortescue Street, Spring Hill, Qld., 4000, Australia.

Queensland representative to the Federal Executive of the A.S.A. in 1946. The system of electing State Chairmen and inviting them to Federal Executive had not been instituted at that time. The Annual General Meeting of the Society was held in Brisbane in 1950 and Arnold was elected president at that meeting. In 1952 he was appointed Vice President of the Section of Anaesthesia of the Australian Medical Congress.

Despite such political involvement, Arnold conducted an active private practice and was on the visiting staff of the Brisbane, now Royal Brisbane, Hospital. The years after the war were times of rapid innovation in anaesthetic practice. In 1946, T. Cecil Gray and others established the position of curare in Britain and revolutionised the approach to anaesthesia. Arnold took frequent trips to southern states to discuss these innovations with his southern colleagues. He described to me how he, Stuart Marshall, and Harry Daly experimented on themselves with curare to appreciate its effects using doses of 10 mg or so! Somewhere between bravery and madness! Vernon Thompson, a thoracic surgeon at the London Hospital, described an endobronchial blocker in 1943, useful in isolating one lung from the other. Arnold was anxious to obtain one of these useful pieces of apparatus and approached the superintendent of the Brisbane Hospital to purchase one so that the technique of using it could be mastered. The classic reply, which will be familiar to those Queenslanders old enough to know the person concerned was "Why should I pay for you to learn?" It so happened, however, that the superintendent's niece developed a lung abscess not long after this incident. Arnold had his Thompson blocker within a week!

In 1952 Arnold decided to travel to England to broaden his knowledge and experience in anaesthesia. He took with him letters of introduction from several prominent Australian anaesthetists. One of these letters was from Jeffrey Kaye who described Arnold in his letter as "The Doyen of Queensland Anaesthesia". Arnold's short trip however was to extend to twenty-odd years during which time he practised in various centres, notably Harley Street, Newmarket, from where he retired as the Superintendent of the hospital,

and in Cambridge where he was a member of the team who performed the first liver transplant.

His retirement however was short lived. He returned to Brisbane and was carrying out administrative duties with the Repatriation Department when the tragic death of David Jackson, then senior specialist anaesthetist at the Repatriation General Hospital in Brisbane, left a serious hiatus in the staff structure at that hospital. Arnold was called once again to active clinical practice to open yet another chapter in the career of this amazing man. Under his guidance and leadership, the Department of Anaesthetics blossomed and flourished to become an active teaching unit with the registrar training scheme. The junior anaesthetists who worked with him at that time never ceased to marvel at his ability and experience.

I believe Arnold would be practising now but for an untimely accident a few years ago that necessitated his retirement from clinical practice. This tall and still strikingly handsome man remains a pleasure to meet and to talk with.

Roger Bennett became president in 1963, culminating an active career in the A.S.A. at state level, which started shortly after his return from postgraduate study in England and saw him occupy successively all positions of office in the Queensland section, so that from 1955 to 1962 he was in turn State Treasurer, State Secretary and State Chairman.

He, like Arnold Robertson, had a great sense of adventure and travel which had manifested itself in his becoming Medical Officer for the first Australian Antarctic Research Expedition in 1948, and later in his appearance at many international anaesthetic meetings as well as those in Australia.

His interest in anaesthesia at an international level earned him the great distinction of being elected in 1964 Vice President of the World Federation — the first Australian to be awarded this honour.

Naturally Roger's acclaim in the medico-political arena arose from his interest and involvement in clinical practice and the respect that he had earned as an anaesthetist. He joined the visiting specialist staff of the Brisbane Hospital and Brisbane Children's Hospital and

had an active private practice as well. As a clinical teacher he had a profound influence on a whole generation of Brisbane anaesthetists.

His interest extended to hospital politics also. He was the secretary of the Visiting Specialist Staff Association for several years and the hospital's representative on the Red Cross Blood Transfusion Committee. He also found time to be a lecturer and examiner in anaesthesia for the University of Queensland Dental College, thus establishing a long involvement which subsequent members of the practice he founded, have enjoyed with dentists and dental anaesthesia.

Despite this already impressive list of achievements and involvements, in 1958, Roger began an association which was perhaps to have an even more significant benefit to the community at large, than all of his other achievements put together. In that year he was appointed A.M.A. Liaison Officer to Surf Life Saving Association — at first the Queensland section and later the Australian Council. He championed the cause of Expired Air Resuscitation and was influential not only in its adoption as a policy but in having it taught properly to lay groups.

He supervised a remarkable public demonstration of resuscitation techniques televised by the Australian Broadcasting Commission at that time, in which four volunteers allowed themselves to be anaesthetised and paralysed so that proper methods of mouth-to-mouth resuscitation could be shown.

He became the friend, mentor, and guide of the Life Saving Movement in this country. He rewrote their handbook of examination and instructions. He revised techniques and rules of resuscitation. He introduced the use of mannikins for training purposes, standardised equipment in surf club first aid rooms, taught techniques of external cardiac massage, instituted a system of treating shark attack victims, and promoted first-aid competitions between clubs. His influence spread to other organisations in the first-aid field. He formed a first-aid committee and negotiated with the St. John Ambulance Association and the Queensland Ambulance Transport Board on matters relating to resuscitation and transport. He became, in time, Deputy Chairman of the

Queensland Section of the St. John Ambulance Association and finally was admitted as an officer brother into the Order of St. John of Jerusalem.

He paved the way for the further involvement of other Queensland anaesthetists, especially Drury Clarke and Tess Brophy in the field of teaching resuscitation to lay groups and his activities almost certainly helped in stimulating the establishment of the National Resuscitation Council.

As with several other ex-presidents of the A.S.A., he became interested at a later stage in the affairs of the Faculty of Anaesthetists. He had been elected to fellowship in 1961 and became Chairman of the Queensland Regional Committee in 1966.

Another fact now emerges, which throws into even sharper relief this already enormous picture of achievement and activity. In 1960 Roger became aware of an illness from which he would not recover. It can be seen, that despite the certain knowledge that his illness would lead to a progressive deterioration in his health, the period from then until his death in 1967 was the time of his greatest achievement and contribution.

He worked tirelessly and uncomplainingly almost to the end which came when he was only 46 years old. As a junior registrar, as I was in 1966, I could not have guessed from his interest and demeanour that his death was such a short time away, as he was still taking a very active part in hospital affairs.

Roger Bennett was a man of the highest moral and ethical principles. His influence guided the members of his anaesthetic practice, of which I have the great privilege to be a member — his photograph sits on the director's desk — a constant reminder of his professionalism and high standards. We still refer to the way that Roger would have thought when we discuss many matters pertaining to our practice.

I mentioned at the beginning of this address that one of the important aspects of studying history was the possibility of learning by example. I would like to continue by making some observations on the activities of these two men which I feel are pertinent today.

My first observation is perhaps a negative one, in that neither of these men are now in

practice. One has been able to retire fairly graciously. Perhaps his accident precipitated his retirement but it was surely inevitable. Cruel fate deprived the other of the opportunity.

The cessation of practice as an anaesthetist is a phenomenon that is going to confront us all sooner or later. In a specialty such as ours, where so much depends not only on good judgement, but good powers of observation and manual dexterity, there must come a time when everybody's facilities in these areas are diminished to a certain extent, but perhaps not sufficiently to make them feel a useless member of the medical community.

From our latest census we have discovered some interesting facts. While only three per cent of our membership are above the age of sixty years, and eighteen per cent are between fifty and sixty years, a significant thirty per cent are between forty and fifty years of age. Therefore as time passes, we are going to see a very sharp increase in the number of our members reaching that age where their practical capabilities are diminishing.

What then, should the society's role be in this area? One of the problems would seem to be the lack of experience to build on. Because of the relative youth of our specialty, this is a new phenomenon. A perusal of the list of fellows of the Faculty, which is the only readily available document that indicates the seniority of anaesthetists by listing the date of their obtaining the fellowship, shows the quite large number of people who were foundation fellows of the Faculty in 1952, and who are still practising some thirty years later. There are not all that many retired anaesthetists around!

One avenue of interest to which many have turned is that of administration, not necessarily of the variety directly involving anaesthetic service. This is an avenue which could well be explored.

A former president of this society, at the time Dean of the Faculty, presented a paper in Kuala Lumpur some years ago entitled "On the Fringe of Anaesthesia". In his address Brian Dwyer outlined very convincingly the great importance of one of the fringes of anaesthesia, that of administration. He referred to the vital necessity for practising anaesthetists to become involved in administration for the sake of the future of the specialty.

I cannot support this argument too strongly, and would venture to go one stage further and suggest that such an activity might not only benefit anaesthesia, but by acting as an area of retraining, be of benefit to the anaesthetist as well. I feel sure that many anaesthetists in their senior years, with their very great clinical and organisational experience, could become very valuable members of the administrative work force, once they had overcome the seemingly natural aversion of practising anaesthetists for anything involving paper work!

In a similar way, teaching is an area of endeavour with enormous potential for someone with a wealth of experience. But once again, the imparting of knowledge to others is an accomplishment in itself, which must be learnt. Perhaps a little retraining in this area would not go amiss, and would benefit us all!

These manoeuvres are merely temporising, however. We must aim in the long term to ensure that our members can retire with dignity, and in financial security.

Some of us are astute businessmen and are capable of generating income outside the field of medicine. Others, because of longevity of service in a governmental environment, may be adequately provided for. There remains a significant proportion of our members who are completely reliant on their clinical ability to earn a living and who would like to make their own contribution to their future retirement.

I am continually dismayed at the policies of successive governments of either persuasion, which frustrate attempts by self-employed people to provide adequately for their own future, to a level even roughly approaching that of the politicians themselves!

The society must assist in impressing upon these authorities the folly of allowing a situation to develop where anaesthetists or any other procedurists, for that matter, continue to practise beyond the limit of their capabilities purely because of financial necessity.

Perhaps the society could set up a superannuation scheme of its own! I leave these thoughts with you for future discussion.

However, it would seem inevitable that for a variety of reasons, some of our colleagues may elect to keep practising into an era when their reduced capabilities places their patients in jeopardy. I believe the society must address

itself to this problem by adopting a self regulatory role. As a professional society, this is expected of us. We cannot stand by and allow the image of our specialty and the lives of our patients to be placed in such jeopardy. I do not believe that we have an adequate system of self regulation now, and it would be most unfortunate if this task was to fall to some organisation outside our own profession.

I realise that in the private enterprise system such as those in private practice experience, a person's livelihood could be at stake, and the solution is not as easy as it may be in other countries where the system is such that one can work with reasonable dignity until retirement, perhaps with assistance or supervision.

The second observation I would make regarding the activities of my two predecessors is that Arnold and Roger were both presidents at times of great historical significance in the affairs of the society.

On the 29th May, 1950, when Arnold was president, the following resolution was passed unanimously at the A.G.M. of the Society:

"It is the considered opinion of the A.S.A., 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 and the Society of Anaesthetists. Could a joint meeting of representatives of the College and the Society be arranged to discuss the formation of such a Faculty?"

Thus as Arnold put it to me — "We started the Faculty".

The move indicates full well the far-sightedness of our forefathers in realising that a standard had to be established to which anaesthetists in the future could aspire, and that by espousing this concept, they were declaring that the Society should eventually become a society of trained and qualified anaesthetists.

At the A.S.A. A.G.M. of 1963 when Roger Bennett was in the chair, a motion was passed "That in future all medico-political negotiations affecting specialist anaesthetists be undertaken by the Faculty of Anaesthetists". The move caused a tremendous stir. There were lengthy discussions regarding its legality or desirability. Roger, himself, realised what a

serious step was being taken, and spent a considerable amount of personal time and energy taking legal advice and convincing people that the full significance of the motion was not appreciated at the time.

In a letter to the Federal Executive in August, 1964, Roger wrote "In my view, it cannot be denied that the delegation to the Faculty or any other body the power to negotiate medico-political matters on behalf of our society, is a very serious step.

"This function is one possessing such a degree of importance that our society should not divest itself lightly and should be sure that in trusting it to another body, greater advantage will accrue than in retaining it. For myself, I feel that no added advantage has been accorded to the society in the last twelve months, than would have been the case if the motion had not been passed." The motion was eventually rescinded.

However, the move was symptomatic of the feeling of many specialist anaesthetists that the society was not adequately representing their interests.

The sentiments behind both of these developments could not be more pertinent today, where we are witnessing yet another possible step in the constitutional structure of the society.

Just as Arnold Robertson moved from the ranks of general practice to involve himself totally in anaesthetics, and eventually become a foundation fellow of the Faculty, the Society, ever mindful of its beginnings amongst enthusiastic and dedicated but unqualified practitioners, must move steadily along the evolutionary path as other societies have done.

I have endeavoured to outline the enormous time and effort that Arnold Robertson and Roger Bennett put into the affairs of the society, and the personal sacrifices that must have resulted.

We all have increasing demands upon our time. Both the Society and the Faculty have ever increasing administrative work loads and responsibilities. Of necessity, the load is shared out amongst numerous committees whose reports, however, must still be collated and acted upon.

In a new development, peer review and hospital accreditation demands our presence on

an increasing number of hospital committees.

Time is becoming a very valuable commodity, and some people are not in a position to give of it as freely as others.

As well as loss of time, we cannot ignore the financial cost incurred, not only by the Society, but by individual members who become involved in activities that take them away from their practices. There is a real risk that great expertise could be lost to our Society and the Faculty because the individuals concerned cannot afford this involvement.

The Society must look carefully at ways in which its affairs and its interrelation with other organisations can be streamlined so that the maximum benefit is gained from the available expertise.

We cannot afford to lose the contribution of

the Arnold Robertsons and Roger Bennetts of our specialty because of unnecessary overlapping or inefficient usage of their capabilities.

Of course, the more people who become involved, the wider the load is spread, and who knows, you might be an Arnold Robertson or a Roger Bennett after all!

Where does this leave the third president? Struggling a long way in their wake, I am afraid. As I was heard to mutter after Peter Brine's magnificent address two years ago, "an incredibly hard act to follow". I think I might be remembered among other things, as the person who presided over the greatest spending spree the Society has ever had. To those of you who know my ability to handle my own financial affairs, that will come as no surprise.