Ladies and Gentlemen,

I have entitled my address The Changing Face of Anaesthesia and I wish first of all to say that I feel it is a high honour and a great privilege to speak to you to-day, at the end of my year as President of Australian Society of Anaesthetists. This feeling is tinctured by one of considerable apprehension which has been with me during the preparation of this address and which is intensified at the prospect of a repetition next year. The thought of being pretentious or Verbose, where comprehensive or important statements are call for, has weighed heavily on me. The presidential thoughts instead of envolving some noble message, have been, regrettably, rather pedestrian reflections on the arrangements for this meeting and all it has entailed, the vagaries of foreign travel and currency, and how to cope with wide variations of temperature and climate within a few hours, not to mention the problems of every day, such a one mentioned several times during the meeting is individual pharmalogical variation. Why for instance, does one patient sleep placidly through the ultimate physiological insult, dilation of the anal sphincter, so intense a stimulus that it has been used as a remedy for respiratory arrest, on a minimum of thio-pentone and relaxant, while another, thin, pale, and ill-looking, demands everything in Pandora's box before reasonable quiescence is achieved?
A further humbling thought concerns the erudition and eloquence of one's immediate predecessors in office who seem to have left so little unsaid.

Description of the past, veiled in distant glamour is history. What happened last week, or last year, may only be tedium, so I hope you will not be too appalled if I mention the word ether.

I often find myself when tutoring students in the use of this drug, in Australia the basis of all early training in anaesthesia, usually preceded by a minimum of thio-pentone, comparing the time necessary for preparing a patient for surgery or laryngeal intubation by such a method, with that of the more modern techniques of much shorter duration.

Plane three seems a goal distant but desirable,

only to be reached after a seemingly endless excitement stage during which the patient is restrained by several strong men, and the student is cajoled or encouraged while being reminded of the signsof anaesthesia, the perils of anoxia, and the fallacy of attempting to elicit a pupil reflex from a glass eye, or loosen up a leg for posturing in a patient who has an ankylosed knee joint. Who, during such experiences, with time short and the surgeon pressing, has not yearned passionately for the magic wand, the perfect anaesthetic agent encompassing alone, and in safety, sleep, analgesia, and muscle relaxation, all three easily controllable, permitting early recovery with no ill effects

This triad has been well described by Cecil Gray and other is widely used to-day. It seems to me a giant stride towards the perfect anaesthetic which may after all prove to be a further integration of a number of different agents rather than one alone. Its success depends of course on the epoch-making application of the powers of curare and later muscle relaxants to anaesthesia, combined with a short-acting barbiturate and nitrous oxide or some other non-toxic short acting analgesic.

Perhaps though, this halcyon vista outstrides reality, in Australia, at least. Anaesthetists from other countries, where distances are smaller and regimentation greater, have been known to describe the Welfare State in which any patient in need of surgery may obtain the services of a whole-time anaesthetist fully trained or in training. Whether this is completely desirable or not, is open to doubt, but it cannot happen yet in Australia for reasons needing no elaboration. We must therefore develdpe our own plans for teaching, at both undergraduate and post-graduate levels so that general practitioners may be adequately equipped in the simpler techniques to deal with situations as they arise.

And what of other landmarks in the evolution of anaesthesia in the future? Hypotension and hypothermia about which we have been told such fascinating things, seem destined for permanent and important roles if not in the work of every day, certainly in the rare exciting atmosphere where vital circulation is

temporarily limited or abolished. The surgical treatment of cardiac septal defects and cerebral aneurysms, grafts to the aorta and other large ateries, and such-like fantastic excursions into the realms of surgery may well demand the application of one or both of these techniques.

In Australia, where the facilities for introducing new procedures are limited, hypotension by the use of the methonium drugs has never been as extensively used as in Britain. Even there however, cases of renal, cardiac, and cerebral damage have led to a considerable modification of use of the technique and many anaesthetists now seem to feel that hypotension is something to be reserved for the cases in which the operation cannot be done in its absence. This point of view will possibly be modified by the use of more recently introduced hypotensives like "Arfonad".

DEPARTMENTS OF ANAESTHESIA.

Departments of Anaesthesia under the guidance of full-timedirectors are a relatively new departure in this country, but their rapidly increasing number clearly indicates their value. Improvements to the anaesthetic services in the hospitals, in teaching, in evolving and evaluating new procedures, are too well-known to need stressing. No one listening to recent papers on hypothermia and hypotension could doubt this. The success of a department depends upon a number of obvious but exceedingly important factors. The Director must, in addition to being a competant anaesthetist, have sufficient tact, personality and integrity to maintain his own viewpoint and prestige, as well as that of his colleagues, in the face of opposition from surgeons and other important people when he feels he is right. Therefore he must be of the optimum age, neither too young nor too old. He must be a good teacher, ready to help and co-operate with all members of his staff, and not a dictator. He must also be a good organiser prepared to allow others to administer many of the anaesthetics, rather than a ready-made mechanism for this purpose.

It is obvious that such persons do not grow on trees, but with the demand apparent, I have no doubt that the supply will gradually evolve. Many of the registrars of to-day show great promise if given the right opportunities.

Another factor concerns good working conditions. This includes an adequate salary and super-annuation to encourage the best type of man or woman, high-class equipment, and good staff.

The State of Victoria leads the van in this regard, fortunate in the possession of medical administrators of broad vision and co-operative intentions. In New South Wales the way is hard and we lag behind. The authorities appear incapable of envisaging any annual salary larger than £2,000,without the right of private practiceor superannuation, which they seem to think represents unchanging wealth beyong the dreams of avarice. The Newcastle Hospital which is emerging as the centre of a new pattern of medical practice appointed some years ago a Director of anaesthesia who has been highly successful. St. Vincent's Hospital in Sydney has recently also appointed a Director to whom we wish all good fortune. The Royal Alexandra Hospital for Children failed to attract either in Australia or Great Britain a suitable applicant for the position or Director, owing to dissatisfaction with conditions offered.

INSTRUCTION OF THE YOUNG.

The city of Sydney with all its charm and allure, is in many ways a jungle for young graduates attempting to secure adequate specialised training and later a reasonable living. It has been said if young specialists can survive here the whole world is open to them. Some of our Elders, secure in their niches before the advent of World War Two and punitive taxation, are apt to pontificate about these who wish to run before they can walk, and the desirability of a stretch in general practice before specialisation, pointing to a number of established consultants who have arrived by such a route. They extol the virtues of general practice in learning kindness and consideration to patients and the recognition of profound illness. Such attributes, undeniably important, but to a large extent inherent, if not acquired in tv

in two or three years' hospital residence may well, I think, be regarded as unobtainable.

General practice while vastly important, and in many ways fascinating, is moving more and more into a special sphere of it s own, as shown by the formation of a new college. In any case, by undertaking it before completing a special training the young graduate is almost certain to forfeit his place in the queue and the same risks apply, though to a lesser extent to general practice undertaken after completion of special training.

The practice of appointing registrars in anaesthesia is now firmly established in Australia, and to this new generation we must look for future developments.

Its therefore of great importance to choose such people with infinite care, and having chosen them, ensure that they are encouraged and trained to the highest possible degree.

THE SURGEON-ANAESTHETIST RELATIONSHIP

This, like the state of matrimony, has been the subject of endless jokes not always kindly, but it is evident that only by the closest co-operation, and mutual understanding and respect can any real progress be made in either sphere.

I am happy to say that this state is much more evident now than in the past, particularly where thoracic and neuro-surgeons are concerned. They must realise, I feel sure, how much is to be gained by good anaesthesia, and lost by bad.

In this connection I should like to point out with gratitude how very helpful the Royal Australian College of Surgeons has been, particularly in the formation of the Faculty of Anaesthetists under its aegis.

OVERSEAS LECTURERS.

We have had in the past many distinguished overseas visitors, including Professor (now Sir Robert) MacIntosh Drs. Ronald Jarman, Virginia Apgar, Donalda Huggins, Bernard Johnson, Dean of the Faculty of Anaesthetists of Royal College of Surgeons of England and with us now Dr. John Gillies, Director of the Department of Anaesthetics in the Edinburgh Royal Infirmary.

Each of these has played a part in bringing closer

to us the great world, and stimulating a more vital interest in our meetings, and to them all our grateful thanks are due.

We hope that this distinguished trickle, will soon become an even more distinguished stream.

A UNITED FRONT

In spite of disagreements, some minor, some major, due in the greater part to misunderstandings, lack of mutual trust, and criticism of those who work by those who do not, much has been done to enhance the prestige and conditions of anaesthetists in this country. One of the greatest forward steps has been the formation, on the English pattern, of the Faculty of Anaesthetists within the Royal Australasian College of Surgeons.

While unaided individual work may be in many ways admirable, better and more lasting results must accrue from the combined efforts of a number of individuals, whether in a team under the guidance of a Director or a specialist group in private practice.

Let us therefore work together as never before for a united front and the common good.