Anaesth. Intens. Care (1977), **5**, 5

PRESIDENTIAL ADDRESS :* NO MAN IS AN ISLAND

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Man is a social animal, even when he is not a sociable animal. Though he may not find it easy to live in harmony with his fellows on all occasions, he continues to want to do so. Individually, we can attest to the trauma which repeated attempts at community action bring us, but we can also relish the joy of successful attempts to bring it off together. Even those of us who tend to be solitary by inclination will usually admit that working alone, we can achieve so little by comparison with a joint effort, and that few pleasures are as sustaining as those which can be shared with people we call our friends.

So, if we wish to reduce the trauma, is there any benefit in looking at the performance of others, that is, in looking at history? Opinion is divided on the value of doing that. On the one hand, it is said that all you can learn from history is that you can learn nothing from history, but, on the other, that those who will not learn from history are destined to repeat its errors. Whether or not it will keep us from error, I have always thought it a useful exercise in humility to acknowledge that we are merely links in a chain, and unless we know something of the other links, we can never know whether we are the weakest.

I want to talk about this Society, the Australian Society of Anaesthetists, a body which has engendered real affection in the hearts of several generations of anaesthetists. Such affection is, of course, for the men and women who founded it, formed it, guided it, even nursed it or saved it, from itself or others. If we think the Society has to-day attained a healthy maturity, as I believe it has, then we must admit that this is due to their work. If we can understand something of their vision, we may be in a better position to further their efforts.

Some of what I will say is known to some of you, but much of it will not be known to most, if only on account of the fact that fully one third of the present membership has been added in the past six years.

How can one measure the success of a Society? One way would be to look at its stated objectives as set out in its Constitution and compare those with results obtained, in each instance. Contemplating a Constitution may sound even more dreary than the fabled pastime of the Buddha, but a brief reflection will bring realization that it could be a profitable exercise. Not only is it a difficult thing to devise a wise and workable Constitution, but no Society can truly flourish without one. This Society's first Constitution was compiled in 1936, with a major review in 1948 when the original was found unacceptable to the British Medical Association at a time when the A.S.A. was seeking affiliation with that body. The new Constitution endured for about a decade until another was adopted which embodied most of the major contents of our present document. This was largely the work of Stuart Marshall, a highly individual man, ever at the ready to redress a heresy, a split infinitive or an imagined wrong, who left us his own memorial in this guide to future development.

Let us look briefly at these objectives and set some attainments beside them.

1. *To advance the science and art of anaesthetics in Australia.*

There can be no doubting that in a country the size of Australia, there would have been a much smaller and slower interchange of knowledge and new ideas between the scattered centres of practice, in the absence of a Society. We are attending the 35th Annual General Meeting to be held in 42 years, with allowance

* Presented at the Annual General Meeting of the Australian Society of Anaesthetists, August 1976.

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made for gaps during the second World War. The first such meeting was held in Melbourne in 1936, some 18 months after the founding of the Society. The meeting was held on parts of two successive days, and a nasty precedent was set by opening with a Presidential Address. This was followed by three scientific papers, the titles, if not the contents, of which could grace a contemporary programme on the biological aspects of anaesthesia. A further nasty precedent was then fortunately not set, when the gentlemen repaired for dinner to the Naval and Military Club while the ladies attended the theatre. On the following day, five further papers were presented, followed by discussion, and that concluded the meeting.

The science and the art have since been advanced to the point where up to five days of intense discussion about them leave most of us grossly overfed, to go home and commence the process of mental digestion. If to-day there is more of the science and less of the art, that is no more than a reflection of the growing understanding of the basis of the art, which, for our patients sake, we must strive to master.

Perhaps a glimpse of an admirable sense of the fitness of things in the days when art was dominant is provided in the minutes of the Executive Meeting of 1950, in which it is recorded that the meeting was held in the Botanic Gardens Brisbane.

2. *To further the professional education and training of anaesthetists generally.*

Educational activity in anaesthesia was latent in Australia until the post-war years. Wherever this was developed, it was directed and manned by members of this Society, whether at a hospital or University level. Geoffrey Kaye, Bob Orton and Douglas Renton wrote the first and, until recently, the only Australian anaesthetic text-book, now a collectors item. Geoffrey Kaye, acting at first privately, but then under the auspices of this Society, collated a library of books, journals and teaching aids at a time when such luxuries were available in few hospitals and a museum of anaesthetic equipment still reputed to be one of the finest anywhere.

Lecturers and examiners for the early Diploma courses were recruited from Society ranks, often the same people who subsequently became the core of educators for the Faculty of Anaesthetists and, of course, State and national scientific meetings have been conducted throughout the life of the Society. Many of the latter have been held in conjunction with the Societies of our learned colleagues in other disciplines, for our mutual advancement.

Among early examples of stimulus to educational activity, in 1956 "following the example of the Scottish Society of Anaesthetists", a prize of 25 Pounds was offered for an essay competition on an anaesthetic topic by a registrar. This may raise a smile when we recall that there have now been held four scientific meetings, devoted solely to the original work of registrars, but this essay competition continues still, now rewarded with a commemorative medal rather than base coin.

3. *To encourage research in Australia.*

Those who would support medical research in a responsible way are said to hold in the balance the cost/benefit arguments, but no such quandary has worried the Australian counterpart. For he has usually seemed to belong to some strange species which became extinct before it was born. Only in recent years has the researcher been enabled to play a larger role, and usually thanks to Government.

But, in 1956, on the suggestion of two men, each to become a Dean of the Faculty, Brian Dwyer and Len Shea, it was resolved that "a Fellowship in anaesthetic research should be created by the A.S.A.", to which some hard head added "when funds are available". Funds were made available and research projects received support under this arrangement for several years.

Subsequently, following a gift to the Society by our overseas guest at the time, intended as the nucleus for such a purpose, the Jackson Rees Research Fund was established in 1964. From an initial value of $400, this sum has been progressively increased, standing to-day at $4,000 and even so, intended merely as a grant in aid. The Society is currently seeking larger support from industry, to enable the co-ordination and funding of larger research ventures requiring more appropriate assistance in to-day's inflated financial terms.

4. *To facilitate the exchange of knowledge between Australian anaesthetists, and between them and anaesthetists overseas.*

This object was given priority from the outset, as shown by the fact that an overseas visitor was present at the first Annual General Meeting. He was Zebulon Mennell, of London. He brought the felicitations of the Association of

Anaesthetists of Great Britain and Ireland, and arrangements were begun to establish affiliation between the two bodies.

International visitors were, thereafter, rarities for a few years, though some Australians, like Harry Daly, were great travellers, and they built up a wide circle of friendship with the leaders of anaesthetic thought throughout the world. It is not hard to see why visitors were scarce to this faraway country—they were offered no subsidy, and the wonder is that any came at all. But certainly, Bernard Johnson, Dean of the English Faculty, Donna Higgins from Canada and Virginia Apgar from the U.S. came in 1953. The following year, the prospective visitor, John Gillies, was being enticed to come from Edinburgh, Scotland, with the inducement of 250 Pounds. To be fair, that figure must be put against the total assets of the Society at that time—700 Pounds. The three visitors of the previous year must have made an enormous impact to cause the Society to outlay over one third of its resources on a single guest.

No age would seem to be without its Jeremiah, for one dissenter of the day is on record as saying that "the Society should be chary of subsidies to overseas visitors. Many of them could travel as Australians do, at their own expense".

Since 1953, guest lecturers have generously responded to our invitations, now suitably backed by appropriate assistance. They played a very significant role in the 1950's and early 60's when fewer Australians had travelled abroad. Many trainees were thus inspired to further their education outside Australia as a result of these contacts, and some of our presently thriving departments were first staffed by such men.

To further encourage the internationalization of anaesthesia in Australia, the Society took its first step onto the world stage when it hosted in Canberra in 1970 the 3rd Asian-Australasian Congress of Anesthesiology. What may not be well known is that attendance at that meeting for many delegates from the region was either arranged or supported by the Society. More recently it has sought to have the World Congress of Anesthesiology in Australia in 1984. Whether this proposal will eventuate in that year or in some subsequent year has still to be determined, but I have no doubt, that, provided anaesthetists of the world still wish to continue such activities, it will occur, and will be an occasion which will mark the full flowering of anaesthesia in this country.

5. *To encourage publications in the sphere of Anaesthesia.*

It is easy enough for us all to derive a warm satisfaction from the success of the Society's journal, *Anaesthesia and Intensive Care.* We are pleased to applaud Ben Barry and his staff, and no doubt too soon, it will be easy to take it all for granted. But before we become carried away by an excess of pride in contemporary achievement, let me quote from the minutes of the Executive Committee meeting of April 1954, 22 years ago. "The General Meeting having voted in favour of a journal being formed, the President suggested a circular letter be sent to all members stating the objectives of such a Journal". Two motions then follow "That Dr. J. F. McCulloch should be Editor" and "That Dr. S. V. Marshall be Assistant Editor".

This abortive attempt to publish a Journal was prompted by frustration at the inability of anaesthetists to get their work into print. It took up to 12 months to have a paper published in the *Medical Journal of Australia* and a trial of an anaesthetic number had been unsuccessful. In the event, the venture foundered for lack of enthusiasm and money, and it was recognized as being premature.

A Newsletter was, however, regularly published for many years, containing news and scientific material. As is usual with such endeavours, a heavy burden fell almost exclusively on the shoulders of a succession of willing individuals, and the last Newsletter editor, having personally supplied virtually all the copy for several years, turned in his badge in 1963.

6. *To enhance the professional status of Anaesthetists in Australia, and to seek cordial relations between them and other groups of scientific workers.*

In May 1950, the following resolution was passed unanimously "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". A meeting with the College was convened, the anaesthetists being represented by Douglas Renton, Ellis Gillespie and Lennard Travers. At first, the proposal was politely refused as the College Constitution did not seem to provide for it, but this view was soon revised, and the Faculty was inaugurated within a few years.

The impetus to professionalism in anaesthesia in Australia which resulted would be hard to overstate, and the standing of anaesthetists as a specialist group to-day is a consequence of that decision. The authority deriving from being an examining and diploma awarding body with responsibility for training and standards of ethical practice was used to prepare for the growth of the specialty in subsequent years.

It may be rewarding, especially for younger anaesthetists, raised in the midst of scientific and technical excellence, to recall that the basis for these developments was laid by men and women who were largely self-taught, and who carried their project forward on a blend of wisdom and common sense, a good deal of art and less of science. In many instances, they never experienced the fruits of this development in their own lives and practices.

It would be ungracious to name some and not others who have guided the Faculty, but it is enough to say that, men and women alike, they have set high standards. They have, almost without exception, also at some time held office in this Society, and there has been continuously a tradition of unstinted cooperation between the two bodies.

7. *To safeguard in every way the Professional, Economic and Legal interests of Anaesthetists in Australia.*

Until recent years, the Society has never had significant assets. Indeed, some of its early attitudes to money were, evidently, quite carefree. For example, in the minutes of 20 years ago, we read that to a complaint from the President that the Treasurers report was inadequate in that it did not itemise expenditure, the Treasurer replied that he thought detailed reports were a waste of time, as readers never bothered to analyse them. But, when requested, he did strike an exact balance, revealing assets of 900 Pounds. In 1952 the Treasurer regretted that the annual subscription must rise to four guineas, but he was pleased that New Zealanders may continue to join for one pound. The Society donated five pounds to help defray the expenses of a National Congress.

From the viewpoint of economics, the specialty of anaesthesia had emerged slowly and shyly, keeping for many years in the shadow of surgery. On the introduction of the first Commonwealth Medical Benefits Scheme in 1953, though the fact now seems hardly credible, no anaesthetist was consulted on the scales of rebates payable for anaesthetic services. Accordingly, the mythical nexus between surgical operation and fee for anaesthesia was confirmed for the next 18 years, to the great detriment of patients and anaesthetists. Though this Society tried for most of those years to bring about redress, little change could be effected. At length during the years 1967–1971, following a lead given by our colleagues in the United States, the Society pressed vigorously for change, along lines mostly of our own choosing. Although no system will ever bring universal satisfaction, present fee structures are now vastly improved, and an active and effective system of fee review and maintenance is one of their most satisfactory features.

On the other hand, the Society on another occasion abrogated its responsibility to advance the professional welfare of its members in a remarkable episode. In 1963, in an act of self mutilation, it rendered itself sterile in this capacity. By resolution, it surrendered responsibility for the conduct of medico-political affairs as they affected the anaesthetist, to the Faculty, its offspring. There was, at the time, a threat of nationalization of medicine, and the Society, having heterogeneous membership then as it still fortunately has, had become alarmed that it may not be able to represent adequately the interests of its specialist members. Whether or not the sire had become temporarily demented may still be debated, but the circumstances soon took on an air of suspended reality, which lasted for several years.

The interregnum was however brought to an end by a sheepish admission from the progeny that it had never had the authority to assume this representative role and should never have said yes in the first place. Not all such mutilations can be easily reversed, but in this instance, corrective surgery was instantly successful, as both potency and virility have since been demonstrated.

8. *To work in conjunction with other approved medical organizations.*

Despite the seemingly evident fact that anaesthetists are among the most reasonable and friendly of people, we read this resolution in the minutes of 1947 with no discussion recorded at all, that "the A.S.A. disaffiliate from the Cuban Society of Anaesthetists". The mystery behind this surly note remains, but since there is no further comment on the subject, where does that leave us with Cuba to-day? In the same year, perhaps due to some prevailing

costiveness, the Society sent back home with empty hands, a "plenipotientiary" from New Zealand, Charles Morkane, who had come to look at the possibility of affiliating the two Societies.

Disaffiliation from the B.M.A. followed in 1951 and for many years the Society steadfastly ignored appeals from that body which really amounted to 'come home for the sake of the children'. In view of this list of churlish behaviour it is with relief that I report that the last mentioned marriage breach has been long healed, and the couple now live in blessed harmony.

9. *To acquire, maintain, employ and dispose of such real and personal property and to organize such services as will further the above aims.*

Concerning this objective I shall say little except to refer to an episode which spanned the years 1950–1956, when the Society pacted with Geoffrey Kaye to provide the first permanent headquarters of the Society in Melbourne. This was a venture founded on generosity and enthusiasm, to provide a venue which could serve as meeting place, educational centre, reading room and rallying point. The concept proved to be larger than the fact.

As expectations remained unfulfilled, hope faded to disappointment and even resentment, all in all, a fairly typical story of mans trials when he attempts a societal or corporate life. I could guess, however, that the experience paid later dividends as those involved came to know themselves better.

Fifteen years later, the second attempt to establish permanent headquarters was more successful and now provides a facility with more modest ambitions, but those are carried out with great efficiency, giving highly satisfactory service to all members.

As we conclude these brief comments on the Society's objectives, it must be left to each listener to decide whether and in what measure they have been achieved. We note repeatedly, though, an element of trial and error as our predecessors, not being islands, strove to grow together and cope with new challenges.

You may be surprised, as I was, to note that there is such meagre reference in these objectives to our professional relationships with anaesthetists in other countries, and perhaps especially with those who are our neighbours. Such omission is seen to be a technicality, however, for such relationships have been a continuing theme of the Society since the following motion appeared in 1965 over the name of Jim Villiers that "the A.S.A. consider as one of its functions the extension of aid to under developed countries in the field of Anaesthesia".

Thus commenced a tradition of aid, expressed in a variety of forms, which has been continuous since that year. An exhaustive list to cover all such activities could not now in all truthfulness be drawn up, but our colleagues in Fiji, Tonga, Indonesia, the Philippines, Bangladesh, Korea and Papua New Guinea have benefited, as we ourselves benefited from the associations of friendship so formed.

Our nearest of these neighbour countries, the Territory of Papua New Guinea, has lately acquired its full and independent nationhood. Like so many before them, they now have the heavy responsibility of channeling a heady enthusiasm into the less glamorous but more fundamental task of seeing each days work done, at the same time as they look to their tomorrows. What is their present position?

The Territory, with a population of around three million, is divided into 19 regions, each with at least one hospital. There are approximately 250 doctors, of whom only 50 are indigenous. Try to imagine the situation in Australia if four out of five of our doctors were on contract, and could leave at any time, for any reason. The doctor/patient ratio is thus about 1 : 12,000. When we look at the situation for anaesthesia, we find 4–6 trained anaesthetists, three of whom have higher degrees but none of these latter is indiginous, and 10 male nurse anaesthetists, who are the products of the single training school at Port Moresby established by an Australian. For the rest, anaesthesia is the province of the general practitioner, when and as he finds it. This ratio now becomes one person trained at any acceptable level of anaesthesia per 187,000 people, a figure with implications which send the Western mind spinning.

The second worst thing that a 'do-gooder' can do is to tell his neighbour what is best for him, and the worst is to thrust that course of action upon him. In the circumstances above, only two courses of action with a real chance of success would seem to be open, and they are not mutually exclusive. One is to train hands to cope with the volume of work (and in this context, must they be nurses, who are themselves in short supply?) and second, to train brains to organize, direct, supervise, train, liaise, engage in politics, run budgets, in short, to be

responsible. The first must be done at home, and the second must usually be done away from home.

When a call for assistance comes, as I feel sure it will soon come, I would want members of this Society to be open to that call at whatever level is available to them. We have standards of man power, standards of income, standards of expertise and organization which are luxuriously abundant by comparison with those of these colleagues. I suggest it would be the hallmark of a generous humanity if this Society were to crown the progress of which I have been talking for perhaps too long with a fitting response to any request to share the elements of that progress. If we accept that each of us owes debts to those whom we cannot repay, it surely follows that the noblest means of working out our indebtedness is in similar service to others. For no man is an island.