Presidential Report 1949-50. P.C. Renton.
Delivered in Brisbane May 1950

At our last General Meeting, held in Melbourne in March, 1949, you honoured me by electing me to be your President. My time has now expired and I relinquish the post to our new President and wish him a successful term of office. I take this opportunity of thanking our Secretary, Dr. John Barker, for his efficient service to the Society and also our Treasurer, Dr. H.E.H. Lyons for his careful husbandry of our resources.

Custom has it that a retiring President shall inflict an address on you. I trust I shall be reasonably brief.

The outstanding event of my term of office was the receipt of the following letter from London :-

"Association of Anaesthetists of Great Britain and Ireland,
45, Lincoln's Inn Fields,
London. W.C.2.

13th. December, 1949.

Dear Dr. Renton,

The Association of Anaesthetists of Great Britain and Ireland is most anxious to make some return to the Australian Society of Anaesthstists for the great generosity that it has shown to its members by sending such a very large number of food parcels for distribution to them. We have given much thought to the form our return should take and have finally decided that we should like to offer a travelling scholarship to a young Australian anaesthetist, to be selected by yourselves, to enable him to study in this country for a year and we very much hope that this will be acceptable to you. The grant would be of £500.
We thought the Anaesthetist chosen should be under 40 and may be either a man or woman. We would require, however, that an

undertaking should be given that he or she would return to Australia to practice anaesthetics. I shall look forward to hearing from you and very much hope that our proposal will be welcome.

Yours sincerely,

Geoffrey Organe.

Honorary Secretary. "

This is indeed a very fine gesture by the A.A.G.B.I. and is concrete evidence of the kindly feeling which exists between the Association and our Society. The offer was accepted with gratitude by our Committee and applications have been duly invited by advertisement in the medical press. The scholarship will be a further tie binding our two organizations into even closer relationship. The recipient will have a double task. Firstly, hewill need to make the fullest use of this opportunity to increase his knowledge, not for personal aggrandisement, but to share it on his return with the whole specialty in Australia. Secondly, he fulfil the function of a personal envoy from the Australian Society of Anaesthetists to the Association of Anaesthetists of Great Britain and Ireland, cementing ever closer the the friendly relationship between the two bodies.

2. The Organization of the A.A.G.B.I.

At this stage in the development of anaesthesia in Australia, the organization of the British anaesthetists provides us with an instructive parallel.

The A.A.G.B.I. is constituted upon lines similar to those of our Society, although of wider scope. It was founded in July,

1932 : our Society was founded in January, 1934. According to its Annual Report for 1949, ~~the latest available to me~~, the Association had then ~~137~~ 148 Fellows and ~~419~~ 560 Members. It might be useful to summarize the objects of the Association and the qualifications for Fellowship or Membership.

OBJECTS: (1) to promote the development and study of anaesthetics and their administration and the recognition of the administration of anaesthetics as a specialised branch of medicine. (2) To co-ordinate the activities of anaesthetists. (3) To represent anaesthetists and protect their interests. (4) To promote the establishment of diplomas and degrees in anaesthetics, (5) To encourage and promote co-operation and friendship between anaesthetists and to do all such lawful things as may be incidental or conducive to the attainment of such objects.

MEMBERSHIP: A candidate for Membership of the Association must:- (a) be a registered medical practitioner; (b) satisfy the Council that his professional interests are predominantly in anaesthetics or be an anaesthetic specialist or graded specialist in the Royal Navy, Army, Royal Air Force, Emergency Medical or Municipal Services; (c) be nominated by two Members or Fellows who shall vouch that the candidate fulfils the conditions of Membership.

FELLOWSHIP: Ordinary Fellows are elected from Members who hold the Diploma in Anaesthetics of the Royal Colleges of Physicians and Surgeons and who are actively engaged either in t

teaching of anaesthetics at schools of medicine, or who are specialising entirely in the practice of anaesthetics and hold hospital appointments approved by the Council, or are engaged in Great Britain, Northern Ireland or Eira in full time research in subjects related to the theory and practice of anaesthesia.

The Association is a large one in comparison to our Society. It is also a comparatively wealthy one. It has funds from outside sources which enable it to subsidize several Research Fellows. One of the Fellows was co-opted to the Council of the Royal College of Surgeons of England. In conjunction with the College, regular courses of instruction in anaesthetics ~~were~~ are arranged and conducted.

To stimulate the interest and activity of its Members, the Association has divided Great Britain into a series of zones in which meetings are held at intervals for discussion and presentation of papers. These zones would correspond roughly to our State Sections of the Society or our State Sections of Anaesthesia B.M.A. The Association also publishes its own quarterly journal "Anaesthesia".

3. The A.A.G.B.I. and the Royal College of Surgeons.

One of the objects of the Association was the encouragement of diplomas and degrees in anaesthesia. Only one diploma has, so far as I am aware, been established in Britain Viz., that conferred by the Conjoint Board of the Royal College of Physicians of London and the Royal College of Surgeons of England. It follows that there is but one standard for the whole of Great Britain.

The Association deals with the political side of the specialty. The introduction of the National Health Service in 1948 necessitated political activity which we, in Australia, have so far escaped.

To raise the economic and political status of the Anaesthetist, The Royal College of Surgeons advised the Association to augment the standard of the Diploma in Anaesthetics, This was duly done. In the course of these discussions, the Association urged the College to establish a Faculty of Anaesthetists to advance the art and science of anaesthesia. This Faculty, an integral part of the College, is now in being and certain Australians have received the honour of election to it.

MEMBERSHIP of the Faculty. The Board of the Faculty may admit to membership such medical practitioners as satisfy the Board that they specialise in anaesthetics. In March,1949, there were 808 members of the Faculty.

In his opening address at the first Annual Meeting of the Faculty on 16th. March, 1949, the President of the College,Lord Webb-Johnson, said :-

" It is my pleasant duty to welcome you to the College on your first meeting as members of the Faculty of Anaesthetists, and to express the hope that you will be able through the Faculty to attain the important objectives which you have at heart. The Council hopes that all those engaged in surgical specialties allied to surgery will feel that the College is their natural academic home.....In order to foster this feeling the Council wishes to give each of the

Faculties complete academic freedom, and to make the members realise that they are not only in, but of the College.

I do not want you to get the impression that the Faculty is in any way a rival to or competitive with the Association of Anaesthetists. The functions of the two being complementary must overlap to a certain extent. The essential functions of the Faculty are academic, to lay down academic standards and see that they are maintained. ... In the Faculty you are part of the College and have all the prestige of the College behind you. You therefore carry some responsibility for maintaining that prestige, and I have no doubt that you will not only maintain it but add to it.... "

The Dean of the Faculty of Anaesthetists, Mr. A.D.Marston, F.R.C.S., F.F.A.R.C.S., said, inter alia :-

"The passage of the first year of our Faculty has been largely employed in laying foundations for future activities of this institution. In regard to Fellowship ... of the 150 Fellowships which the Council has sanctioned during the initial two years, 122 have been elected and the remaining 28 will be elected in the coming year, after which we have permission to elect a maximum of 10 fellows each year. The following criteria have been worked out for this award:- Candidates must satisfy the conditions laid down in one or other of the four following categories:-

1. (a) Be medically qualified.

   (b) Have been an anaesthetist on the staff of a teaching hospital for a period of ten years.

   (c) Hold a Diploma in Anaesthetics granted jointly by the

Royal College of Physicians of London and the Royal College of Surgeons of England or be in possession of higher qualifications.

(d) Be a Member of the Faculty of Anaesthetists.

2. Be a Professor, Reader or Lecturer in Anaesthetics, or a Director or Officer in Charge of a Department of Anaesthetics of a teaching hospital.

3. Be a distinguished anaesthetist not on the British Register.

4. Be a person who has made a notable contribution to the science or practice of anaesthetics.

Permission will be sought (from the Council) to award the Fellowship to those Members of our Faculty who present a thesis on anaesthesia of suitable standard..... One of the great advantages accruing to our specialty by the institution of our Faculty is the opportunity we are given to have our views considered by the Council of the College and, if accepted, to be handed on by the College to the body we wish to approach..... "

4. The Diploma of Anaesthesia in Australia.

At the present time, a Diploma of Anaesthesia is awarded by the Universities of Sydney and Melbourne; a similar Diploma in the University of Queensland is within bounds of possibility. With so many and so widely separated examining bodies, a uniform standard of examination is scarcely practicable. This fact militated against a recent attempt by our Society to gain parity for our Diplomata in Britain. The Faculty of Anaesthetists, whilst most sympathetic, refused to discuss the question of parity until we in this country had a single examining board with a single standard of examination.

To establish a single Australian or Australasian Diploma in Anaesthetics, the possible courses before us are :-

(i) to ask the several Universities to set up an Inter-University Examining Board for a pan-Australian Diploma.

(ii) to ask the National University at Canberra to assume this function. (iii) to request the Royal Australasian College of Physicians and the Royal Australasian College of Surgeons to establish a Conjoint Board for the purpose.

(iv) to request the Royal Australasian College of Surgeons to set up a Faculty and to establish a Diploma upon an Australasian basis.

All these several avenues have been explored by the Committee of our Society in the past two years. It is most unlikely that joint action by the Universities could be arranged. The National University is wholly occupied as yet with purely scientific and not clinical subjects. Constitutional barriers exist to the setting up of a Conjoint Board by the Colleges of Physicians and Surgeons.

It seems, then, that any hopes of an Australian or Australasian Diploma can be realised only through the Royal Australasian College of Surgeons. We have reason to believe that an approach to the College would at least receive friendly consideration and might perhaps lead to action.

A Faculty, having the same academic freedom as in Britain, seems to be the logical solution to our difficulties. Its establishment would require an ammendment to the Charter of the College, but this is perhaps within the realms of practicability. Some degree of liason and reciprocity exists between the Royal Australasian College of Surgeons and the Royal College of Surgeons of England. A Faculty of Anaesthetists within the Australasian College would presumably enjoy a similar relationship towards the Faculty in Britain. Uniform standards of training and examination would thus become possible and a Diploma awarded in Australia might hope to receive recognition by the Conjoint Board in England. It would be well for our Society to give a clear expression of its views upon the desirability of a single Diploma for all Australia and the seeking of it through the Royal Australasian College of Surgeons.

Our Society has refrained hitherto from grading its members. It has tried to bring together all who take a serious interest in the subject of anaesthesia, whether they be professional anaesthetists or not. With the increasing technical progress of the specialty, the grading of members to be admitted in future seems desirable. It would be inevitable ~~were a~~ In a Faculty established. The Society must decide whether it approves or not of the principle of grading and, if so, on what basis. Should a

Should a Faculty be set up, Membership would presumably be conferred as in Britain upon the basis of a Diploma in Anaesthetics or a higher qualification. Fellowship would doubtless be by election, with or without a thesis. Those interested in anaesthesia or preparing to become eligible for membership might well be admitted as Associates.

5. The Society and The British Medical Association.

The Australian Society of Anaesthetists was founded in 1934 and was, until 1946, an independent body with no complicating affiliations. In 1946, The Society sought and obtained admission as a Federal Group of the British Medical Association in Australia. This step was taken because a majority of members considered the Society to be insufficiently strong to negotiate with the Federal Government of the day upon the burning question of State Medicine. The sacrifice of our independence has involved us in certain difficulties which must now be placed before the Meeting.

Our Society functions through a Federal Executive Committee and local Sections in each state. The position is complicated by the fact that there exist, in some states, Sections of Anaesthesia of the State Branches of the British Medical Association. At the best, needless duplication of activities results: at the worst, rivalry between the two organisations. It would be logical for all state activities to be unified by the merging of the two. It would be equally logical for the surviving organisation to be the State Section of the Australian Society of Anaesthetists. Membership ina Section of Anaesthesia,

British Medical Association, is open to any member of the Association who cares to apply and to pay the subscription. Membership in the Australian Society of Anaesthetists, as in any other Federal Group of the British Medical Association, is upon a more selective basis. Surely, the Society, with its greater resources, Federal organisation and eclectic membership, is better fitted to advance the development of anaesthesia than is a State Section of the British Medical Association.

The fifth article of our Constitution states that our Annual Meeting shall be held in rotation in Sydney, Melbourne and Adelaide, to coincide, wherever possible, with the Post-graduate Week held annually in those cities, but it shall be open to the Executive Committee to select other cities at its discretion. When, in any year, a Congress of the British Medical Association is held in any city in Australia, it shall rank as the occasion for the Annual General Meeting for that year. Special meetings may be called by the Executive at such times and places and for such purposes as it may see fit.

When our Annual General Meeting coincides with a Congress of The British Medical Association, certain difficulties arise. The programme is arranged for us. If we hold meetings of our own, they must not encroach upon any sessions of the Congress. They must be fitted into spare periods or held before or after the main Congress, thus prolonging our absence from our home cities. A double programme was tried at the Perth Congress in 1948, but it entailed difficulties in management and further double programmes seem to be undesirable, It follows that, during a Congress, our participation will be limited to

individual contributions to a Sectional programme, not of our arranging. As a Society, we can hope only for an Annual General Meeting and perhaps for our "Confessional" session.

Under present conditions, this state of things occurs once in three years and we could survive that much encroachment upon our activities, But it is possible that the British Medical Association's Congress may become a biennial event, in which case, our Society would function unhampered only in alternate years. Should the Congress become an annual event, our members would either have to travel interstate twice in a year (once for the Congress and once for a meeting of our Society) or see our Society cease to exist as a scientific body.

We have to decide, in short, whether the Australian Society of Anaesthetists is worth the saving. To those who have seen it grow from its small beginnings to its present scientific and educational activity, the answer is not in doubt. The question is one of how the Society can best be saved. If we are to continue in affiliation with the British Medical Association, w e must request the Federal Council to arrange that the officers of our Society in a given year become automatically the officers of the Section of Anaesthesia at that year's Congress, having full authority to arrange the sectional programme and to arrange joint sessions with other Sections, Unless such an agreement can be reached, we ~~shall~~ may be forced to withdraw from affiliation with the British Medical Association and resume our former independent status.

Even if this request be granted, our hands would still be tied by Article 5 of our Constitution. In Victoria, the feeling is that this should not be. It is felt that we should hold at least some of our meetings concurrently with meetings of the Royal Australasian College of Surgeons, with advantage to both bodies. With our independence, this could be readily arranged. I do not wish to convey to you any suggestion of our breaking away as individual members of the British Medical Association. We all would, I presume, retain our membership of the association. Nor is there any desire to become the proteges of the College of Surgeons. We aim solely at the independence of our Society and freedom to manage our own activities and, as trained anaesthetists, to affirm scientific equality with all other specialist bodies.

6. The Future Activity of the Australian Society of Anaesthetists.

If we decide to regain our independence, we shall have to put our house in order and keep it so, which will mean some work and possibly some sacrifice.

One of our members desires to do this in a strictly literal sense. He wishes to found a headquarters for the Society. One of the reasons underlying this desire is the present overcrowded condition of the Museum and the inadequate housing of the Society's library. Our occupancy of our present quarters is on a permissive basis and is not by any means secure. We could be invited to vacate at any time. Our own headquarters would provide security and permanence.

The sponsor is prepared to himself purchase a suitable premises for the purpose. This would be bequeathed to the Society and eventually become the property of the Society. Portion of this would be converted into living quarters for himself and, later on, would be available as quarters for a resident curator. The remainder would be at the disposal of the Society to provide a Meeting Hall, Library, Museum, Research Centre and Workshop. Towards the project, much valuable scientific and mechanical material has already been accumulated and placed at the service of the Society.

The sponsor is prepared to back the proposal with all the economic and technical resources at his command. The resources available may not be equal to the whole task but will go a long way towards it. Not many of us could or would make such an offer.

A suitable property came on the market recently and funds to defray at least the greater part of the outlay were available. The Minister of Housing, however, vetoed the scheme on the grounds that it would withdraw some accommodation from the already depleted housing pool. The scheme will have to be shelved for the time being whilst other avenues are explored.

Should the scheme come to fruition, our Society would occupy a rather unique position as an organisation of Anaesthetists. We are not a numerous body nor a wealthy one, nor have we as yet attracted any outside financial assistance as has the Association of Anaesthetists of Great Britain and Ireland.
Can we afford this ideal? Or rather, can we afford to let this offer pass? An expression of opinion by the Society would be welcome.

Quite apart from this proposal, the idea of independence appeals to me. We would, at least, wag our own tail and be masters of our own souls.

A Faculty of Anaesthetists must come sooner or later. The functions of a Faculty might possibly overlap those of the Society to some extent, but there are no reasons why the two could not co-exist in harmony, each supplementing the other. The Faculty would deal mainly with academic affairs and possibly the higher levels of the external relations of anaesthetists and the Society with internal affairs e.g., the scientific and research aspects of anaesthesia. A faculty in the Royal Australasian College of Surgeons would certainly be Australasian in scope. It has been suggested, therefore, that the New Zealand anaesthetists be invited to join us in an Australasian Society of Anaesthetists.

This might well be investigated again.

As an independent body, we would be in a strong position to collaborate with the Royal Australasian College of Surgeons as scientific equals in the founding of a Faculty and in the development of an Australasian Diploma in Anaesthetics.

It seems to me, therefore, that there are several important decisions to be made by the Society.

1. Does the Society approve of the principle of a single Diploma in Anaesthetics for Australia /asia ?
2. Does the Society approve that an approach be made to the Royal Australasian College of Surgeons concerning :-
   (a) The founding of a Faculty of Anaesthetists;
   (b) The sponsoring of a Diploma in Anaesthetics?
   The founding of a Faculty would present the College with fewer difficulties than the sponsoring of a Diploma. But, with the Faculty in being, there would be a greater incentive to complete the functions of the Faculty in developing a Diploma. The Victorian Section considers that the College should be approached at present only on the question of the Faculty. Get that established first, and then urge a Diploma.
3. Does the Society, without further ado, sever the affiliation with the British Medical Association, and resume its former independent status?
4. Does the Society approach the Federal Council of the British Medical Association with a request that the Society's officers automatically assume office for the Section of Anaesthesia at Congress?
5. If this request be refused, do we then dis-affiliate?
6. Does the Society approve of a graded membership and on what basis?

7. Does the Society approve of the principle of a headquarters for the Society as proposed by by a member as outlined?

8. ~~To what extent will the Society support~~ this proposal?

9. ~~What potential sources of funds~~ may there be?

10. Does the Society approve of the ammendment of ~~Article 5~~ redrafting of the Constitution of the Society?

11. Does the Society invite New Zealand to join in an Australasian Society of Anaesthetists?

These questions I now hand over to the Executive Committee for whatever action is deemed necessary.

Ending for newsletter.

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3. Does the Society, without further ado, sever the affiliation with the British Medical Association, and resume its former independent status?

4. Does the Society approve of the principle of a headquarters for the Society as proposed by a member and outlined above?

5. Does the Society approve of the redrafting of the Constitution of the Society?

Following this address, Dr. Morgan moved that it be incorporated in the minutes of the meeting and that the questions asked be considered by the Meeting. This was agreed.

The following motions were thereupon carried unanimously:

1 That the A.S.A. approves the principle of a single Diploma.

2 That the Society approach the R.C. of S to found a Faculty of Anaesthetists within the College.

3. That the Society approves the principle of a single Diploma within the Faculty at some future date.

4. That the A.S.A. revert to its original independant status, and request the Federal Council of the B.M.A. to terminate our affiliation with it as a special group.

5. That the A.S.A. does approve of the establishment of a Headquarters for the Society.

6. That the constitution of the A.S.A. should be redrafted, co-opting legal advice.

Drs. Morgan and McCulloch were then appointed a sub-committee to take charge of the re-drafting of the constitution, with power to co-opt other members as required.

At a subsequent meeting of the Committee, Drs. Renton, Gillespie and Travers, of Melbourne, were elected to a Sub-committee to arrange for an approach to the College of Surgeons, and also to deal with anything which might develope in connection with the proposed establishment of a Headquarters for the Society.

"Confessional Sessional".

This session was held following the Annual General meeting, and as usual proved interesting and instructive.

A number of cases of "suspended animation" were described, in which the cause was not always obvious. Several speakers were convinced that it was most necessary to give atropine, Grain 1/50, when prostigmin was used.

The vital importance of adequate pulmonary ventilation was stressed, and another warned that in his experience "Flaxedil" varied from the other relaxants in that its cumulative action is more pronounced.

If the inflatable cuff of an endotracheal tube is too long, when it is blown up the tube may be forced further down the trachea.

Arrest of respiration is well known following stimulation under light anaesthesia. This should be remembered when patients will not resume respiration following control. The answer may be to deepen anaesthesia.

Cases of acute anaphylaxis under general anaesthesia, one of which was fatal (acute pulmonary oedema) were described, and it was suggested that anti-histamines be given before hydatid operations.

Anaesthesia for Intestinal Obstruction again found its was into the discussion, and followed the usual lines. Again the importance of EMPTYING the stomach was stressed, and also the value on some occasions of delaying operation for decompression and resuscitation.

Intra-arterial transfusion was mentioned. One member considered that two lives had been saved by the use of this: one a ruptured brachial artery and the other a fractured femur.

Finally a warning was given against the use of relaxants where they were not really necessary.

The Anaesthetic Section of Congress.

These sessions will be reported elsewhere; so only a brief mention will be given here.

"Thoracic Surgery in Childhood" was discussed with the Sections of Surgery and Paediatrics. Dr. Morgan (N.S.W.) was Chairman and gave a splendid description of the anaesthetic requirements for these cases.

Dr. McCulloch read a paper for Dr. H.J.Daly on "Experiences Overseas" and Dr. Marie Hill discussed all aspects of Trilene.

Stellate Ganglion block for the relief of pain was described by Dr. I. Schalit of Newcastle.

A combined Session was held with the Section of Obstetrics and "Anaesthesia for Caesarian Section" was discussed. It was introduced by Dr. R. A. Lewis, of Hobart.

All papers were of a high standard, and the Section was most enjoyable and successful.

The Lighter side of Congress.

As was expected, Queensland hospitality was magnificent.

Every day cars and buses were taking visitors to points of interest, and the system of "sponsors" which proved so helpful in Perth and Melbourne, again made things very easy for visitors.

Every night numbers of cocktail parties and "fork dinners" were being held in all parts of Brisbane. Outstanding among these was one given by Dr. and Mrs. Arnold Robertson, which the anaesthetists attended in full force, enjoyed very much and left at a very late hour. Congress dinner was held on the Thursday evening, and your reporter left on Friday, with the Ball yet to be held.

A new list of members, which contains a number of additions, is enclosed with this. Will members please check this and let me know if there are any mistakes.

J.E.Barker.

Honorary Secretary.
10 montrose Avenue,
Netherby.

Subscriptions were due in January and a few members have apparently overlooked them. The Treasurer is Dr. H.E.W.Lyons, 48 Elizabeth Street, Croydon, South Australia, and the subscription £2-2-0. New members will receive separte notification of their appointment, and the amount due.