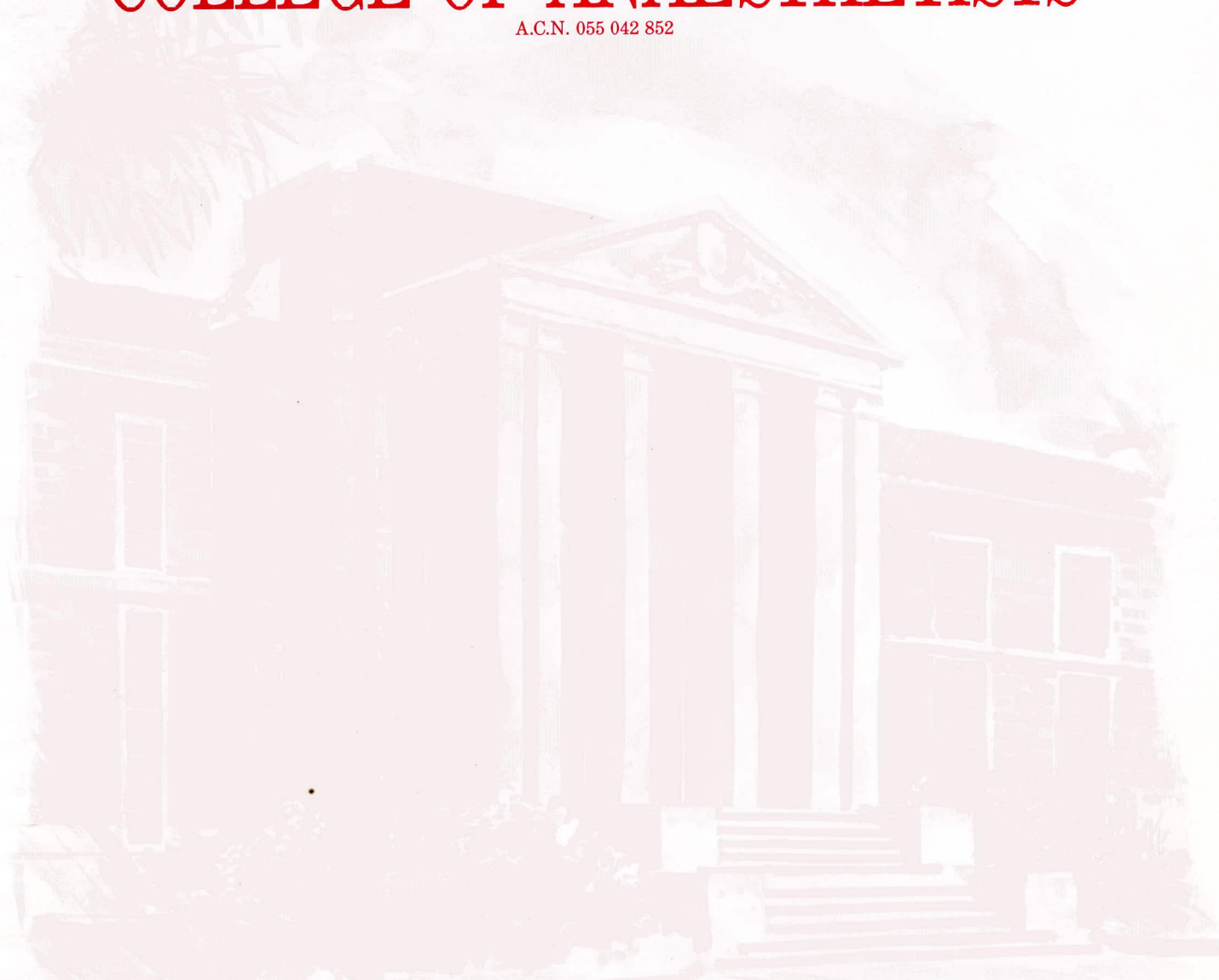


# AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

A.C.N. 055 042 852



## B U L L E T I N

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## EDITORIAL

Mrs J.M. Sheales, *Editor*  
 Dr S.T. Bath  
 Prof. J.M. Gibbs  
 Dr I. Rechtman

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## PRESIDENT'S MESSAGE

Welcome to the first edition of the *Bulletin* of the Australian and New Zealand College of Anaesthetists.

Anaesthetists, intensivists anaesthesia and intensive care are now legally independent as a College. The Australian and New Zealand College of Anaesthetists is a reality, has the same high academic, scientific and philosophic standards as the Faculty of Anaesthetists, and the same exacting requirements for training, examinations and certification. We must continue to move forward and to carry the standard of the College even higher. We can no longer attribute perceptions of inadequacy or lack of recognition by some of our colleagues and the community to a lack of independence.

This great advance now requires continued efforts on the part of your Council and Committees in all their activities on your behalf and of course by all Fellows. I am assured this will be forthcoming because of the tremendous support that the Board received from the Fellowship during this transition. The Australian and New Zealand College of Anaesthetists will continue to occupy the present offices at Spring Street, Melbourne and I would like to take this opportunity to encourage you to visit your College Headquarters the next time you are in Melbourne, to see the College in action and the facilities which are available, such as the Education Centre, Geoffrey Kaye Museum of Anaesthetic History, Hughes Room, Great Hall and Library. The College staff will be very pleased to meet you.

The forthcoming GSM will be the first year that we have met as a College of Anaesthetists with the College of Surgeons and the first time since 1928 that the College of Surgeons has met in Canberra. Our College Scientific Programme promises to be of a very high standard once again and it would be a great show of strength if the Fellowship of our new College gave this Meeting strong support. Registrations for our College at this stage again show a high percentage for this time, but there is always room for more. The social attractions of Canberra for this Meeting are really quite superb. Make a decision now to support the new College and register before the discounted fee expires.

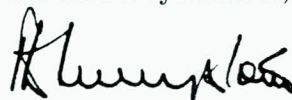
Ethics is one of those subjects which the practitioner facing a busy day in clinical practice may find difficult to fit into context, but nevertheless this is a subject which does concern us all, whether we are anaesthetists or intensive care specialists, full time hospital staff, visiting medical officers academics or private practitioners.

The rapidity of the advances in the practice of medicine has now become so great that the chances are that you will be faced with ethical decisions much more commonly than before. The issue involved in any particular case will require clear thinking on the part of all involved, whether it should be a concern about a colleague who appears to have a chemical dependency, a psychiatric problem, or doubts as to the nature of the therapy (or withdrawal of therapy) being proposed. I am sure I do not need to remind any of you that we as well as the disease are under the microscope of public opinion. It behoves us all to stop from time to time and think about what we are doing.

Ethics also concerns relationships with patients, anaesthetic colleagues, intensive care specialists, surgical colleagues, trainees and other health professionals. These relationships are constantly subjected to severe stress by modern medical practice and the intrusions of other parties. It is important for the common good that such intrusions do not destabilise the ethical relationship which exists in our day to day activities.

The provision of specialist services in many rural areas of Australia and New Zealand has always been a difficulty. In no other specialty is this difficulty as acute as in specialist anaesthetic services. The comparatively recently formed Rural Doctors Association has been proclaiming the need to teach rural practitioners skills in anaesthesia. Our College policy with respect to this matter clearly recognises that there is a need in some areas for general practitioners to administer anaesthesia. Discussion on this matter has now progressed to a stage where a Joint Consultative Committee has been formed between the Australian and New Zealand College of Anaesthetists and the Royal Australian College of General Practitioners. Your College has clearly stated that further progress in this matter is predicated on the training in anaesthesia being part of a programme of training in rural medicine under the auspices of the RACGP and will not be accompanied by a qualification in anaesthesia. I commend the article in this *Bulletin* on rural specialist practice, particularly to trainees, for your consideration.

I have pleasure in welcoming on behalf of the Council of the Australian and New Zealand College of Anaesthetists, those Fellows already admitted to Fellowship and I urge those who have not yet done so, to complete this formality.



P.D. LIVINGSTONE

# ITEMS OF INTEREST FROM THE FEBRUARY 1992 BOARD MEETING

## EDUCATION (ANAESTHESIA)

### **Qualification in Pain Management**

The views of a number of Fellows practising in pain management are being sought with the idea of establishing a Post Fellowship qualification in Pain Management. It is envisaged that if such qualification is established, it will be open to Fellows of other Colleges. Shortly Regional Committees will be requested for an input.

### **Exposure to Specialty Training**

There is concern that some trainees are not being exposed to certain important areas of specialty training. Further consideration is to be given to mechanisms to ensure that this problem is rectified.

### **Trainees Working Week**

With the reduction in the working week as a result of Industrial Awards, there is concern regarding the total amount of training experience. The Board has agreed to monitor this matter.

### **EMST Course Requirement for Fellowship**

Because of concerns expressed by the Education Officer of the Training Committee for Hong Kong regarding the difficulty for Hong Kong trainees to complete the EMST Course, which is not available in that region, it was agreed that the Administrative Instructions would be amended such that the requirement would encompass the completion of the EMST Course or the Advanced Trauma Life Support Course.

## EXAMINATIONS

### **Review of the Examinations System**

A Workshop will be conducted on Thursday, the 12th March 1992 involving members of the Examinations and Education Committees and other educationalists, as part of the review of the Faculty's Examination systems.

### **MCQ Bank**

This requires supplementing and it was agreed that an advertisement be placed in the Bulletin requesting that Fellows submit suggested multiple choice questions. Pro-forma questions have been included in the advertisement.

## REPRESENTATION ON OTHER COMMITTEES

Three Faculty representatives will attend a workshop preceding the RACP Annual Scientific Meeting in May 1992, at which further aspects of the "Continued Demonstration of Qualifications" will be considered.

Dr P. Lowe will attend the Workshop on Electrical Safety mounted by the Advisory Committee on Safety (ACOS) of the International Electrotechnical Commission (IEC).

Drs J.F. Mainland and C.D. Joseph will attend the International Standards Meetings of Technical Committees on Anaesthesia and Respiratory Equipment in Washington. Dr Joseph also attended the Interim Meeting in London.

**CONTINUING  
MEDICAL  
EDUCATION  
AND QUALITY  
ASSURANCE**

**GSM Canberra**

Associate Professor Neville Davis was appointed as the Faculty Board Member in Residence at the Younger Fellows' Conference.

**HELP Modules**

On the recommendation of the CME and Quality Assurance Committee, the Faculty will continue to fund the distribution of these modules to Australian Fellows and Part 2 Financial Trainees for 1992.

**INTERNAL AFFAIRS**

**Incorporation**

Following further amendments to comply with requirements of the Australian Securities Commission, the Memorandum and Articles of Association of the Australian and New Zealand College of Anaesthetists were approved.

**Constitution Review Committee**

The Board resolved to establish a Constitution Review Committee as a Standing Committee to review the Constitution of the Australian and New Zealand College of Anaesthetists and consider any suggestions from Fellows.

**Archives Committee**

Dr Michael Cooper, the Faculty Assistant Historian, was nominated as a Faculty representative to this Committee.

**Anaesthesia Representative on AMA Federal Council**

The Board supported the recommendation by the ASA of Dr John Richards as AMA Federal Councillor.

**DEATHS, HONOURS AND APPOINTMENTS**

**DEATHS**

The Board noted with regret the death of  
Dr H.M. Windon, NSW — Fellow 1957.  
Dr L. Feldman, WA — Member 1956.

**HONOURS**

The Board noted the following honours and appointments:  
Associate Professor Peter D. Livingstone — elected as a Member of the Malaysian Academy of Medicine.  
Professor Teik Oh — elected President of the Hong Kong College of Anaesthesiologists.  
Mr John K. Clarebrough OBE — Member of the Order of Australia.  
Associate Professor Gordon A. Harrison — Member of the Order of Australia.

**APPOINTMENTS**

Professor Malcolm McD. Fisher — appointed Professor within the Departments of Anaesthesia and Medicine, University of Sydney.  
Professor Duncan W. Blake — appointed Professor and Director of Anaesthesia, University of Melbourne, Royal Melbourne Hospital.  
Professor Paul F. White — appointed to the Margaret Milam McDermott Chair in Anesthesiology at the University of Texas Southwestern Medical Center, Dallas, Texas.  
Associate Professor Neville J. Davis — appointed Associate Clinical Professor, University of Western Australia.

## ADMISSION TO FELLOWSHIP BY EXAMINATION

The following were admitted to Fellowship:

### **Endorsed in Anaesthesia**

Chan Ling Hong, NSW  
Robert David Carpenter, NZ  
Roy Chesters, SA  
Chua Alfred Wing Yan, NSW  
Daniel Francis Joseph Connor, Qld  
Peter Dalton Cook, Qld  
Michael Paul D'Souza, WA  
Andrew Paul Forrest, NZ  
Robert Bruce Gillies, NSW  
David Bruce Goodie, NSW  
Richard John Hiscock, Vic  
Michael Johannes Larens Jonker, NSW  
Sharon Ui-Lan King, NZ  
Leung Chung Cheung, HK  
Andrew Michael, SA  
Sonya Megen Miller, NSW  
Anthony John Mullens, NSW  
Desmond Patrick McGlade, Vic  
David Hugh McLeod, SA

David John Page, NSW  
Philip Ralph Palmer, SA  
Anastasia Panis, NSW  
Gail Christine Pearson, NZ  
David Robert Pickford, NSW  
Philip Gregory Ragg, Vic  
Simon Duncan Reilly, Vic  
Carl Brian Scott, NSW  
Roslyn Anne Seeney, Qld  
Felicity Sinclair, Qld  
Malcolm Wayne Stone, Qld  
Joanna Rae Sutherland, NSW  
Thomas Swee Hock Tan, Vic  
Andrew Ferdinand Van Leeuwen, Vic  
Robert John Wall, NZ  
Wan Yih Lin, NSW  
Mark Eric Whitby, WA  
Dennis John Alfred Wooller, Qld  
John Manning Wynter, NSW  
Karl Kang Young, HK

### **Fellowship Diploma Endorsed in Intensive Care**

John Hamilton Reeves, Vic  
Peter William Skippen, Qld  
David Yong Williams, Vic

## THE ADVANTAGES OF SPECIALIST RURAL PRACTICE

Since moving to the country three years ago, I have often wondered why it is so difficult for regional areas to attract more specialist anaesthetists away from capital cities. Again I wonder, as we find ourselves in our town having to advertise overseas due to the lack of interest from Australian Anaesthetists to fill our vacancy. Meanwhile, I hear from my colleagues about the relative oversupply of anaesthetists in the capital cities.

I think there are two main problems. *The first is the under estimation of the very real advantages both in lifestyle and work, and the second being the over emphasis of the disadvantages, many of which are easily overcome.*

So, what are the advantages? In most towns one walks straight into a reasonable amount of work and income, without having to spend a prolonged period of time building up a practice. The work is usually very varied, and the on call certainly full of surprises!

The medical community welcomes the new arrival warmly, being so relieved to have finally found another specialist. The lifestyle advantages are probably why most of us are "out here". Gone are the days of traffic jams and long hours commuting home and breathing polluted air. No more frustrations of having to travel around the city doing pre-meds after a busy day in theatre. Those dreams of running a small farm, or just living out of town are easily managed, without adding much to commuting time. Weekends away skiing, bushwalking or at the beach are no longer fraught by long hours of driving, if these pursuits are taken into consideration when choosing your regional area.

So what stops people rushing off to become rural practitioners?

There is the worry about "professional isolation", which in fact is one area which is easily overcome by a bit of organisation. City hospitals are very amenable to helping rural anaesthetists get appointments in their departments, and this can enable the doctor to maintain skills in the subspecialty areas, and contact with colleagues. The difficulties attending the city mid week meetings can be made up by organising journal clubs and clinical meetings with other anaesthetists in the area, and it is usually possible for some of the specialists to attend the annual events organised by the College and the Society. I have always found our colleagues in the major city hospitals very willing to help with specific problems on the phone.

Often "social" problems are highlighted as a major block to considering moving to regional areas. Schools in many areas are in fact excellent, and should be investigated before being written off. Cultural isolation is a bit more difficult, as the facilities and events offered are somewhat restricted compared with the capital cities, and require top-ups at weekends, or late night trips to the capital midweek. The final argument against a rural existence is that the anaesthetist, or spouse, is "a city person", and I have no answer for this.

The easiest way to investigate your suitability for a rural existence is to make a few phone calls, and do a locum (which is **very** easy to organise).

I can certainly recommend it as a very satisfying way of life and rewarding way to work.

Barbara A. Robertson  
FFARACS, FANZCA.

## LETTERS TO THE EDITOR

Dear Mrs Sheales

I am writing to express my great disappointment at the minimal time and opportunity afforded to Fellows to become informed and to comment on the Memorandum and Articles of Association of the College of Anaesthetists.

I believe that the formation of a College is one of the most important developments ever in Australian anaesthesia. I am delighted it is being formed and I believe it is long overdue, 40 years overdue, however it is vital that the best possible College be established.

Open, informed, widespread and non-hurried analysis and debate of its structure is necessary. The AMA and the ASA both took years to review their constitutions. The Fellows were given less than three weeks to comment on the proposed College structure.

The only explanation given for such expediency was the legal advice for the Faculty to incorporate urgently so as to overcome financial problems. I would suggest that these financial concerns should have been resolved in some fashion independent of College formation, which is an issue far too important to be rushed.

Topics such as the precise role of the College, an appropriate democratic structure, the presence or absence of New Zealand, and the relationship of the College to the ASA are just a few of the many issues that required thorough debate.

I would like to propose that a College Constitution Review Committee be established so as to thoroughly address the College structure. It should formulate a number of different proposals after widely canvassing the opinions of Fellows. These proposals should be presented to the Fellows who would be then able to vote for those proposals which they consider most appropriate.

Yours sincerely  
Gregory J. Deacon, FFARACS

Thank you for the opportunity to comment on Dr Deacon's letter.

I am concerned that Fellows may infer from paragraph four of Dr Deacon's letter that the Faculty of Anaesthetists has a financial problem. As can be observed from the publication of the Accounts in the July 1991 Bulletin, the Faculty's finances are in extremely good condition as previously explained to Fellows both in correspondence and at the Meetings I addressed. After many years of believing that the Faculty was in total control of its own funds, the Members of the Board and the Members of the RACS Council were greatly concerned to be advised that Faculty funds were part of the aggregate funds of the Royal Australasian College of Surgeons.

The legal advice given to the Board also stated that the only way to obtain total control of all Faculty funds and activities was to incorporate as a separate legal entity and that this should be done expeditiously.

The Memorandum and Articles of Association of the RACS enables the disbursement of Faculty funds to the Australian and New Zealand College of Anaesthetists and the situation has been handled in accordance with those powers. I believe the Board has acted in a very responsible way to the advice received.

In the section in this Bulletin entitled "Items of Interest from the Board of Faculty Meeting", you will note that the Board established a Constitution Review Committee to consider proposals for future modification of the Articles of the new College.

Yours sincerely  
P.D. Livingstone  
President

# HELP MODULE 7

## BLOOD DISORDERS

CECANZ received 69 answer sheets, of these 60 of the recipients had completed the *intensive care* section. The average score for the *anaesthetic* section was 72% with the 10th and 90th percentiles being 59 and 84 respectively.

Equivalent data for the *intensive care* section is 67% (42-92).

I would like to draw attention to an error in the module concerning Question 3 on the effects of near drowning.

“In near drowning in salt or fresh water massive haemolysis occurs”.

### **This statement I believe is incorrect.**

After consulting various texts the most acceptable version of events in near drowning was from **A practical guide to pediatric intensive care** (2nd Edition, Eds. Levin, Morris and Moore, Chap 27, pp180-183).

- (a) Breath-holding and the swallowing of the immersion fluid occurs first.
- (b) Gastric distension leads to regurgitation.
- (c) Asphyxia leads to gasping and aspiration of fluid.
- (d) Laryngospasm may occur at this point.
- (e) Hypoxia leads to unconsciousness with loss of protective reflexes.
- (f) Cardiorespiratory arrest.

In **THEORY** the difference between fresh water and salt water drowning is:

**Fresh water:** haemodilution, increased blood volume, haemolysis, and an increased K<sup>+</sup> concentration.

**Salt water:** haemoconcentration, decreased blood volume, and pulmonary oedema.

### **In PRACTICE:**

**Fresh water:** The change in Hb, Hct and electrolytes is not great; a transient increase in blood volume occurs but urine output is increased and hypokalaemia is the norm.

**Salt water:** A change in electrolytes is unusual, but the blood volume can fall significantly depending on the amount of swallowed and inhaled water.

Routine management should address the problems of hypoxia (possibly IPPV with PEEP, or CPAP), maintenance of perfusion and renal output by use of colloids and or diuretics, and the control of intracranial pressure if clinically appropriate. Prophylactic antibiotics and steroids have not been proven beneficial.

One colleague (anaesthetist) with a personal experience of treating about 20 fresh water near-drownings could not remember haemolysis as a clinical problem and one of our local intensivists considers it a myth, in his experience he may have seen haemolysis once. It appears that the original research work in this area was performed on dogs and it would seem that it is not clinically relevant.

M.J. Harrison  
Medical Director  
CECANZ.

### **ELECTION TO FELLOWSHIP UNDER REGULATION 6.2.1**

Professor J. Gareth Jones, UK  
Associate Professor R. Hines, USA

### **THE JOHN BOYD CRAIG ANNUAL AWARD**

Dr Dermot Murphy was awarded the John Boyd Craig Bursary for 1992 for his research project “A Comparison of Intravenous PCA with Intravenous Nurse Controlled Analgesia”. This project is to be carried out in Western Australia.

# ADMISSION TO FELLOWSHIP UNDER ARTICLE 49 (a)

## 24th February, 1992

### HONORARY FELLOWS

John Kevin Clarebrough, Vic  
Gustav Julius Fraenkel, SA

### FELLOWS

Chris Milward Adey, Vic  
Abdul Aleem, SA  
Michael David Allam, ACT  
Thomas Howard Allen, SA  
Maurice Amir, Vic  
Genevieve Anderson, SA  
John James Andrew Anderson, WA  
Christopher Matthew Anstey, Qld  
John Basil Archdeacon, Qld  
Anthony John Archer, SA  
Philip John Armstrong, Vic  
Peter Mitchell Ashton, Vic  
Elizabeth Margaret Ashwood, NSW  
Ilze Augstkalns, SA  
Paul Gabriel Azzopardi, SA  
Andrew Kenneth Bacon, Vic  
Ronald Winston Bailey, NSW  
David Bruce Baines, NSW  
Tony Anatole Bajurnow, Vic  
Jane Elizabeth Baker, NZ  
Vivian George Balmer, NSW  
Ian Gregory Balson, Vic  
Keith William Barker, WA  
David Kevin Barrie, SA  
Benedict John Barry, NSW  
John Hugh Bartram, Vic  
Elizabeth Jane Bashford, Qld  
David Arthur Beale, Vic  
Robert Ellis Beavis, Vic  
Christopher John Beem, Qld  
Geoffrey Howard Beemer, Vic  
Heather Marie Belcher, Vic  
Graham Thomas Bell, Qld  
Anthony John Benny, SA  
Helen Lesley Bidstrup, ACT  
Walter Wyndham Biggs, Qld  
Roderick John Binsted, NSW  
Gilliam Frances Bishop, NSW  
John Aspinall Blaxland, Tas  
Kathleen May Bock, NSW  
Andrew Boman, NSW  
Alan Gerrard Bond, Qld  
Michael John Bookallil, NSW  
Jacob Boon, Vic  
Miroslaw Borodziejcz, Qld  
David Ralph Bowie, NZ  
Michael Hebbert Boykett, Vic  
Rhonda Katherine Boyle, Qld  
Grant Richard Brace, Vic  
Simon Thomas Bradfield, Vic  
Alan David Bradshaw, Vic  
Christopher Patrick Bradshaw, Qld  
Emile Brands, Qld  
John Nigel Francis Breakey, WA  
Francis Xavier Breheny, WA  
Helen Jilanne Bridgman, NSW  
Juris Herbert Briedis, Vic  
David Alfred Brooks, NSW  
Evan Christopher Brown, SA  
Thomas Christopher Kenneth Brown, Vic  
Peter Brownridge, SA  
Alison Elizabeth Bruce, Qld  
Graham John Bruce, NSW  
Peter Kaye Bryan, Vic  
Lindsay John Bryant, NSW  
Terence Buckman, NSW  
Jonathan Neil Buckmaster, WA  
Robertson Wesley Burgess, NSW  
Desmond Kevin Burke, Vic  
Anthony John Burn, Vic  
Sheena Lesley Burnell, NSW  
Anthony Richard Burrell, NSW  
Bruce James Burrow, Qld  
David John McGregor Butchers, NSW  
Brendan Richard Butler, Vic  
Kevin John Byers, NSW  
Philip Leonard Byth, NSW  
Lynnette Cade, Vic  
Victor Ian Callanan, Qld  
Alan Graham Cameron, Vic  
Peter Donald Cameron, WA  
Reginald John Cammack, NSW  
David Carne, Tas  
Michael William Carr, NSW  
Gregory Roy Carruthers, NSW  
Noel Morris Cass, Vic  
Daryl Richard Catt, NT  
Terence Vern Cerche, Vic  
Chi Keung Chan, H K  
Maria Siu So Chan, Vic  
Michael Chung Yin Chan, NSW  
Wai Kam Chan, H K  
Marianne J. Chapman, SA  
Ui Jin Cheah, NSW  
Charles Chong Wah Chen, NSW  
Anne Christine Chenoweth, Vic  
Stephen Charles Chester, Vic  
Kai Shuen Cheung, H K  
Vijay Chibber, NZ  
Lai Keung Alice Chow, Vic  
Sui-Ping Alice Chow, H K  
Paul Joseph Christie, ACT  
Maria Veronica Cincotta, Vic  
Iain Scott Clark, NSW  
Ralph Reginald Clark, Vic  
Rodney James Clark, NSW  
Frederick Brian Norton Clarke, NSW  
Michael Richard John Claxton, Tas  
Michael John Cleary, Qld  
Bruce Stewart Clifton, NSW  
Anne Patricia Coady, NSW  
Lee Ann Coaldrake, Qld  
Theresa Marie Cockbill, Vic  
Geoffrey Douglas Cole, NSW  
Jim Coleman, Qld  
Russell Evan Heath Comber, NZ  
Richard Hugh Shepherd Connock, Vic  
Daniel Francis Joseph Connor, Qld  
Jerome Howard Benedict Coombs, NSW  
Leigh John Coombs, WA  
David James Cooper, Vic  
Diana Theresa Cooper, NSW  
Michael Gerard Cooper, NSW  
John Copland, Vic  
David Albert Corbett, Vic  
Nicholas John Coroneos, NSW  
Timothy Gerard Costello, Vic  
Henri Rene Paul Coutanceau, Vic  
James Ian Cowling, NSW  
Margaret Helen Cowling, SA  
Patricia Coyle, Ethiopia  
Teresa Rita Cramond, Qld  
David Pilkington Crankshaw, Vic  
Peter Joseph Cranswick, Vic  
Brian Keith Crawshaw, NSW  
Nickel Crombie, NSW  
Keith David Cronin, Vic  
David Keith Crooke, NSW  
John Anthony Crowhurst, SA  
David Wilray John Cullingford, WA  
Philip Howard Vaughan Cumpston, ACT  
Anne Marie Cunningham, Qld  
David Neil Cunningham, SA  
Trevor Talbot Currie, Vic  
Geoffrey Ronald Cutfield, NSW  
Prudence Mary Dale, Vic  
Geoffrey James Dalgarno, NSW

- Brian William Daniels, SA  
 Linda Margaret Dann, WA  
 George Madgwick Davidson, NSW  
 David Edwards Davies, WA  
 Alan Charles Davis, NSW  
 Angela Rose Dawson, Vic  
 Kevin Frances Dawson, Vic  
 Peter John Dawson, Vic  
 Robert John Dawson, Vic  
 Ian Jeffrey De Jersey, NSW  
 Arabel Alice Dickson, NZ  
 James Jeffrey Dickson, NSW  
 Nerida Margaret Dilworth, WA  
 Desmond Patrick Dineen, SA  
 John Norman Ditton, NSW  
 Thomas Cecil Dixon, SA  
 Christopher Peter Dodds, NSW  
 Anna Irena Doktor, Vic  
 Charles Marcel Domaingue, Vic  
 Francois Georges Domaingue, Vic  
 Graeme Alexander Donaldson, Qld  
 Garry Bryan Donnan, Vic  
 Michael Patrick Doolan, Qld  
 Ian David Douglas, NSW  
 James Michael Dowling, NSW  
 Geoffrey Michael Downing, Vic  
 Leone Agnes Doyle, Qld  
 Aldo Victor Dreosti, SA  
 Sally Elizabeth Drew, SA  
 Michael Paul D'Souza, WA  
 Herbert John Dudley, Qld  
 Peter Julian Duff, Qld  
 Ian Bruce Dugan, NSW  
 Graeme John Duke, Vic  
 Bernard Leslie Dunn, Vic  
 Stephen Arthur Edlin, WA  
 Ian Fleming Edmiston, NSW  
 Barry David Egan, SA  
 Dexter Joseph De Silva  
 Ekanayake, NSW  
 Sivachautchadevi Ekanayake, NSW  
 Anne Christine Elliott, NZ  
 Sankararao Epari, Tas  
 Frederick Grant Eruini-Bennett,  
 NSW  
 Ian Edward Hepburn Evans, NSW  
 Ian Alexander Everett, NSW  
 David George Fenwick, SA  
 John Fenwick, WA  
 Jonathan Kenneth Fernandes, Vic  
 Lawrence John Ferrari, Qld  
 Robin John Field, SA  
 William Trethown Fifoot, Qld  
 Graham Chudleigh Fisk, NSW  
 Gerald James Livingstone  
 Flynn, ACT  
 Alistair Millar Forbes, WA  
 Peter John Forgan, SA  
 Wesley Howe Fowler, NSW  
 Winifred Lambert Fowles, Qld  
 Paul Howard Francis, Vic  
 Peter Mark Franklyn, SA  
 Simon James Cowan Fraser, Tas  
 Peter Gibb Freeman, Vic  
 Shirley Roy Gairns, WA  
 Vera Gallagher, NSW  
 Leslie Henry Galler, NZ  
 Robert Lawrence Alan Galley, Qld  
 Kerry Michael Garske, Qld  
 Stephen Paul Gatt, NSW  
 Peter Alexander Scott Germann, SA  
 Mark Kenneth Gibbs, Qld  
 Peter Robert Jerome Gibson, NSW  
 Harbans Singh Gill, SA  
 Ching Woo Goh, NT  
 Eric Oswald Goonetilleke, Vic  
 Patricia Hester Goonetilleke, Vic  
 Geoffrey Stewart Gordon, Qld  
 Roger Henry Wingate Graham, NSW  
 Irving Green, Vic  
 Rodney Michael Green, NSW  
 Lais Valerie Grewar, WA  
 William Alexander Grey, Vic  
 Margaret Elizabeth Griggs, Vic  
 William Middleton Griggs, SA  
 David William Gronow, NSW  
 Ananda Sarath Gunatunga, Vic  
 Bruce Warren Gunner, NSW  
 Penelope Joan Hall, Vic  
 Patricia Bernadette Halliley, Vic  
 Hamid Bin Hamzah, WA  
 Russell Kay Hancock, NSW  
 John Reid Hankey, WA  
 Peter Wallace Harbison, NT  
 Robert McKay Hare, Vic  
 John Frederick Harriott, WA  
 Alexander George McDonald  
 Harris, NSW  
 Leila Harris, Vic  
 Christopher Gaisford Harrison, NZ  
 Gordon Alfred Harrison, NSW  
 John Edward Harrison, Vic  
 John Grant Harrison, Vic  
 John William Gildas Hughes, SA  
 Victor Moonglun Leung  
 Harrison, NSW  
 Robert Mercer Hart, NSW  
 Philip David Hatch, NSW  
 Anthea Helen Hatfield, Vic  
 Geoffrey James Haughton, Vic  
 Anna Karolina Havlin, Vic  
 Paul John Heenan, Vic  
 Roger Kent Henderson, Vic  
 Ian Bruce Hendy, NSW  
 Ai-Lee Heng, NSW  
 Loraine Clare Hibbard, NSW  
 Keith Graham Hickling, NZ  
 John Arthur Hickman, WA  
 Brian Hill, NSW  
 Kenneth Mark Hillman, NSW  
 Ruth Margaret Hippiusley, NSW  
 Richard John Hiscock, Vic  
 Alick Frederick Truscott  
 Hobbes, NSW  
 Michael Hodges, NZ  
 Edward Terence Hodgson, SA  
 Robert Alan Hodgson, Vic  
 William Ralph Hodgson, NSW  
 Francis Peter Hofmann, Vic  
 Ross Beresford Holland, NSW  
 Andrew William Holt, SA  
 Paul Holz, NSW  
 John William Hood, NSW  
 Brian Francis Horan, NSW  
 Phillipa Jane Hore, Vic  
 Michael Noel Hosking, NZ  
 Wayne Lawrence Houghton, NSW  
 Gordon Houseman, Vic  
 Gregory Alan Hughes, Vic  
 Patrick James Hughes, Vic  
 Stafford Michael Hughes, NSW  
 Timothy Louis Hunt, SA  
 Basil Rockliff Hutchinson, NZ  
 Mary Clarenza Irvine, Vic  
 Gary Max Jackson, Vic  
 Theresa Clair Jacques, NSW  
 Owen Francis James, NSW  
 Peter Allan James, NSW  
 David Andrew Jarvis, SA  
 George Michael Jerogin, ACT  
 Colin James Jessup, NSW  
 Christopher Mark Johnson, WA  
 Robert Douglas Morrison  
 Jones, II K  
 Christopher David Jones, Qld  
 Winston Khi-Min Jong, S'pore  
 Brian Thomas Jordan, Vic  
 Christopher Dalton Joseph, Vic  
 Peter Andrew Jowitt, Vic  
 Po Lin (Pauline) Kam, NSW  
 Siri Rama Karthigesu, NZ  
 Nicholas Kevin Keely, WA  
 Bernadette Maureen Kelly, Vic  
 Bernard John Kelly, NSW  
 John William Kelly, NSW  
 Keith James Kelly, NSW  
 John Patrick Keneally, NSW  
 Diana Coraline Strange Khursandi, Qld  
 Susan Mary Killalea, NSW  
 Jennifer Wendy King, Vic  
 Kevin Leahy King, Qld

- Michael Kister, Vic  
 Neil Gordon Kiloh, NSW  
 Elaine Lillian Kluver, Qld  
 Robert John Knight, Vic  
 Gregory Ernest Knoblanche, NSW  
 Marjorie Helen Kolawole, ACT  
 David Komesaroff, Vic  
 Martin Kiang Tin Koo, SA  
 Wilga Frances Kottek, Vic  
 Christine Elaine Kozera, Qld  
 John Francis Kraegen, NSW  
 Bernard Tai Shun Kwan, ACT  
 Thomas Francis Lambert, Vic  
 Archibald Stewart McCallum  
 Lamont, Tas  
 Kay Yvonne Lane, Qld  
 Mark Langley, Vic  
 Peter Lardy, Vic  
 John Campbell Lawrence, NSW  
 Walter Samuel Lederman, Vic  
 Richard Priestly Lee, NSW  
 Tsun Woon Lee, H K  
 Shaun Philip Leighton, NSW  
 Graham John Letham, NSW  
 Zoltan Lett, H K  
 Michael Wayne Douglas  
 Levitt, NSW  
 Kenneth Joseph Lewis, Qld  
 Henry Liberman, NSW  
 Yong Teck Lim, NZ  
 David Alexander Lindsay, Vic  
 Sydney James Lines, Qld  
 Christopher David Ling, NSW  
 Bruce Gregory Lister, Qld  
 Terence Francis Little, Vic  
 Roslyn Lloyd-Williams, NSW  
 Joh-Wah Ronald Lo, H K  
 Donald Alan Logan, Qld  
 Michael Keith Logan, NSW  
 Joseph George Lomaz, NSW  
 Geoffrey Joseph Long, NSW  
 Edmund Dominic Loong, NSW  
 Heather Jacqueline Lopert, ACT  
 Terence Edward Loughnan, Vic  
 Christopher John Lourey, Vic  
 Peter Anderson Lowe, Vic  
 James Arthur Lowson, Vic  
 Barbara Kenna Luey, NSW  
 Vera Lukursky, Qld  
 David Derrick Lum, NSW  
 John Neville Lunn, UK  
 Maxwell Thomas Lyon, NSW  
 Kean Boon Mac, Vic  
 Patricia Mackay, Vic  
 Allan Douglas Forbes  
 Mackillop, NSW  
 Mark Lionel Maclennan, Vic  
 Alan Joseph Mahoney, Qld  
 Barbara Joan Main, Vic  
 John Francis Mainland, Vic  
 Jennifer Gay Major, ACT  
 Peter Simmons Malcolm, NSW  
 Stephen John Mamczuk, NSW  
 Robert Ross Manning, NZ  
 Barrie Noel Margetts, Vic  
 Joseph Alfred Marich, Vic  
 John Maxwell Howard Marshman, SA  
 John Richard Marum, Vic  
 Neil Thomas Matthews, SA  
 Sudhakar Vishnu Mayadeo, NZ  
 Elizabeth Joan Maycock, NZ  
 Peter Graham Bruce Mayne, NSW  
 Lindsay John McBride, NSW  
 John Bernard McCarthy, Qld  
 John Ronald McCarty, NSW  
 David James McCleave, SA  
 Alison Elizabeth McCready, Vic  
 Stephen Peter McCready, Qld  
 David Ian McCuaig, Vic  
 Helen Mary McDonald, NSW  
 Ian Hamilton McDonald, Vic  
 Ian Raban McDonald, Qld  
 Patricia Rae McDonald, NZ  
 Anthony John McDonogh, NSW  
 George Richard John McEwin, SA  
 Stephen Ralph McKay, NSW  
 Donald Bruce McKenzie, WA  
 Robert Malcolm Stuart  
 McLean, NSW  
 Peter Denis McLoughlin, WA  
 Ian Ross McPhee, NSW  
 Kevin Lorne Merrett, Vic  
 David Norman Meyers, Qld  
 Andrew Michael, SA  
 Andrew John Middleton, Vic  
 Lloyd James Miller, NSW  
 Michael Townson Miller, NZ  
 Warren Henry Russell Millist, NSW  
 Wilfrid Christie Mills, NZ  
 Alistair Joseph Moffitt, WA  
 Ruth Molphy, Qld  
 Alexandra Deborah Moore, Vic  
 John Leigh Moran, SA  
 Patrick John Moran, SA  
 David Gordon More, NSW  
 Craig Arthur Morgan, Vic  
 Evan Brian Morgan, Vic  
 Rhys Raymond Morgan, Qld  
 Thomas John Morgan, Qld  
 Helen Rose Morley, SA  
 Peter John Glasgow Morris, Qld  
 Richard Walter Morris, NSW  
 Anthony John Mullens, NSW  
 Blair John Munford, NSW  
 Graham Harold Murray, NSW  
 John Robert Murray, Qld  
 Graeme Campbell Murrell, Vic  
 Stephen William Myers, NSW  
 Paul Stewart Myles, Vic  
 Sankarakurup Gopinathan Nair, NZ  
 Craig Nancarrow, SA  
 Graeme Noel Newcombe, SA  
 Peter Emery Newland, SA  
 Herbert Claus Newman, Vic  
 Ann Elizabeth Newton, Qld  
 Pauline Margaret Nicholson, SA  
 Colin Eric Boyd Norgate, NSW  
 Hubert Desmond O'Brien, NSW  
 Anthony John O'Connell, NSW  
 Miceal Seamuse O'Fathartaigh, SA  
 Teik Ewe Oh, H K  
 Andrea Margaret O'Regan, H K  
 John Francis Oswald, Vic  
 Harry Owen, SA  
 Alfred Owies, Vic  
 Harry Frank Oxer, WA  
 Peter William Padbury, Vic  
 Michael James Paech, WA  
 David John Page, NSW  
 David John Pallot, Vic  
 John Philip Pardy, NSW  
 Graham Reginald Parker, SA  
 Hannah Margaret Parker, Vic  
 Sally Jane Parnis, SA  
 Jennifer Margaret Parslow, Qld  
 Ranald Lochiel Stewart Pascoe, Qld  
 Margaret Matilda Patterson, Tas  
 William John Pattison, SA  
 John David Paull, Vic  
 David Max Pemberton, NZ  
 Peter William Peres, Tas  
 Milorad Petrovic, Qld  
 Brian Pezzutti, NSW  
 Albert Pfeifer, NSW  
 Ian Ronald Philpott, Vic  
 Silvia Plesmann, Vic  
 Brian James Pollard, NSW  
 John Leslie Poole, NSW  
 Renald John Portelli, Vic  
 Michael John Power, Qld  
 Sheila Mary Power, NSW  
 Stephanie Kay Pratley, NSW  
 Harry Peter Prevedoros, NSW  
 Charles Richard Proctor, Vic  
 William James Pryor, NZ  
 Cedric Prys-Roberts, UK  
 Peter David Pullen, NSW  
 Mark Kenneth Radnor, Vic  
 Ronald Dunbar Rae, Tas  
 Alan Rainbird, SA  
 Paul Malcolm Rainsford, Vic

- Ian Craine Ramsay, Vic  
 Mason Philip Ramsay, NZ  
 Richard Ewart Rawstron, NZ  
 John Hamilton Reeves, Vic  
 Phelim Finton Reilly, Qld  
 Michael Albert Edward Rex, Qld  
 Graham Inglis Rice, Qld  
 John David Richards, SA  
 William Clifford Richards, NSW  
 Peter Gregory Ridge, Qld  
 Douglas Leonard Rigg, NSW  
 John Malcolm Riseborough, Vic  
 Francis William Roberts, Tas  
 Andrew Peter Robertson, Vic  
 Barbara Ann Robertson, Vic  
 Ray Dudley Robinson, Qld  
 Martin Douglas Robson, WA  
 Heinz Honna Rodins, Qld  
 Peter Roessler, Vic  
 Ronald Alexander Andrew  
 Rollison, Qld  
 Andrew William Ross, Vic  
 Joseph David Ross, NSW  
 Jeffrey Kenneth Rowlands, Vic  
 Elliot Rubinstein, Vic  
 Glenda Elizabeth Rudkin, SA  
 William Ben Runciman, SA  
 Andrew David Russell, Qld  
 Walter John Russell, SA  
 Leonard Vincent Russo, Vic  
 David Ryan, NSW  
 Martin Stephen Sandler, Qld  
 Charles Sara, NSW  
 Grahame Ross Savage, Qld  
 Stephen John Scammell, SA  
 Malcolm Robert Scarr, Qld  
 Alfred Gerald Schebesta, NSW  
 Geoffrey Robert Schroder, Vic  
 David Edward Blackshaw  
 Schuster, NSW  
 Robert Morris Schweitzer, Vic  
 Stanley Alexander Schweitzer, Vic  
 Graham Harvey Searle, NSW  
 Patrick Joseph See, Qld  
 Derrick Graham Selby, SA  
 Murray Selig, NSW  
 John Anthony Sendall, NZ  
 Lea Thin Seow, SA  
 Michael John Seyfort, Vic  
 Susan Shadforth, Qld  
 Bryan Edmund Sharkey, NSW  
 Bruce Donald Sharpe, NSW  
 Yahya Mah'd Saleh Shehabi, NSW  
 Martin Henry Sher, Qld  
 Norman Robert Sherwood, Qld  
 John Scrope Shrapnel, Qld  
 Brendan Sydney Silbert, Vic  
 Edward Grant Simmons, SA  
 Ian James Simpson, NSW  
 Felicity Sinclair, Qld  
 Peter William Skippen, Qld  
 Stuart Charles Skyrme-Jones, Vic  
 Paul Quirinus Smeele, NZ  
 Brian Alan Smith, WA  
 Lloyd Lawton Smith, Vic  
 Malcolm Richardson Smith, NSW  
 Ross Francis Smith, NSW  
 Derek Frank Snelling, NZ  
 Neil Soni, UK  
 Betty Brenda Spinks, Vic  
 Denise Berthe Germaine Sporr, NSW  
 Alexander Waddell Squire, NZ  
 John Hamilton Stace, SA  
 John Richard Stamell, NSW  
 David Alexander Stanton, Qld  
 Ian David Stephens, Qld  
 Neil Thomas Stokes, NSW  
 Keith Arthur Streatfeild, Ethiopia  
 Neil Eastwood Street, NSW  
 Mark John Sullivan, Vic  
 Sinnathamby Sundaraj, NSW  
 Anthony David Sutherland, Vic  
 Donald Ballantyne Sweeney, SA  
 Robert James Sweeney, SA  
 David John Swift, WA  
 Geoffrey Harold Symonds, NSW  
 Nigel Lawrence Penn Symons, NSW  
 Douglas Geoffrey Tabrett, NSW  
 Ronald Justin Henry Tapson, Tas  
 Kersi Jalejer Taraporewalla, Qld  
 John Edward Taske, Qld  
 Murray Grant Taverner, Vic  
 George Tay, S'pore  
 Jeffrey Ernest Taylor, NSW  
 John Henry Taylor, Tas  
 William Henry Taylor, Vic  
 David Harold Temperley, NSW  
 David Ah Chew Teo, NSW  
 Raymond Cheng Soon Teo, S'pore  
 Heng Khung Tey, NSW  
 Kenneth See Hoong Thean, WA  
 Robert Ernest Thiel, Qld  
 Jeanette Rae Thirlwell, NSW  
 Peter Dean Thomas, SA  
 Peter George Thomson, NSW  
 Robert Gregory Thorne, Vic  
 Elizabeth Anne Thorpe, Vic  
 Michael George Tingay, SA  
 Diana Nowlan Tolhurst, Vic  
 David Peter Tomkins, SA  
 Peep Nurmi Toom, Vic  
 Roger Edward Traill, NSW  
 Gregory James Trevaskis, SA  
 Michael Du Coudray Tronson, Vic  
 Ching Woo Lillan Tsou, S'pore  
 Siu Lun Tsui, H K  
 Michael Melvyn Tuch, Qld  
 John Marcus Tully, Qld  
 Grant Andrew Turner, WA  
 Malcolm Ernest Turner, NZ  
 Robert Terence Turner, Vic  
 Marcus Leslie Unwin, Qld  
 Johan Hendrik Van Der Walt, SA  
 Cornelius Van Der Weyden, NSW  
 Robyn Anne Vaughan, NSW  
 Helen Margaret Vokack-Brodsky, Vic  
 John Bennett Vonwiller, NSW  
 Rita Magdalene Voselis, Vic  
 Thomas James Vivian Voss, NSW  
 Ian Archibald Waldie, Vic  
 Andrew Garry Walpole, Vic  
 Jonathon Hugh Warren, NZ  
 Christopher John Watson, WA  
 Alastair William James Watt, NSW  
 Rupert Anthony Weaver, Vic  
 Anthony Maxwell Weeks, Vic  
 Frederick Herman Wegener, NSW  
 Gerald Brian Westmore, Vic  
 Stephen Osborn Weston, NSW  
 David Keith Milroy Whish, NSW  
 Robert Frederick Whiting, Qld  
 Frank Hugh Whitton, Vic  
 Margaret Carolyn Ridgway  
 Wiese, SA  
 David Yong Williams, Vic  
 Jennifer Williams, Vic  
 John Egerton Williams, SA  
 Judith Anne Williams, NSW  
 Kenneth Allen Williams, WA  
 Kenneth James Williams, Qld  
 Rhonda Williams, NSW  
 John Aubrey Henry Williamson, SA  
 William Williamson, NSW  
 Michael Christian Wixon Willis, Qld  
 Richard John Willis, SA  
 Charles Michael Wilson, Vic  
 Roland John Wilson, NZ  
 Janice Helen Windsor, NSW  
 Daniel Kinwei Wong, NSW  
 Robert Manching Wong, WA  
 Julia Claire Wood, Vic  
 Stephen Leigh Wood, NSW  
 Ian James Woodforth, NSW  
 Arthur Frederick Woods, Vic  
 David Frank Woolner, NZ  
 Robert Harold Woog, NSW  
 Graeme Stanford Worsley, NSW  
 Stephen Roger Noel Wride, Vic  
 Jan Wrobel, SA  
 David John Wylie, Qld  
 Edward Joseph Yarad, NSW

Kevin Finehing Yee, NSW  
Saw Cheng Yeoh, S'pore  
David Walter Young, WA  
Richard Bruce Young, Qld

Richard Vousden Young, NSW  
Chee Kong Yow, H K  
Sze Yuen Andrew Yue, NSW  
Michael Neville Zajd, Vic

Marisa Zavattaro, Qld  
Ruth Fatt Yeu Zee, WA  
Cora Zyp, Qld

## 2nd March, 1992

### HONORARY FELLOWS

Mary Taylor Burnell, SA  
Thomas Cecil Gray, UK  
Anthony Jephcott, NZ  
Michael Douglas Allen Vickers, UK

### FELLOWS

Weragoda Arachchige  
Abeyapala, H K  
Anthony Peter Adams, UK  
Raymond Stephen Ahearn, UK  
Alexander Ross Alcock, NSW  
Jean Marie Allison, H K  
Hugh James Anderson, Vic  
Thomas Young Anderson, Tas  
David Drummond Archibald, NZ  
Alain Aronowicz, Vic  
Stephen Dhevaseyan  
Aseervatham, NSW  
Alexander Joseph Babarczy, Vic  
Roderick Graham Bain, NSW  
Paul Andrew Baker, NZ  
Christine Mary Ball, Vic  
Geoffrey Arthur Barker, Canada  
Paul Thomas Barnard, NSW  
Alan Marshall Barr, UK  
Stephen McGregor Barratt, NSW  
Chairmaine Grace Barrett, Qld  
Andrew Clive Bashford, SA  
Ranu Basu, NSW  
Peter Grattan Beahan, WA  
Jennifer Mary Beasley, UK  
Michael George Beaudoin, NSW  
Jennifer Beckett-Wood, NSW  
Michael Francis Beem, Qld  
David Shan-Nih Beilby, Vic  
Forbes Eadie Bennett, NZ  
Norris Barry Bennett, NSW  
Gwynne James Bentley, Qld  
Sydney Mervyn Berger, UK  
Thomas John Berrigan, WA  
Andrew David Bersten, SA  
Debralie Alison Mary Bettenay, Vic  
Ashleigh Alick Bishop, Qld  
Duncan Walter Blake, Vic  
Alan John Board, Qld  
Robert Albert Boas, NZ  
Brent Patrick Boon, NZ  
Dennis Boon Von Ochsee, NZ

Gary Bennett Branch, NSW  
Judith Mary Branch, NSW  
Henry Michael Bray, Vic  
Penelope Anne Briscoe, SA  
Maurice John Brookes, NSW  
Malcolm John Brown, Vic  
John Martin Rutherford  
Bruner, USA  
Thomas Anthony Buckley, H K  
Alan Geoffrey Burton, Vic  
James Walter Butler, Qld  
Christopher Gordon Cain, NSW  
Andrew Frank Cameron, NZ  
Robert James Cameron, NZ  
Duncan Islay Campbell, NSW  
Matthew Marshall Campbell, NZ  
Stephen Abraham Carvin, SA  
Terrance Peter Cassidy, NSW  
David Laidley Cay, NSW  
Joseph Zbigniew Ceglarski, Qld  
David Michael Chamley, NZ  
Chiu-Suck Chan, H K  
Raymond Arthur Chapman, Vic  
Roy Chesters, SA  
Joanna Cheung, NSW  
Wing-Lun Blase Cheung, H K  
Alfred Wing Yan Chua, NSW  
Kin Kwok Albert Chung, H K  
Geoffrey Malcolm Clarke, WA  
Hugh James Clarkson, NZ  
James Ivor Clayton, NZ  
Henry Sweetman Cohen, WA  
Ian Clifford Colbert, Qld  
Kathleen Isabel Cole, WA  
Clive Bourne Collier, NSW  
Veryan Jean Collyer, Qld  
Paul Thomas Cook, NSW  
Peter Dalton Cook, Qld  
Jean Margaret Corbett, Vic  
Robert William Cowie, Vic  
John Boyd Craig, WA  
Matthew Ronald Crawford, NSW  
Stephen Arthur Crocker, WA  
Marilyn Currie, NSW  
Helen Elizabeth Currow, NSW  
Graham Lindsay Dale, WA  
Gregory Bernard Dargan, NSW  
Murray Llewellyn David, Qld  
Francis Michael Davis, NZ

Richard Woodley Davis, SA  
Gregory John Deacon, NSW  
Peter Richard Degotardi, NSW  
Kerry Ronald Delaney, ACT  
William Lawrence Dennis, Vic.  
Ralph Mervyn Harry de Plater, Qld  
Geoffrey Campbell Elmslie  
Dixon, Vic  
John Frederic Donnelly, NSW  
Arthur Lachlan Doughty, Tas  
Alan William Duncan, WA  
Iain Norman Duncan, Vic  
Mary Elizabeth Dwyer, Vic  
Haydn Dyer, WA  
Henry Paul Dyer, Qld  
Paul Michael Dyer, Qld  
Ross Henderson Dysart, NZ  
David Lyndsay Earle, NSW  
Garry Robert Eastaugh, Vic  
Roberta Alison Edmeades, Qld  
Robert James Edwards, Qld  
Robert Eichel, NSW  
Elie Robert Emmanuel, UK  
Christopher John Evans, NZ  
John Stuart Martin Evans, NZ  
Thomas Ian Evans, Vic  
Suzanne Gai Everingham, Qld  
Patrick Thomas Farrell, NSW  
Rosemary Agatha Faull, NZ  
Eoin David Fehsenfeld, NZ  
Hilary Kathleen Jocelyn Fisher, Qld  
Malcolm McDougal Fisher, NSW  
Carolyn Anne Fitzgerald, NSW  
Julia Ann Fleming, Vic  
Bruce Spafford Owen Fox, Vic  
Thomas Aird Fraser, NSW  
Cressy William Free, NZ  
Helen Margaret Frith, NZ  
Meredith Joan Gabriel, SA  
Lawrence Tasman Gadd, NSW  
Arumugai Ganendran, Qld  
Peter Gartrell, SA  
Phillip Barry Gaukroger, SA  
Rowan David Gebert, Vic  
Geoffrey James Gee, WA  
Neville Mark Gibbs, WA  
Sydney Dennis Giddy, Vic  
David Arthur Gilbett, NSW  
Edgar Robert Nisbitt Gillies, Vic

- Janice Dianna Gillies, Vic  
 Colin Joseph Lawson Gillmore, Vic  
 Maxwell Allan Gluyas, SA  
 Choon Seng Goh, Malaysia  
 Norris Harvey Green, Qld  
 Robert John Green, NSW  
 Steven James Greenhalgh, WA  
 Tilina Maureen Gunasekara, NZ  
 Charles Henry Hackman, Vic  
 Stephen Roderick Hagley, SA  
 John William Hains, Qld  
 Leon Francis Hamond, Vic  
 James Bruce Harding, NSW  
 Andrew Michael Hardy, SA  
 Peter Rodney Harlow, Qld  
 Phillip Earl Harrington, Qld  
 Barry Anthony Harrison, USA  
 Graeme Keith Hart, Vic  
 Jack Hilton Havill, NZ  
 Felicity Helen Hawker, NSW  
 Malcolm Leslie John Haynes, NSW  
 Robert Steuart Henderson, NZ  
 John Charles Hennessy, NSW  
 David Ronald Henry, Vic  
 Alison Herdman, NSW  
 William John Herlihy, NSW  
 Stuart James Heslop, NSW  
 Eric Bertram Hewett, Qld  
 Lynley Faith Hewett, WA  
 Rodney Fergus Jarong Hickey, NZ  
 Robert James Higgs, NSW  
 David Russell Hillman, WA  
 David William Hollingworth, WA  
 Vivien Mary Hollow, Vic  
 Julie Anastasia Horwood, NSW  
 Cedric Howard Hoskins, NZ  
 William Vivian Howard, Vic  
 John William Gildas Hughes, SA  
 Chi William Hung, H K  
 William John Hurley, Vic  
 Robert Charles Hutchinson, Vic  
 Wai Cheung Wilson Ip, H K  
 Mark Andrew Irwin, NZ  
 Beryl Eileen Jack, Vic  
 Colin Joseph Jackson, Qld  
 Maliq Pengeran Chunchie  
 Jaimon, NSW  
 Karunairajan Jeevaratnam, NZ  
 Angus Warwick Johnson, NSW  
 Graeme Kenneth Johnstone, WA  
 Brian Montfort Jones, NSW  
 Michael Johannes Laurens  
 Jonker, NSW  
 Aleksander Joost, Vic  
 James Arthur Judson, NZ  
 Norman Andreas Juengling, WA  
 Mario Kalpokas, Vic  
 Chin-Aik Kam, NSW  
 Colleen Mary Kane, NSW  
 Gordan Ellis Kellerman, NSW  
 Anthony Alder Kelly, Qld  
 Murray Patrick Kelly, Qld  
 Patrick Bede Kelly, NSW  
 John Kelly Langley Kemp, UK  
 Peter Maurice Kempthorne, NZ  
 Freya Helen Keogh, WA  
 Judith Lorraine Kermode, WA  
 Dennis Robert Kerr, NSW  
 Suresh Khatri, NSW  
 Sharon Yiu-Lan King, NZ  
 Rosemary Anne Kingham, NZ  
 Peter Lindsay Klineberg, NSW  
 Ting Choo Koh, SA  
 John Stephen Andries Kroek, NSW  
 Sze Why Kwong, H K  
 Fung Ming Lai, H K  
 Keith Landon, UK  
 Lyndall Marjorie Landsey, NSW  
 Elaine Edith Langton, NZ  
 Anthony Richard Laver, SA  
 Richard Gordon Maclure Lea, SA  
 Kok-Lim Lee, Qld  
 Philip Anthony Thomas  
 Leightley, NZ  
 Robert Stewart Miller Lenthall, SA  
 Stephen Kwok Chiu Leung, NSW  
 Gerald Brereton Heyner  
 Lewis, NSW  
 Gwenda Margaret Lewis, NZ  
 William Richard Lewis, NSW  
 Peter Lillie, SA  
 Hun Soon Lim, Malaysia  
 Say Wan Lim, Malaysia  
 John Cameron Lindsay, NZ  
 Henri Frans Frederik Lorang, NSW  
 James Beaumont Love, Vic  
 Janette Low, Vic  
 Martin Elvis Lum, NZ  
 Robert Joseph Lunt, Vic  
 Ian MacDonald, NZ  
 Simond Woodside Macdonald, Vic  
 Donald Stewart Mackie, USA  
 Max Wilfred Maddern, SA  
 Janice Laurie Major, Qld  
 William Eric Mann, SA  
 Anthony Richard Marsland, Qld  
 Prudence Jane Martin, NSW  
 Vladimir Martyn, WA  
 Patricia Anne Matthews, Qld  
 Ruth Margaret Mayall, UK  
 Edward John McArdle, Qld  
 Jane Margaret McDonald, NSW  
 Ian Charles McGlew, WA  
 Bernard Robert McGuinness, Qld  
 John Joseph McGuinness, NSW  
 Alan James McKenzie, NZ  
 Ian Meehan McKenzie, Vic  
 Brian Donald McKie, Vic  
 Peter James McLaren, NSW  
 Brian Luden Vardon  
 McLaughlin, NSW  
 Alan Crawford Meads, Vic  
 Geoffrey Philip Meara, Qld  
 Andrew Douglas Mercer, Qld  
 Alan Forbes Merry, NZ  
 Ronald Jacob Meyer, NSW  
 Joan Middleton, Qld  
 Ian Charles Miller, WA  
 Trevor James Mitchell, NZ  
 Eddy Ying Hung Mok, Tas  
 Francis Xavier Moloney, NSW  
 John Eisdell Moodie, NZ  
 Bede Patrick Francis Mooney, NSW  
 Peter Thomas Morley, Vic  
 Neil Stanley Moroney, NSW  
 Gerald Anthony Moss, NZ  
 Arun Ranjan Mukhopadhyay, NZ  
 Andrew James Mulcahy, Tas  
 Hans Muller, Qld  
 Geoffrey Charles Mullins, Canada  
 Thomas Michael Mullins, Qld  
 Phillip Ross Murray, SA  
 William James Murtha, Canada  
 Srinivasan Narasimian, NSW  
 Alfred Lipman Nathan, Vic  
 Kinatinkara Krishnan Nayer, NZ  
 Malcolm Creswell Newland, SA  
 John Newstead, NZ  
 Susan Joyce Newton, NZ  
 Eu Guan Ngo, Singapore  
 Walter Sneddon Nimmo, UK  
 John Norman, UK  
 Frederick John Reid Nussey, Qld  
 James Patrick O'Callaghan, Qld  
 John Sandilands Ogilvie, NZ  
 Hans Jochen Orland, Qld  
 Kaye Dallas Ottaway, NZ  
 John Herbert Overton, NSW  
 Mansukhlal Pabari, Qld  
 Ian Miller Painter, Netherlands  
 David John Pallot, Vic  
 Maureen Rosemarie Palmer, NSW  
 Michael John Palmer, NSW  
 Anastasia Panis, UK  
 Francis Christopher Parker, Vic  
 William Geoffrey Parkin, Vic  
 William Henry Parkinson, NSW  
 Sandra Lois Peake, SA  
 Collin Geoffrey Alexander  
 Pearce, NSW  
 Ian Young Pearson, NSW

- Beverley Joan Peers, Vic  
 Aaron Ronny Peisach, SA  
 Geoffrey Lewis Perkins, Qld  
 Simon Bruce Perrin, Vic  
 James Latham Peters, Vic  
 Stevenson Philip Petito, SA  
 Joseph Edmund Petoe, NZ  
 Dermot Michael O'Malley  
 Phelan, Ireland  
 David Robert Pickford, NSW  
 Frank David Pilditch, NZ  
 Graham Miles Heazlewood  
 Piper, NSW  
 Peter Rostron Platt, WA  
 Newton Potter, NSW  
 William James Power, Qld  
 Ian Noel Pryde, NSW  
 Colin Hutson Pryor, SA  
 Gregory John Purcell, NSW  
 Anthony David Purser, SA  
 Peter John Quach, ACT  
 Philip Gregory Ragg, Vic  
 Robert John May, Vic  
 Michael Andrew Raynes, NZ  
 Merylyn Anne Rees, Vic  
 Vivian Ealden Rees, SA  
 William Sheldon Rehfisch, Vic  
 Simon Duncan Reilly, Vic  
 William Michael Reilly, NSW  
 Reinhart Rippert, Vic  
 John Gordon Roberts, SA  
 Michael Thomas Scott Roberts, NZ  
 Jill Margaret Robertson, Vic  
 Mark Langdon Robertson, NZ  
 Stewart Maitland Robinson, NZ  
 Isobel Anne Ross, NZ  
 Bruce Allan Rudge, NZ  
 Albert Saady, NSW  
 Radha Krishna Sabapathy, Malaysia  
 David John Sage, NZ  
 David Andrew Sainsbury, SA  
 Iain MacAulay Salkield, Qld  
 Stephen David Same, WA  
 Gordon John Hart Sanders, NSW  
 William Peter Saul, NSW  
 Peter Julian Sayers, Tas  
 Nigel William Schodel, Qld  
 Robert Steve Schumacher, NSW  
 George Steven Sellton, Vic  
 Donald Geoffrey Serle, Vic  
 Virginia Setright, NSW  
 Alan John Sexton, NSW  
 Thomas Francis Shakespeare, NSW  
 Graham James Sharpe, NZ  
 Robert James Shield, Qld  
 Timothy Gordon Short, H K  
 Robert James Sinnett, Vic  
 Navaratnum S/O Arumugam  
 Sivaneswaran, NSW  
 Maxwell Thomas Sloss, WA  
 Gregory Alan Smith, Qld  
 Ian Stuart Smith, Vic  
 Philip Graham Smith, WA  
 Hing-Yu So, H K  
 Janene Louise Solomos, Qld  
 Christopher John Sparks, Sol Isl  
 Hugh Timothy Spencer, NZ  
 John Vincent Stapleton, SA  
 Alan Warren Stern, NSW  
 Allan Geoffrey Stevenson, Vic  
 Erika Stielow, UK  
 Malcolm Wayne Stone, Qld  
 Graeme Roland Storey, NSW  
 Hong Zee Su, Singapore  
 Richard Lake Clayden Sutcliffe, Vic  
 Jasper Matthew Charles  
 Swann, NSW  
 Christine Rebecca Sweeney, Vic  
 Susanne Mary Szekely, UK  
 Wai Ling Tam, H K  
 It Tan, Malaysia  
 Lewis John Targett, Vic  
 Cheong Seong Tay, NSW  
 Rodney Vincent Tayler, Vic  
 Sandra Margaret Taylor, NSW  
 Helen Jeanette Telford, NSW  
 Choe Yelow Aloysius Teo, Singapore  
 Seong Hee Tham, H K  
 John Patrick Sandeman  
 Thomson, Qld  
 Richard James Graham Thomson, NZ  
 Thomas Thomson, Tas  
 James Tibballs, Vic  
 Brett Anthony Todhunter, NSW  
 Theam Chye Toh, Qld  
 John Howard Tomlinson, UK  
 Phillip Simon Tong, NSW  
 Wai-Nung Tong, H K  
 Simon Charles Bruce Towler, WA  
 Brian Richard Trainer, WA  
 David Ross Tremewen, Vic  
 Beatrix Christina Treuren, NZ  
 Shing Lam Tse, H K  
 William Brightwell Tucker, Qld  
 Seamus Anthony Tuohy, NSW  
 Michael Arthur Turner, UK  
 David Byam Ulyatt, NZ  
 Shantha Kumaran Vallipuram, Vic  
 Andrew Ferdinand Van Leeuwen, Vic  
 Parampalam Vikneswari, K L  
 Veronica Yuk-Chun Wai, H K  
 John Geoffrey Walker, NZ  
 Alan Macdonald Wallace, Vic  
 William Thomas Raeburn Ward, NZ  
 Kerry Narelle Warner, NSW  
 Robin Farquhar Waspe, Qld  
 Ronald Greaves Waterhouse, SA  
 John Hedley Waters, Vic  
 Margaret Ann Watson, Vic  
 Robert Kendall Webb, SA  
 John William Nicholas Weekes, WA  
 Moira Denise Westmore, WA  
 Mark Eric Whitby, WA  
 Anthony Roy White, Vic  
 Robert Faulkner White, Qld  
 Michael Bernard Whitehead, Vic  
 Nalin Rohitha Wijeyesekera, NZ  
 Gwenifer Catherine May  
 Wilson, NSW  
 Leona Fay Wilson, NZ  
 Peter Robert Wilson, USA  
 Ronald David Windeyer, WA  
 Alex Wai-Lik Wong, H K  
 Boon Hin Wong, Malaysia  
 Sally Choon Mee Wong, Singapore  
 Tet Nyuke Anne Wong, Malaysia  
 David Griffin Woods, SA  
 Lindsay Ian Grant Worthley, SA  
 Robert Arthur Nunneley Wright, Qld  
 Ching Ying Amy Wu, H K  
 David Wu, NSW  
 William Geoffrey Wurth, NSW  
 Karl Kang Young, Qld  
 Richard Michael Zacks, Tas  
 John Lokman Zubevich, Vic

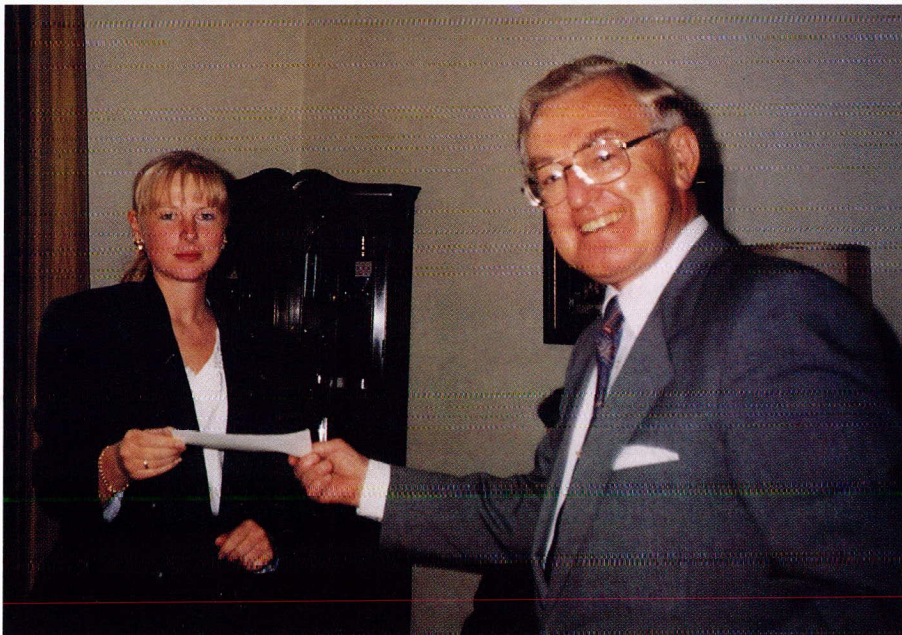


**INAUGURAL COUNCIL**

**Back Row:** (Left to Right) Mrs Joan Sheales (Registrar), Drs S.T. Bath, R.G. Walsh, Professor A.B. Baker, Dr D.H. McConnel, Professor J.M. Gibbs, Dr I. Rechtman.

**Front Row:** Associate Professor G.D. Phillips, Dr M.J. Davis, Associate Professor P.D. Livingstone (President), Dr M.J. Hodgson (Vice President), Associate Professor N.J. Davis.

**Absent:** Mr R.L. Atkinson and Mr J. McK Watts.



*Ms Kylie Maddorn (Product Planner), ICI Hospital Products Pty Ltd, presenting Mr R.K.W. (Bob) Bennett, Chairman of the Victorian Chairs of Anaesthesia Appeal with a donation of \$30,000.*

## FOR THE RECORD

# SOMETHING ABOUT THE 1928

## 'GSM' IN CANBERRA

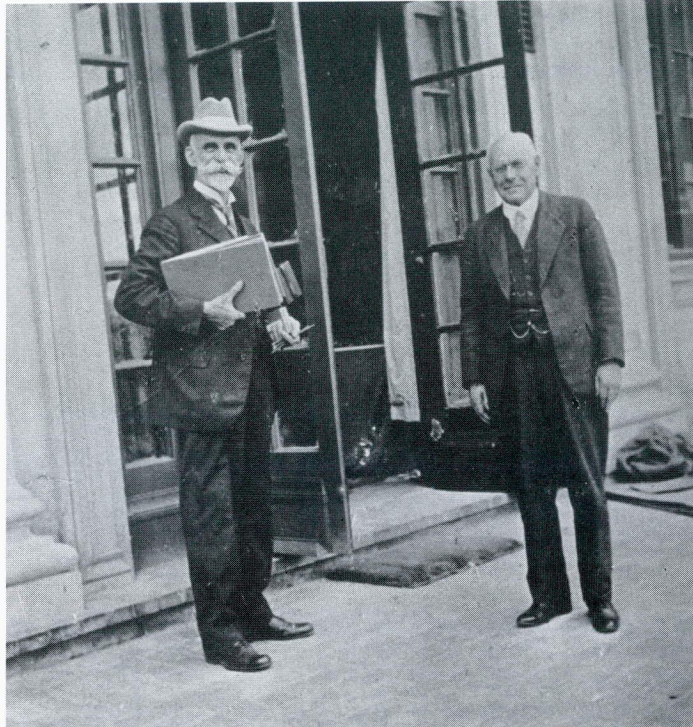
The 1992 Canberra GSM will be the first annual meeting of ANZCA as a College. There is thus some parallel with 1928 — when the then “College of Surgeons of Australasia” chose Canberra as the venue for its inaugural Annual Meeting — the first ‘RACS GSM’.

About 90 Fellows met in the Albert Hall from Saturday 31 March to Tuesday 3 April. Most of them probably stayed in the Hotel Canberra next door — now splendidly restored as the Hyatt Hotel Canberra.

However, Sir George Syme, the first President, was right when he predicted that “for some time at least the Annual Meeting would not be repeated at Canberra” — observing that such meetings needed facilities found “only in largely populated cities”. (The population of Canberra at the time was about 1% of what it is today).

Syme saw the first meeting as a special case, however — where they had to ‘emphasize [the] ultra-federal character of the College’. Canberra was seen as symbolic of this.

It was also important for this “ultra-federal” image that they had a good attendance from throughout Australasia. The Secretary virtually directed Fellows “to allow nothing to stand in the way of their attendance”, and secured at least a 35% compliance from the 260 Fellows. About 25 to 30 came from each of Sydney and Melbourne, and there were another 25 from the rest of Australia, plus about 10 from New Zealand.



*Sir George Syme (right) at the first Annual Meeting of the College of Surgeons of Australasia — standing outside the Albert Hall in Canberra with the Secretary, A.L. Kenny.*

Both of the originators of the idea of the College — Barnett and Devine — were there — along with about 16 of the other Founders. There were eight future Presidents — plus the incumbent. Two of the three female Fellows were there — Lillian Violet Cooper and Constance Elizabeth D’Arcy. At least nine members of the Surgical Association of Melbourne — shortly to be wound up in favour of the new College — were present.

The “ultra-federal” aspiration also inspired the proposal that the future headquarters building should be in Canberra. There was a fear of “jealousy . . . if the College were permanently centred in the capital of one State”.

Fellows at the meeting were able to inspect the proposed site (close to where the Academy of Science now stands), and to debate the proposal. The tale will be told — in a future article — of how the idea got its strongest advocacy, and its death-blow, during those four days. Suffice it to observe, here, that “ultra-federalism” was probably defeated by a recognition that a ‘city’ considered inadequate to host future GSMs was going to be even more unsatisfactory as the seat of College government.

Canberra was probably the right place, however, to organise some pomp and ceremony, and draw the existence of the College to attention. The Governor-General, Lord Stonehaven, told the Fellows they were “laying one more stone in that great national edifice . . . entitled ‘progress’”, and recommended the local fishing.

The Governor of Queensland, Sir John Goodwin, FRCS, FACS, attended to receive the first Honorary Fellowship, and also to accept Syme's prior written invitation to "make a few remarks about the College" — prefacing them with a claim "that he had not the least expected to be called upon to speak . . .!"

W.F. Victor Bonney, FRCS, — "one of the great masters of gynaecological surgery" — was also present, and received the second Honorary Fellowship. He said this honour "set the crown of happiness on his journey to New Zealand and Australia", and that he accepted it as a tribute not only to himself but to the RCSE, to British surgery, and to British ideals. He also mentioned that he "had had the honour of marrying a Tasmanian", and had been told "that he had the makings of a good New Zealander".

The scientific discussions at the meeting were devoted to "the plastic surgery of the human body". There was a section of papers with discussion; a section of case reports; and a cholecystographic display. H.S. Newland talked about whole thickness skin grafts; S.H. Harris described a prostatectomy techniques, and was sceptically questioned by R. Gordon Craig; R.C. Begg described a urethectomy technique and was tactfully told of a better way by Hamilton Russell — but defended his as having its place and point; F.A. Maguire was commended by Victor Bonney for his paper on the repair of the pelvic floor in the female, illustrated by excellent sections, dissections and casts; A.N. McArthur gave a series of cinematograph demonstrations; N.D. Royale described an original method of tendon transplantation; A. Newton read a report on plastic operations on the pancreas; and there were many other presentations.

Issues debated at the business meeting included the following:

- whether Fellows should call themselves 'Mr' or 'Dr';
- the need to improve hospitals and hospital methods;
- means of providing medical services for the poor;
- provision of post-graduate surgical training.

The 'Mr'/'Dr' question was to be resolved later in the affirmative. The weight of opinion at this meeting, however, was against it. One speaker called it an "English localism"; another raised the problem of "lady

Members"; a third argued that "if we all declare ourselves "MISTER" there will be a lot more "MISTERS" and they won't be the College of Surgeons . . ."

Regarding hospitals, there was a call to have "one surgeon and one assistant surgeon for every twenty-five surgical beds" — at least in hospitals of 100 or more beds — and "a central hospital board . . . in each State and Dominion" in order "to prevent the multiplication of unnecessary hospitals and to correlate and co-ordinate the hospitals of various grades . . ."

Regarding medical services for the poor, the meeting agreed that "the community hospital system under which all classes of patients are received — non-paying, intermediate and paying — is the ideal to be aimed at and should replace the present unsatisfactory system of small private hospitals."

Regarding the question of post-graduate surgical training, Sir George Syme mentioned BMA "antagonism" "directed against one of the essential principles of the College . . . 'that the practice of surgery demands adequate and special training' ", and H.B. Devine called for a "return to the apprenticeship system". Resolutions were carried calling for "a chair of surgery and a professor of surgery at each medical school"; hospital/university co-operation in providing surgical training; "endowments and scholarships"; "uniformity of senior surgical degrees"; and "facilities for medical research . . . in all teaching hospitals."

For more information — see the Archivist's booth at the 1992 GSM!

Colin Smith  
ANZCA Archivist

### Sources

- The Journal of the College of Surgeons of Australasia, Vol 1, pages 147-168.
- Smith, J O "The History of the RACS from 1920 to 1935", Melbourne, 1970.
- College Archive, Series 7, Council Minutes, Vol 1.
- College Archive, Series 25, items 11, 41, 42.
- College Archive, SB29/1-5; SB92/ . . . ; SB103/14/4.

# AN ANAESTHETIC ADDENDUM

## SIR GEORGE SYME AND

### INTRA-TRACHEAL INSUFFLATION

Dr Gwenifer Wilson — the Honorary Historian of ANZCA — has recently discovered that Sir George Syme — the first “PRACS”, and the leader of that meeting in Canberra in 1928 — was responsible for an important innovation in anaesthesia in Australia.

The first mention of intra-tracheal insufflation is in a paper by J. H. Jopson in “Annals of Surgery” May 1911<sup>(1)</sup>. Sir George Syme quoted from this when he explained the method at a clinical meeting of the Victorian Branch of the BMA on 16 August 1911<sup>(2)</sup> (using a demonstration apparatus rigged up in 15 minutes before the meeting!).

It seems that Syme had been travelling in America at the time of the first trials of the technique earlier that year, and had already used it twice during July 1911. He was, it seems, not only a technically outstanding surgeon, but had the ability to construct an apparatus seen only briefly — if at all.

Again, his immediate recognition of the value of the new technique for thoracic surgery, indicates not only his understanding of the problems connected with anaesthesia for surgery in this area, but that he was prepared, when confronted with something new — to “give it a go”.

His trials could, however, have ended in disaster. He had argued strenuously at many meetings for chloroform anaesthesia — defending it against a school that wished to see it abolished. Thus, he having caused his anaesthetist to use chloroform instead of following the American practice of using ether. However, his mistake was almost immediately evident, and corrected in time. He was admirably frank about this — ensuring that others learned from his experience.

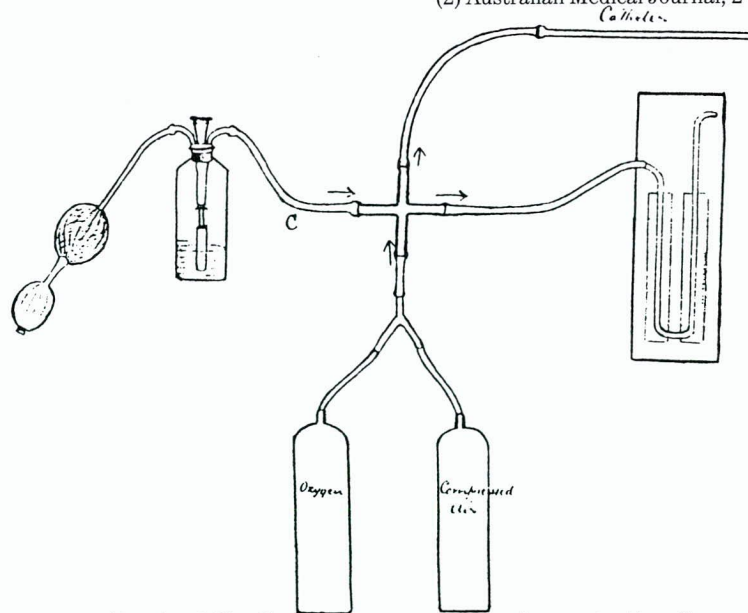
The full story will appear in Dr Wilson’s forthcoming book, “One Grand Chain”, which will describe how many Australians and New Zealanders were links in a chain of progress in techniques. See the section “New Techniques 1911-1929” (Chapter 5).

This chapter will also refer to the first-ever Section of Anaesthetics at an Australasian Congress — in 1929 — part of which was devoted to developments in Syme’s technique.

Reproduced herewith is a copy of the diagram that appeared with the report in the AMJ.

**Footnotes**

- (1) J. H. Jopson “Recent Advances in Pulmonary Surgery” in Annals of Surgery, Vol 53, No 5, May 1911, page 593.
- (2) Australian Medical Journal, 2 September, 1911, page 72.



*Sketch of Sir George's apparatus for demonstrating the insufflation principle. (AMJ 2 Sep. 1911)*

# HIGHLIGHTS OF RACS COUNCIL MEETING 20 AND 21 FEBRUARY, 1992

## AWARDS, ELECTIONS AND HONOURS

### Australia Day Awards

Professor A.G.R. Sheil, AO  
Mr H.C. Barry, AM  
Emeritus Professor R.C. Bennett, AM  
Mr J.K. Clarebrough, AM, OBE  
Mr T. Hamilton, AM  
Mr D.M. Southwood, AM  
Mr J.M. Grant, AM, OBE  
Mr P.Byrne, AM (Military)  
Mr T.G. Pickering, OAM  
Mr I.M. Rosen, OAM  
Mrs Diana May Ramsay, AO, and  
Mr James Stewart Ramsay, AO  
(Ramsay Fellowship)

### New Year's Honours

Mr Ian Civil (NZ), MBE  
Sir Patrick Moore, (NZ), Knight Bachelor

### Honorary Fellowship, College of Medicine of South Africa

J.C. Hanrahan (Faculty of Surgery)  
B. McC O'Brien (Faculty of Plastic and Reconstructive Surgery)

### Honorary Fellowship, Royal College of Surgeons of England

J.C. Hanrahan

### Other

Mr Bernard McC O'Brien AC, CMG — received Victorian of the Year Award.

## CENSOR-IN-CHIEF

### New Zealand Censor's Committee

Council appointed a New Zealand Censor's Committee, comprising representatives from the various Specialty Training Committees in New Zealand, to help the New Zealand Censor in matters such as hospital inspections and eligibility to present for the Part 2 Examination.

### Training

It was resolved to ask each Surgical Board to define its optimum period of training experience and that the combined Basic and Advanced Training period should be a minimum of six years.

Each Surgical Board was also asked to develop a mechanism for reducing the gap between Basic and Advanced Training, preferably to remove the gap altogether.

### Urology Training and Examination

The duration of Advanced Surgical Training in Urology was extended from four to five years, incorporating a first year of approved General Surgery followed by four years exclusively in Urology and it was agreed that the Part 2 Examination in Urology could be undertaken in the fourth of these five years of training.

### Effect of Industrial Awards for Junior Medical Officers upon Training Programs

Council established a Subcommittee to consider any likely adverse effects upon training programs due to industrial awards for Junior Medical Officers.

**EXAMINATIONS**

**Part 2**

The consultative process for appointments by Council of members of the Court of Examiners, which exists for Australian members of the Court, has been extended to New Zealand.

Council resolved to hold the annual election of Chairman of the Court of Examiners in February at the same time as Office Bearers of the College are elected. The person elected would hold the position of Chairman Elect until taking office in the following June.

**SCIENTIFIC MEETING**

**Proposed RACS/RACP/Singapore and Malaysia Academies Meeting**

Council approved in principle holding a joint meeting of RACS/RACP/Singapore and Malaysia Academies of Medicine, perhaps in 1994 or 1995.

This is to be further investigated with the Academies involved.

**EDUCATION**

**ANZ Journal of Surgery**

Council approved the College participating in the South East Asian Scientific Editors Association and the attendance of the Journal Editor at the periodic Workshops of the Association.

**Cambridge Conference Workshop**

Council resolved to invite the Chairman of the Court of Examiners to attend the 1992 Cambridge Conference Workshop on the theme "Improving the Assessment of Clinical Competence".

**Continuing Medical Education**

Council approved the printing of the proceedings of the Surgical Audit Seminar scheduled for March 7, 1992 and distribution of the proceedings to all Fellows.

Seeding grants or floats are to be provided for CME activities from the CME budget.

A workshop for Rural Surgeons is to be held in Darwin in the second half of 1992.

A logo to be used on letterhead and other printed material for Continuing Medical Education was approved.

**Library**

The position of Honorary Curator of the Cowlshaw Collection was created with the possibility of the Curator lecturing on the contents of the collection.

**PROFESSIONAL AFFAIRS**

**Certification of Surgical Services in Hospitals**

Council resolved as follows:

That the RACS requirement for the Certification of Surgical Services in Hospitals be promulgated to all Hospitals where surgery is carried out;

That standards not be defined in detail but be represented by a comprehensive questionnaire as an Aide Memoir of what features should be looked for;

That surgical standards be monitored in three situations:

- a) Hospitals with training posts. RACS will inspect concurrently.
- b) Hospitals inspected by the ACHS — if a surgical problem is flagged RACS will investigate.
- c) Hospitals not being inspected by ACHS and not training Hospitals — RACS representative responsible for instituting standards — RACS to inspect if a problem is encountered.

- d) The RACS not issue a certificate of accreditation.

(For information of Fellows refer page 33 for RACS requirements).

#### **FRACS as The Only Registerable Surgical Diploma in Australasia**

Council resolved that the RACS recognise the FRACS as the only diploma for the practice of Surgery in Australasia.

In passing this resolution Council noted the procedures that were to be implemented for the assessment of the qualifications and training of overseas trained specialists, which produced opportunities for those who are not recognised for registration to undertake training and the RACS Part 2 Examination and thereby gain admission to Fellowship. Currently registered non Fellows would not be affected.

#### **Relocation of Surgeons Following Closure of Public Hospitals**

Council expressed the view that a reaffirmation of its policy on multiple teaching hospital appointments would assist in alleviating the problem of the displacement of Surgeons following the closure of Public Hospitals.

#### **Laparoscopic Cholecystectomy**

Council noted that a State Health Department had issued guidelines on the maintenance of skills in Percutaneous Laparoscopic Cholecystectomy.

Council reaffirmed its view that this area is the province of the College and Health Departments and Hospitals should not be involved.

#### **Rural Surgery**

A College policy on the training of Rural GP's in Surgery was approved.

#### **Endoscopy Training**

The title of the Conjoint Committee for the Recognition of Endoscopy Training was altered to Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy.

Council approved the following statement on "Endoscopy and Surgeons".

1. This College endorses the recommendation of the Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy with regard to training in Gastrointestinal Endoscopy and supports the role of this Committee to advise on adequate standards in Gastrointestinal Endoscopy.
2. This College considers that the FRACS is the only certification required for a surgeon to be accorded the clinical privileges of the discipline in which that Diploma has been awarded and no separate certification should be required for the performance of individual procedures. Upper Gastrointestinal Endoscopy and Colonoscopy are considered to be integral parts of General Surgery.
3. Any surgeon with an FRACS in General Surgery who has had training in, and currently performs, Gastrointestinal Endoscopy and/or Colonoscopy should therefore be accorded the appropriate clinical privileges in those hospitals in which he or she works, subject to the approval of the Hospital Credentials Committee.
4. Individual practitioners should not be required to apply to the Conjoint Committee for assessment.
5. In disciplines other than General Surgery eg. Cardiothoracic, Otolaryngology, Orthopaedic and Urology, it is accepted that an FRACS in those disciplines is the only certification necessary for privileges in Endoscopy procedures of those disciplines.

<b>1 August</b>	College SIG Meeting. <b>Day Care Anaesthesia Symposium.</b> (Day care anaesthesia; selection and assessment of patients; techniques; recovery and discharge.) Speakers: to be announced. Venue: College Headquarters Melbourne. Contact: Dr John Zelcer, Chairman, DCA-SIG, College of Anaesthetists, (03) 662 1033.
<b>8-9 August</b>	<b>Western Australia State/Rural Meeting.</b> Venue: York; theme: "Practice Management". Contact: Dr Brent Donovan, Surgicentre, Ranleigh Street, South Perth.
<b>12 August</b>	New Zealand National Meeting. <b>"Research Methodology and Poster Presentations".</b> Anaesthesia Research Group of New Zealand. Venue: Dunedin. Speakers: to be arranged. Contact: Dr Ross Kennedy, Dunedin Hospital. (649 358 0963).
<b>15 August</b>	Victorian State Meeting. Combined Victorian College/ASA Meeting. <b>Theme: "Outcomes".</b> Speaker: Dr Gregory Osborne (S.A.); venue: College Headquarters, Melbourne. Convener: Dr Patrick Hughes, ASA office, (03) 280 8765.
<b>12-16 August</b>	New Zealand National Meeting. <b>"Inhalational and Intravenous Anaesthetic Agents — Present and Future"</b> (Intravenous and Inhalational Anaesthetic agents and delivery systems). CANZ, Dunedin. Speakers are Professor Dwayne R. Westenskow, Utah; Professor Horst Stoeckel, Bonn; Professor Lars Wiklund, Uppsala, Associate Professor Geoff Cutfield and Dr Rod Westhorpe. Contact: Organising Secretariat, CANZ 1992, Department of Anaesthesia and Intensive Care, Dunedin Hospital, Dunedin. Telephone 64 3 474 0999.
<b>10 September</b>	<b>New Zealand National Teleconference.</b> 'Prevention of Infection', 8-10pm. Chairperson: Dr Hugh Spencer, Waikato Hospital, Telephone 64 7 839 8718.
<b>16-18 October</b>	<b>ANZICS 17th Annual Scientific Meeting,</b> Aotea Centre, Auckland. Convener: Dr Stephen Streat (649 797 440 ext. 7460, fax: 649 793 279), Themes: Performance, Clinical Excellence, The Cutting Edge, Our own History.
<b>17-21 October</b>	National meeting — Adelaide. National ASA Annual General Meeting, Adelaide Convention Centre, North Terrace, Adelaide. Themes: <b>Trauma, Anatomy and Regional Anaesthesia, Acute Pain.</b> Speakers: Professor D. Morrell, Johannesburg, South Africa, Glenn S. Bacon, National Naval Medical Centre, Bethesda, Maryland USA. Contact: Dr Richard Willis, Department of Anaesthesia and Intensive Care, Royal Adelaide Hospital, North Terrace, Adelaide 5000, (08) 223 0230. Dr Glenn Bacon will visit New South Wales and Professor David Morrell will visit Western Australia.
<b>7 November</b>	Combined NSW College/ASA Continuing Education Meeting. "Computers in Anaesthesia", Regent Hotel. Contact: Dr Greg Purcell, NSW Regional Office (02) 247 7712.
<b>20-22 November</b>	New Zealand Pain Society Meeting, Wellington. Theme: "Pain in the Elderly". Visiting speaker: Dr H. McQuay, Oxford, United Kingdom. Contact person: Dr R. Grenfell, Wellington Hospital — telephone 64 4 385 5999.
<b>1993</b>	
<b>9-14 May</b>	College GSM — Adelaide. Overseas visitors: Professor Pierre Foex (Oxford University), and Professor Mike Roizen (University of Chicago) Scientific Program Convener: Dr Harry Owen, Flinders Medical Centre, (08) 204 5450.
<b>23-27 October</b>	National meeting. ASA Annual General Meeting — Sheraton Perth Hotel. Contact: Dr Dennis Hayward, (09) 481 1597.

## MISSING FELLOWS

I have been unable to invite the following Fellows to join the Australian and New Zealand College of Anaesthetists.

DR R.F. CATCHLOVE, FFARACS  
 DR J.E. CHAN, FFARACS  
 DR ELSA ENRIGHT, FFARACS  
 DR N.D. GEMMELL-SMITH, FFARACS  
 DR J.Z. HICKMAN, FFARACS  
 DR JILL LARMAND, FFARACS  
 DR J.G. LUCAS, FFARACS

DR H.M. MARSH, FFARACS  
 DR M.C. POOPATHY, FFARACS  
 DR A.S. SANDHU, FFARACS  
 DR TAN CHIAN YONG, FFARACS  
 DR D. THANGATHURAI, FFARACS  
 DR L.A. YATES, FFARACS

I would appreciate any information relating to the address of any of these Fellows.

Joan Sheales  
 Registrar

# POLICY DOCUMENTS

## *Review P21(1992)*

### AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS AND ROYAL AUSTRALASIAN COLLEGE OF DENTAL SURGEONS

## SEDATION FOR DENTAL PROCEDURES

### 1. INTRODUCTION

Sedation for dental procedures includes the administration by any route or technique of all forms of drugs which result in depression of the central nervous system. The objective of these techniques is to produce a degree of sedation whereby rational verbal communication to and from the patient is continuously possible, so that uncomfortable diagnostic and minor surgical procedures may be facilitated. The drugs and techniques used should provide a margin of safety which is wide enough to render unintended loss of consciousness unlikely.

These techniques are not without risk because of:

- 1.1 The depression of protective reflexes.
- 1.2 The wide variety of drugs and combinations of drugs which may be used.
- 1.3 The difficulty in predicting absorption, distribution and efficacy of drugs when administered orally or rectally.
- 1.4 The possibility of excessive amounts of these drugs being used to compensate for inadequate local analgesia.
- 1.5 The individual variations in response to the drugs used particularly in the elderly or infirm.
- 1.6 The wide variety of procedures performed.
- 1.7 The differing standards of equipment and staffing at the locations where these procedures are performed.

Thus it is important to understand the variability of effects which may occur with sedative drugs, however administered, and that over-sedation or airway obstruction may occur at any time. To ensure that standards of patient care are satisfactory, equipment and staffing of the area in which the patient is being managed should satisfy the requirements as laid down in this Policy Document.

### 2. GENERAL PRINCIPLES

2.1 The patient should be assessed before the procedure and this assessment should include:

2.1.1 A concise medical history and relevant examination such as might be available from the patient's General Practitioner, and must include blood pressure measurement.

2.1.2 Informed consent for the procedure and sedation.

2.1.3 Appropriate written instructions for preparation for the procedure, the recovery period, and discharge of the patient.

2.2 If the patient has any serious medical condition or danger of airway compromise then an anaesthetist should be present to monitor the patient during the procedure.

2.3 The practitioner administering these drugs requires sufficient basic knowledge to be able to:

2.3.1 Understand and deal with the action of the drug or drugs being administered.

2.3.2 Detect and manage appropriately any complications arising from these actions.

2.3.3 Anticipate and manage appropriately the modification of these actions by any concurrent therapeutic regime or disease process which may be present.

- 2.4 A written record of the dosages of drugs and the timing of their administration must be kept as a part of the patient's records. Such entries should be made as near the time of administration of the drugs as possible. This record should also note the readings from the monitored variables, and should contain other information as indicated in the Faculty Policy Document P6 "Minimum Requirements for the Anaesthetic Record".
- 2.5 Pulse oximetry, when available, will assist in monitoring every sedated patient.
- 2.6 Techniques which compensate for excessive anxiety and/or for inadequate local analgesia by means of heavy sedation must not be used unless an anaesthetist is also present.

### 3. STAFFING

There must be an assistant present during the procedure appropriately trained in resuscitative measures who shall monitor the level of consciousness and cardio-respiratory function of the patient. The need for a second assistant will depend on the complexity of the procedure.

- 3.1 Provided that **rational, verbal communication** to and from the patient is continuously possible during the diagnostic, minor surgical or dental procedure, the operator may provide the sedation and be responsible for care of the patient.
- 3.2 If at any time such **rational, verbal communication** is lost, then the operator must cease the procedure and devote his/her entire attention to monitoring and treating the patient until such time as the patient recovers consciousness or another practitioner becomes available to monitor the patient and take responsibility for any further sedation, analgesia or resuscitation.
- 3.3 If loss of consciousness or loss of **rational, verbal communication** is sought as part of the technique, then an anaesthetist must be present to care for the patient.

### 4. TRAINING

Dental practitioners who administer sedation must be able to demonstrate an appropriate level of training.

- 4.1 All dental practitioners should be capable of administering the correct oral medications for such conscious sedation.

- 4.2 Practitioners wishing to administer relative analgesia must attend a special course and demonstrate competence in the technique and such associated resuscitative measures which may be required.
- 4.3 Practitioners wishing to administer intravenous drugs for sedation must attend a further special course and demonstrate competence in these techniques and their associated resuscitative measures which must include management of artificial ventilation and external cardiac massage.

### 5. FACILITIES

The procedure must be performed in a location which is adequate in size and staffed and equipped to deal with a cardiopulmonary emergency. This should include:

- 5.1 A chair which can be tilted readily to the horizontal position.
- 5.2 Adequate uncluttered floor space to perform external cardiac massage on the patient should this prove necessary.
- 5.3 Equipment suitable for the measurement of a patient's blood pressure.
- 5.4 Adequate suction and room lighting.
- 5.5 A supply of oxygen and suitable devices for the administration of oxygen to a spontaneously breathing patient.
- 5.6 A means of inflating the lungs with oxygen (e.g. a range of pharyngeal airways and self-inflating bag suitable for artificial ventilation).
- 5.7 Appropriate drugs for cardiopulmonary resuscitation (see Appendix) and a range of intravenous equipment.
- 5.8 A pulse oximeter must be used to monitor the patient when intravenous sedation techniques are used.

### 6. SPECIALISED EQUIPMENT FOR NITROUS OXIDE SEDATION

A machine which may be a completely portable device with attached oxygen/nitrous oxide cylinders or be able to be connected to piped gases must be available which is capable of delivering nitrous oxide sedation in accordance with the following requirements:

- 6.1 A continuous gas flow.
- 6.2 A minimum flow of two and a half (2.5) litres of oxygen per minute at any time that nitrous oxide is delivered, or in machines so calibrated of 30% oxygen in the gas mixture.

- 6.3 A maximum flow of 7-10 litres of nitrous oxide per minute.
- 6.4 Easily read flow meters.
- 6.5 A fail safe device — in the event of oxygen failure the nitrous oxide cuts off immediately and the air inlet valve opens and the patient breathes air.
- 6.6 A non-return valve to prevent rebreathing and a three litre bag which acts as a reservoir.
- 6.7 Wide tubing of approximately 2cm internal diameter leading up to the nasal harness.
- 6.8 A light-weight nose piece incorporating an air dilution valve and a low tension expiratory valve.
- 6.9 Emergency oxygen button (oxygen flush).
- 6.10 Installation and maintenance of piped gases must be carried out by a registered professional using appropriately coded copper piping or reinforced nylon tubing for connection to the nitrous oxide sedation machine.
- 6.11 Servicing of equipment and piped gases by an appropriate organisation must be carried out on a regular basis, and at least annually.
- 6.12 For anything other than occasional use, a commercially supplied scavenging device must be used as an adjunct to nitrous oxide sedation. The accepted non-toxic level of circulating nitrous oxide is set at 25-50 parts per million. One half hour session of nitrous oxide sedation in a poorly ventilated area would produce a level well in excess of 100 parts per million for several hours.

**7. SPECIALISED EQUIPMENT FOR INTRAVENOUS SEDATION**

- 7.1 Patients undergoing intravenous sedation must be monitored continuously with pulse oximetry. This equipment must alarm when easily set limitations are exceeded. Digital readings of saturation must be easily visible from two metres. Alteration in pitch as the oxygen saturation changes is desirable.
- 7.2 Intravenous equipment must be available which will keep access to a vein patent throughout the procedure.
- 7.3 Suitable reversal agents must be available depending upon the drug used.

**8. DISCHARGE**

- 8.1 The patient should be discharged only after an appropriate period of recovery and observation in the procedure room or in an adjacent area which is adequately equipped and staffed.
- 8.2 Discharge of the patient should be authorized by the practitioner who administered the drugs, or another appropriately qualified practitioner. Where oral or other intravenous agents have been used, the patient should be discharged into the care of a responsible adult to whom written instructions should be given.
- 8.3 Adequate facilities should be available in the Recovery Area for managing patients who have become unconscious, who have lost rational verbal contact, or who have suffered some medical mishap. These facilities should be similar to those listed under 5 above.
- 8.4 Should the need arise the patient must be transferred to appropriate medical care.

**9. ASSOCIATED POLICIES**

A number of Policy Documents from the Australian and New Zealand College of Anaesthetists and the Faculty of Anaesthetists RACS should be noted where appropriate in conjunction with this Policy Document on Sedation for Dental Procedures. These Documents include the following:

- T5 Recommended Minimum Facilities for Safe Anaesthetic Practice in Dental Surgeries
- P4 Guidelines for the Care of Patients Recovering From Anaesthesia
- P5 A Statement of Principles for the Care of Patients who are given Drugs Specifically to produce Coma
- P7 The Pre-Anaesthetic Consultation
- P9 The Use of Sedation for Diagnostic and Minor Surgical Procedures
- P15 Guidelines for the Care of Patients Recovering from Anaesthesia Related to Day Surgery
- P18 Monitoring During Anaesthesia
- P19 Monitored Care by an Anaesthetist

**APPENDIX**

Emergency drugs should include at least the following:  
 adrenaline  
 atropine  
 dextrose 50%  
 lignocaine

*February 1992*

**P23(1992)**

**AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF ANAESTHETISTS  
AND  
AUSTRALASIAN COLLEGE FOR  
EMERGENCY MEDICINE**

**MINIMUM STANDARDS FOR  
TRANSPORT OF THE  
CRITICALLY ILL**

**INTRODUCTION**

Safe transport of the critically ill requires accurate assessment and stabilisation of the patient before transport. There should be appropriate planning of transport and optimum utilisation of communications. Safe transport requires the deployment of appropriately trained staff with essential equipment, and effective liaison between referring, transporting and receiving staff.

**An important principle is that transport of the critically ill patient should be aimed at achieving improved patient care. Management during transport should equal or better management at the point of referral.**

**1. ADMINISTRATIVE GUIDELINES**

Administrative guidelines should cover all aspects of transport of the critically ill. These may include guidelines for such matters as insurance, budgeting and personnel.

**1.1 Initiation and Response**

Medical transport services using road ambulance, fixed and rotary wing aircraft must be coordinated for prompt, rapid, efficient and safe transport of critically ill patients on a 24 hour basis.

Initiation of patient transport should be simple, with clear guidelines and communication channels.

In all situations requiring transport of the critically ill, rapid response of the transport system and minimal delays are paramount. In emergency interhospital transports, despatch of the medical transport team to the referring hospital should not be delayed pending the identification of a receiving hospital.

**1.2 Coordination and Communication**

Coordination of transport services for the critically ill should be centralised to ensure optimum utilisation of resources. Designated individuals need to be available immediately for consultation and planning.

Reliable communication must be available at all times between the transport team and the referring and receiving hospitals.

**1.3 Responsibility**

The chain of responsibility must be clear throughout the transfer. Responsibility for patient care aspects of transport must be vested in an appropriately qualified medical practitioner.

**1.4 Documentation**

The clinical record should briefly summarise the patient's clinical status before, during and after transport, relevant medical conditions, environmental factors and therapy given.

**1.5 Review and Quality Assurance**

Organisations involved in medical transport should have an effective medical advisory committee which can review performance and make recommendations for appropriate clinical management of patients.

There should be a process to regularly review records made during transport, to assess the level of care provided.

There should be a process to investigate delays in transport and any specific incidents.

A means of patient follow-up after transport should be available as feedback to the clinical staff involved and to assist in evaluating the performance of the organisation overall.

There should be opportunities for peer review within the organisation.

**2. CATEGORIES OF TRANSPORT**

Transport of critically ill patients is necessary in three sets of circumstances, namely, prehospital transport, interhospital transport and intrahospital transport.

**2.1 Prehospital Transport** refers to:

Transport of a critically ill patient from an accident or illness location to hospital.

**2.2 Interhospital Transport** may be:**2.2.1 Emergency Interhospital Transport:**

For acutely life-threatening illnesses due to either lack of diagnostic facilities or lack of staff or facilities for safe and effective therapy in the referring hospital.

**2.2.2 Semi-elective Interhospital Transport:**

For transport of the critically ill patient with major organ failure, requiring organ support, to a tertiary referral centre.

2.3 *Intrahospital Transport* may be required for diagnostic or therapeutic reasons.

### 3. STAFFING

Personnel engaging in transport of critically ill patients should be selected for the transport role, be trained in the various aspects of patient transport and be regularly involved in this activity. Ability to communicate effectively, and to function as part of a team is essential.

#### 3.1 Prehospital Transport

Staff will usually be Ambulance Service personnel. Crews with specialised advanced life support skills should be deployed appropriately. In some circumstances, medical officers and/or nurses may be deployed to provide prehospital treatment and transport.

#### 3.2 Interhospital Transport

Interhospital transport of critically ill patients requiring major organ support must be performed and supervised by experienced medical practitioners. Experienced ambulance personnel, or nurses or technical staff should accompany, assist and advise the medical practitioner. On extended journeys, sufficient staff should be carried to allow maintenance of high standards of patient care.

Where it would be immediately lifesaving, the transport of expert medical assistance to the referring hospital should be considered.

Specifically trained personnel are required for neonatal and infant transport.

#### 3.3 Intrahospital Transport

Appropriately trained medical and nursing or technical staff should accompany critically ill patients requiring intrahospital transport.

## 4. TRANSPORT

Mode of transport used will depend partly on clinical requirements and partly on vehicle availability and conditions.

4.1 **Choice** of transport vehicle will be influenced by:

- nature of illness
- urgency of intervention
- location of patient
- distances involved
- road transport times and road conditions
- weather conditions for airborne transport
- aircraft landing facilities
- range and speed of vehicle

#### 4.2 Transport Vehicle Requirements

Vehicles should be appropriate to the task in terms of design and equipment. Particular requirements relate to:

- safety
- adequate space, with room for an attendant at the head and side
- adequate energy and gases for life support systems
- easy access for embarkation and disembarkation
- adequate lighting and internal climate control
- restrained stretcher and equipment
- acceptable noise and vibration levels
- adequate speed and response times
- good communication systems, both internal and external
- pressurisation to sea level when clinically indicated
- auditory patient monitoring alarms routed through attendants headsets where noise is unavoidable, in addition to usual alarms
- appropriate seating and restraints for staff

In general, medical fittings to aircraft, and bulky items carried need to have approval of the aviation authorities.

4.3 Airborne transport creates special problems, including:

- reduced oxygen partial pressure
- impaired gravity drip of fluids
- expansion of air filled cavities
- limb swelling beneath plaster casts
- worsening of air embolism or decompression sickness
- danger from agitated patients
- space, lighting and facilities for interventions
- noise
- reduced temperature
- reduced humidity
- acceleration and deceleration
- turbulence
- vibration
- interference with monitoring devices

**With all modes of transport, stabilisation of vital signs, provision of a secure airway and IV access, securing of all catheters and provision of appropriate monitoring before departure is fundamental to safe transport.**

**5. EQUIPMENT**

Equipment should be adequate in amount for each transport, taking into account duration of transport and the patient's condition. In choosing equipment, attention must be given to size, weight, battery life and durability, as well as to suitability for operation under conditions of transport. Equipment should be adequately restrained, and continuously available to the operator.

**5.1 Respiratory Support Equipment**

- Airways
- Oxygen, masks, nebuliser
- Self inflating hand ventilating assembly with PEEP valve available
- Suction equipment of appropriate standard
- Portable ventilator with disconnect and high pressure alarm
- Intubation set
- Cricothyroidotomy set
- Pleural drainage equipment

**5.2 Circulatory Support Equipment**

- Monitor/defibrillator/external pacer
- Pulse oximeter
- Aneroid sphygmomanometer (not mercury containing)
- Vascular cannulae, peripheral and central
- IV fluids and pressure set
- Infusion pumps
- Arterial cannulae
- Arterial monitoring device
- Syringes, needles
- Pacemaker equipment
- MAST

**5.3 Other Equipment**

- Nasogastric tube and bag
- Urinary catheter and bag
- Nasal decongestant spray
- Instruments, sutures, dressings, antiseptic lotions, gloves
- Thermal insulation and temperature monitor
- Splints

**5.4 Pharmacological Agents**

Pharmacological agents necessary to manage:

- Cardiac arrest
- Hypotension
- Hypertension
- Cardiac dysrhythmia
- Pulmonary oedema
- Anaphylaxis
- Bronchospasm
- Hypoglycaemia
- Hyperglycaemia
- Raised Intracranial Pressure

- Uterine atony
- Adrenal dysfunction
- Narcotic depression
- Convulsions
- Agitation
- Pain
- Emesis
- Electrolyte abnormalities

and to provide sedation and neuromuscular paralysis.

**6. MONITORING**

Monitoring of certain fundamental variables should be carried out.

Some or all of these basic recommendations will need to be exceeded routinely depending on the physical status of the patient. Occasionally some of the recommended methods of monitoring may be impractical or inappropriate.

The described monitoring methods may fail to detect unfavourable clinical developments and their use does not guarantee any specific patient outcome.

**6.1 Personnel**

Clinical monitoring is the basis of intensive patient care during transport. This should be supplemented by appropriate devices.

**6.2 Patient Monitoring****6.2.1 Circulation**

The circulation must be monitored at frequent and clinically appropriate intervals by detection of the arterial pulse and measurement of the arterial blood pressure.

**6.2.2 Respiration**

Respiratory function should be assessed at frequent and clinically appropriate intervals.

**6.2.3 Oxygenation**

The patient's oxygenation should be assessed at frequent and clinically appropriate intervals by observation, and by pulse oximetry as appropriate.

**6.3 Equipment****6.3.1 Oxygen supply failure alarm**

An automatically activated device to monitor oxygen supply pressure and to warn of low pressure should be fitted to the oxygen supply.

**6.3.2 Pulse Oximeter**

A pulse oximeter should be available for every critically ill patient during transport.

6.3.3 *Alarms for Breathing System Disconnection or Ventilator Failure*

When an automatic ventilator is in use, a device capable of warning promptly of a breathing system disconnection or ventilator failure should be in continuous operation.

6.3.4 *Alarms for Breathing System High Pressure*

When an automatic ventilator is in use, a device capable of warning promptly of high pressure in the breathing system should be in continuous operation.

6.3.5 *Electrocardiograph*

Equipment to monitor and continually display the electrocardiograph must be available for every critically ill patient during transport.

6.3.6 *Other Equipment*

When clinically indicated, equipment to measure other physiological variables, such as a capnograph should be available.

February, 1992

**POTENTIAL MUTAGENICITY OF PAPAVERETUM**

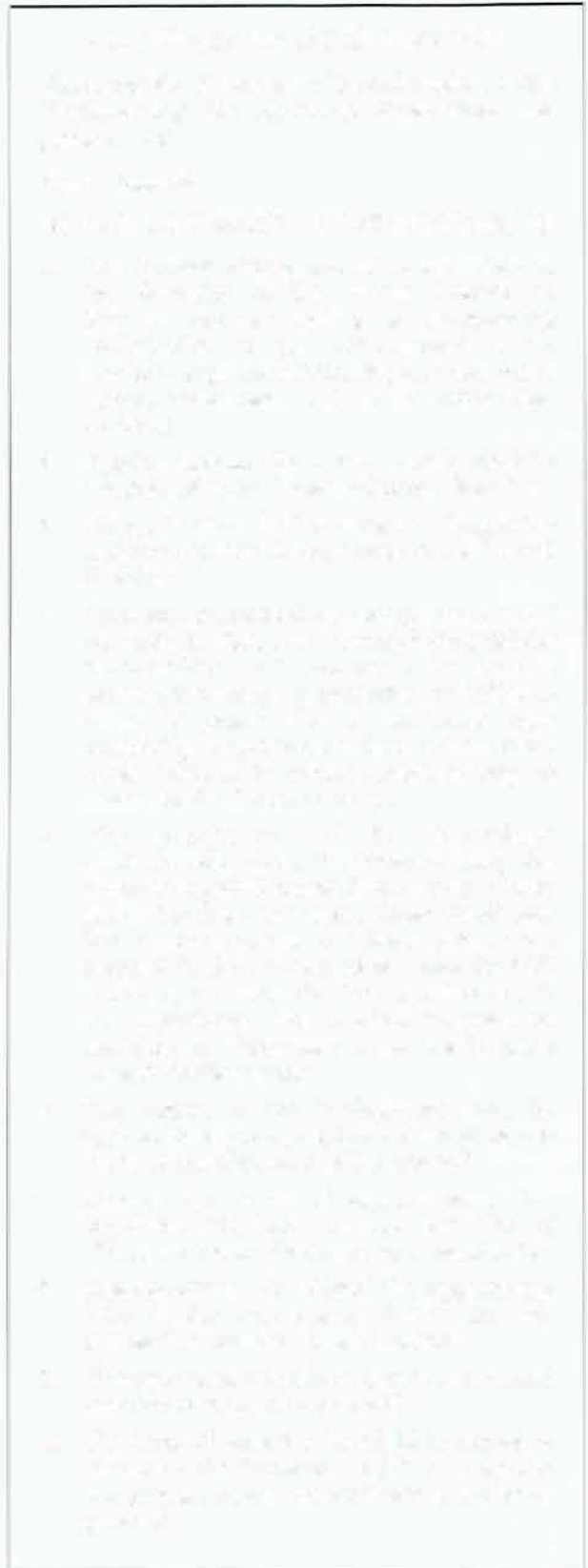
*In vitro* studies of noscapine, a component of Papaveretum, have shown it to have mutagenic properties.

Though no link to clinical use has been established, the UK Committee on Safety of Medicines has seen fit to warn against its use in women of child bearing potential.

Morphine does not contain noscapine and neither do other analgesic preparations.

STEWART T. BATH  
Pharmaceutical Officer

Reference: "Clinical Pharmacy", June 15, 1991, page 732.



## POLICY DOCUMENTS

E = educational. T = technical. P = professional. EX = examinations.

- E1 (1991) Guidelines for Hospitals Seeking Faculty Approval of Training Posts in Anaesthesia  
 E2 (1990) Guidelines for Hospitals Seeking Faculty Approval of Training Posts in Intensive Care  
 E3 (1989) The Supervision of Trainees in Anaesthesia  
 E4 (1987) Duties of Regional Education Officers  
 E5 (1988) Supervisors of Training in Anaesthesia and Intensive Care  
 E6 (1990) The Duties of an Anaesthetist  
 E7 (1989) Secretarial Services to Departments of Anaesthesia and/or Intensive Care  
 E8 (1991) The Duties of an Intensive Care Specialist in Hospitals with Approved Training Posts  
 E9 (1987) Clinical Review  
 E10 (1990) The Supervision of Vocational Trainees in Intensive Care  
 E11 (1989) Formal Project  
 E13 (1991) Guidelines for the Provisional Fellowship Year  
 EX1 (1991) Guidelines for Examiners with Respect to Candidates Suffering Illness (or Accident) at the Time of Examination
- T1 (1989) Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites  
 T2 (1990) Protocol for Checking an Anaesthetic Machine Before Use  
 T3 (1989) Recommended Minimum Facilities for Safe Anaesthetic Practice in Organ Imaging Units  
 T4 (1989) Recommended Minimum Facilities for Safe Anaesthetic Practice for Electro-Convulsive Therapy (ECT)
- T5 (1989) Recommended Minimum Facilities for Safe Anaesthetic Practice in Dental Surgeries  
 T6 (1989) Recommended Minimum Facilities for Safe Anaesthetic Practice in Delivery Suites
- P1 (1991) Essential Training for General Practitioners Proposing to Administer Anaesthetics  
 P2 (1991) Privileges in Anaesthesia Faculty Policy  
 P3 (1987) Major Regional Anaesthesia  
 P4 (1989) Guidelines for the Care of Patients Recovering from Anaesthesia  
 P5 (1991) Statement on Principles for the Care of Patients who are given Drugs Specifically to produce Coma  
 P6 (1990) Minimum Requirements for the Anaesthetic Record  
 P7 (1989) The Pre-Anaesthetic Consultation  
 P8 (1989) Minimum Assistance Required for the Safe Conduct of Anaesthesia  
 P9 (1991) The Use of Sedation for Diagnostic and Minor Surgical Procedures  
 P10 (1991) Minimum Standards for Intensive Care Units  
 P11 (1991) Management of Cardio-Pulmonary Bypass During Cardiac or Major Cardio-Vascular Surgery  
 P12 (1991) Statement on Smoking  
 P13 (1986) Protocol for the Use of Autologous Blood  
 P14 (1987) Guidelines for the Conduct of Epidural Analgesia in Obstetrics  
 P15 (1987) Guidelines for the Care of Patients Recovering from Anaesthesia Related to Day Surgery  
 P16 (1988) Continuous Intravenous Analgesic Infusions  
 P17 (1987) Endoscopy of the Airways  
 P18 (1990) Monitoring During Anaesthesia  
 P19 (1990) Monitored Care by an Anaesthetist  
 P20 (1990) Responsibilities of Anaesthetists in the Post-Operative Period  
 P21 (1992) Sedation for Dental Procedures  
 P22 (1990) Statement on Patients' Rights and Responsibilities  
 P23 (1992) Minimum Standards for Transport of the Critically Ill

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