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This paper has been prepared at the request of Professor Papper who visited Australia last year.

The subject of the paper is one which would never have occurred to me nor I am sure, to any anaesthetist in Australia to regard as worthy of comment - namely: the equality of status in the specialty which women anaesthetists in Australia appear to enjoy. According to Professor Papper, this is unique. He finds the subject most interesting and wishes to know the history of its development; with special reference to Queensland.

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In the first place, what <u>is</u> status? To me it seems to be the achievement of an accepted place in an established order. Furthermore, status in a professional body appears to have two components (1) Academic stature. (11) Executive participation. It is necessary to discuss ~~this~~ my subject under three headings:

(1) Whether Australian women anaesthetists do have status according to definition.

(2) Whether this status is different from that of women anaesthetists in other countries.

(3) The reason for the development of this difference, with special reference to Queensland.

If, as I have postulated, status has two components, academic stature and executive participation, then the women in anaesthesia in Australia must have achieved both these if they have acquired status.

I think it can be said that they have done this. The current ASA list shows 687 ordinary members, of which only 91 or 13% are

women. Women have read papers and contributed to academic discussions since their entry into the ASA and Faculty. They have been part of teaching and examining bodies since the inception of both the D.A. and Fellowship courses and examinations. They have been appointed to hospital staffs as honoraries and directors and have carried out their duties as teachers and administrators. They have been delegates, readers of papers and members of symposia and panels at meetings of anaesthetists in overseas countries, thus bringing recognition to the Australian body. They have taken their places in the medical teams in theatres of war. To be ~~sure, no great work of research has been performed, but the time for that, in Australian medicine as a whole, is yet to come.~~

With regard to the second component, executive participation;

Women have been elected to executive positions since the earliest years of the ASA and its State Sections. They have been both secretaries and presidents of State Sections. Since the foundation of the ASA in 1934 there have been only seven federal secretaries, and of these, three have been women. There have been three women presidents of the Federal body of the ASA.

There has been one woman, and for a time two women, on the Board of Faculty since the second election of the Board in 1955, and the Faculty has had one woman as Dean.

Women anaesthetists are also members of the Central Organising and Functions Committee of the 111 AACA, which has a woman for its Secretary General. Thus I think it must be conceded that the women in anaesthesia in Australia have fulfilled the requirements of my definition and therefore have status.

The next point to be discussed is whether or not the status of women anaesthetists in other countries is the same as that in Australia.

Professor Papper, who has travelled widely, is quite sure it is not and I think his interest in this aspect of anaesthesia in Australia is probably proof of this.

I can make personal observation regarding three countries only - America, England and Canada - and it is my observation that in these three countries, women do not have status in the anaesthetic body, as they have in Australia. Despite the academic stature of a handful, they do not appear to have played any part in the executive bodies of their various Societies and Faculties.

America, of course, has been haunted by the spectre of the nurse anaesthetist, which I think has probably played a part in the non-acceptance of women as full colleagues both there and in Canada. In England, however, this element does not arise and it is from England that definite proof of lack of status comes. As you know, many of us who attended the

World Congress in London in 1968 were vitally interested in the administration of the Congress. We were indeed surprised to find that in the whole web of committees administering that huge Congress there was no woman anaesthetist member.

~~The Social Committee members were certainly women, but they were the wives of anaesthetists.~~

The matter was made even more definite by the astonishment expressed to Professor Joseph when it was discovered that the Secretary General of 111 AACA was a woman. Furthermore, he was asked whether he was quite sure of the capabilities of his women committee members. I have wished many times since, that those English organisers could see the meticulous planning, attention to every detail, hours and hours of work and stimulation of effort that Dr. Judith Nicholas has devoted to the 111 AACA Congress.

In this matter of status in other countries it is interesting to study the list of participants and the programme for this World Congress in London.

Slide There were at this Congress approximately 3000 members of whom approximately 300 were women.

Slide 574 papers were read, of which approximately 22 were read by women from 13 different countries.

(Approx. due to uncertainty about female names.)

Slide Of these 22, two were read by Australian women anaesthetists. Despite larger contingents no more than 2 papers were read by

the women from any other country.

Slide There were 52 Chairmen of Sessions. There was only 1 woman Chairman and she was an Australian, - and her ~~this~~ session was the first of the Congress.

If it is established that Australian status is different we must now discuss how this has come about. There are three factors in the development of status or the achievement of an accepted place.

Slide (1) Admission to the established order.

(11) The establishment of a high standard by the earlier entrants. This standard must encompass both components of status.

(111) The maintenance of these standards by those who come later.

(1) Admission to the established order.

As far as this point is concerned, I do not think we can discount some information about our founding fathers.

The ASA was originally the conception of Dr. Geoffrey Kaye of Melbourne and Dr. Gilbert Brown of Adelaide, Following a great deal of stimulation by Dr. Frank McMechan of the U.S.A. Dr. Brown was the first president, and Dr. Kaye the first secretary. It is significant, I consider, that Dr. Brown's wife was a doctor and that Dr. Kaye though unmarried had tremendous respect for Mrs. Laurette McMechan, who was literally Frank McMechan's right hand. In the 1920's there was no one in the world who knew more about the foundation and administration of anaesthetic

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societies than Laurette McMechan. Thus both these men, Kaye and Brown, took it for granted that women were colleagues in administration, and so when women joined the ASA, they were given their parts to play as a matter of course, according to their capabilities.

Kaye and Brown were joined too, by Harry Daly, whose wife's abilities ~~as an administrator~~ were recognized by Her Majesty the Queen in 1967.

With regard to the general body of anaesthetists, a pertinent observation has been made by Professor Joseph. He contends and rightly, that it is useless, in Australia, to undertake anaesthesia as a specialty unless the ability to get along with others is a part of the character. So that by and large, we have a body of men and women with this ability and so the usual prejudices have not arisen.

The second factor in the development of status is a high standard set by the earlier entrants to the established order. To illustrate this point I would like to instance Dr. Mary Burnell and Dr. Margaret McLelland.

Their academic stature is proven by their work and its recognition by the Adelaide Children's Hospital, the Adelaide Hospital in Dr. Burnell's case and by the Royal Children's Hospital, Melbourne in the case of Dr. McLelland, who was also the Embley Lecturer for 1963.

From my reading of hospital Board Minutes it is plain that hospital boards pay a great deal of attention to the precedents set by other hospital Boards, and so the appointments of Dr. Burnell and Dr. McLelland, with their duties most faithfully and most efficiently carried out ~~in every way~~ - ~~technical, teaching, administrative and staff liason~~, set the precedent for female appointments in anaesthesia.

Their executive participation is known to us all. Each has been the President of the ASA, and Dr. Burnell was in 1966 the first woman Dean of a Faculty of Anaesthetists in the world.

~~In 1969 the ASA recognized their services with the honour of Life Membership.~~

Both have been especially recognized in a wider manner. Dr. McLelland in 1969 by the award of the Orton Medal for distinguished services to anaesthesia, and Dr. Burnell in 1968 by election to Fellowship of the Faculty of Anaesthetists R.C.S. England. Her citation for this honour included her work in suggestingand promoting the plan of an overseas visitor for Australia, which has led directly to the recognition of Australian anaesthetists for training posts in other countries.

I think it must be agreed that no higher standard could have been set by earlier entrants to the body of anaesthetists.

The third factor is the maintenance of status by those who come later and here I would like to use as examples Dr. Tess Brophy and Dr. Patricia Mackay.

Their academic stature is illustrated not only by their hospital appointments, but by the excellence and scope of the papers they have read, both in Australia and abroad. Dr. Brophy gained recognition for us all when she was the only woman member of the symposium on Pediatric Anaesthesia at the International Congress in London in 1968, and was the only woman chairman of a session at that same Congress.

In an executive capacity Dr. Mackay and Dr. Brophy have each filled the arduous office of Federal Secretary ~~in~~ to the ASA for four years, and Dr. Mackay was elected Federal President in 1966. Dr. Brophy was elected to the Board of Faculty in 1965, becoming its assessor in 1968. Dr. Brophy has done much for the general status of the anaesthetist in Queensland, and her work as assessor has involved her in further struggles for our standards of supervision and training of anaesthetists in Australia and New Zealand.

These two women anaesthetists are without doubt maintaining the standards set by their predecessors.

The genesis of status of women anaesthetists in Queensland is interesting, as it has been influenced by socio-political factors more than in any other of the states.

It will be remembered that none of the founders of the ASA were from Queensland, so that development of specialisation in Anaesthesia in Queensland lacked the stimulus it had in other states. Thus when World War 11 commenced, there was no background

of older men, already qualified, who could carry on with the administration and teaching of anaesthetics during those years. Dr. Horace Johnson, who had had some anaesthetic training in England, returned to Brisbane in 1935 and gave most of the anaesthetics at the Brisbane General Hospital for the next few years, but his main training had been as a physician. After several years, when his practice as a specialist physician had grown he relinquished the anaesthetic work of the practice to Dr. Vera Watson, who had been assisting him at the Brisbane General Hospital. I am indebted to Dr. Ray Robinson for the description of the task which fell successively to the lot of Dr. Watson, Dr. Agnes Coates Earl and herself between the years 1939-1947. They had a position at the Brisbane General Hospital which was of registrar status. As such they were responsible for all anaesthesia in the General Surgery Section of the Hospital, for the E.N.T. and Eye Sections, for the Women's Hospital and the Children's Hospital. They were also in charge of the Blood Bank for Brisbane, as the Red Cross Blood Bank in Queensland functioned only for the services.

Dr. Watson was forced to relinquish her position by the demands of a growing family, and Dr. Coates Earl succeeded her. During the war years a number of medical women not in practice offered their services to hospitals and one of these, Dr. Isabel McClelland, was asked by Dr. Coates Earl to share some of the burden of anaesthetic administrations. Dr. McClelland, fortunately,

became interested in anaesthesia and after the war started in private practice. This practice extended into a group of women anaesthetists which exists to the present day.

Dr. Coates Earl left the hospital in 1945, on her marriage, suggesting that Dr. Ray Robinson should succeed her.

Other factors were now at work, for in 1945 the war ended and the Diploma of Anaesthesia was introduced in Sydney.

With the end of the war, registrarships in other specialities became almost unobtainable for women, but in anaesthesia, with the department headed by a woman, it was possible. Thus women senior RMO's found themselves orientated towards anaesthesia. In 1947 A second registrar appointment was made, Dr. Joan Dunn, and in 1949 a third, Dr. Ruth Molphy. Dr. Molphy remained on the staff of the hospital, to become first of all supervisor, then the first Director of Anaesthesia at the Brisbane General Hospital.

Dr. Robinson and Dr. Dunn joined Dr. McClelland in private practice, both now having such specialist qualifications as were then available.

The men interested in anaesthesia in Queensland immediately following the war were at a great disadvantage. Those returning with an interest and some experience in anaesthesia found that the only specialist posts available were the registrarships, which were very poorly paid for family men. Qualifications were only obtainable by spending some months in another state,

and one or two who were prepared to do this found that their period of training in a teaching hospital was inadequate and permission to sit for the examination was not granted.

To add to their difficulties, Queensland at this time introduced a specialist register, so that women with higher degrees and specialist registration had preference for appointments. Thus naturally, at the inception of the Queensland Section of the ASA and later the Faculty, the majority of members were women, and so the executive positions fell to their lot, and were filled with distinction.

Many women students and RMO's finding the positions of anaesthetics registrars available to them and subsequently becoming interested and stimulated have later become specialist anaesthetists in Queensland. It has been interesting, in both the ASA and the Faculty, to observe that they have been able to play their part in the affairs of these bodies, and to achieve a status unknown in other countries.