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REVIEW

The history of the College of Anaesthetists of South Africa

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This paper reviews the history of the College of Anaesthetists of South Africa (CASA), starting with the establishment of the College of Physicians and Surgeons of South Africa (CPSSA), the subsequent formation of the Faculty of Anaesthetists as part of the College of Surgeons of South Africa (FFACSSA), to its present form as the CASA. This review includes major milestones achieved over the years, including international recognition, key role players involved, development of examinations, medals and awards given as well as individuals honoured by the CASA.

Keywords: history, anaesthesia, qualifications, examinations, College of Anaesthetists, Colleges of Medicine of South Africa

Introduction

"A people without the knowledge of their past history, origin and culture is like a tree without roots." - Marcus Garvey

The history of the College of Anaesthetists of South Africa (CASA) is an interesting story. From humble beginnings, it grew to currently being the largest of the 28 constituent colleges of the Colleges of Medicine of South Africa (CMSA). A review of its history serves to illustrate the important role that CASA has played in the medical academic landscape of South Africa.

Early history: origins of the College and its Fellowship

The Colleges of Medicine of South Africa

The initiative to establish a college in South Africa came from a number of directions starting in the late 1940s. The College of Physicians and Surgeons of South Africa (CPSSA) was founded and financed in 1954 by members of the medical profession, and was registered as a non-profit company in 1955. At the second annual general meeting (AGM) of the College held on 14 September 1957, a motion was passed to change its name to the College of Physicians, Surgeons and Gynaecologists of South Africa. Following a decision in October 1969 to amalgamate the South African College of General Practitioners with the College of Physicians, Surgeons and Gynaecologists into a single college, the all-inclusive College of Medicine of South Africa was officially established in October 1971. In April 1998, following the conversion of faculties to colleges, the name of the parent body was changed to the Colleges of Medicine of South Africa. Today it is known as the CMSA and it is the custodian of postgraduate medical assessment and, hence, the quality of medical care in South Africa. The CMSA is unique in the world in that it comprises 28 constituent colleges representing all the disciplines of Medicine and Dentistry, and it includes the College of Anaesthetists of South Africa (CASA).1

The Faculty of Anaesthetists, College of Surgeons of South Africa

The proposal for the immediate establishment of a Faculty of Anaesthetists within the CPSSA was made by Dr FW Roberts and presented at the first AGM of the CPSSA held at Medical House in Johannesburg on 6 August 1956, two years after the CPSSA was founded. This followed correspondence (Figure 1) between Dr CS Jones (on behalf of the Society of Anaesthetists) and Mr TB McMurray (Honorary Secretary and Accountant of the College of Physicians and Surgeons).2 In December 1955, the group of 100* anaesthetists represented the fourth largest group of registered specialists in South Africa, after physicians (176), surgeons (155) and gynaecologists (111).2 At the AGM, a proposal made by Mr W Kark for the establishment of divisions and faculties within the College, was carried unanimously.3 The proposal was 'that the Council of the College shall as a matter of urgency investigate and define the Divisions and Faculties to be set up in the College. The terms of reference in regard to this matter shall include the Constitution and titles or names of such Divisions and Faculties, the Inter-relationship and the scope and extent of their activity, the degree of their autonomy and Diplomas, together with the initials describing such diplomas that such sections of the College might wish to foster and establish'.3 Mr Kark's proposal was forwarded to the first meeting of the new CPSSA Council that met the following day. The following year the College was informed in a letter dated 20 July 1957 from the Registrar of the South African Medical and Dental Council (SAMDC) - now the Health Professions Council of South Africa (HPCSA) - that the Fellow of the Faculty of Anaesthetists (South Africa) (FFA(SA)) had been added to the list of registrable qualifications following acceptance by its Council and approval by the Honourable Minister of Health.

Founding members of the Faculty of Anaesthetists were Drs Miriam Barlow, Morris Fisher, Cyril Frost, Hilde Ginsburg, Edgar Hacking, Stanley Hersch, Gerald Hochschild, Samuel Hoffman,

^{*} Calculated at 0.66/100 000 population in 1955. This may be compared to current estimates of 2.04/100 000 population in 2019 (SASA, personal communication).

UNIVERSITY OF CAPE TOWN

(WITH WHICH IS INCORPORATED THE SOUTH AFRICAN COLLEGE)



Department of Anaesthesia Groote Schuur Hospital OBSERVATORY. C.P. 13th. August 1956.

Mr. T. B. McMurrgy Union House Queen Victoria Street CAPE TOWN. Please phone De Jones before 24 15

Dear Mr. McMurray:

As one of the members of the Council of the Society of Anaesthetists, I must shortly attend the Annual General Meeting in Johannesburg and one of the items on the agenda is the College of Physicians and Surgeons. Just what is to be discussed I do not know, but I understand from Prof. Jannie Louw, who was our University Representative at your Inaugural Meeting, that it is possible that your College will not embrace all associated specialities but will be a leading member of an Association of Colleges.

I shall be most grateful for your unofficial opinion as to whether this is likely to be so? There are now 100 specialist anaesthetists in South Africa and the anaesthetists follow the Physicians (175) the Surgeons (155) and the Gynaecologists (111) as the fourth largest group of specialists (as at 31st. December 1955). In view of the fact that the anaesthetists have their own college in the U.S.A. and may ultimately form their own in the U.K. it would seem to me logical to start a College of Anaesthetists de novo in South Africa at this time is the circumstances at present favour either course and there are a large number of people interested in anaesthesia.

I must emphasize that I seek this information in a personal capacity and any opinion you may give me will be regarded as entirely unofficial, unless you are in a position to make an official statement.

Yours sincerely

C. S. Jones.

Figure 1

Michael Kramer, Willem Lombard, Francis Roberts, Cyril Sarkin, Oscar Schmahmann, Abraham Shein and Theunis Viljoen. The following members were added as Associate Founders: Francis James Durham and Wessel Jacobus Mostert in 1955; John Douglas Michael Barton, John Arthur Cluver, Harry Grant-Whyte, John Campbell Nicholson and John Tait Russell in 1956; Donald Leonard Fisher-Jeffes in 1958; Jack Abelsohn, Arthur Barclay Bull, Cecil Stanley Jones and Carel Hugh Van Hasselt in 1959; Thomas James Vivian Voss in 1961; Arne Jurgen Cilliers in 1973; Maurice Ronald Blair and Patrick Anthony Foster in 1975; and Johanna Elizabeth Combrink as the first female Associate Founder in 1978.

The first Chairperson of the Faculty of Anaesthetists was Prof. OVS Kok who served from 1962–1968. In 1975 he received an Honorary Fellowship from the CMSA for his contribution to the field of Anaesthesia and the CMSA. Prof. H Ginsberg followed as

Table I: Faculty of Anaesthetists – Chairpersons and Secretaries (1962–1998)

(1302 1330)		
Term	Chairperson	Secretary
1962–1965	OVS Kok	
1965–1968	OVS Kok	
1968–1971	H Ginsberg	
1971–1974	AB Bull	
1974–1977	AB Bull	
1977–1980	GG Harrison	PA Foster
1980–1983	GG Harrison	PA Foster
1983–1986	GG Harrison	PA Foster
1986–1989	GG Harrison	DF Morrell
1989–1992	DF Morrell	DA Rocke
1992–1995	DF Morrell	CH Daniel
1995–1998	DF Morrell	CH Daniel



Front row left to right: Dr John R Ammon (American Board of Anesthesiology); Prof Garry Phillips (President Australian and New Zealand College of Anaesthetists); Prof David Morrell (Chairman College of Anaesthetists, CMSA); Ms Wendy Cogger (Executive Officer Royal College of Anaesthetists, London); Prof Leo Strunin (President Royal College of

Back row, left to right: Dr Myer Rosenthal, (President American Board of Anesthesiology); Mrs Bernise Bothma (Executive Sectretary CMSA); Dr Clive Daniel (Secretary College of Anaesthetists CMSA); Dr Richard Walsh (Vice-President Australian and New Zealand College of Anaesthetists); Prof Anthony Cunningham (Chairman Education Committee Faculty of Anaesthetists, RCSI); Dr William Blunnie (Dean Faculty of Anaesthetists, RCSI)

Figure 2

Chairperson in 1968, with Prof. AB Bull taking over in 1971 and Prof. GG Harrison in 1977. In addition to serving as Chairpersons, they also in turn served as Councillors to the CPSSA Council. Prof. Bull also served as Treasurer for the CPSSA from 1974–1979. Dr C Daniel was elected as the Diplomate Representative on the College Council from 1989–1992. The full list of Chairpersons and Secretaries of the Faculty of Anaesthetists is given in Table I.

Prof. PA Foster, as Secretary of the Faculty, accompanied Prof. GG Harrison to the first International Joint Conference of Faculties and Boards of Anaesthetists held in London, England, on 22–23 September 1980.⁵ Prof. Harrison also represented the College at the next five meetings of the Board held during 1982–1990. Prof. DF Morrell also played an important role in representing the Faculty to this group during 1988–1998, successfully hosting the meeting in Cape Town, South Africa, for the first time in 1998 (Figure 2). The Faculty, and later the College of Anaesthetists, actively participated in the activities of this group, later known as the Conference of International Reciprocating Examining Boards of Anaesthesia (CIREBA). Its membership was expanded to be more inclusive in response to a request in 2000 from the American Board of Anesthesiology (ABA) that was facing accusations in the USA of being discriminatory due to its non-recognition of other international qualifications outside of CIREBA. Eventually, CIREBA was discontinued with Prof. JLA Rantloane representing CASA at the final meeting in 2007.

The activities of the Faculty of Anaesthetists primarily focussed on the examinations conducted under its auspices. In the 1980s, unhappiness emerged among members of the Faculty of Anaesthetists for not being represented on the CMSA Council. Prof. D Morrell was instrumental in the restructuring process of the CMSA Council that took place during the 1990s to ensure representation from all Colleges within the CMSA. Prof. Morrell was subsequently elected as president of the CMSA in 1998.

The College of Anaesthetists of South Africa

The College of Anaesthetists of South Africa (CASA) was established in 1998 after the CMSA was extensively restructured to provide greater autonomy for its constituent colleges.⁶ The Faculty of Anaesthetists was the main agitator that resulted in the CMSA Council offering college status to all Faculties and ensuring that all had representation on Council. The first President of College of Anaesthetists, Prof. MFM James was elected in 1998, and the first female President, Prof. AC Lundgren, followed in the next term. The subsequent Presidents and Secretaries of CASA are listed in Table II. CASA, under the leadership of Prof. JLA Rantloane and Prof. PD Gopalan, has recently played a major role in the formation and development of the College of Anaesthesia for East, Central and Southern Africa (CANECSA) resulting in its first set of examinations in February 2021.

Table II: College of Anaesthetists of South Africa – Presidents and Secretaries (1998-2023)

Term	President	Secretary
1998–2002	MFM James	CH Daniel
2002–2005	AC Lundgren	CH Daniel
2005–2008	JLA Rantloane	CH Daniel
2008–2011	JLA Rantloane	CH Daniel
2011–2014	BJS Diedericks	U Singh
2014–2017	PD Gopalan	U Singh
2017–2020	PD Gopalan	U Singh
2020-2023	B Mrara	MN Mbeki

The mission and goals of CASA are aligned to those of the CMSA. Its mission is to sustain and improve postgraduate medical education and training in Southern Africa as an independent examining body, recognised both nationally and internationally; to play a continuing role in providing guidance on issues affecting medical standards and the structure and function of healthcare services; and to remain an autonomous body for promoting and maintaining ethical and professional standards. The key goals are linked to its role as an examining/accreditation authority, in the provision of education, and as an advisory and liaison group. The mission and goals have remained consistent over the years and are similar to those of other international colleges.

Historically, the CMSA operated a central funding model, whereby the financial business of the Faculties (including the

> COLLEGE OF PHYSICIANS, SURGEONS AND GYNAECOLOGISTS OF SOUTH AFRICA.

Part 1 of the Examination for the Fellowship of the Faculty of Anaesthetists (S.A.).

Cape Town, May 2, 1960.

Written Paper.

Anatomy and Pathology.

Each Question to be answered in a separate book (or books if more than one is required for the one answer).

- Describe the antomy of the sacral canal and its contents. What developmental abnormalities of these structures may be encountered?
- Describe the segmental origin, formation, course (with particular reference to surface landmarks), and distribution of the musculocutaneous and radial nerves.

- 2b. Describe the costo-vertebral joints, and indicate which muscles of the body act on them and the nature of the movement of the thorax which each of these muscles may take part in.
- Write a short essay on the causes and mechanism's of pulmonary cedema.
- Describe the changes that may occur in the brain as a result of cerebral anoxia. 40.

Give an account of the major causes of incompatible blood transfusion and describe the pathological changes which may result.

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Faculty of Anaesthetists) was managed centrally. After the formation of constituent Colleges, additional proportional funding of Colleges according to membership through a College Levy Fund was instituted. The CMSA senate allocates a percentage of annual subscriptions and any surplus made on examinations to CASA based on its paid-up membership for the previous financial year.

Examinations

By October 1959, the CPSSA was already offering ten categories of examinations bi-annually. Included in those ten examinations were the Fellowship of the Faculty of Anaesthetists (FFA) Primary and Final examinations.7

The Fellowship in Anaesthesia Primary (Part I) examination

A year before the introduction of the FFA(SA) Part I [now FCA(SA) Part I] examination, negotiations were already underway with the Royal College of Surgeons of England (RCS) with the object of achieving future reciprocal recognition for the FFA Part I Primary examinations conducted by the two Colleges.8 The first FFA(SA) Part I examination was written during the first semester of 1960 (Figure 3), consisting of two papers (Anatomy and Pathology, and Physiology and Pharmacology). Unfortunately, all five candidates who entered the May 1960 examination were unsuccessful.

> COLLEGE OF PHYSICIANS, SURGEONS AND GYNAECOLOGISTS OF SOUTH AFRICA.

Part 1 of the Examination for the Fellowship of the Faculty of Anaesthetists (S.A.).

Cape Town, May 2, 1960.

Written Paper. Psysiology and Pharmacology. (3 hours)

Each Question to be answered in a separate book (or books one is required for the one answer).

- Discuss the functions of the supra-renal gland. What are the tests for the assessment of its functions?
- Discuss the origin and spread of the excitation process

- 2b. Describe in detail how carbon dioxide is conveyed from internal tissues to the expired air.
- Discuss the pharmacological actions of the barbiturates. What drugs can be used in the treatment of barbiturate poisoning?
- What are the pharmacological actions of digitalis? How is the drug used in anaesthesia?

4b. Discuss drugs used in the treatment of shock.

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At a conference held in Glasgow in June 1960, the College's representative, Mr EG Sweetapple, again put forward the proposal for the establishment of reciprocal recognition. It was well received and the matter was referred to the Faculty of Anaesthetists of the RCS for further consideration, with the recommendation that if their Faculty accepted the proposal, its acceptance by the Conference of Colleges would follow automatically.

In the following examination in October 1960, 12 candidates entered for the Primary examinations, of whom four were successful (Dr AC Buys, Dr BS Mullan, Dr DJ Rossouw and Dr G Sher). At the sixth AGM in November 1961, the Honorary Registrar reported that the FFA(SA) Primary examination had been given ad hoc recognition by the Colleges overseas pending full reciprocal arrangements, which would be concluded in the near future. Finally at the AGM in September 1962 it was reported that the primary examinations for the FFA(SA) had been given full reciprocity with the primary examinations of the RCS of England.

Over the years, the FFA(SA) Primary (Part I) examination has evolved significantly into the current, objective, high quality, online examination that consists of three subjects (Physiology and Chemical Pathology; Pharmacology; and Physics, Clinical Measurement and Data Management) that each have a single-best answer paper and a short-answer question paper. The oral components of the examination were discontinued in the

F.F.A. FINAL.



COLLEGE OF PHYSICIANS, SURGEONS AND GYNAECOLOGISTS OF SOUTH AFRICA

Part II of the Examination for the Fellowship of the Faculty of Anaesthetists (S.A.)

Johannesburg, October 30, 1961.

Written Poper I.

(3 hours)

All Questions to be answered. Each Question to be answered in a separate book (or books if more than one is required for the one answer).

- What are the advantages of the use of hypothermia? In what ways may this state be induced? What dangers are associated with its use? And how may they be treated?
- a) Discuss the indications for an emergency tracheotomy.
 - b) Describe in detail how you would perform this operation.
- a) Compare and contrast the pharmacological actions of the depolarizing relaxants with that of the nandepolarizing relaxants.
 - b) How would you treat a prolonged apnoea occurring after the use of both types of drugs on the same patient?
- What are the chief physiological implications of the open pneumothorax?
 Outline the main events in the history of the development of modern ancesthetic technique for thoracic

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second semester of 2004 with the introduction of a second objective question paper. From small beginnings, this is now a popular, large examination. For the period 2011–2020, a median of 77 (range 39–103) candidates entered the examination. The examination remains challenging with the mean pass rate of 50% for the same period, albeit an improvement from the 39% pass rate for the preceding decade (2001–2010).

The Fellowship in Anaesthesia Final (Part II) examination

The first FFA(SA) Part II [now FCA(SA) Part II] examination was written during the second semester in 1961 (Figure 4) and the only candidate, Dr NL Wulfsohn, was successful.¹⁰ Since then the examination has grown. Oral examinations were added early on in the evolution of the examinations with the subsequent addition of clinical cases. A third objective written paper was added in the second semester of 2004, and the clinical cases component was replaced by an objective structured clinical examination in 2019. Currently, despite limitations because of the SARS-CoV-2 pandemic, the examination process remains intensive consisting of three written objective online papers and an online multistation modified structured oral examination. In the 60 years since the inception of the examination (until the end of 2020), ratified results reflect a total of 1 936 candidates who have been successful. The mean pass rate for 2001-2020 was 66%. Details regarding the number of successful candidates for each examination as well as cumulatively over the entire period are available as supplementary data.



F.F.A. FINAL.

COLLEGE OF PHYSICIANS, SURGEONS AND GYNAECOLOGISTS OF SOUTH AFRICA

Part II of the Examination for the Fellowship of the Faculty of Anaesthetists (S.A.)

Johannesburg, October 30, 1961.

Written Poper II.

(3 hours)

All Questions to be answered. Each Question to be answered in a separate book (or books if more than one is required for the one answer).

- What do you consider to be the basic principles of poediatric anaesthesia? Show where these differ from the principles of anaesthesia for adults.
- Describe the various methods of artificial respiration, pointing out the good and bad points of each.
- Discuss the anaesthetic problems associated with patients suffering from cardiac disease before surgical aperations.
- A patient suffering from gastric ulcer and pyloric stenosis has been vomiting for a considerable time. It is decided to perform a gastrectomy. Discuss the preparation and after-treatment of the case.

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For many years, a dual system of anaesthesia examinations existed in South Africa, with a local Master in Medicine in Anaesthesia [MMed(Anaes)] qualification being offered by some universities, and the national Fellowship in Anaesthesia (FCA) qualification being offered by the College. Successful candidates following either route were permitted to register as specialists with the HPCSA (formerly SAMDC). A degree of reciprocity was accepted between the two examinations with candidates having successfully completed both Parts I and II of the MMed(Anaes) examinations being allowed to sit for the FCA Part II examination. A decision was subsequently made for the Fellowship in Anaesthesia Part II examination to be the single exit final examination, with the MMed(Anaes) Part I examinations to be phased out over a period of five years. Currently, all trainees complete the Fellowship in Anaesthesia Part II examination as their final examination. The phasing out of the MMed(Anaes) Part I examination remains incomplete with a few universities still offering these examinations.

The Diploma in Anaesthetics

In October 1974 the first two recorded candidates enrolled for the DA(SA) examination. They were Dr PC Wilson and Dr IGW Basker, who had qualified from the University of Cape Town in 1963. Both candidates were successful and were the first to be awarded the DA(SA). The original format of the DA(SA) examination included two written papers, each composed of four essay type questions, with the first examination on 3 October 1974 (Figure 5). The examination has undergone numerous modifications over

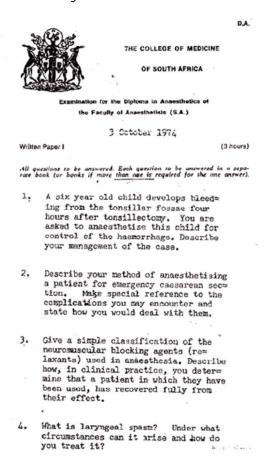
the years. An oral examination and an objectively structured clinical examination were incorporated. Currently, the entire examination is offered online. Since the inception of the examination in the second semester of 1974 until the end 2020, ratified results reflect a total of 4 660 candidates who have been successful. For the period 2001–2020, a median of 90 (range 55–135) candidates entered the examination with a mean pass rate of 81%. Details regarding the number of successful candidates for each examination as well as cumulatively over the entire period are available as supplementary data.

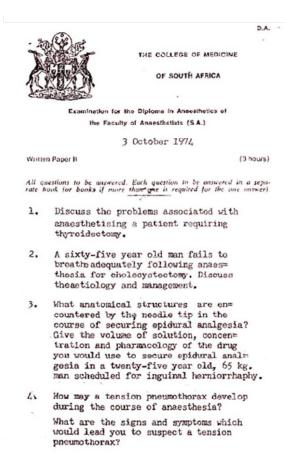
Certificate in Critical Care (Anaes)

The first and, to date, only formal subspeciality qualification and examination under CASA is the Certificate in Critical Care introduced in the second semester of 2002. Critical care practitioners who had been active in the field for at least two years prior to 2000 received recognition as subspecialists through a grandfather clause. One candidate, Dr P Muchandigona from the University of KwaZulu-Natal entered the examination in 2002 and became the first successful subspecialist to receive the Certificate in Critical Care. The Certificate in Critical Care (Anaes) examination's ratified results until the end of 2020 reflect a total of 43 candidates who have been successful.

Medals

At the second AGM of the College of Physicians, Surgeons and Gynaecologists of South Africa in 1957, the Honorary Registrar reported on the proposal by the African Oxygen Acetylene





Company (Afrox) to establish a gold medal for the best candidate for the Fellowship in Faculty of Anaesthetists. ¹¹ The design of the proposed medal included the Coat of Arms of the College on the obverse side and a portrait of Joseph Priestley on the reverse side. The first recipient of the Afrox gold medal for anaesthesia was Dr AC Buys of Pretoria Medical School in April 1962. Between 1961 and 1977, the Afrox gold medal was awarded to 16 candidates. The Medishield medal replaced the Afrox gold medal and was awarded four times between 1979 and 1991. In 1992, the Crest Healthcare Technology Medal replaced the Medishield Medal.

The following medals and prizes are currently available for outstanding performance by candidates in the College of Anaesthetists examinations.

- SASA John Couper Medal: In 1998, the SASA John Couper Medal replaced the South African Society of Anaesthetists Medal which was endowed in 1979. This change was made to pay tribute to the lifelong contribution of the late Prof. J Couper to the field of Anaesthesia, and in particular his contributions to Anaesthetic training and practice in South Africa. The medal is awarded to candidates who achieve excellent results in the Diploma examination of the College of Anaesthetists of South Africa. Since 1979, there have been 38 winners of the medal.
- Janssen Research Foundation Medal in Anaesthetics: It was endowed in 1988 and is awarded to candidates who achieve a sufficiently high standard overall in Part I of the College of Anaesthetists of South Africa Fellowship examination. Since its inception, it has been awarded 31 times.
- Abbott Medal: In 1998, it replaced the Hoechst Medal which was endowed in 1974 and is awarded to candidates who achieve excellent results in the Pharmacology section of Part I of the College of Anaesthetists of South Africa

- Fellowship examination. The Hoechst Medal was awarded nine times and the Abbott Medal 22 times.
- Hymie Samson Medal: It was endowed in 1984 by the Samson family and is awarded to candidates who obtain excellent results in the Physics and Clinical Measurement Section of Part I of the College of Anaesthetists of South Africa Fellowship examination. To date, 35 of these medals have been awarded.
- GlaxoSmithKline Medal: It was endowed in 2006 and is awarded to candidates who achieve excellence in the Physiology section of the Part I of the College of Anaesthetists of South Africa Fellowship examination. To date, 15 of these medals have been awarded.
- Jack Abelsohn Medal and Book Prize: These are awarded to candidates who achieve excellent results in the Clinical Section of the College of Anaesthetists of South Africa Final Fellowship examination. The late Dr Jack Abelsohn, an Associate Founder of the CMSA who passed away in 1980, bequeathed a sum of money for the establishment of this prize and a subsequent donation by the South African Society of Anaesthetists made it possible to offer a book prize with the medal, both of which are still currently offered. Since 1980, the award has been made 35 times.
- Crest Healthcare Technology Medal: The medal is awarded to candidates who achieve the best overall results in the
 Final Fellowship examination of the College of Anaesthetists
 of South Africa. The medal has been awarded 15 times
 between 1992 and 2020.

Honorary Fellowships

The Faculty/College of Anaesthetists conferred Honorary Fellowship status to a number of leading figures who had distinguished themselves in the field of Anaesthesiology. The full list is given in Table III.

Table III: List of Honorary Fellowship recipients

Year	Recipient
1962	William Woolf Mushin, Dean of Faculty of Anaesthetists of the Royal College of Surgeons of England (1961–1964)
1975	Ordino Victor Steyn Kok, Chairperson of the Faculty of Anaesthetists, CPSSA (1962–1968)
1983	Ephraim S Siker, President of the American Board of Anesthesiology (1982)
1987	Aileen Kirkpatrick Adams, Dean of the Faculty of Anaesthetists of the Royal College of Surgeons of England (1985–1988)
1989	Malcolm Keith Sykes, Nuffield Professor of Anaesthetics of the University of Oxford (1980)
1996	Cedric Prys-Roberts, President of the Royal College of Anaesthetists (1994–1997)
2000	Leo Strunin, President of the Royal College of Anaesthetists (1997–2000) and President of the Association of Anaesthetists of Great Britain and Ireland (2000–2002)
2002	Anneke Elina Elvira Meursing, President World Federation of Societies of Anaesthesiologists (2004–2008)
2002	Teik Ewe Oh, President Australian and New Zealand College of Anaesthetists (1995–2002)
2002	Thomas Christopher Kenneth Brown, President World Federation of Societies of Anaesthesiology (2000–2004)
2003	Peter Hutton, President of the Royal College of Anaesthetists (2000–2003)
2003	Ralph Stephens Vaughan, Vice President of the Royal College of Anaesthetists and Vice President of the Association of Anaesthetists of Great Britain and Ireland (1999)
2004	David Francis Morrel, President Colleges of Medicine of South Africa (1998–2001)
2004	Anthony John Andrew Cunningham, President of the College of Anaesthetists, Royal College of Surgeons of Ireland (2000–2002)
2007	Pierre Foëx, Nuffield Professor of Anaesthetics of the University of Oxford (1991–2002)

In addition to Honorary Fellowships endowed by the Faculty/ College of Anaesthetists, Prof. DF Morrell was bestowed with an Honorary Fellowship of the Colleges of Medicine of South Africa in 2004 following the completion of his role as President of the CMSA for the triennium 1998–2001. During this time, a successful major overhaul of the structure of the CMSA was undertaken, guaranteeing greater autonomy and prescribed representation of Colleges to the CMSA Senate.

Dr C Daniel was also honoured by the CMSA when the boardroom of the CMSA building in Durban was named after him in 2017.

Conclusion

The College of Anaesthetists of South Africa continues to grow both in size and in stature with its present membership of 1 027 Fellows and 1 066 Diplomates in good standing. The number is added to annually as candidates successfully complete their Fellowship and Diploma examinations.

Acknowledgements

We wish to thank Ms Bianca van der Westhuizen and Ms Ronel Greyvenstein of the CMSA for their support and assistance with research and document retrieval.

Conflict of interest

PDG is previous President and current Councillor of CASA. CHD is previous Secretary of CASA. There are no other conflicts of interest.

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Supplementary file available online