

*My Presidential address 7 years*

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ANAESTHETIC ORGANIZATION IN AUSTRALIA

During the past decade, anaesthetists in Australia have been fortunate to receive visits from notable colleagues from Great Britain, Canada and the United States of America.

We have been grateful for the assistance these men and women have given us in developing this specialty. These anaesthetists have allowed us to see the metamorphosis of the art into the science of anaesthetics.

The word 'science' is used confidently, in the knowledge that anaesthesia has been placed on a physiological basis, and progress in the specialty depends on scientific deduction and experimental research.

To the Sixteenth Annual General Meeting of the Australian Society of Anaesthetists we welcome Dr. Geoffrey Organe. As past President of the Association of Anaesthetists of Great Britain and Ireland, he brings to us the best wishes of the President and members. Dr. Organe is also distinguished by being a member of the Board of the Faculty of Anaesthetists, R. C. D., England. Noted for his contribution to the science and a world authority on the application and theory of Anaesthesia, he has sacrificed his practice to the arduous task of organizing a brotherhood of anaesthetists. He generously accepted the appointment of Secretary-Treasurer of the World Federation of Societies of Anaesthesiologists.

This union of societies provides a focus where anaesthetists of all nations may meet on a mutual plane to exchange ideas and experiences.

In pursuit of the aim of the Federation which is "to make available the highest standard of anaesthesia to all the peoples of the world", Dr. Organe is now conducting a world embracing crusade.

He represents an international body which unites the National Societies of Anaesthetists in twentyseven countries in a spirit of co-operation and harmony.

Dr. Organe and the organizers of the Federation are deserving of the highest tribute for their clear vision, assiduous effort and superlative confidence, which has made their plan for an international organization of anaesthetists an actuality.

Twentyeight years ago, when the only well-established societies of anaesthetists

had been formed in Britain and North America, we in Australia, were visited by another crusader, who planned to unite all anaesthetists in national societies as a preliminary to international organization.

This pioneer, Dr. Francis Mc Mechan had devoted the major portion of his life's span to anaesthesia and was the first international organizer in this sphere. At an early age, he was physically incapacitated by a deforming arthritis, which gradually immobilized his entire body.

Dr. F. H. Mc Mechan was born in Cincinnati, Ohio in 1879 and graduated from Medical School in 1903. He immediately became interested in anaesthetics, *although* anaesthesia was then in its infancy. Ether was still rather new, *but* Chloroform was widely used. Experimental anaesthesia had scarcely begun. On entering the specialty, Mc Mechan first approached friendly surgical colleagues of his father. He asked to be given the privilege of administering anaesthetics and of demonstrating some <sup>of</sup> the newer methods.

His second line of attack was to read all the literature available on the subject.

e He <sup>e</sup> began corresponding with anaesthetists in the United States and other countries.

Some of the older doctors thought he was wasting his time.

"In 1930, I found the profession," he related, "rather amazed that a young doctor could fool away his time at anything so inconsequential as putting patients to sleep. Some were inclined to look on me as a cheerful idiot. But they were also pleased when new methods of doing this made their operating easier for themselves and safer for their patients. It was not long before some of the surgeons were completely won over."

Although he was engaged in both Anaesthesia and general practice, he soon devoted the major portion of his time to the administration of anaesthetics.

At the Cincinnati Academy of Medicine he soon became recognized for his knowledge of anaesthesia.

From 1903 to 1910 he enjoyed a busy life and was happy in his specialty.

He was married in 1909 to Laurette de Varsaveld of Paris. Only eighteen months later he was stricken with the illness that cut short his career in active medical practice.

However, with all his astounding courage, zeal and remarkable intellect, Mc Mechan could never have carried on his work of organizing the field of anaesthetics without the help of his wife.

It was her unselfishness, her willingness to place him first in every consideration and her continual good nature that contributed so greatly to developing his chosen work. She was nurse, private secretary, assistant manager and devoted wife all at the same time.

About 1911 when forced to give up active practice, Dr. Mc Mechan began to think about the organizing of anaesthetists.

In spite of being inseparable from his wheel chair, he journeyed around the world in the cause of anaesthesia and pleaded for a better and more scientific approach.

In 1914, Mc Mechan started editing the Quarterly Supplement of Anaesthesia and Analgesia of the American Journal of Surgery.

In 1915, the Interstate Association of Anaesthetists was founded by Drs. <sup>McKESSON.</sup> McKesson, Wm. Hamilton Long and Mc Mechan. This became the nucleus for further regional societies of Anaesthesia in the United States and Canada.

The task of contacting members of the Specialty, and getting them interested in the association, was the first large job in anaesthetic organization undertaken by Mc Mechan. For years he and McKesson worked in close harmony to get new anaesthetic societies and associations started and to see that the research side was organized.

Up until 1922, the organization had been undergoing a very rapid development and Mc Mechan was urged to sever his relationship with the Supplement of the American Journal of Surgery and to devote his time to launching a larger anaesthetic publication.

While the organization of anaesthetists had been going forward, the research phase had been lagging behind. No group was more aware of this than the manufacturers, who had discussed the possibility of an educational campaign in the use of anaesthetics and had decided to take the matter up with Mc Mechan. A conference was held in Cleveland, Ohio of 10 - 12 persons, mostly manufacturers of anaesthetic drugs or apparatus and of course Dr. Mc Mechan. They discussed the possibility of an educational campaign, the publishing of a bulletin and the matter of forming an organization.

As a result, the National Anaesthetic Research Society was formed, including manufacturers, anaesthetists, dentists, surgeons and others interested in anaesthetics, with McMechan as Chairman.

Later on the manufacturers slipped aside and the medical men took over the society.

It was then decided to publish a Journal and in 1922 the Current Researches in Anaesthesia and Analgesia came into being as the official organ of the Research Society.

McMechan now undertook editorship of anaesthesia's own journal. In 1925 the National Anaesthesia Research Society became the International Anaesthesia Research Society.

With that McMechan was ready to give real meaning to the term International Anaesthesia.

His work was so widely recognized that he commanded attention of leaders in the specialty all over the world, and thus was continually called upon to advise on organization problems, means of scientific advancement and many other phases of progress in Anaesthetics.

He always was a central figure at the meetings he attended. Besides being one of the best posted on all phases of Anaesthetics, he was a delightful raconteur, one of the best after dinner speakers in the profession, a person who loved people and had a remarkable memory for names and faces.

How many doctors there must be, who have found remembrances of informal gatherings, when the doctor would sit in his wheel chair, surrounded by a group of members discussing anaesthetic problems until the early hours of the morning.

FOND

In 1925, Dr. Alfred Cox, Secretary of the British Medical Association attended a meeting of Anaesthetists with the Canadian Medical Association, and made the acquaintance of McMechan. The two spent several hours in friendly discussion which eventuated in a visit of American Anaesthetists to the British Medical Association meeting in Nottingham in 1926 and from there on to Stockholm for the meeting of the International Congress of Physiologists.

In 1928, the McMechans again went abroad, to Munich, Prague, Glasgow and Edinburgh.

In 1929, he went to Cuba, Australia and New Zealand to further advance his work.

Shortly after returning from Australia his condition deteriorated and he was bed-ridden for almost two years. However he improved and commenced going around Anaesthetic meetings again.

While he was ill, the work of organizing and editing the Journal went on just the same, except that Mrs McMechan had to carry more of the burden.

Up until 11th May, 1939, he organized and attended a meeting in St Louis, Missouri.

Quite soon he became *very ill* and passed away on the morning of 29th June, 1939.

International Anaesthesia had lost its greatest organizer, a man who had lived to see his goal largely realized.

The feeling of the profession was capably expressed by Dr. Geoffrey Kaye, the secretary of the Australian Society of Anaesthetists. He said, "He was an inspiration. We admired his courage which rose superior to every physical disability. We admired his amazing knowledge of Anaesthesia. We recognized in him a man of culture, with the wide and tolerant outlook, which was capable of converting a national into an international endeavour. Above all, I think, we admired his vision and the ideal to which it lead him. He was not the parent of American Anaesthesia, although he was, more than any other man, its co-ordinator. Of international anaesthesia, however, he was both co-ordinator and parent.

There are not many men who give their whole lives to an ideal. Of the few there are, a very small proportion live to see their ideal realized.

I suppose no man's ideal is ever realised in its entirety; unless he be content with limited aspirations. Dr. McMechan had no such limitations but he realized, I think, that as much of his ideal had been realized as a man can hope to see.

He had seen American Anaesthesia consolidated, largely under his organization, until it had become the standard for the world.

He had seen Anaesthesia in other countries organize itself largely upon his own lines, borrowing from America and repaying the borrowing until an anaesthetic sentiment emerged which began to be international instead of national.

.. He had built up a journal which was the common forum of Anaesthetists all over the world. And he had seen educational methods, in the genesis of which he had played a leading part, create a body of younger men (not only in America) who were fit to be entrusted with the future.

If this be not sufficient for one man's lifetime, then it is hard to tell what more life may reasonably be expected to give."

This was the man who applied the stimulus which formed the Australian Society of Anaesthetists.

In 1929 Dr. Frances H. McMechan attended the Second Session of the Australian Medical Congress, British Medical Association, which was held in Sydney, New South Wales. As a direct result of this visit, Sections of Anaesthetics were formed in South Australia and Victoria.

This Congress with the meeting of the First Section of Anaesthetics marked the birth of organization amongst anaesthetists in Australia.

Dr. McMechan of the United States of America and Dr. Gilbert Brown of Adelaide were the god-parents, and if I may be permitted to extend the analogy - Dr. Geoffrey Kaye of Melbourne was the accoucheur - with the assistance of his over-worked typewriter.

However, it was Dr. McMechan who helped anaesthetists in their emancipation and who urged the members of this *young* specialty that they had come of age and were entitled to the privilege of managing their own affairs.

The period of planning was long and tedious and it was not until five years after Dr. McMechan's visit to Sydney that a small number of anaesthetists, attending the Fourth Session of the Australian Medical Congress at Hobart in 1934 met informally to discuss the formation of an Australian Society of Anaesthetists.

Over 40 years earlier, a society of Anaesthetists had been formed in London in 1893, when the heavy chloroform mortality was causing anxiety.

It is noteworthy that England had begun the development of Specialists in Anaesthetics, within 10 years of Dr. Morton's first public demonstration of etherization in 1846.

It was not until 1905 that the first Society of Anaesthetists in the United States of America was formed.

On 13th January, 1934, at Hadley's Hotel in Hobart, G. L. Lillies of Victoria, G. Brown of South Australia, C. Dunscombe of Tasmania, G. Troup of Western Australia, H. Daly and W. I. T. Hotten of New South Wales, and G. Kaye of Victoria decided that the time had come for the formation of an Australian Society of Anaesthetists.

In 1935 Gilbert Troup gave a paper to the Fourteenth Annual Congress of Anaesthetists in Atlantic City, New Jersey. The title of his paper was Anaesthesia in Australia, and he mentions Gilbert Brown and Geoffrey Kaye as the originators of the recently initiated Australian Society of Anaesthetists. He further stated that the brunt of the organizing work had fallen on the capable shoulders of Dr. Kaye, who had performed yeoman service and his indefatigable endeavours had been responsible for the early success of the Society.

Dr. Kaye had been secretary of the Section of Anaesthetics in Hobart. He had graduated from the University of Melbourne in 1926, and had followed up with his Doctorate of Medicine in 1929. Following a period as Anaesthetic resident, he was appointed an Honorary Anaesthetist at the Alfred Hospital. He had already decided to specialize in anaesthetics by the time of the McMechan's visit and was impressed by the personality and enthusiasm of his new friend.

The seeds of McMechan's zeal for organization had fallen on freshly fallowed and fertile soil. When Dr. Kaye returned to Melbourne in 1931 after being the guest of the McMechans in America, he applied himself to the organization of anaesthetists which culminated in the first scientific meeting of the Australian Society of Anaesthetists at Melbourne in 1935.

Having been elected the interim Secretary at the Hobart meeting Geoffrey Kaye remained Secretary-Treasurer of the Society for the next twelve years.

Dr. Gilbert Brown, the interim President of the Society had been one of its originators.

For a generation he has been a leader and teacher of anaesthetics in Australia.

The early days of the Society were difficult ones because except for the few enthusiasts scattered between the States, there were many who scoffed at the idea of Anaesthetics as a specialty; if it had not been for the President's firm and tactful guidance the Society may have gone on to the rocks soon after its launching.

Dr. Brown remained President until the General Meeting in April, 1939, which was the last meeting before the war interrupted the sequence.

In 1928 Gilbert Brown had been elected Honorary Vice-President of the International Anaesthesia Research Society. In 1932 he was Vice-President "in absentia" of the Centenary Congress of the B.M.A. in London. In 1935 he made a study-tour of Great Britain and Germany.

The diploma of Anaesthetics of the Conjoint Board was conferred upon him in 1936 and he became a corresponding Fellow of the Association of Anaesthetists of Great Britain and Ireland.

His ability was recognized at home as well as abroad and he was repeatedly Chairman of the Section of Anaesthetics of the South Australian Branch of the British Medical Association.

In 1939 he was invited to deliver the Triennial Embley Memorial Lecture. This is the highest compliment which the Victoria Branch of the B.M.A. can pay to an anaesthetist from another State.

For fourteen years he had been instructor in Anaesthetics to the Medical and Dental Faculties of the University of Adelaide until his retirement in 1947.

The anaesthetists in Australia have shown that they were able to apply the discoveries of others in a duly critical way. However, they have with very few exceptions been lacking as originators.

In the past, the Australian Anaesthetist has engaged in research as a spare time occupation. Of these Embley, as an individual, was a genius who made important contributions to the knowledge of his time. The problem of modern anaesthetics is more complex and usually requires the combined efforts of pharmacologist, physiologist, anaesthetist and electrical or mechanical engineer.

Up until the relatively recent establishment of departments of Anaesthetics in major hospitals, the research projects have been of a clinical or observational type. Even at the present time, work is being done which is of very definite value to the community and permits the most advanced surgical techniques, but seldom is an original approach made in research.

Gilbert Brown was one with a most laudable modernity of outlook. As each new agent or technique has entered anaesthetic practice, he has been among the first to employ it in South Australia.

As Geoffrey Kaye mentioned in Brown's biography - the country can produce a Gilbert Brown, but not yet a Griffith or an Adrian.

ADRIANI

Dr. Brown's published papers were many and papers on each innovation have appeared in turn and not very long after its introduction overseas.

Gilbert Brown graduated at Liverpool University in 1908 and held house appointments at the Royal Infirmary in Liverpool and at the Women's and Children's Hospitals. Even at that state he was interested in Anaesthesia. His earliest paper in the LANCET of 1911 dealt with pre-anaesthetic narcosis.

He was fortunate in having travelled extensively in his formative years. In 1905, accompanied by his brothers who were engineers he visited the less known parts of Northern Canada. Later he visited the West Indies.

In 1911, he went as ship's surgeon to Java, Hong Kong, Japan and the Pacific Coast of America. He almost settled in Washington, and it is fortunate for the Australian Society of Anaesthetists that he did not.

He arrived in Australia in 1912 upon a reconnaissance which terminated in permanent settlement. He first commenced in general practice about 90 miles north of Adelaide. In 1919, Dr. Brown entered urban practice at Gilberton, a suburb of Adelaide. He became anaesthetist at the Repatriation Hospital to Mr. and later Sir Henry Newland. From now on his story is synonymous with that of the organized anaesthesia in Australia. As the usual practice was in those early days, he combined his anaesthetic specialty with general medicine.

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It was not until 1947 that he retired from his practice and devoted his full time to anaesthesia.

In his Presidential address to the First Session of the Australian Society of Anaesthetists, in September, 1935, Dr. Gilbert Brown told the story of the formation of the Society. He thanked Dr. Z. Maxwell, senior anaesthetist to Saint Thomas' Hospital for visiting us and representing the Association of Anaesthetists of Great Britain and Ireland.

MENNEL

The temporary Secretary Dr. Kaye had communicated with the anaesthetic sections in the two states in which they existed and asked them to appoint a representative and in the other states, the council of the B.M.A. was asked to appoint the most suitable person. In this manner an executive committee was formed and it gradually built up a constitution for this society.

This entailed much time and correspondence.

Membership was restricted to members of the B.M.A. who held, or had held, posts as honorary anaesthetist in teaching hospitals, or those men who have rendered some special service to anaesthetics and who are approved by the Executive Committee.

Membership has become much less restrictive by subsequent amendments to the Constitution.

It was decided that the Society should not be a federal section of the B.M.A., but all ordinary members must belong to the parent association.

Some of the reasons for this decision were briefly:-

1. The Society aimed to be an association of specialist anaesthetists.
2. Complete freedom of action is necessary for the society to obtain the best results.
3. It might be possible to affiliate with an overseas organization which had members who did not belong to the British Medical Association.
4. It was felt that the prestige of an Australian Society of Anaesthetists would be greater than that of a section of the British Medical Association, when negotiating with public bodies or overseas organizations.

PUBLIC

The objects of the Society were:-

1. To improve the status of anaesthesia in Australia.
2. To facilitate the exchange of ideas between Australian anaesthetists and between them and overseas anaesthetic organizations.
3. To encourage research into questions appertaining to anaesthesia.
4. To arrange, if possible, with the Medical Journal of Australia, for the publication of at least one anaesthetic supplement annually.

Dr. Gilbert Brown remained president of the Society until the Third General Meeting was held in Melbourne in 1939.

On this occasion, Dr. Gilbert Troup of West Australia, who had been one of the original seven at that informal meeting in Hobart was elected president.

In 1924 Dr. Troup had commenced practice in West Australia.

He had gone to London in 1929 and had obtained the membership of the Royal College of Physicians. He was fortunate to receive anaesthetic instruction from Dr. Magill and was the first to bring a set of Magill tubes to Australia.

He rapidly dominated Anaesthetics in West Australia, as he was a capable technical anaesthetist with a sound knowledge of physiology.

\* The history of the Australian Society of Anaesthetists remained in status quo for the duration of the war. During this period of hibernation, most of the members and the majority of the executive were on active service.

This period of inactivity presents a natural line of division in the development of the society.

It offers an opportunity to conclude this biographical account of the formation of the Australian Society of Anaesthetists.

