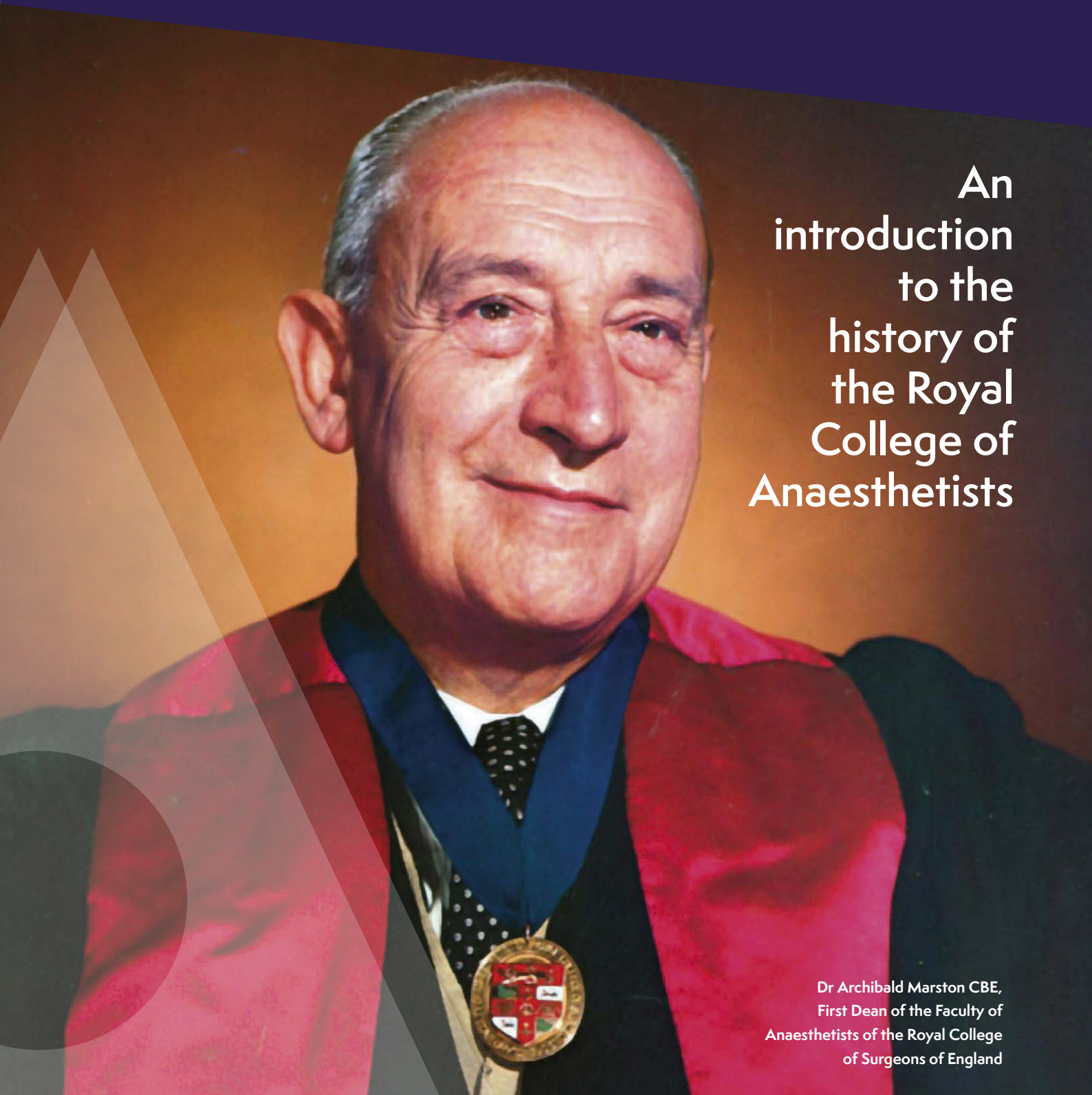
Royal College of Anaesthetists

THE LIVES OF FELLOWS – FIRST BOARD OF FACULTY 1948

An introduction to the history of the Royal College of Anaesthetists



Dr Archibald Marston CBE, First Dean of the Faculty of Anaesthetists of the Royal College of Surgeons of England

RCoA FELLOWS AND MEMBERS ROOM

WHAT IS THE RCoA FELLOWS ROOM FOR?

The RCoA Fellows and Members Room offers an accessible place for fellows and members to meet and collaborate whenever they are in London. The room features Wi-Fi and desks with charging points to enable fellows and members to work.

WHERE CAN I FIND IT?

The Fellows and Members Room is located on the second floor at the RCoA. The room was recently renovated and now offers seating for informal meetings as well as tea and coffee making facilities.

CAN I TURN UP ANY TIME?

The College is open between 7.30 am and 6.30 pm and fellows and members are welcome to use the room between these hours. Upon arrival, please inform reception that you are a fellow or member of the College and you will be given directions to the room.

This booklet was produced at the time of the 25th Anniversary of the award of the Charter which proclaimed the establishment of the Royal College of Anaesthetists in 1992.

This was an important event because it marked the final recognition by the British establishment of the primary academic organisation of the specialty and gave it the same status as those of other specialties. This was not an end in itself, but rather the final marker of sustained efforts to establish the status of anaesthetists. Until the Second World War the vast majority of anaesthetics were given by doctors who had precious little training, and who practised on a part-time, even an occasional, basis: they were anything but specialists, and this is reflected in the contemporary mortality figures.

Fortunately, a small number of individuals, by dint of personal interest and expertise, had become highly proficient and demonstrated what specialist anaesthetists could offer both patients and surgeons. After the Second World War large numbers of service personnel, trained in the resuscitation of battle casualties as well as in anaesthesia, joined the ranks of the specialty, and were available to become its core workforce on the introduction of the National Health Service in 1948. However, the President of the Royal College of Surgeons of England (RCSEng), Sir (later Lord) Alfred Webb-Johnson, recognised that anaesthetists needed an academic organisation, primarily to set a qualifying examination of Fellowship standard, if they were to participate as equals in this new healthcare system. Fortuitously, he worked clinically with Dr Archibald Marston, President of the Association of Anaesthetists of Great Britain and Ireland (AAGBI), and an appropriate organisation was quickly and easily formed as a Faculty of the RCSEng.

The membership of the first Board of Faculty was by nomination, mostly of individuals who had established themselves before the war, but supplemented by a few from the younger generation. Without the availability of these 'leaders' of appropriate standing from centres around the country the Faculty could not have been formed, and the creation of an independent Royal College would have taken longer, been more arduous, and might even not have happened. We owe much to Webb-Johnson and those 21 members of the Foundation Board of Faculty, and we hope that the brief telling of their individual stories using information from the '*Lives of the Fellows*' project (www.rcoa.ac.uk/lives-of-the-fellows), alongside an outline of the developments which have led to a College with 'Royal' status, will illustrate that.

Professor Tony Wildsmith,
RCoA Past Honorary
Archivist

Her Majesty The Queen officially opening our Russell Square offices in 1993 with then RCoA President, Professor Alastair Spence

THE ORIGINS OF THE ROYAL COLLEGE OF ANAESTHETISTS

Professor Tony Wildsmith

All Medical Royal Colleges can trace their origins back to the Guilds of Craftsmen established in the Middle Ages, but a specific antecedent to our College was the Society of Anaesthetists, formed in London in 1893. Its practitioners, led by Dr Frederick Silk, saw the need for a specialist society to help their activities and ambitions grow.

The objectives of this, the world's first body of anaesthetists, were:

1 to encourage the study of anaesthetics
2 to promote and encourage friendly relations among the members.

These objectives were attained by means of debates, discussions and the reading of short papers.

In 1907, fifteen specialist medical societies joined to form the Royal Society of Medicine (RSM), and the Society of Anaesthetists became the RSM's 'Anaesthesia Section' in 1908. Joining a larger organisation had many benefits. However, the RSM's constitution limits its Sections to academic activity, and by the 1930s the growing specialty needed an organisation to enhance the status and training of its practitioners, and to secure better financial reward for their services. In 1932, members of the Section, led by Dr Henry Featherstone, founded the Association of Anaesthetists of Great Britain and Ireland (AAGBI), one initial objective, driven by Dr (later Sir) Ivan Magill, being the establishment of a postgraduate qualification. Discussions with the Conjoint Board of the Royal Colleges of Physicians and Surgeons in London were successful, and the Diploma in Anaesthetics (DA) was introduced in 1935. This was the world's first formal qualification in anaesthesia, but training and experience requirements, to say nothing of the academic standard, were well below that of a Fellowship.

These developments were part of a process of recognition that safe, effective anaesthesia requires properly trained (clinically and academically) specialists, something not well appreciated in the health services at the beginning of the Second World War. However, the requirements of the conflict resulted in a major change, so that a cohort of enthusiastic, trained anaesthetists was available to take advantage of the opportunities afforded by the new National Health Service in 1948. The principle that all specialties were 'equal' was crucial, although long and hard negotiations were needed to establish that this applied to anaesthetists and other 'minor' specialties. A major supporter was the wartime President of the Royal College of Surgeons of England (RCSEng), Sir (later Lord) Alfred Webb-Johnson, a friend of Dr Archibald Marston, President of the AAGBI. Webb-Johnson saw that anaesthetists required both an academic organisation and a qualification of higher status to meet the requirements for consultant status.

Webb-Johnson proposed upgrading the DA by the addition of a primary examination and the formation of a Faculty within the RCSEng. Both proposals were accepted, but bold and rapid action was required to have them implemented quickly enough. Discussions with the Conjoint Board led to the introduction a 'two-part' DA (modelled on the surgical Fellowship) on 1 January 1948, with the first examination held in November of that year. Discussions between the AAGBI and the RCSEng led to a formal petition for the formation of a Faculty, which met first on 24 March 1948. Marston was the first Dean, with most of the 20 members of the Board being current or past members of the AAGBI Council. The Faculty had direct representation on the Conjoint Board for supervision of the DA examination and also on other bodies such as the General Medical Council. Several committees were formed, notably one to review postgraduate education, and educational programmes for anaesthesia and the basic sciences were soon in place. Holders of the DA were eligible for Faculty membership, with the Fellowship (FFARCS) being awarded, by nomination according to defined criteria, 'to those achieving distinction in the specialty'. The initial agreement was for award of 150 Fellowships in the first two years, with ten annually thereafter. By the end of December 1952, 170 awards had been made, 28 of them to eminent overseas practitioners, and these 170 'Foundation' Fellows were the initial subjects of the College's *'Lives'* project. These early Fellows were vital to the development of the specialty, but many are little known now, and the project aims to reverse this by writing short biographies for display on the College website.

The events outlined above produced a rapid and significant advance in the organisation of the specialty; many aspects introduced in those early days remain with us today, but that does not mean that tensions did not develop.

Although represented on the Examination Board, the Faculty's supervision of its qualification was less than ideal. In addition, equality with other specialties required an examination which was a Fellowship in name, not just in claimed status. Regulations for the examination were drawn up during 1953, and the first primary held later that year. This change in the name of the examination changed little else, and led to unhappiness amongst those who had obtained the 'two-part' DA. So, for two years, the regulations allowed those who those who had been appointed to consultant posts to be awarded the Fellowship. The DA reverted to its previous status, but the availability of a 'qualification' of lower standard was to be a source of controversy for several decades before it was abolished. Initially, the primary Fellowship was almost identical to the surgical one, but with direct control the Faculty was able to develop it to reflect the true basic science knowledge needs of modern anaesthesia.

Other tensions were more directly related to the establishment of an independent Royal College, the first being money. Although generating income through membership fees, examination fees and educational meetings, the Faculty had no oversight of this income or of the associated expenditure. There was also a growing feeling that proper recognition of the specialty's status required an organisation of collegiate standing, especially as growing involvement in intensive care and pain management loosened the clinical association with the surgeons. The counter argument was that anaesthetists were better staying within the remit of the older, prestigious,

THE COLLEGE'S FIRST HOME

48/49 Russell Square, London

well-established Royal College of Surgeons of England. The growing pressure for change led, in 1988, to the establishment of the 'College within a College', an independent body for anaesthetists set within the RCSEng – the 'best' of both worlds. However, when an attempt was made to obtain a Royal Charter it became apparent that this could only be awarded to a geographically separate organisation.

So was started the process which led to the move from Lincoln's Inn Fields to our first home at 48/49 Russell Square, with generous financial support being given by many – notably as interest-free loans from both the AAGBI and the *British Journal of Anaesthesia*. The 'Royal' title was obtained, Her Majesty Queen Elizabeth II officially opened the building (on 8 July 1993), the letters FRCA became a proud post-nominal, and the new organisation flourished. The loans were repaid, we quickly outgrew the building, and were soon able to fund a move to the much larger one now occupied in Red Lion Square. Today the organisation has over 17,000 Fellows, Faculties of Intensive Care Medicine and Pain Medicine, and the wide range of activities illustrated elsewhere in this brochure.

THE FULL VERSION OF THIS ARTICLE, WITH REFERENCES, IS AVAILABLE FROM:
WWW.RCOA.AC.UK/COLLEGE-HERITAGE/ORIGINS

BIOGRAPHIES OF FOUNDING FELLOWS

The earliest Fellowships of the Faculty of Anaesthetists were awarded by election, and thus these 'Foundation Fellows' were those recognised by their peers as being central to the development of the specialty in the middle of the 20th Century.

The Heritage Committee has been leading on research into the lives of these individuals, not all of whom are as well known as they should be. The very first 21 Fellows comprised the first Board of the Faculty of Anaesthetists of the Royal College of Surgeons of England, and shortened versions of their biographies are presented here. The full versions of these biographies, together with all others completed so far, can be read on the College website: www.rcoa.ac.uk/biographies-of-fellows.

DR ARCHIBALD MARSTON CBE

Archibald Marston entered Guy's Hospital in 1909 to study dentistry, but upon deciding he would rather study medicine he persuaded his father to allow him to take a double course. Qualifying in 1915, he held a number of junior posts at Guy's Hospital. Although originally intending to become a surgeon, he was persuaded by Sir Alfred Fripp that anaesthesia held a great future. He was appointed anaesthetist to Guy's Hospital in 1919 and became an honorary anaesthetist to a number of hospitals, before being appointed to the staff of the Royal Masonic Hospital in 1934. In 1948 he became the first Director of the Department of Anaesthetics at Guy's.

In 1941 he was President of the Anaesthesia Section of the RSM, and in 1944 President of the AAGBI. He believed wholeheartedly that the future of anaesthetists depended on the support and goodwill of their surgical colleagues, and so he was instrumental in the development of the Faculty of Anaesthetists within the RCSEng. He was appointed the Faculty's first Dean in March 1948, and was awarded an FRCS by election in April. He was awarded a CBE in the Coronation Honours List of 1953 in recognition of his contributions as Consultant Adviser in Anaesthetics to the Ministry of Health. He was awarded an FFARCS(Hon) in 1960.

DR BERNARD JOHNSON

Bernard Johnson served as house surgeon and as casualty surgical officer at the Middlesex Hospital before spending a year abroad considering a career in tropical medicine. On his return he decided to train in anaesthesia, beginning as senior resident anaesthetist at the Middlesex and joining as a full member of staff there in 1936.

Johnson pioneered the introduction of intravenous anaesthesia into Great Britain and, with Sir Robert Macintosh and Dr W S McConnell, established the 'Mayfair Gas Company' to provide safe anaesthesia in private dental practice and for general surgery during honorary hospital sessions. He joined the Council of the AAGBI in 1943, was honorary treasurer for 1947–1950, was closely involved in the establishment of the Faculty of Anaesthetists, and then served as the Faculty's second Dean (1952–1955). He contributed to the design of the FFARCS examination, and negotiated significant funding from industry to establish an academic department of anaesthesia within the RCSEng. In 1953 he was elected FFARCS(Hon), was later President of the Anaesthesia Section of the RSM (1955–1956), and in 1956 was elected FRCS. After his untimely death in 1959, a Bernard Johnson Memorial Fund was established to endow the RCoA Bernard Johnson Adviser post.

DR STANLEY ROWBOTHAM

Stanley Rowbotham qualified in 1915 and was immediately commissioned into the Royal Army Medical Corps (RAMC). In 1919 he was posted to the Queen's Hospital for Facial and Jaw Injuries at Sidcup with another RAMC officer, Ivan Magill, to work in the plastic surgical unit established by Major (later Sir) Harold Gillies. With encouragement from Sir Harold these two showed an enthusiastic flair for invention, and advanced the management of the airway by the introduction of pharyngeal airways, insufflation catheters, laryngoscopes and a widebore endotracheal tube, which allowed 'to and fro' respiration. Rowbotham was a keen advocate of local anaesthesia, a pioneer of basal narcosis and was one of the first to use intravenous anaesthesia.

After the armistice Rowbotham continued part time at Queen's but also joined the staff at several London hospitals, with the Royal Cancer (later the Royal Marsden), the Royal Free and Charing Cross hospitals becoming his main appointments. He worked with Dr F Prescott and Dr G S W Organe in research involving d-tubocurarine and the development of early forms of mechanical ventilation. He was elected FFARCS(Hon) in 1958.

DR CHRISTOPHER HEWER

Christopher Langton Hewer served in the RAMC towards the end of the First World War, working with Torrance Thomson of Edinburgh who had an original, continuous gas flow 'Gwathmey' anaesthetic machine. He was appointed house surgeon at St Bartholomew's in 1918, but thereafter concentrated on anaesthetics, being appointed to the hospital staff in 1924.

From an early stage Hewer was seen as an innovator, working with Boyle on the development of his eponymous continuous flow machine. Hewer evaluated developments (both his own and those of others) very carefully, becoming one of the UK's leading specialists, noted for his work on anaesthesia for thoracic and thyroid surgery. His clinical skill was reflected in requests to anaesthetise members of the Royal Family and Sir Winston Churchill.

He served the organisations of the specialty. He was appointed Secretary of the Anaesthesia Section of the RSM (1930–1931) and then as President (1936–1937). He served as Vice-President of the AAGBI. He received many honours (Faculty Frederic Hewitt Lecturer 1959; RSM Henry Hill Hickman and AAGBI John Snow medals, both in 1966; FFARCS(Hon) 1969). In 1932 he edited the first edition of *Recent Advances in Anaesthesia and Analgesia,* the 14th edition appearing 50 years later. Through all these editions, this publication was recognised as the definitive word on developments in anaesthesia, as eagerly awaited as any novel. When the AAGBI launched its own journal, *Anaesthesia*, he was its first Editor, serving for 20 years.

SIR ROBERT MACINTOSH

After house appointments, Sir Robert Macintosh started giving dental anaesthetics at Guy's while training as a surgeon. His skill was such that he built up a lucrative private practice and formed a partnership known as the 'Mayfair Gas Company,' employing technicians to assist anaesthetists. He was with a medical group to whom Sir William Morris (later Lord Nuffield) announced his intention to fund a number of clinical Chairs at Oxford University. An aside by Macintosh led to Nuffield adding anaesthetics to the list and insisting that Macintosh be the first professor, a post he held from 1937 until retirement in 1965. Recognising his lack of academic training, Macintosh started his Oxford career by visiting many centres at home and abroad, notably the USA, seeing much which he wished to adapt to home circumstances, most notably research work involving basic scientists.

Macintosh was a clinical anaesthetist with a mission to make anaesthesia safer. He loved teaching, especially in small groups and in theatre, and although less comfortable lecturing or reading papers, he travelled widely to spread the word. He also wrote extensively, producing many papers and several classic textbooks, most of the latter being translated into other languages. Most importantly, he identified shortcomings in anaesthetic theory and practice that affected patient safety, set in motion (against establishment resistance) research to improve this, and obtained funding to train nurses to assist the anaesthetist. More than anyone he established the ethos of modern British anaesthesia, and his contributions to safety were recognised worldwide.

DR REGINALD PLEASANCE

After qualification, Reginald Ernest Pleasance was ophthalmic house surgeon, house physician and house surgeon at Sheffield Royal Infirmary, and was demonstrator in pathology at Sheffield University from 1921–1924, before entering general practice. In 1925 he became honorary anaesthetist to Jessop Hospital, and in 1926 honorary medical officer to the Edgar Allen Institute (a charitable organisation for the treatment of victims of industrial accidents), holding both appointments until 1939. He was also honorary clinical assistant at Sheffield Royal Hospital, becoming honorary anaesthetist to the Dental Department in 1935. During the Second World War he was in the RAMC and rose to the rank of Lieutenant Colonel, acting as adviser in anaesthetics to the Southern India Command. On demobilisation he obtained one of the newly created specialist posts in anaesthetics in the Sheffield United Hospitals. The hospital was incorporated into the NHS in 1948 and his position was designated as a consultant post, one he held until retirement.

Pleasance was one of the founder members of the Board of the Faculty of Anaesthetists of the RCSEng. He also served on the Board of the *British Journal of Anaesthesia*, and wrote reviews of intravenous anaesthesia and curare in 1948. He joined the AAGBI in 1934, the Anaesthesia Section of the RSM in 1935, and became a Fellow of the International Anaesthesia Research Society in 1938.

DR WILLIAM LOW

William Alexander Low's training was interrupted by the First World War, during which he served with distinction as a gunnery officer, winning the Military Cross. His early career was in general practice, with administration of anaesthetics as an integral part, and one which came to predominate. He was elected an honorary anaesthetist to St Thomas' Hospital in 1931, was on the senior staff of the London Chest Hospital, and worked at St Mark's and the Royal Masonic hospitals. With the onset of the Second World War, anaesthetics became his full-time occupation, and he worked at St Thomas' until 1959.

His major contributions were in the fields of organisation and administration, particularly in his contribution to the work of the AAGBI, where he served as Honorary Secretary (mid-1940s), Vice-President (1949) and President (1950–1953). Thus he was closely involved in the developments in both the NHS and the specialty during that period, was a member of the Foundation Board of the Faculty of Anaesthetists of the RCSEng, and also President of the Anaesthesia Section of the RSM (1950–1951).

DR FRANKIS EVANS

Frankis Tilney Evans' training was interrupted by First World War service in the Royal Naval Reserve, but he returned to Bart's to qualify in 1922. At Bart's he was first a house surgeon (1923), and then occupied a series of anaesthetic posts: – resident (1924), senior resident (1925), assistant administrator (1926) and demonstrator in the medical college (1927). As well as being appointed to the Bart's staff as an anaesthetist at a very young age, he had major appointments at a large number of other London hospitals, including the Royal Brompton Chest Hospital (1927), St Mark's Hospital and the Royal Masonic Hospital (both 1935). He retired in 1965.

Noted for his teaching on spinal and epidural techniques, and on anaesthesia for children, Evans was an industrious author and editor with important contributions in both capacities to a series of significant textbooks. He also served the organisations of the specialty: President of the Anaesthesia Section of the RSM in 1945, he was later Dean (1955–1958) of the Board of the Faculty of Anaesthetists of the RCSEng, and was elected FRCS in 1960.

DR JOHN GILLIES CVO

After graduation, John Gillies was house physician at the Cumberland Infirmary, Carlisle, before entering general practice in the West Riding of Yorkshire in 1924. Administration of anaesthetics was a major part of his work and, recognising that he needed wider experience and training if he was to specialise, he moved to London in 1931. He worked with Magill amongst others before returning to Edinburgh, initially as anaesthetist at the Royal Hospital for Sick Children (honorarium £50 per annum!) in 1932. Shortly thereafter he started to work with the professorial surgical unit in the Royal Infirmary in Edinburgh where a Department of Anaesthetics was founded with Gillies as its head in 1940. In 1948 he became director of anaesthesia at the Royal Infirmary and lecturer (later Simpson Reader) in Anaesthesia at the University of Edinburgh.

Gillies was meticulous in his clinical practice and known as an excellent teacher. He devised his own commercially produced anaesthetic frame and, with Robert Minnit, was co-author of the *Textbook of Anaesthetics*, editions six and seven. Collaborating with Harold Griffiths, he described the technique of high-spinal anaesthesia to induce hypotension and produce a 'bloodless' operating field. He was elected to the AAGBI Council in 1943, serving as President (1947–1950) at a crucial time for the specialty, and was later Vice-Dean of the Faculty of Anaesthetists (1957–1959.) He received many awards for his work, including the CVO for anaesthetising His Majesty King George VI for a lumbar sympathectomy.

BIOGRAPHIES OF FOUNDING FELLOWS

DR JOHN CHALLIS

John Challis started at medical school in 1913, but was called up at the outbreak of the First World War and served as a combatant throughout. He resumed his studies after the war, and became interested in anaesthesia as soon as he qualified. He was appointed resident anaesthetist at the London Hospital, where he was elected honorary assistant anaesthetist in 1931. In addition to an extensive private practice, he also served as anaesthetist to a number of London hospitals. During the Second World War he returned to the army as an anaesthetist in a mobile cerebral surgical unit. Within 15 days the unit was overrun by German troops, after which he spent three and a half years as a prisoner of war. After the war, he returned to the London Hospital for the rest of his career.

Challis pioneered the transition from 'rag and bottle' to more advanced techniques, such as tracheal intubation, at all the units he worked in. He visited the USA to broaden his outlook, and in 1933 accompanied Sir Henry Sessions Souttar to India to operate on a relative of the Maharajah of Nepal, this involving an epic flight lasting five to six days each way. He became President of the Anaesthesia Section of the RSM (1947–1948), speaking on the importance of the teaching of anaesthesia in his Presidential address. He made numerous contributions to the medical literature and was part author of several books.

DR GEORGE EDWARDS

After qualifying in 1926, George Edwards spent a year as a ship's surgeon with the Cunard Line before taking up resident surgical and medical posts at Victoria Hospital, Southend-on-Sea. In 1928 he was appointed resident anaesthetist at St George's Hospital, soon after moving to St Thomas' as senior resident anaesthetist. In 1931 he was appointed as staff anaesthetist at St George's, and promoted to senior anaesthetist in 1933, a position he held until 1963. He also held appointments in London at the General Lying-In Hospital, the Samaritan Hospital, and at Queen Charlotte's and the Royal Masonic Hospitals.

At St George's, after convincing his employers of the importance of efficient anaesthetic services, and of teaching anaesthesia to students, he was appointed director of anaesthetic studies and lecturer in Anaesthesia, posts he continued in until his retirement, and so established St George's as a centre of excellence for teaching anaesthesia. During the war he served in the Emergency Medical Service, and then as advisor in anaesthetics to British North African and Central Mediterranean forces, visiting anaesthetists throughout the war zone. After the war he returned to St George's where he emphasised the importance of preoperative and postoperative care, introducing a weekly postoperative teaching ward round. He was the first Hewitt Lecturer and was awarded the FFARCS(Hon). He gave the inaugural John Snow Memorial Lecture to the AAGBI, and in 1956 chaired an investigation into the causes of death under anaesthesia.

DR KATHARINE LLOYD-WILLIAMS CBE

Before studying medicine, Katharine Lloyd-Williams taught Physical Education at a school in Hull, and then worked in London as a physiotherapist in the massage department at St Thomas's Hospital. After graduation from the London School of Medicine for Women in 1926, she completed her pre-registration year and combined a post as resident anaesthetist at the Royal Free Hospital with general practice in Bloomsbury. She became an honorary anaesthetist to a number of London hospitals in the early 1930s, and was appointed consultant anaesthetist at the Royal Free in 1934.

Lloyd-Williams was an active member of a number of medical associations, and in 1944 was appointed Vice-Dean of the London School of Medicine for Women, taking over as Dean in 1945. In 1947 she was appointed Dean of the Royal Free Hospital School of Medicine, and became the only female member of the founding Faculty of Anaesthetists of the RCSEng. In 1956 she was appointed Dean of the Faculty of Medicine of the University of London. She was awarded a CBE the same year.

DR BERNARD MURTAGH

Bernard Murtagh was house physician, house surgeon and resident anaesthetist at the then Queen's Hospital, Birmingham. Subsequently, he acted as visiting anaesthetist to the Queen's Midland Nerve Hospital (later absorbed into the Queen Elizabeth Hospital), and Selly Oak Hospital, and as honorary anaesthetist at Birmingham Women's hospital. Later, he was consultant anaesthetist at the United Birmingham Hospitals and held appointments with the Birmingham Regional Hospital Board. He was also Clinical Lecturer in Anaesthetics at the University of Birmingham, and Director of the Department of Anaesthetics at the United Birmingham Hospitals.

Murtagh was known primarily as an excellent teacher, and was active in the organisations of the specialty. He was a Fellow of both the AAGBI (member of Council 1945–1947) and of the Royal Society of Medicine (member of the Anaesthesia Section Council 1948–1960, and its President 1957–1958). He was also President of the British Medical Association Section of Anaesthetics in 1958, and held the Presidency of the Midland Medical Society Section of Anaesthetics. He was a member of the Foundation Board of the Faculty of Anaesthetists of the RCSEng, serving from 1948–1966.

DR HENRY BRENNAN

After a short period as a locum clinical pathologist, Henry Brennan took up his house surgeon post at Manchester Royal Infirmary, during which he took every opportunity to watch, and be instructed by, the visiting anaesthetists. He then served as visiting anaesthetist at Stockport Infirmary, before being appointed visiting anaesthetist to the central branch of the Manchester Royal Infirmary in 1929, later joining the staff of the Infirmary. After the war he was appointed director of both the university and service departments of the hospital, with this responsibility expanded to cover the whole of the United Manchester Hospitals on the establishment of the NHS.

Right from the start of his career, he gave himself almost entirely to the practice of anaesthesia, spending his spare time in physiological research. He was an early member of the Anaesthesia Section of the RSM, and travelled to London regularly to attend meetings. He contributed considerably to the academic development of the specialty, both locally by establishing training posts shared between the department of anaesthesia and the basic sciences departments, and nationally by playing a part in the development of the Faculty of Anaesthetists of the RCSEng. He published widely on traumatic shock and muscle relaxants and, recognising the need for accurately calibrated vaporisers, worked with manufacturers on developments which led to the Fluotec.

DR VERNON HALL CVO

After qualifying, Vernon Hall began his career as a part-time casualty officer, before taking up house surgical posts in London at King's College Hospital and the Moorfields Eye Hospital. He then took up the offer of a junior house anaesthetist post at King's, progressing to senior house anaesthetist after three years, and being appointed to a consultant post within the same hospital in 1930. Like many anaesthetists at this time, he also did general practice locum work to increase his income.

Throughout his career Vernon Hall dedicated himself to medical teaching. On returning to King's after the war he was appointed to the post of Vice-Dean of King's College Hospital Medical School, and then was Dean from 1951–1967. At the start of the NHS he was directly involved with the complex administrative separation of King's College Hospital Medical School from King's College Hospital and subsequent negotiation for 'teaching beds'. He became a member of the University Faculty of Medicine and Chairman of the University Board of Advanced Medical Studies. In 1948, as well as being a founding member of the Board of the Faculty of Anaesthetists, he was part of the team looking after the then Princess Elizabeth during the birth of her first child at Buckingham Palace. Involved also with her subsequent confinements, he was awarded a CVO for his services once she became Queen.

FACULTY OF ANAESTHETISTS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND: FIRST BOARD OF FACULTY

This painting is of the first Board of Faculty, presented to the Royal College of Anaesthetists in 1998 by the Association of Anaesthetists of Great Britain and Ireland to mark the Golden Jubilee of the Faculty of Anaesthetists, 1948–1998.

Top row (left to right)

Professor Cecil Gray CBE
Dr Frankis Evans
Dr Vernon Hall CVO
Dr Bernard Murtagh
Dr Alec Musgrove
Dr William Low
Professor Ronald Woolmer
Sir Geoffrey Organe
Professor Edgar Pask OBE
Mr Bill Davis (Secretary)

Bottom row (left to right)

Dr John Challis
Dr Katharine Lloyd-Williams CBE
Dr Stanley Rowbotham
Dr Bernard Johnson (Vice-Dean)
Mr Archibald Marston CBE (Dean)
Sir Ivan Magill
Dr George Edwards
Dr Christopher Hewer
Dr Reginald Pleasance

OUR HISTORY AND TIMELINE

1893 Society of Anaesthetists founded

1901

1907 The Royal Society of Medicine founded

1908 The Anaesthesia Section of the Royal Society of Medicine founded

1921

1923 *British Journal of Anaesthesia* launched

The Association of Anaesthetists of Great Britain & Ireland

1932 The Association of Anaesthetists of Great Britain and Ireland established (AAGBI)

1935 The Diploma in Anaesthetics (DA) introduced

1941

1948 Faculty of Anaesthetists of the Royal College of Surgeons of England (RCSEng) created

1948 Two-part DA began

1948 The National Health Service introduced

1953 Fellow of the Faculty of Anaesthetists, Royal College of Surgeons (FFARCS) by examination began

1961

1981

1988 The College of Anaesthetists within the RCSEng replaced the Faculty

1992 The College was awarded a Royal Charter to become the Royal College of Anaesthetists (RCoA)

1993 The Queen formally opened the RCoA building at Russell Square, London

2001

2006 The RCoA moved to Churchill House, Red Lion Square, London, officially opened by the College's Patron, HRH The Princess Royal

2007 Founding of the Faculty of Pain Medicine

2010 Founding of the Faculty of Intensive Care Medicine

2017 25th Anniversary of the Royal College of Anaesthetists

RCoA Royal College of Anaesthetists

PROFESSOR RONALD WOOLMER

Ronald Francis Woolmer started his career in anaesthetics by becoming senior resident anaesthetist at St Thomas' Hospital, later becoming a registrar at Westminster Hospital in 1939, three months before joining the Royal Naval Reserve. After the war he spent a short time as honorary anaesthetist to the Woolwich Memorial Hospital before becoming senior lecturer in anaesthetics in Bristol in 1946, later becoming reader. In 1957 he was appointed the first director of the newly created Research Department at the Faculty of Anaesthetists of the RCSEng, becoming the British Oxygen Company Professor in 1959.

He was the first President of the Biological Engineering Society, a Vice-President of the International Federation for Medical Electronics, and was a founder member of the Anaesthetic Research Group (later Society). He travelled widely, studying research methods in the USA, and contributed to the British Council negotiations in Uruguay to introduce safe anaesthetics and training. His interest in electronics centred around improving patient safety, in particular developing ways of monitoring, automating measurement devices and creating audible and visible alarms designed so that an anaesthetist would not be overwhelmed by information. He became a member of the first Board of the Faculty of Anaesthetists and served as Vice-Dean of the Faculty for two years. He was an examiner for the FFARCS. He published widely and was a member of the Editorial Board of the *British Journal of Anaesthesia*.

SIR GEOFFREY ORGANE

Geoffrey Organe set up a general practice in Hertfordshire, but family medicine soon lost its interest and he joined the Royal Berkshire Hospital in Reading as resident anaesthetist in 1936. The following year, having obtained the Diploma in Anaesthetics, he was appointed house anaesthetist at the Westminster Hospital, but was soon diagnosed with colonic cancer and required a series of operations. He returned to work towards the end of 1937, and was appointed to the hospital staff in 1939. After the war Organe continued at the Westminster, developing particularly the academic side of the department, eventually being appointed the first Professor of Anaesthesia at any London teaching hospital.

Research was an early interest, his MD being obtained in 1941. Important though Organe's pharmacological work was, it is arguable that the bigger contribution was his development of a major academic department through the encouragement of a series of successful anaesthetic researchers. Even more important were his contributions to the organisations of the specialty. Elected to the AAGBI Council in 1947, he became its honorary secretary in 1948 and so was at the very heart of discussions on both the status of the anaesthetist within the new NHS and the foundation of the Faculty of Anaesthetists of the RCSEng. Organe received many awards, giving the Clover Lecture in 1962, being elected FRCS in 1965, and (for his international work) being made an honorary member of no less than 23 national societies! The highlight, of course, was his knighthood in 1968.

PROFESSOR CECIL GRAY CBE

After graduating in 1937, Thomas Cecil Gray ("Cecil") entered general practice in Wallasey on the Wirral. He quickly became fascinated by anaesthesia, which at that time was practiced predominately by General Practitioners on a part-time basis. Under the tutelage of Robert Minnitt at the Royal Northern Hospital, he rapidly collected the 500 cases then required to sit the Diploma in Anaesthesia examination, which he passed in 1941. In 1944, after discharge from the army due to ill health, he returned to Liverpool, becoming a full-time anaesthetist covering several hospitals. In 1947 Cecil was appointed full-time reader in anaesthesia in the University of Liverpool, and was given a Personal Chair in 1959.

Gray developed an early interest in neuromuscular blocking drugs. He pursued extensive studies of the effects of these drugs on the circulation, and also showed that they are very safe if employed with intermittent positive-pressure ventilation. In addition to his research he built a successful Department of Anaesthesia at Liverpool, persuading both University and NHS colleagues to allow junior trainees to attend lectures in the University Department until 11am on weekdays. This, the precursor of day-release courses for junior hospital doctors, was a major advance in postgraduate medical education, and he became the first Postgraduate Dean in Liverpool (1966–1970). He co-edited the *British Journal of Anaesthesia* and several editions of *General Anaesthesia*, gained an international reputation – lecturing in many countries worldwide – and was elected Dean of the Faculty of Anaesthetists in 1964.

PROFESSOR EDGAR PASK OBE

Edgar Alexander Pask worked at the London Hospital after qualifying, and then moved to the Nuffield Department of Anaesthesia, at the Radcliffe Infirmary, Oxford as junior assistant in 1940. After the war he spent time with Ralph Waters in the USA to complete his clinical training before being appointed reader at the University of Durham (although working in Newcastle-upon-Tyne) and Professor in 1949, a post he held until his death in 1966.

During the Second World War, Pask undertook groundbreaking work on the problems faced by airmen at high altitude, and also on the consequences of bailing out of aircraft. The research required a human subject, and that subject was Pask, who was anaesthetised, paralysed, hyperventilated or made hypoxic in various combinations, and earned the accolade of 'the bravest man in the RAF who never flew an aircraft.' As a result of this work, he gained an MD with a thesis on the use of anaesthetic techniques in such simulations. In Newcastle, he built a department with great research potential, contributed to the administration of the Royal Victoria Infirmary and, on the broader front, served the organisations of the specialty. He was a member of the Foundation Board of the Faculty of Anaesthetists of the RCS (and later Vice-Dean), Honorary Treasurer of the AAGBI, and President of the Anaesthesia Section of the RSM. He received the AAGBI's John Snow medal and gave the Clover Lecture to the Faculty. He died just a few days before he was due to receive an FFARCS(Hon).

DR ALEC MUSGROVE

Alec Musgrove began his professional career in general practice, which he continued until 1941, but his interest in anaesthesia took up an increasing proportion of his time. He was appointed visiting anaesthetist to the Cardiff Royal Infirmary in 1935, this including the responsibility for teaching anaesthesia. In 1942 he was appointed a clinical teacher at the Welsh National School of Medicine. In 1948 he was appointed honorary consulting anaesthetist to the Welsh Hospital Board and United Cardiff Hospitals, this including sessions at Sully Hospital. He retired in 1964.

Musgrove was the first anaesthetist in Cardiff to use intravenous barbiturates, controlled hypotension and hypothermia, and was a pioneer of thoracic anaesthesia. He was a member of the AAGBI Council from 1945–1948 and was elected a Fellow of the AAGBI in 1948. In the same year he was elected to the first board of the Faculty of Anaesthetists of the RCSEng. In 1949 he became the first President of the newly formed Society of Anaesthetists of South Wales.

SIR IVAN MAGILL

After graduating, Ivan Magill spent a short time in general practice before becoming house surgeon, then resident medical officer at Liverpool's Stanley Hospital. He joined the RAMC at the outbreak of the First World War, and at the end of hostilities was posted to Queen Mary's Hospital, Sidcup. There he teamed up with fellow officer Stanley Rowbotham to provide the anaesthetic service and worked with Major Harold Gillies treating soldiers with severe maxillofacial injuries. The double challenge of allowing surgical access while protecting the patient's airway from both blood and surgical assault resulted in the development of an armamentarium (airway devices, breathing circuits, connectors and inhalational drug-delivery systems) that is still at the heart of modern anaesthetic equipment. After demobilisation he continued to work at Sidcup, but he needed to undertake private practice to make a living. It was not long before this work extended to anaesthesia for thoracic surgery, and he acquired posts at a number of London hospitals, including the Brompton and Westminster.

In 1931, as Secretary of the Anaesthesia Section of the RSM, he proposed that the introduction of a Diploma would improve the status of anaesthetists – a suggestion which others accepted. This could not be done under the auspices of the RSM, and this was a major factor in the establishment of the AAGBI in 1932, with the first Diploma examination held in 1935. He received many honours, including an advanced KCVO in 1966 for his services to the Royal Family.

BIOGRAPHIES OF FOUNDING FELLOWS

Sir Alfred Edward Webb-Johnson KCVO, CBE, DSO

Lord Webb-Johnson of Stoke-on-Trent, 1880–1958

GROUP PORTRAIT OF COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND 1946–1947 BY HENRY CARR, 1947

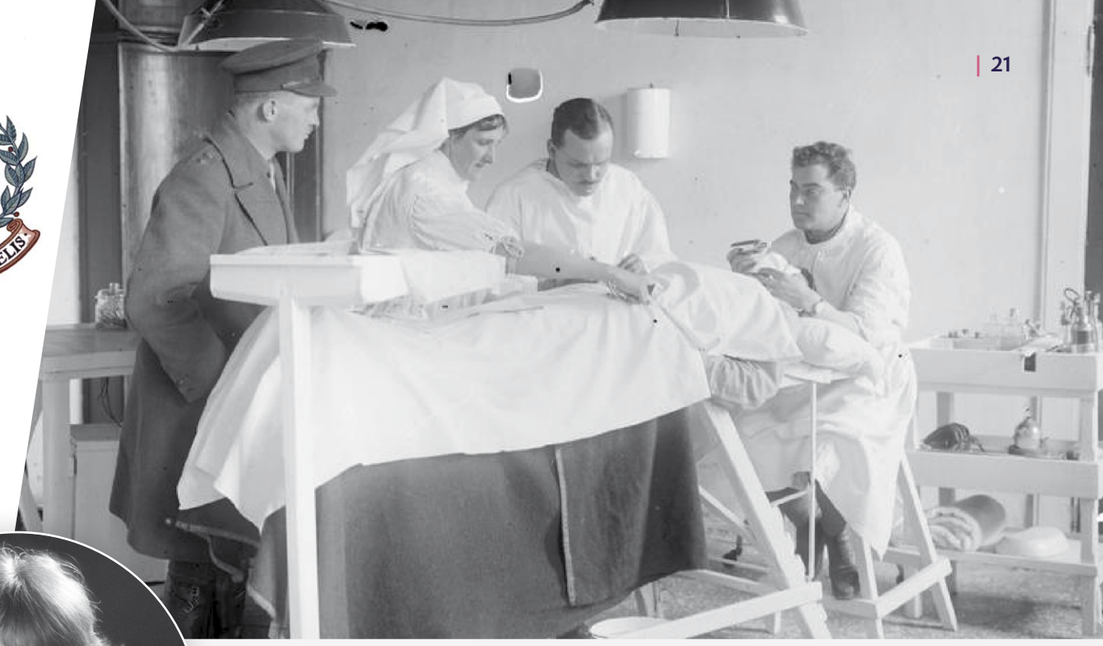
Sir Alfred Webb-Johnson is pictured centre

Alfred Webb-Johnson was, as described in 'The Origins of the Royal College of Anaesthetists' (see page 2 in this publication), a key player in the process which led to the formation of the Faculty of Anaesthetists in 1948. Without his active support it is doubtful if this could have been achieved within such a short time, or at all.

He was a surgeon who trained in Manchester and moved to the Middlesex Hospital in London in 1907, gaining a reputation as a brilliant clinician. During the First World War he rose to the rank of Colonel in the Army Medical Services and was awarded both DSO and CBE for his distinguished work in military operations in the field. In 1919 he became Dean of the Middlesex Hospital Medical School and chaired a very effective rebuilding committee, later becoming a Governor and finally Vice-President of the Hospital.

He was Hunterian Professor within the RCSEng (1917), where he was an examiner for ten years, and became a member of the Council in 1932. He was elected President of the RCSEng in 1941, just after the College building was bombed, and threw his energies into gathering support to rebuild the College and extend its activities.

AN EXTENSIVE BIOGRAPHY OF SIR ALFRED WEBB-JOHNSON CAN BE FOUND IN 'PLARR'S LIVES', PUBLISHED BY THE ROYAL COLLEGE OF SURGEONS OF ENGLAND: HTTP://LIVESONLINE.RCSENG.AC.UK/



Surgeons, accompanied by a female nurse, in the operating theatre of a Casualty Clearing Station RAMC [© IWM (Q 26636)]

THE INFLUENCE OF TWO WORLD WARS

Dr E Anne Thornberry,
RCoA Honorary Archivist and Chair, Heritage Committee

The lives of the Foundation Board's members spanned the years 1888 to 2008, and inevitably they were touched by the events of the 20th Century's two World Wars. These conflicts were perhaps the greatest man-made catastrophes of all time, but there is no doubt that 'anaesthesia' advanced as a specialty as a result of both.

World War One

In 1914 the age of recruitment was 19, meaning that five of the Foundation Board's members were eligible to serve at the start of the war, and another five became so before its end. Of these ten, five had medical roles, and five were combatants.

Ivan Magill was the only one who had qualified before the war (in 1913), and he joined the RAMC on its outbreak, becoming Medical Officer to the Irish Guards. Archibald Marston qualified in 1915 and then joined the Royal Navy, serving as a Temporary Surgeon Lieutenant. Stanley Rowbotham joined an infantry regiment initially, but was advised to complete his training; he qualified in 1915 and was commissioned into the RAMC. Langton Hewer qualified in 1918 and served in the RAMC towards the end of the war. Reginald Pleasance did not qualify until 1919, but interrupted his studies to become a Surgeon Probationer in the Royal Navy, in which role he practised medicine including the administration of anaesthetics.

Of the five combatants, four were medical students in 1914, but they interrupted their studies to serve. John Challis was already a lieutenant in the Territorial Army (Royal Field Artillery), and so was called up at the outbreak of the war and served throughout. Alexander Low was a Gunnery Officer who received the Military Cross. Frankis Evans signed up to the Royal Naval Reserve. John Gillies was called up into the Highland Light Infantry, spent seven months as a prisoner of war, and was another recipient of the Military Cross. Robert Macintosh, a New Zealander, was one of those many young men from Commonwealth countries who came to Britain to volunteer. Commissioned in the Royal Scots Fusiliers in 1915, he soon transferred to be a pilot in the Royal Flying Corps. Shot down over France and taken prisoner, he made three escape attempts, and was mentioned in dispatches in 1917.

Field Surgical Units (FSU): Major A H Grace RAMC, of Hastings, giving a general anaesthetic to a patient suffering from gunshot wounds to the abdomen. The FSU is in a much bombed and shelled Italian prison, December 1943. The area in which they are working is under enemy shellfire [© IWM (NA 10222)]

World War Two

By 1939 all but two of the subsequent members of the first Board were fully established in anaesthetic practice, the exceptions being Ronald Woolmer, who was already a trainee, and Edgar Pask, who did not join the specialty until 1940. None served as combatants during this war, but all served in either civilian hospitals, under the banner of the Emergency Hospital Service (EHS), or in the medical branch of one of the three armed services.

Marston, Magill, Hewer, Low, Evans, Gillies, Katherine Lloyd-Williams, Bernard Murtagh, Alec Musgrove and Geoffrey Organe remained civilians throughout the war, usually leading the provision of anaesthetic services in their localities. In addition, Magill was appointed Anaesthetic Adviser to the EHS and Civilian Consultant to the Royal Navy, and Organe (exempt from war service because of recent surgery for colonic cancer) was an enthusiastic fire fighter, and served on major committees concerned with traumatic shock and with analgesia and anaesthesia in midwifery. Cecil Gray was accepted for military service in 1942 and posted to North Africa, but became critically ill with pneumonia and returned home to spend the rest of the war as a full-time anaesthetist in Liverpool.

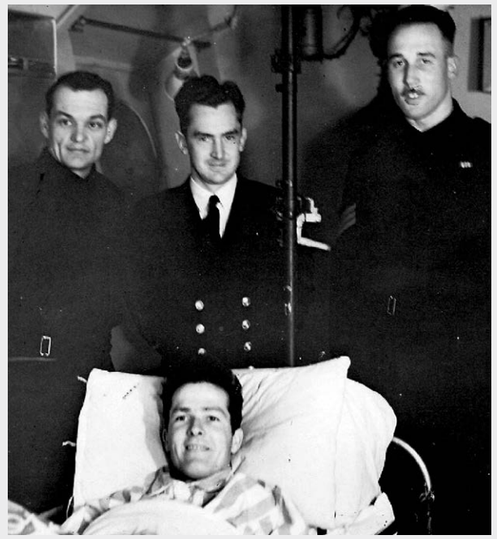
The others spent most of the war in uniform. Woolmer joined the Royal Naval Reserve as early as 1939. He reached the rank of Surgeon Commander and was awarded the Volunteer Reserve Decoration. Most of the rest worked for a time in the EHS before (or after) serving in the RAMC, Vernon Hall being the senior example. First posted to Horton Hospital, he was recalled to King's College Hospital at the start of the Blitz and then signed up for active service. He was sent to the British Military Hospital in Colombo, Ceylon (now Sri Lanka) to establish a training programme for anaesthetists for the Indian and Burmese campaigns. Appointed Adviser in Anaesthetics to the Eastern Command (Burma and South East Asia), he eventually rose to the rank of Brigadier in overall charge of anaesthesia in India and the Eastern Sector. At the end of the European war, his hospital, where his services were badly needed, successfully applied for his early release back to civilian duties.

Four achieved the rank of Lieutenant-Colonel: Pleasance was Adviser in Anaesthetics to the Southern India Command; George Edwards, having begun his war service with the EHS became Adviser in Anaesthetics to the British North African and Central Mediterranean forces, visiting anaesthetists throughout the zone; Henry Brennan became Adviser in Anaesthetics in the Middle East, based at the Scottish Hospital in Cairo; and Bernard Johnson served with distinction throughout the war, working in West Africa, the Middle East, Italy and Normandy, becoming Adviser in Anaesthetics to the Central Mediterranean Force, being mentioned in dispatches in 1944, and becoming civilian anaesthetist to the War Office after the war.

Surprisingly, given his seniority (in age, years of service and achievement) Rowbotham ended the war as a Major. Initially in charge of a surgical division, he was posted to the Cambridge Hospital, Aldershot where he led a School of Anaesthesia for Americans and received the US Bronze Star. After the Normandy landings he joined a maxillofacial unit in Belgium where his experience was invaluable. The most junior of the Board's members in the RAMC was John Challis who, as a Captain, was posted to a mobile cerebral surgery unit in France at an early stage of the war. Within 15 days, the unit was overrun by German forces, and he spent three and a half years as a prisoner of war, giving many anaesthetics in primitive conditions.

The other two members of the first Board served with the RAF, Macintosh as an Air Commodore, becoming Director of Anaesthetics Services for both RAF and Royal Navy, but continuing to run the Nuffield Department in Oxford. War-time projects, included training courses for service anaesthetists, research into methods of artificial ventilation, the provision of respirable atmosphere in submarines, the design of life jackets to keep an unconscious pilot's head above water, and the determination of the maximum altitude at which airmen could bail out without oxygen. With physicists Dr Kurt Mendelssohn and Dr Hans Georg Epstein, he developed the Oxford Vaporiser, produced at the Morris Motor works in Cowley, over 4,000 of which were delivered to military and civilian hospitals by the end of the war.

And finally there was Pask, who became a Junior Assistant in the Nuffield Department in 1940, and joined the RAF in 1941. Posted to the Physiological Laboratory (later the Institute of Aviation Medicine) at Farnborough, he continued research he had started with Macintosh on life jacket design and hypoxia at altitude. Frequently he was the guinea pig for his own experiments: anaesthetised and immersed in a swimming pool to test a design of life jacket or suffering acute hypoxia. He gained the reputation of the 'bravest man in the RAF who never flew an aircraft,' and was awarded the OBE(Mil) in 1944 for his efforts. His one 'failure', probably fortuitous, was an attempt to develop an oxygen mask which would allow Sir Winston Churchill to smoke a cigar while being flown at altitude!



ON BOARD HMS FORMIDABLE, 1942

FREQUENTLY HE WAS THE GUINEA PIG FOR HIS OWN EXPERIMENTS: ANAESTHETISED AND IMMERSED IN A SWIMMING POOL TO TEST A DESIGN OF LIFE JACKET OR SUFFERING ACUTE HYPOXIA

A LONGER VERSION OF THIS ARTICLE, WITH DETAILS OF THE LEGACY LEFT BY THESE INDIVIDUALS AS A RESULT OF THEIR WAR EXPERIENCE, IS AVAILABLE AT: WWW.RCOA.AC.UK/HERITAGE

THE LIVES OF THE FELLOWS PROJECT
An appeal to the Fellowship

On 1 June 2015 the College launched its online *Lives of the Fellows* Project with the aim of producing biographies of past Fellows.

A start has been made on this by focusing on the original 170 Fellows by Election, and many of these are already available to read on the website; however, we wish to collect biographies of all past Fellows, and that is a huge task. We would encourage current and retired colleagues to complete biographies on their departmental predecessors, perhaps drawing on little-known hospital archives or family connections to a Fellow. Contributions to the project could thus also be seen as a way of recording the history of anaesthesia in your locality or of writing a biography in memory of your relative.

How to write a biography

Completing a biography is straightforward. Having identified your possible subject, contact the College Archivist (archives@rcoa.ac.uk) who will make sure that no one else is working on the same subject. She will then send you a form on which to enter the biographical details electronically and then return to her. There are detailed guidelines on the website (www.rcoa.ac.uk/lives-of-the-fellows), but the form is self-explanatory and not difficult to complete. Have a look at those already published to get an idea, but don't worry if you have to leave gaps. Sometimes only very limited information is available, but we publish with a note that more information is welcome and that future additions to the information are easy to make. The published biographies are in the public domain, so it is possible that the subject's family members may come across them and be able to fill in some more details.

Biographies of living Fellows

We have begun to follow the example of the RCSEng in sending all Fellows their own forms as soon as they retire. This is to encourage the writing of an autobiography at a time when individuals are still used to summarising career pathways and achievements. Both the RCSEng and the Royal College of Physicians (RCP) only publish the biographies on the death of their Fellows, and at present we are doing the same, archiving completed biographies securely until required. However, many Fellows retired before the project started, and if you are one of these, please do ask for your own form and encourage other retired colleagues to do the same.

It will be a while before we can boast that we have a near-complete database of biographies, as the RCP can, but we are pleased to have begun the task. It is perhaps more important to establish a culture where it is the norm for us to complete our own biographies on retirement, so that in time we may achieve this goal.

FOR MORE INFORMATION ABOUT THE PROJECT, PLEASE CONTACT ARCHIVES@RCOA.AC.UK

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