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
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.
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 Figg 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.

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 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.

THE FULL VERSION OF THIS ARTICLE, WITH REFERENCES, IS AVAILABLE FROM: WWW.RCOA.AC.UK/-College-Heritage/Origins

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 RCSI. 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 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 Longton 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 (1936–1937). He served as Vice-President (1930–1931) and then as President (1936–1937) of the Board of the Faculty of Anaesthetists of the RCSEng. He also 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 was elected FRCS in 1960.

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 anesthetist 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 a clinical assistant at Sheffield Royal Infirmary, 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 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 anesthetist to St Thomas’ Hospital in 1930, was on the senior staff of the London Chest Hospital, and worked at St Mark’s and the Royal Maccarony hospitals. With the onset of the Second World War, anaesthetics became his full-time occupation, and he worked at St Thomas’ until 1949.

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 was elected 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 Borough Chest Hospital (1927), St Mark’s Hospital and the Royal Masonic Hospital (both 1933). He retired in 1965.

Noted for his teaching on spinal and epidural techniques, and an anaesthesia for children, Evans was an industrious author and editor with important contributors 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 (honorary £50 per annum) in 1932. Shortly thereafter he started to work with the professional surgical unit in the Royal Infirmary in Edinburgh where a Department of Anaesthesiology 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.
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 hospitals in which he was employed. In 1913, he was appointed as staff anaesthetist at St George’s, and promoted to senior anaesthetist in 1913, 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 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 George’s 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.

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 he 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 RCSI(Eng). 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 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.

Murtough 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 RCSI(Eng), serving from 1948–1966.

DR BERNARD MURTOGH
Bernard Murtough 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.

Murtough 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 confinement, he was awarded a CVO for his services once she became Queen.

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.

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 RCSI(Eng). He published widely on traumatic shock, and muscle relaxants and, recognising the need for accurately calibrated vapourisers, 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 confinement, he was awarded a CVO for his services once she became Queen.
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 Katherine Lloyd-Williams CBE
Dr Stanley Rowbotham
Dr Bernard Johnson (Vice-Dean)
Mr Archibald Macdonald CBE (Dean)
Sir Ivan Magill
Dr George Edwards
Dr Christopher Hewer
Dr Reginald Pleasance

FACULTY OF ANAESTHETISTS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND: FIRST BOARD OF FACULTY
OUR HISTORY AND TIMELINE

- 1893: Society of Anaesthetists founded
- 1901: The Anaesthesia Section of the Royal Society of Medicine founded
- 1907: The Royal Society of Medicine founded
- 1908: The Diploma in Anaesthetics (DA) introduced
- 1912: The Association of Anaesthetists of Great Britain and Ireland established (AAGBI)
- 1918: The British Journal of Anaesthesia launched
- 1923: The College of Anaesthetists of Great Britain and Ireland established
- 1925: Fellowship of the Faculty of Anaesthetists, Royal College of Surgeons of England (FFARCS) by examination began
- 1932: The Diploma in Anaesthetics (DA) introduced
- 1941: Two-part DA began
- 1948: The National Health Service introduced
- 1948: The Royal Society of Medicine founded
- 1948: Faculty of Anaesthetists of the Royal College of Surgeons of England (RCSEng) created
- 1953: The Diploma in Anaesthetics (DA) introduced
- 1953: Fellowship of the Faculty of Anaesthetists, Royal College of Surgeons (FFARCS) by examination began
- 1958: The College of Anaesthetists of Great Britain and Ireland established
- 1961: The Association of Anaesthetists of Great Britain and Ireland established (AAGBI)
- 1968: Faculty of Anaesthetists of the Royal College of Surgeons of England (RCSEng) created
- 1981: The College of Anaesthetists within the RCSEng replaced the Faculty
- 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)
- 2001: The RCoA moved to Churchill House, Red Lion Square, London, officially opened by the College’s Patron, HRH The Princess Royal
- 2006: 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
PROFESSOR RONALD WOOLMER

Ronald Francis Woolmer started his career in anaesthesiology 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 anaesthesiology 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 then joined the Royal Berkshire Hospital in Reading as resident anaesthetist in 1936. The following year he 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 retired 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 becoming 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 Cloven Lecette 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 predominantly 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

After graduating in medicine in 1934 from the University of Sheffield, Edgar Alexander Pask was appointed house surgeon, then resident medical officer at Liverpool’s Stanley Hospital. He joined the RAAMC 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 Rawbathorn to provide the anaesthetic service and worked with Major Harold Gilles 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 1946 for his services to the Royal Family.

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, 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 consultant anaesthetist to the Welsh Hospital Board and United Cardiff Hospitals, including this 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 RAAMC 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 Rawbathorn to provide the anaesthetic service and worked with Major Harold Gilles 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.

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PROFESSOR 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, after obtaining 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 retired 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 becoming the first Professor of Anaesthesia at any London teaching hospital.

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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 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.
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.


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 at 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.

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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 secure 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.

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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