

HISTORY OF MEDICINE

The South African Society of Anaesthetists, 1943 - 1993

N. P. PARBHOO

Abstract There is no shortage of histories of the beginnings of anaesthesia in the 19th century. However, the real roots of present-day anaesthesia lie in the period 1930 - 1970. This article is a summary of the nearly complete history, *Five Decades*, launched in March 1993, and pays homage to those who did so much to shape contemporary anaesthesia in South Africa.

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The foundation of the South African Society of Anaesthetists (SASA) on 1 August 1943 was an event of major significance in the development of South African medicine. It was the result of a historic chain of events and the tireless service and selfless devotion of a few dedicated individuals. It is to the lasting credit of those that came after the 'masters' that they perpetuated their ideals in the society.

Although Dr William Thomas Green Morton is acknowledged as the father of anaesthesia for having successfully demonstrated ether anaesthesia at the Ether Dome at Massachusetts General Hospital, Boston, on 16 October 1846, South African doctors were not far behind in experimenting and successfully using this agent.

Dr Ebdon at the Old Somerset Hospital, during early trials with ether in Cape Town in April 1847, used an ordinary bullock's bladder fitted with a mouthpiece with a sponge in it. On 20 April 1847, it was reported in *De Verzamelaar* (in English *The Gleaner*) that Mr Raymond, a dental surgeon of Cape Town, had successfully used ether vapour to extract teeth from two men, and in June 1847 Dr William Guybon Atherstone recorded in detail his success in amputating a leg using ether vapour as an anaesthetic.

In 1862, the rebuilt New Somerset Hospital became the first teaching hospital in South Africa. In the north, when the discovery of gold in 1886 caused Johannesburg to grow into a large city of 50 000 inhabitants, a need arose for the building of Johannesburg Hospital. In 1907 Dr G. W. Bampfylde Daniell was appointed its anaesthetist, the first such appointment in the country. He was a prolific writer and a very keen lecturer. Credit is due to him for establishing the specialty in South Africa. Ralph Waters once wrote: 'The foundation of any specialty is dependent, I suppose, first upon men, second upon publications and third upon organisations through which men meet for mutual development by exchange of ideas.'

As in the USA and the UK, general practitioners and dentists gave anaesthetics. Among those were men dedicated to advancing this sphere of practice. In Cape Town, Drs Harry Berelowitz, Royden Muir and Eric van Hoogstraten, and in Johannesburg Drs Benjamin Weinbren and Frank B. Mudd, were the senior anaesthetists actually involved in the teaching of techniques in anaesthesia.

With the advent of World War II, there was an acute

shortage of anaesthetists and many doctors joined the Royal Army Medical Corps and South African Medical Corps and offered their services. At the end of the war, anaesthetists returned from overseas and were able to teach local staff new techniques. South African doctors with their brief exposure to anaesthesia expressed a keen desire to improve their skills and knowledge. They often used to meet informally at each other's homes and listen to lectures by experts in the field. It was at one of these informal meetings that Dr R. A. Moore-Dyke proposed the formation of a South African Society of Anaesthetists (SASA). The society was inaugurated on 1 August 1943 on a Sunday afternoon at Johannesburg Hospital (now known as Hillbrow Hospital). Dr Moore-Dyke was proposed as President but he declined in favour of his senior, Dr Benjamin Weinbren. Dr Weinbren had been part-time anaesthetist to the Johannesburg General Hospital since 1916. Born in Lithuania in 1889, he came to South Africa at a very early age, received his education in Johannesburg and obtained his M.B. Ch.B. in Edinburgh in 1912. He continued with postgraduate studies for a further 2 years and then returned to South Africa to general practice. From 1920 he devoted his practice solely to anaesthesia.



Dr Benjamin Weinbren, first President of the South African Society of Anaesthetists.

'Pom' Dyke was elected Secretary/Treasurer. Invitations to attend the meeting had been sent to all practising anaesthetists in the Union of South Africa (most of whom were in the Transvaal) as well as to the volunteer anaesthetists in the South African Medical Corps stationed at various military hospitals in the Union.

The South African Medical and Dental Council Register in 1943 recorded that there were 26 anaesthetists, 48 ear, nose and throat surgeons, 40 obstetri-

cians and gynaecologists, 53 ophthalmologists, 9 orthopaedic surgeons, 73 general surgeons and 12 urologists. Those present at the inaugural meeting were Benjamin Weinbren, Harry Grant-Whyte, David Crawford, Sam Hoffman, David Feldman, Sam Lipron, Blumy Segal, Miriam Barlow, Cyril Becker, Ronald Moore-Dyke, Duff Scott, Hymie Samson, John Duffield and Charles Arkles.

Benjamin Weinbren stated that the chief aims of the society would be to safeguard the economic status of anaesthetists, to educate so that the specialty might be recognised, and to encourage self-criticism, lest local anaesthetists fell behind in the scientific advances in anaesthesia.

Apart from the President and Secretary/Treasurer, the first Council consisted of 3 members: Dr Royden Muir of the Cape Province, and Major Cyril Becker and Dr David Crawford, both of the Transvaal.

A constitution had been drawn up and all the rules were considered and debated. Apart from the addition of various by-laws and some amendments, the constitution remains essentially the same today.

One of the first decisions taken was to approach the Federal Council of the Medical Association of South Africa to form this society under the auspices of the Association.

The next was to approach the International Anaesthesia Research Society for affiliation. This Research Society was formed in 1925 as an extension of the National Anaesthesia Society with Dr Francis Hoeffler McMechan as Executive Secretary/Editor.

The third item for discussion was the registration of anaesthetists by the South African Medical and Dental Council and the question of minimum requirements for such registration. At that time all that was required was a medical qualification plus proof of having spent 1 year in training at a hospital in that specialty under the supervision of an anaesthetic specialist.

In subsequent years, informal meetings of groups of anaesthetists were held under the auspices of SASA, and Council met quarterly at the homes of the executive.

By the end of the first year, of 31 practising anaesthetists in South Africa, 30 had become members of SASA. Already in its formative year the council had successfully negotiated an improvement in the emoluments of recent appointments and there had been an advance in the status of anaesthesia *per se*. The executive now took up the task of convincing the authorities that independent departments of anaesthesia be set up at the medical schools of the Universities of the Witwatersrand and Cape Town.

By 1946 SASA was a recognised body and at the 34th South African Medical Congress, anaesthetists were for the very first time accorded the privilege of a section devoted solely to anaesthesia; this was in addition to the plenary session to commemorate the centenary of ether in anaesthesia.

At the 34th South African Medical Congress, a resolution was passed at the SASA annual general meeting to request the establishment of chairs in anaesthesia at the existing medical schools. It was also at this meeting that the idea of a SASA 'newsletter' was born, with Drs C. S. Jones and J. T. Hayward-Butt as editors. The first issue came out in February 1947.

Much of 1948 was spent corresponding with the Secretary of the MASA, the Registrar of the Medical and Dental Council and the Dean of the Faculty of Medicine, University of Witwatersrand, with regard to the registration of specialists and the possible introduction of a diploma in anaesthesia by the university. The diploma was first offered in 1949 and was a major advance for SASA.

In 1950 a report on postgraduate education was tabled at the SASA AGM. The report concluded that a body or bodies akin to the colleges in the UK should be established in South Africa. It was suggested that it should be a combined College of Physicians and Surgeons with separate faculties, and that each faculty should have the right to examine for the diploma under the aegis of the College. SASA was thus the first specialty association to ask for a separate faculty independent of others.

In 1951 Dr J. Bam of the Cape Western Branch of SASA sent in a proposal that the Medical Council should consider legislation to the effect that 'An establishment in which surgery is carried out requiring the administration of an anaesthetic, should be fully equipped with modern equipment . . .' This was a forerunner of events which eventually led to such regulations being gazetted in June 1971, a mere 20 years later.

SASA in the meanwhile hosted many prominent international anaesthetic personalities at their congresses. A few names that come to mind are MacIntosh, Rovenstine, Goldman, Bryce Smith, Tovell, Churchill Davison, Jackson Rees, Mushin, Norlander and Eckenhoff. Close international contact continued in the years that followed.

The second decade

Highlights of the second decade included SASA's becoming a founder member of the World Federation of the Societies of Anaesthesiologists in Holland in 1955. SASA also liaised with the South African Nursing Council to formulate a syllabus for training nurses in the care of unconscious patients — this was just one facet of such meetings. A firm stand was also taken by SASA to convince the Medical Council to institute compulsory training in anaesthesia for interns.

On the medicolegal side, the speed with which the Inquest Act was being altered was a matter of concern to the Society and negotiations with the Department of Justice continued for many years, ultimately with success in November 1972 with the arrival of form H471.01.06 — the forerunner of paper inquests.

The quest of the Society to have chairs in anaesthesia established finally succeeded when Professor O. V. S. Kok was appointed at the University of Pretoria in 1959, Professor J. C. Nicholson at the University of the Witwatersrand in 1962, Professor H. Grant-Whyte in Natal in 1964 and Professor A. B. Bull at the University of Cape Town in 1965.

In order to maintain a certain standard of anaesthesia SASA submitted to the MASA a resolution incorporating minimum standards for anaesthetic equipment at the various nursing homes. Private anaesthetists in Cape Town also set up a ventilator fund to assist with the purchase of ventilators for the various hospitals and nursing homes in Cape Town.

In 1960, as part of its role in ongoing education, SASA started a visiting lecturer's fund, based on a proposal put forward by Dr Jack Abelsohn in August 1950. This fund still enables SASA to invite overseas lecturers to various congresses.

Tariff determination, remuneration for sessional appointments on the South African Railway and Harbour Fund and salaries for full-timers occupied the major portion of SASA Council deliberation.

In September 1962, Dr Dennis T. Glauber, acting for the Tariff Subcommittee, proposed a unit value schedule for tariff determination. This schedule stood the test of time for 30 years and the Private Practice Committee of the MASA is now negotiating for a similar schedule for other medical disciplines.

The third decade

In the third decade, SASA's endeavours shifted more towards the business sphere; prolonged negotiations with medical aid schemes took place in an attempt to improve the economic status of its members. SASA also held its first congress, separate from that of the MASA. A group of academic anaesthetists felt that SASA was not devoting sufficient attention to academia and as a result the Association of University Anaesthetists (AUA) was formed in September 1972. In the years to come, the AUA played an important role in continuing medical education, but as their role overlapped with that of the College of Medicine, the society was disbanded.

During this time SASA also dealt at length with the controversial issue of nurse anaesthetists, without resolving it. The first human heart transplant was the outstanding event of this decade, indicating to the world the interdependence of anaesthetist, surgeon and transplant team.

The fourth decade

Over the next 10 years, the public health aspects of anaesthesia came to the fore, with SASA playing a leading role in the setting of safety standards for theatre equipment and the control of pollution in the theatre environment. Congresses were a regular feature of the Society's activities. SASA continued to promote education with its award of the Diploma in Anaesthesia medal.

These efforts continued into the next decade which saw the publication of guidelines for safe anaesthetic practice and subsequently guidelines for intensive care. The publication of these guidelines has been one of the most important endeavours undertaken by SASA to maintain a high standard of anaesthesia in South Africa.

Like all established bodies, SASA now felt that there was a need for an easily recognisable corporate identity. This led to the registration of the Society's crest and coat-of-arms. For his role in performing the first major surgical operation under ether anaesthesia in South Africa on 12 June 1847, the family Coat-of-Arms of Dr William Guybon Atherstone was chosen, modified and registered. This was followed by the production of SASA ties, blazer badges, the Presidential Chain, the Past President's Medal and the SASA banner.



The SASA crest is based on the Atherstone family coat-of-arms, consisting of red piles on a gold background. A flash contains three poppies on a background of black and silver, representing night and day or the sleeping and awake state. The mantling was not included in the design. The motto 'Sapientia et arte custodimus' — we guard with skill and wisdom.

The Jan Pretorius Scientific Fund

As a result of an unforeseen profit from the first SASA congress, separate from that of MASA, the Council of SASA voted in favour of setting up a research fund with this money. With the sudden, tragic death of Dr Jan Pretorius, who convened this congress, SASA Council decided to name this research fund after him. Over the years, many members have been recipients of grants for scientific research.

Recent developments

As the years went by, the outstanding efforts of certain members in enhancing both the reputation of SASA and that of anaesthesia *per se* did not go unrecognised. Periodically, in recognition thereof, honorary life vice-presidencies were awarded, the highest honour SASA is constitutionally able to award. Since 1954 8 members have been recipients, viz. Drs Benjamin Weinbren, Jack Abelsohn, Don Fisher Jeffes and Professors O. V. S. Kok, H. Ginsberg, Drs Dennis Glauber, Jimmy Durham and Oscar Rosenzweig.

Unfortunately the combating of pollution in theatre and the raising of the standard of anaesthetic equipment and practice itself were not all that SASA was involved in. The medical profession as a whole was being undermined by some members who were not practising in the best interests of their patients and the profession. SASA was one of the first to highlight this issue by initiating guidelines for the 'impaired physician' and 'chemical dependency'.

This quest to raise the standard to equal that anywhere in the developed world was achieved by the Joint Conference of Boards and Faculties of Anaesthetists, represented initially by the English-speaking countries — the UK, Ireland, Australia, South Africa, Canada and the USA, in 1980. Meetings are held every second year.

For decades, SASA members had been clamouring for a publication of their very own. Apart from the *SAMJ* and the local MASA branch newsletters there was no other conduit for the dissemination of matters anaesthetic to members throughout the land. A quarterly newsletter *Pipeline/Pyphlyn* was established for this purpose. It is hoped that this will, in the future, develop into the *Journal of the South African Society of Anaesthesiologists*.

Pari passu with these developments locally SASA maintained an active role in building international contacts with leading anaesthesiologists overseas, and continued to exchange ideas via its participation in various overseas congresses, particularly the World Congresses of the Federation of the Societies of Anaesthesiologists. Many highly successful group tours were arranged for these.

The first 50 years of this Society have thus seen the status of the anaesthetist advance from that of a minor player in the surgical team to that of equal partner with colleagues in other specialist fields. It is fitting that in this, its 50th year, the status of anaesthesia internationally should have achieved recognition by the granting of the Royal Charter to the British College of Anaesthesia. History has created a noble present that should presage an even greater future.

The author was invited by SASA Council to record the 50-year history of the Society. Given the generous sponsorship of Zeneca/ICI (Pharmaceuticals), the task is now complete and the history *Five Decades: The South African Society of Anaesthetists, 1943-1993* was launched at the South African Society of Anaesthetists Jubilee Congress in March 1993.