SOME CANADIAN PIONEERS IN ANAESTHESIA

HAROLD R GRIFFITH, M D , F R C P (C) , H O N F F A R C S *

THE ORDEAL OF SURGERY is a lot less frightening today than it was fifty years ago—patients are safer, more comfortable, and recover more quickly. This change is partly due to better anaesthesia, and the change in anaesthesia is the result of the work of devoted doctors who have gradually improved the picture. Fame is fleeting, and in fact some of those who were most responsible for progress were never famous—only dedicated, enthusiastic, and altruistic. But it is good for a new generation to remember what it owes to our fathers. So I have thought it fitting for me, as I come near the end of a long professional career, to do a little reminiscing, and to bring to your attention the names of some who have now passed on, who have almost all been my friends, and whose work should be remembered. In this brief paper I shall not refer to Canadian anaesthetists who are now alive. The list is the result of a purely arbitrary and personal selection, and might contain the names of many others equally worthy of remembrance. This paper is in no sense an attempt at a definitive history of Canadian anaesthesia. Perhaps a historical contribution of some kind should become a regular feature of our annual meetings.

The first name on my list is that of the first doctor to give an anaesthetic in Canada. Since he died in 1863, he was not one whom I knew personally. Late in 1846 there came news from Boston of a wonderful discovery—ether—to make surgery painless. *Dr Horace Nelson* in Montreal heard about it and like most doctors he was sceptical, but he tried it out on some dogs and was favourably impressed with the results. Then he experimented on himself, inhaling ether vapour more than 100 times. Then he had one of his own teeth pulled out under ether anaesthesia by a dentist, Mr J H Webster, and later he gave ether experimentally to Mr Malloy, a medical student volunteer. And finally in June, 1847, the first surgical operation in Canada under ether anaesthesia was performed. A two-pound tumour was removed from a weak, debilitated woman. Ether was given by the medical student, Malloy, and the surgeons were Horace Nelson and his father, Dr Wolfred Nelson (who is known in Canadian history as one of the patriots of 1837). We don't know much more about Horace Nelson except that after practising in Montreal for many years he received an M D degree from McGill in 1861, and he died in 1863. In his report of the first Canadian surgical operation under ether anaesthesia he wrote "there is not the least doubt that the action of this almost marvellous agent is the greatest achievement which has ever taken place in surgical science."

After the introduction of nitrous oxide, ether, and chloroform in the 1840's, and the work of such men as Wells, Morton, Simpson, Snow, and others like Nelson in many countries, nothing very revolutionary happened in the development of anaesthesia during the latter half of the 19th century. Recognition of

*Professor Emeritus of Anaesthesia, McGill University, Montreal

the importance of a continuous administration of oxygen, and the development of better apparatus for handling gases and vapours came early in our own century, and anaesthesiology as we know it now slowly evolved

William Webster (1865–1936) was the pioneer anaesthetist of western Canada, and so far as I know, the only Canadian who has written a definitive textbook on anaesthesia. He was born in England and came to Winnipeg as a school teacher in 1888. He managed to accumulate enough funds to enter medical school, and graduated from the University of Manitoba in 1895. He entered general practice at once, but later spent a year in England studying pathology. He was appointed anaesthetist to the Winnipeg General Hospital and lecturer in anaesthesia at Manitoba Medical College in 1905, and he held these posts for the rest of his life. He had many other interests, and in fact was the first president of the Manitoba Motor Club in 1904, when there were only three or four automobiles in Winnipeg. When war broke out in 1914 Webster volunteered and became the Commanding Officer of No. 4 Field Ambulance in the Second Division of the Canadian Expeditionary Force. It was here that I had my only personal contact with William Webster, and that was a very slight one indeed. I was a private in the ranks of No. 6 Canadian Field Ambulance, and during the summer of 1915 our units were camped in adjacent fields in Kent. I can remember how we young soldiers used to look with admiration and awe at Colonel Webster as he rode his horse or marched at the head of his Unit on parade. This tall figure with formidable moustache and well-trimmed beard seemed to us the very epitome of the traditional British Officer. I saw him often during the years which followed when he served with great bravery and distinction in France, but I don't think I ever spoke to him, and I certainly never dreamed that fifty years later I would be writing a memoir about his services to Canadian anaesthesia.

In 1924, Webster published his textbook *The Science and Art of Anesthesia* (C. V. Mosby Co., St. Louis). Ether, chloroform, and nitrous oxide are almost the only agents described in this volume, and of course our whole conception of the study and administration of anaesthetics have changed since that day. But the two chapters on "The Patient's Viewpoint" and "The Art of Anesthesia" are timeless, and give advice which is just as valuable today as ever. Webster was a wise physician and a gallant gentleman as well as a pioneer in anaesthesia. In October 1936, his long and useful life came suddenly to an end when he was burned to death in a gasoline explosion on his Red River cruiser.

Samuel Johnston (1869–1947) was for many years the leading figure in anaesthesia in Toronto. He was anaesthetist-in-chief at Toronto General Hospital from 1907 to 1935, and was the teacher and friend to countless young anaesthetists who have subsequently become leaders in the development of the specialty throughout Canada and the United States. In 1920 he became the first president of the Canadian Society of Anaesthetists, which was the official organization of Canadian anaesthetists from 1920 to 1929, and of which our own flourishing Canadian Anaesthetists' Society, incorporated in 1943, is the successor. Johnston was primarily a clinician, and he was cautious in his approach to new agents or new methods. If he had been more daring it is likely that Toronto would have had priority in the clinical introduction of ethylene and cyclopropane.

because both of these agents were first tested in the pharmacology laboratories of the University of Toronto. My own contacts with Sam Johnston were all during the latter years of his life and mainly social ones. He was a charming host and companion, with a great fund of good stories. He had really earned the title by which he was affectionately known as the "Dean" of Canadian anaesthesia.

Another Toronto anaesthetist with whom I enjoyed a long and intimate friendship was *William Easson Brown*. He graduated from Toronto in 1916, served as a medical officer in the First World War, and was for many years an active member of the anaesthesia staff of the Toronto General Hospital, but it was his work in the pharmacological laboratories of the University of Toronto which made his name known throughout the world. He published reports on ethylene, propylene, nitrous oxide under pressure, and ethyl-N-propyl ether, and he was associated with Henderson and Lucas in the early laboratory studies of cyclopropane. Professor Lucas has recorded that Easson Brown was the first doctor in the world to administer cyclopropane in anaesthetic concentrations to humans, the first patient being Professor Velyen Henderson. A demonstration was put on one evening in the laboratory when Brown anaesthetized Dr. Frederick Banting before a number of physicians. But still cyclopropane was not permitted in the hospital, and it remained for others to demonstrate the value of this gas in surgery.

"Bill" Brown (as he was known to his friends) was a man of many parts. In addition to his clinical and laboratory work in anaesthesia, he continued throughout his life to do some insurance work, and he was an assistant district coroner, an aviation enthusiast, and for many years the medical officer for track and football teams of the University of Toronto. Whenever Varsity teams were playing in Montreal I could expect a visit from Bill Brown at my hospital, where he would drop in to poke fun at everything and everyone and at the same time seriously discuss all that was new in the world of anaesthesiology. He was an exuberant and sometimes exhausting companion at medical conventions, and some of his exploits were unorthodox to say the least. His biography would make an interesting story. He survived several airplane crashes, and died of a heart attack in August 1957.

Kenneth M. Heard was another whose name should never be forgotten. He was on the anaesthesia staff of St. Michael's Hospital, Toronto, until his untimely death in 1948. At a time when most Toronto anaesthetists were timid about trying out new ideas, Heard was boldly leading the way with new techniques. He promoted the use of Pentothal, and devised an ingenious apparatus for its continuous administration. He demonstrated the disadvantages of ether for Caesarean Section, and was an early advocate of spinal anaesthesia for this procedure. But more important than his promotion of better drugs and methods was his promotion of better anaesthetists. Ken Heard was an enthusiastic teacher, and a leader in the development of the specialty. For years he was handicapped by poor health, but in spite of this he served as an officer of many medical and anaesthetic organizations. We were close friends. Ken followed me in the presidency of the Canadian Anaesthetists' Society and I succeeded him as chairman of the board of the International Anaesthesia Research Society.

Beverly Charles Leech was a great leader in the development of anaesthesia

throughout Canada, and particularly in the Province of Saskatchewan. He was born in Manitoba in 1898, educated at Brandon College, then served as a lieutenant of infantry in the First World War, and subsequently graduated in medicine from McGill in 1925. He started practice in Regina, and by 1929 he had become Director of Anaesthesia at Regina General Hospital, an appointment he held until 1956 when on account of poor health, he moved to Nanaimo, B.C., where he continued in part-time practice until his death in 1960. He served with distinction in the Royal Canadian Army Medical Corps throughout the Second World War in England, Italy, and France, and finally retired with the rank of Brigadier, and with an O.B.E. and the French Legion d'Honneur. Bev Leech was a pioneer in the use of cyclopropane. He and I pooled our statistics, and in 1940 we published a joint paper entitled "Cyclopropane, Unmixed" in which we reported on 8661 administrations. This caused a good deal of incredulous comment because 586 of these cases were for upper abdominal surgery, and this was before the advent of curare. About this time Leech also devised a clever airway for use with cyclopropane, which became known as the "Leech Pharyngeal Bulb Gasway," and was useful until the modern practice of controlling or assisting respiration came into vogue.

But what makes Bev Leech most gratefully remembered by Canadian anaesthetists is his leadership in the battle to secure and maintain high professional standards for the specialty of anaesthesia. In the 1930's and early 1940's most of the anaesthetists in the larger hospitals of western Canada were salaried hospital employees and there wasn't much incentive to attract good doctors into this field. This was a situation which Leech and his group in Regina never would accept, and they were able to set an example of good anaesthesia service combined with ethical professional conditions for the anaesthetists which had a tremendous influence on the gradual development of the good status which we now all enjoy.

When we come to the Province of Quebec there are a number of names of my French-speaking colleagues which I like to recall. The first really well-known French Canadian anaesthetist was *Charles LaRoque* of the Hôtel-Dieu de Montréal. He was appointed physician to that historic hospital in 1906, and continued as its anaesthetist-in-chief until his death in 1932. LaRoque formed an early and lasting friendship with Wesley Bourne, an association which meant much to the progress of Canadian anaesthesia. They worked together on the organization of the original Canadian Society of Anaesthetists, of which LaRoque became president after Samuel Johnston. He was also the first president of the Montreal Society of Anaesthetists founded in 1930. He was an original member of the old Anaesthetists' Travel Club, and his last public appearance was as gracious host to that group when we met in Montreal in December 1931. Three weeks later Charlie was dead.

In October 1932 a bronze plaque was unveiled in the Hôtel-Dieu on which were these words "Pour honorer la mémoire de Charles LaRoque, médecin de l'Hôtel-Dieu, et rappeler sa maîtrise dans la science et l'art d'anesthésier. Ses collègues de la International Anesthesia Research Society." Dr. Frank McMechan and his wife, Laurette, came from the United States to take part in this ceremony and to pay tribute to LaRoque. I shall never forget, either, the moving and

eloquent tribute of Dr Léo Pariseau on that occasion Dr Pariseau, pioneer radiologist, was one of the most distinguished *littérateurs* in Canada, and the author of many contributions to the history of Canadian medicine Here is how he closed his tribute to Charles LaRoque

C'est à moi qu'échoit la tâche à la fois douce et périlleuse de lui dire un dernier mot Je veux m'imaginer qu'il vit encore et que, dispensateur de la miséricordieuse euthanasie, je suis chargé de lui verser le sommeil et l'oubli

Allons, mon camarade, couche-toi, l'heure est venue C'est un peu de ta faute, vois-tu! Pour avoir trop travaillé, et trop bien, tu as trop vite mérité la seule récompense qui vaille Laisse-toi aller, ne crains rien

Voici, dans une coupe d'or, le népenthes dont te parlait le vieil Homère quand tu faisais tes humanités Il efface le souvenir de tous les chagrins

Voici la drogue subtile qui fait entrer dans la lucide obnubilation du nirvana, où l'âme ne se sent plus en péché

Voici des produits dangereux que tu maniais avec science et conscience, sachant qu'ils n'apportent au commun des mortels que misère et désenchantement Ils seront pour toi la clef des paradis les plus fermés

Bois, respire sans crainte C'est Dieu même qui t'envoie tout cela Dors, mon camarade! Durant toute une éternité, fais des rêves ineffablement beaux!*

Another who carried the torch for good anaesthesia in French Canada was J E Racicot, of the Nôtre Dame Hospital, Montreal He was for many years my close and honoured friend For those of you who have come into anaesthesia only during the past fifteen years it must be difficult to imagine the state of anaesthesiology and the status of the anaesthetist in the 1920's, and 1930's In many of the teaching hospitals of Canada the anaesthetists were low-salaried hospital employees with not much more prestige than a laboratory technician The Toronto anaesthetists never submitted to this system, nor did Charles LaRocque or Wesley Bourne, but Racicot was caught in its tentacles and the battle he fought helped only those who came after him, never himself He had a large family to support, and he was not even the chief of the anaesthesia service, but he fought valiantly for progressive methods, co-operation with other anaesthetists, and for better economic conditions Finally, the hospital seized an opportunity to get rid of this nuisance, and for the last years of his life poor Racicot had to go back to a rather precarious general practice I have many happy memories of visits in his home on St Denis Street and at his country cottage He and

*To me has fallen the pleasant, albeit painful, task of saying to him a last word I can picture to myself that he still lives, and that I, as dispenser of a merciful euthanasia, am charged with the responsibility of pouring out for him the oblivion of eternal sleep

Well my comrade, lie down here, the hour has come You see it is just a little bit your own fault For having worked too much and too well, you have too soon earned this the only recompense which is really worth while Let yourself go, fear nothing

Here, in a golden cup, is the nepenthe of which old Homer used to tell you when you were studying your humanities It wipes out the remembrance of all your troubles

Here is the subtle drug which opens the portals to the lucid obnubilation of nirvana, where the soul feels no more sin

Here are the dangerous products which you used to handle with science and with conscience, knowing that for ordinary mortals they carried only misery and disenchantment May they be for you the key to the most elusive paradise!

Drink, breathe, fear not!

It is God himself who sends all this to you

Sleep my comrade! Throughout all eternity may your dreams be ineffably beautiful!

Mme Racicot were proud of all their girls and boys, and no sacrifice was too great to endure in order that they all should get a good education. Dr Racicot was an eloquent speaker in both French and English, and had a real Gallic wit. Once when he was president of the Montreal Anaesthetists' Society, and I was its secretary, we were subpoenaed to give evidence for the plaintiff in a case where one of our English hospitals was being sued on the ground that a patient who had died had not been given all the attention to which he was entitled because a nurse rather than a doctor had administered the anaesthetic. After Dr Racicot had finished his plea in favour of professional anaesthesia the opposing lawyer came up to us and said "Racicot, I wish we could have tied your hands down because then you wouldn't have been able to say a word!" Incidentally in that case the French-Canadian judge chose to believe us rather than the surgeons who testified, and his judgment brought to an end the legal use of nurses as anaesthetists in Quebec. I never visit the fine anaesthesia department of the Nôtre Dame Hospital today without thinking about how much J. E. Racicot did to make this development possible, and how little credit he got for his work.

Adrien Larose was LaRoque's assistant at the Hôtel-Dieu in Montreal, and took over the department on Charlie's death in 1932. His term of office was a short one. A gentle man, in frail health, he himself died in 1934. Then *Roméo Rochette* held the appointment until his death at the age of 63, in 1958. Many of us here today enjoyed the happiness of Rochette's friendship and that of his charming wife, *Géraldine*. Friendliness, dependability, integrity, humility, good humour, are all words which describe the character of Rochette. I have never heard anyone say an unkind word about him. He, during difficult years and in his quiet way, held together and built up a group of anaesthetists who almost alone insisted upon respect for their professional status and for satisfactory economic conditions. He played a part in the organization of anaesthetists in Montreal and later in the Canadian Anaesthetists' Society, but he liked to keep himself in the background. He had no academic ambitions although he was a good clinical teacher, and he gave great support to *Léon Longtin*, one of his own boys, when he was organizing the anaesthesia teaching programme at the Université de Montréal. I shall never forget my last visit with *Roméo Rochette* when he lay helpless, after a stroke, in one of the beautiful rooms of his hospital. One could feel the aura of love which surrounded him—the nurses, the nuns, his colleagues, and his students all united in affectionate regard. *Roméo* held people together in friendship by the sheer goodness of his own character.

Another French-Canadian friend I like to recall in memory is *Moise Clermont*. Some of you perhaps don't remember him because although he died only last year (February 22, 1963), at the age of sixty, he had been in poor health and inactive in our Society for several years previously. *Moise Clermont* was best known for his leadership in the development, practice, and teaching of dental anaesthesia. He graduated from the University of Montreal in 1929, and soon became interested in anaesthesia. He worked at Hôpital St. Luc in Montreal, and also at Hôpital Miséricorde, but he became more and more interested in dental anaesthesia and from 1944 to 1954 he was Professor of Anaesthesia in the Faculty of Dentistry at the Université de Montréal. He had boundless energy

and enthusiasm for his work I remember collaborating with him sometime back in the 1930's in making a film on endotracheal anaesthesia I am sure this must have been one of the earliest anaesthesia motion picture films, and it would look amateurish now, but it was exciting in those days. Demonstrations of dental anaesthesia which Clermont used to put on at the University of Montreal for visiting anaesthetists were memorable and famous His private practice grew to the point where it was not unusual for him to give 40 or 50 anaesthetics a day in dentists' offices One can imagine that this was exhausting work, even for an expert, and perhaps contributed to his early death He found time, however, to take an active part in anaesthesia organizations, and for years he was the very active secretary of the Quebec Division of the Canadian Anaesthetists' Society His home on Girouard Avenue was the scene of many combined business, scientific, and congenial social sessions

Among others who pioneered in the development of anaesthesia in Montreal we should record the names of F W Nagle, W B Howell, and Charles C Stewart

Francis Willard Nagle (1880-1918) was anaesthetist at the Royal Victoria Hospital from 1907 to the time of his death in 1918 Perhaps his principal title to fame is that he was an inspiration and a teacher to Wesley Bourne, who worked with him for a number of years and who went on to bring such distinction to Canadian anaesthesia Bourne always speaks of Nagle with the greatest of admiration and affection I saw him work a few times before I went off to the war in 1915, but I did not know him personally I remember, however, the shock which went around at the news of his death because he was one of the first persons to succumb to the accidental inhalation of carbon monoxide from an automobile

After Nagle, *William B Howell* came to the Royal Victoria Hospital He was a man of a different type, born in Montreal and a graduate of McGill in 1896, but very English, very literary, and interested in anaesthesia mainly as a comfortable way to make a living He once wrote a paper in which he stated he liked anaesthesia because it was a specialty which left him time to indulge in the things he really liked to do He says

We have a certain amount of that inestimable boon, leisure We can keep ourselves familiar with everything that is worth reading in our specialty, and yet have time at our disposal for something else than the business of earning our daily bread It requires all my stock of moral courage, in such a strenuous age, to speak of leisure in this way I may confess here that I am in no way impressed by the strenuous man To such as he the prophet spoke, and spoke in vain, when he said "The wisdom of the scribe cometh by opportunity of leisure"

He had a simple but common-sense approach to medical problems For instance, he told me once that the only question to which we wanted to know the answer at preoperative examination was whether the patient walked into the hospital or was carried in If he was able to walk in he would give him an anaesthetic without any qualms, but if he had to be carried he felt he should examine him a little more carefully Howell liked the anaesthesia set-up as it then existed in his hospital, with nurses to do most of the routine work, and he

was distressed when early in the 1930's some of us organized the Montreal Society of Anaesthetists on a bilingual basis and began stirring things up. Not only did he refuse to join the Society himself, but he forbade any of his staff to join. This attitude was unfortunate because it delayed for years the development of modern anaesthesia at that great teaching hospital. "Billy" Howell retired to live in England in 1937, and there he continued to make contributions to the literature of the history of medicine until his death in 1947.

Young Arthur Wilkinson succeeded Dr. Howell at the Royal Victoria Hospital, after a short interval, and he brought the staff back into co-operation with other anaesthetists. However, Wilkinson was shy and retiring by nature, had no academic ambitions, and was plagued by poor health, so he was not able to do much towards the establishment of the Department of Anaesthesia at McGill. Economic conditions at the hospital at that time were such that it was impossible for him to attract adequate assistance. Arthur died in 1959 after a long and distressing illness which he faced with great courage. In 1955, Alan Noble took over as chief at the Royal Victoria with a much more satisfactory professional and economic arrangement, and he at last was able to build up the excellent anaesthesia staff of which the hospital is now so proud.

At the Montreal General Hospital, Howell had been anaesthetist before he went to the Royal Victoria in 1918. Then Dr. William Hepburn took over, and he was succeeded in 1928 by Dr. Charles C. Stewart, who remained in charge of the department until he retired in 1954. Stewart was one of the best-known Canadian anaesthetists. He came from Scotland as a young man, and started to study medicine at McGill in 1912. Like many of us who were medical students at that time, as soon as the war started Stewart enlisted for overseas service. He was a corporal in No. 3 Canadian General Hospital (McGill) when he was assigned the job of "pouring ether." This was his introduction to a long life as an anaesthetist. After much war service he graduated from McGill in 1921, and began the practice of anaesthesiology in Montreal, working for a few years with Dr. Wesley Bourne until he became "full-time" at the Montreal General. Charlie Stewart was a good practical anaesthetist and an excellent clinical teacher. He trained many men who subsequently became well-known anaesthetists in this country and in the United States. But he never had much interest in or aptitude for research, lecturing, or academic activity. He co-operated with those of us who were working to organize anaesthesia societies, he was an original member of the old Anaesthetists' Travel Club, and he was an excellent social companion. Charlie was my good friend for many years, and he often talked to me about the frustration of trying to carry on an anaesthesia service under the conditions of being salaried hospital employees. He never did manage to change the set-up, but as so often happens, his successors benefitted as the result of his arguments. Conditions are now more satisfactory, and in line with accepted Canadian standards. After his retirement Charlie Stewart worked on for a few years as anaesthetist at the Reddy Memorial Hospital in Montreal, but he suffered a stroke and died in 1958 at the age of 70.

The name most often associated with the development of anaesthesia in Nova Scotia is that of Walter L. Murr, who lived from 1882 to 1957. He graduated from

McGill in 1907, practised for a few years in Truro, served as a regimental medical officer during the First World War, and then spent the rest of his life as an anaesthetist in Halifax. He lectured in anaesthesia at Dalhousie University, was chief anaesthetist at Victoria General Hospital, and later at Camp Hill Veterans Hospital. The words which best describe Walter Muir are friendliness and integrity. Countless doctors in all the fields of medicine looked on him as a friend, and at a time when there were few other anaesthetists he laid the foundation of our specialty on solid professional grounds. He was at one time president of the old Canadian Society of Anaesthetists and he was a frequent attendant at anaesthesia meetings as long as his health allowed him to travel.

Thomas R. Hanley was a Toronto anaesthetist who was well known and well liked in the early days of organized Canadian anaesthesia. I can faintly remember him, as he died in 1927, when I had been only a few years in practice. Hanley graduated from the University of Toronto in 1911, studied in New York, London, and Vienna, and then started practice in Toronto. At the time of his early death he was one of the senior anaesthetists on the staff of the Toronto General Hospital. He was already so well known in anaesthesiology circles that the May-June 1928 issue of *Anesthesia and Analgesia* was designated the "T. R. Hanley Memorial Issue." In a tribute to his memory the editor states:

Tom Hanley was among the first of the Canadian anaesthetists to cross the border and make friends with his fellows in the specialty in the United States, and this fact, aside from his own personal charm and personality, had always endeared him to them. On this account there was deep and widespread grief at his passing. Taken at the peak of his career, the specialty of anesthesia suffered an irreparable loss. The names of Hanley and Nagle now stand for the two golden stars of Canadian anesthesia. Well known, respected and beloved by the profession to an unusual degree, Tom Hanley had woven about him as well the romance which is always associated with brilliancy in athletics. Director of Athletics at Varsity for some years, captain of champion hockey and lacrosse teams, standby of the Midland hockeyists in their championship, member of the Champion Orillia lacrosse team in 1904, and one of the lacrosse team which toured the world in 1907.

Those were the days when lacrosse was Canada's national sport, and it is nice to know that even in that field an anaesthetist played a prominent part.

So far I haven't made mention of any women anaesthetists. That is partly because in the early days they were few and far between, and partly because the most eminent of our women anaesthetists are still living and active. However, I would like to bring to your attention the story of one of my former students who did manage to demonstrate in her too short life the qualities of determination, persistence, hard work, and integrity which eventually bring success. I refer to the late *Dr. Violet Richardson Frost*, who died suddenly while at work, in Montreal, on January 4, 1963. Dr. Frost was born in Australia, graduated from the Vancouver General Hospital School of Nursing, and was employed as an operating room nurse at the Montreal Neurological Institute when she developed an unquenchable ambition to become an anaesthetist. With the co-operation of her husband, Jack Frost, a well-known Montreal consulting engineer, Violet enrolled in Sir George Williams University in order to prepare herself to enter McGill as a medical student. After her first year at McGill she took time off to

have a baby, but after that she continued her studies and graduated with her M.D. in 1951. She interned at the Queen Elizabeth Hospital of Montreal, and then enrolled in the McGill Diploma Course in anaesthesia, which she completed successfully in 1955, and finally her ambition was fulfilled by passing the examinations for Certification in both the Royal College and the College of Physicians and Surgeons of Quebec. Dr. Frost then joined Dr. Rochefort on the anaesthesia staff of the Jean Talon Hospital in Montreal. This hospital later came in for unfavourable publicity as the result of an inquiry into the scandalous activity of a few surgeons. Criticism never touched the anaesthesia department in any form whatsoever, but nevertheless the anaesthetists, like all the other good people in the hospital, were under a great nervous strain. In 1961 Jean Louis Rochefort died from a heart attack, mourned and respected by countless friends, and Violet Frost was left to carry on the department, and build it up to take an honoured place in the good hospital which was quickly rising from the ruins of the reputation of the old one. She was just getting started on this task, working with enthusiasm and boundless energy, when one night at the hospital she fell unconscious. She was taken quickly to the Neurological Institute, where so many years before she had first caught the vision of becoming an anaesthetist, but there she died as the result of a massive haemorrhage from a cerebral aneurysm. She was one of our colleagues who will be remembered with great affection and pride.

I must bring to an end this chronicle about my friends. As you can see the list is incomplete. Many whose work should and will be recorded are still with us. Perhaps their stories, and the stories of others from the past whom I have omitted may be included in subsequent chapters. I would be glad to hear from any of you about anaesthetists whose names should be incorporated in this kind of a Canadian "hall of fame."

And now let us all thank God for these men and women who by their wisdom, vision, persistence, dedication, and integrity have brought the specialty of anaesthesiology to its present respected status.