

49 Mathoura Road

Geoffrey Kaye's Center of Excellence for the Australian Society of Anaesthetists

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ABSTRACT

Geoffrey Kaye, M.B.B.S. (1903 to 1986), was a prominent Australian anesthetist, researcher, and educator who envisioned that anesthesia practice in Australia would be comparable to European and American anesthesia practice during the 1940s and 1950s. Kaye's close relationship with Francis Hoeffler McMechan, M.D., F.I.C.A. (1879 to 1939), which began when Kaye left a favorable impression on McMechan at a meeting of the Australasian Medical Congress in 1929, eventually led Kaye to establish an educational center for the Australian Society of Anaesthetists at 49 Mathoura Road, Toorak, Melbourne, Australia, in 1951. The center served as the "Scientific Headquarters" and the Australian Society of Anaesthetists' official headquarters from 1951 to 1955. Although anesthesia's recognition as a specialty was at the heart of the center, Kaye hoped that this "experiment in medical education"—equipped with a library, museum, laboratory, workshop, darkroom, and meeting space—would "bring anaesthetists of all lands together" in Australia. The lack of member participation in Kaye's center, however, led Kaye to dissolve the center by 1955. Previous research has documented the history of Kaye's center from correspondence between Kaye and influential American anesthesiologist Paul M. Wood, M.D. (1894 to 1953), from 1939 to 1955. Through letters Kaye sent to American anesthesiologist Paul M. Wood, M.D. (1894 to 1963), the authors see Kaye's detailed plans, design, and intent for the center at 49 Mathoura Road. Comparisons of Kaye's letters to Wood during the 1950s with his letters to Gwenifer Wilson, M.D., M.B.B.S. (1916 to 1988), during the 1980s illustrate a change in Kaye's perceptions regarding the failure of the center. (**ANESTHESIOLOGY 2016; 124:1222-9**)

GEOFFREY Kaye, M.B.B.S. (1903 to 1986) (fig. 1), a prominent Australian anesthetist, researcher, and educator, envisaged that anesthesia practice, education, and research in Australia would gain international prominence. Kaye published original research on anesthesia-related mortality in Australia, engineered anesthesia equipment, and wrote extensively on the practice of wartime anesthesia.¹⁻⁴ His enthusiasm for anesthesia caught the attention of Francis Hoeffler McMechan, M.D., F.I.C.A. (1879 to 1939, Secretary General, International Anesthesia Research Society, Rocky River, Ohio) at a 1929 meeting of the Australasian Medical Congress in Sydney. The meeting coincided with the establishment of a Section of Anaesthetics in the Australasian Medical Congress.⁵ Kaye was given the opportunity to present research on anesthetic mortality to the Congress when the original speaker became ill. McMechan was so impressed by Kaye's demonstration that he arranged for Kaye to study anesthetics abroad.⁶ Kaye reports that shortly after the 1938 Australasian Medical Congress, an ailing McMechan charged Kaye to "bring anaesthetists of all lands together."^{5,7} Acting on those "orders" during the ensuing decades, Kaye established a center of excellence for the Australian Society of Anaesthetists (ASA) at 49 Mathoura Road, Toorak, Melbourne, Australia, in 1951. Kaye

referred to the center as "49." Kaye recounts his meeting with McMechan as follows:

He asked me if I knew why I had been so well received... on my previous visit to Europe and North America. I said that I had possibly been a personable young man. No, he said, that was not the reason: I was being 'vetted' as his possible successor as Secretary General of the IARS [International Anesthesia Research Society]. ... [McMechan] The world is sliding into war. When that war ends, the only country possessed of money will be the United States, and they will want an American Secretary General. Therefore, go back to Australia and do the best you can. If you survive the war, do your best to bring the anaesthetists of the world together again.⁵

Anesthesia's recognition as a specialty was at the heart of "49." Kaye hoped his work "increased [the] status of anaesthetists and promoted acceptance of anesthetics as a specialty," one characterized by departments of anesthesia distinct from surgery, with salaried university faculty conducting clinical research at affiliated hospitals.⁷ Kaye's "experiment in medical education" was equipped with a library, museum, laboratory, workshop, darkroom, and meeting space. A lifelong bachelor, Kaye maintained a private residence on the upper floor of the building.⁴ Kaye hoped that Australian anesthesia would gain international prominence by incorporating the elements of

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Fig. 1. Dr. Geoffrey Kaye (right) with Dr. Robert H. Orton (left). This image depicts Kaye and Orton discussing a glass apparatus. Along with Dr. Douglas G. Renton, Kaye and Orton authored *Anaesthetic Methods*, a seminal book published in 1946 on developments in Australian anesthesia and surgery during the Second World War. Image courtesy of the National Archives of Australia.

clinical anesthesia practiced in the United Kingdom and the anesthesia research seen in the United States.⁵ He believed that a center of excellence was essential to achieving his vision for Australian anesthetics. Kaye secured the property at 49 Mathoura Road between May and October in 1950,⁶ concomitant with the establishment of the Faculty of Anaesthetists within the Royal Australasian College of Surgeons (RACS).⁵ The center was also intended to facilitate the publication of an Australian journal of anesthetics.⁷

Prominent anesthesiologists mentored Kaye, including John S. Lundy, M.D. (1894 to 1973, Professor of Anesthesia, The Mayo Foundation for Medical Education and Research, Rochester, Minnesota; President, American Society of Anesthesiologists [1946]), Wesley Bourne, M.Sc., M.D. (1886 to 1965, Founding Chairman and Professor of Anaesthesia, Faculty of Medicine, McGill University, Montreal, Quebec, Canada; President, American Society of Anesthesiologists [1942]), Ralph M. Waters, M.D. (1883 to 1979, Professor and Chair, Department of Anesthesiology, University of Wisconsin, Madison, Wisconsin; President, American Society of Anesthesiologists [1945]), and Paul M. Wood, M.D. (1894 to 1963, Librarian-Curator, Wood Library-Museum,

New York City, New York). Wood was an American anesthesiologist whose personal collection of anesthesia-related books and apparatus formed the basis of the Wood Library-Museum of Anesthesiology.^{4,8,9} Kaye and Wood met as early as 1930 and maintained correspondence on public and private matters over several decades.⁵ The tumultuous rise and fall of “49” has been previously documented through analysis of Kaye’s correspondence with Wood between 1939 and 1955.⁴ Less is known about Kaye’s design for the center. Through the letters Kaye sent to Wood, we discuss Kaye’s design for and intended use of the library, museum, and laboratory of “49.”

Geoffrey Kaye’s Letters

This article is largely based on 8 letters,^{10–17} written between May 7, 1939, and April 19, 1955, which are a part of a collection of 11 letters Kaye wrote to Wood between May 7, 1939, and April 19, 1955. These letters are located in the Paul M. Wood Collection at the Wood Library-Museum of Anesthesiology (Schaumburg, Illinois). Although there were likely additional letters, particularly during the gap between the three letters in 1939 and the eight letters from 1952 to 1955, we were unable to find either these letters or Wood’s correspondence with Kaye. We also used two letters Kaye wrote to the Federal Executive^{18,19} (the governing body of the ASA comprised anesthetists elected to represent different Australian states) and four letters between Kaye and Gwenifer Wilson, M.D., M.B.B.S. (1916 to 1998, Honorary Anaesthetist, Sydney Hospital and St. George Hospital, Historian, Sydney, New South Wales, Australia) between March 20, 1981, and November 25, 1983.^{20–23}

Kaye’s Educational Center for the ASA, 1951 to 1955

History of the Center

Before the establishment of the ASA’s headquarters at “49,” the ASA maintained its library, museum, and records at the RACS from 1939 to 1946. The ASA’s relationship with the RACS abruptly stopped in 1946, as Kaye wrote, “the College for some reason gave us rather curt notice to leave its premises.”⁷ From 1946 to 1951, the ASA housed its materials in what Kaye described as “two derelict laboratories” at the University of Melbourne.⁷ One laboratory room housed the ASA’s library and museum materials, and the other was reserved for education.⁷

Kaye felt “49” provided the opportunity to reconcile the members’ frustrations with the “bleak, austere and remote” arrangement at the University of Melbourne and to facilitate the long-term goals of the ASA.⁷ Kaye aptly designated “49” as the “Scientific Headquarters of the Society,” and it served as the official ASA headquarters from 1951 to 1955.⁷ Kaye’s correspondence with Wood suggests that Kaye began procuring artifacts for a museum as early as 1939.¹⁰ This was shortly after McMechan’s conversation with Kaye, in

which he charged Kaye with the task of increasing Australia's reputation internationally. Although Kaye wrote to Wood, "Our Society, like your Society, proposes to have a museum to illustrate the evolution of anaesthetic appliances,"¹⁰ it is unclear to what extent Kaye spoke on behalf of the ASA.

Plans for the center secured unanimous approval at the May 30, 1950, meeting of the Federal Executive.⁷ Kaye purchased the property using his inheritance from his father's estate. Kaye held university appointments at the medical and dental schools of the University of Melbourne²⁴ but partially financed the recurring expenses for the center by anesthetizing snakes at the National Museum of Victoria.^{11*} The society's expenses from the center were limited to "gas, light, telephone, stationery & suppers."²¹ For Kaye, establishing "49" as the physical home of the ASA was "the best way of conforming to McMechan's wishes."²¹ He maintained ownership until the center was dissolved in 1955. The ASA agreed to a 5-yr term of lease of the headquarters at a rate of 1 shilling per year.⁷ Although there was initially some discussion of the right of renewal of the lease, the society agreed to grant this authority entirely to Kaye. According to Kaye, "the original plan was to deed the entire place to the ASA, keeping only rent-free life-tenancy of the flat upstairs."²¹ Kaye's solicitors, however, "objected strongly, pointing out that relations with the Society might not last."²¹ The 5-yr lease agreement gave Kaye the option of reviewing the progress of "49" in 5 yr.⁷ The ASA leaders initially seemed excited about the prospects of "49," as shown in ASA President A. W. Robertson's statement that "it seems hardly necessary to point out that many obvious advantages must accrue to the Society and its individual Members in acquiring such a magnificent HQ [headquarters]."²⁷

By March 5, 1951, Kaye had purchased "49," opened the facilities, and transferred library and museum materials from the University of Melbourne.⁷ Kaye's first order of business was to publish the *ASA Newsletter*, which he accomplished, publishing the inaugural issue in July 1951.⁷ Although Kaye lamented the lack of member participation in the monthly *Newsletter*, Gwenifer Wilson wrote in 1984 that the publication was Kaye's own "self-appointed task [which] was carried out with an enthusiasm and dedication much appreciated by the Society and its Honorary Members at home and abroad."²⁷

*Kaye served as Instructor in Anaesthesia at the University of Melbourne Dental School from 1937 to 1954, Lecturer in Anaesthesia at the University of Melbourne Medical School from 1937 to 1956, and Senior Lecturer in Anaesthesia at the University of Melbourne Dental School from 1954 to 1957.²⁴ Although Kaye maintained this regular university employment from 1937 to 1957, it is not clear whether he earned a significant income from his university service, nor whether he used this income to fund expenses incurred at "49."

Library

Kaye saw the library as central to the mission of "49" and to "the lifeblood of any medical society."¹⁸ According to Kaye, the goals of the library were to support:

Teamwork in watching the German, French and other foreign journals of anaesthetics ... an abstracting service ... an effective lending-library ... systematic procurement of new books on anaesthetics and allied subjects ... [and] education by means of anatomical models.¹⁹

The library holdings and lantern-slide library were identified by serial headings, which allowed researchers independence given the lack of a full-time librarian on staff.¹⁵ The lantern-slide library held six hundred 35-mm slides with the intention of making duplicate copies for each of the ASA's state sections.⁷ Each slide's corresponding serial number with a contact print was mounted in a notebook to aid the lecturer in finding the appropriate slides (fig. 2). Anatomical displays helped anesthetists prepare for examinations.¹⁵ Kaye envisaged that the library would inspire Australians to become world leaders in anesthesiology. He hoped that library walls adorned with maps would "encourag[e] international thinking."¹⁵

The library had a lending service for its holdings, which were primarily European journals of anesthesia.¹⁹ In addition to studying recent advances in anesthetics, Kaye hoped that members would organize themselves in groups to facilitate the "lending, abstracting, and translating services."¹⁹ He envisioned that the library would grow to exceed the holding capacity of "49," necessitating the formation of "branch-libraries in other capital cities of Australia."^{27,19} For Kaye, the library was a center that could promote the dissemination and evaluation of anesthesia-related information, provide services, facilitate publication of the monthly *Newsletter* and an anesthesia journal, and maintain a visual aids library, a darkroom, and a place for statistical research.

Museum

The museum was the frontispiece for "49." The museum was necessary for the promotion and cultural preservation of the specialty. According to Kaye, the objectives of the museum were to facilitate:

Systematic acquirement of recent anaesthetic equipment... [and] occasional displays and lecturettes upon design, evolution and structural principles of apparatus.¹⁹

Kaye organized the museum as a series of discrete showcases arranged by topics including valves, masks, IV anesthesia, spinal analgesia, and oxygen therapy.¹⁵ Each artifact was highlighted with a line drawing and a card describing the evolution of the piece, its advantages over previous technology, and reasons why it was discontinued. These cards stressed the physiological "pros & cons" of technologies that were still in use at the time. The overarching goal of the museum exhibits was to "lure" young anesthetists into reading the cards not only to ascertain "important historical material" in the modern slides, but also to allow the



Fig. 2. Dr. Geoffrey Kaye (*top left*) lecturing in the 1950s. This image depicts Kaye lecturing on anesthetic equipment. Image courtesy of the Geoffrey Kaye Museum of Anaesthetic History.

anesthetists to “form an evolutionary ‘lead-in’ to the current equipment.”¹⁵ Kaye believed that the historical information in the museum should be secondary to contemporary topics and that only major points should be stressed. Physical examples of current equipment were housed on the museum floors and fully connected so as to demonstrate their proper operation. Kaye anticipated that the museum collections would also outgrow “49” and necessitate branch museums in other states in Australia.¹⁵

Support Services

Dedicated space for the ancillary services for “49” was essential to the center’s self-sufficiency. These services included space for a meeting room, offices, committees, and personnel. The goals of the support services included the following:

Frequent, detailed and early dissemination of news ... medium—the new Journal and/or a larger and better organized Newsletter ... if duplication be deemed inadequate ... catering: ... cleaning: improvement of amenities ... social, as well as technical gatherings of members and their wives ... [and] women’s committee, with social and fund-raising activities.¹⁹

The 21- × 14-foot meeting room was equipped with a blackboard, a projector and stand, tubular steel chairs, leather seats, a recorder, mounted microphone, and a projector

screen for display. Multiple lighting types were installed throughout the room, including subdued lights, half-lights, and overhead lights.¹⁵

Although the meeting room could hold 53 individuals, each room in the house was wired with an audio intercommunication system for broadcasting in the event of overflow.¹⁵ The power source and voice amplifier could be established in any one of the main rooms of the house, and the voice receiver could be carried to other rooms.¹⁵ Because the system was installed between the two stories, Kaye could hear the meeting held downstairs while he was upstairs.²¹

The center was also equipped with an office for the ASA Federal Secretary position. It served the administrative duties of the office, including transcription of members’ manuscripts, statistical analyses, and newsletter production.¹⁵ Kaye hoped that members would transform the *Newsletter* from one of “domestic” to international value.¹⁰ But Kaye complained that members were not interested in working for the *Newsletter* and that the burden of its content and publication was entirely borne by him.⁷

Machine Shop

Kaye’s most detailed descriptions were of the workshop (fig. 3), perhaps biased by his own work in machinery with Elmer McKesson (1881 to 1935, inventor and manufacturer

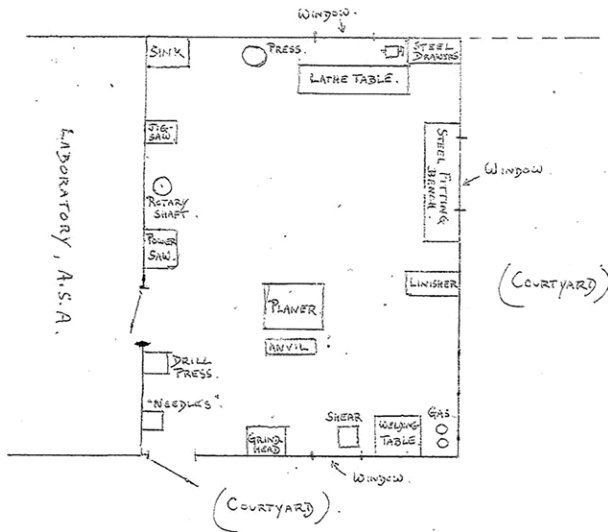


Fig. 3. Dr. Geoffrey Kaye's drawing of the workshop at 49 Mathoura Road, Toorak, Melbourne, Australia. This image depicts Kaye's design and equipment in physical relation to the laboratory and courtyard at 49 Mathoura Road, Toorak. Image courtesy of the Wood Library-Museum of Anesthesiology.

of anesthesia equipment, Toledo, Ohio). Kaye viewed the workshop as an essential space for providing:

Assistance to members in developing new technical ideas ... routine service to "49" (sections, new equipment, *etc.*) ... darkroom: maintenance and modernization of the existing lantern-slides to less well-equipped States ... provision of film-strips and lantern-slides to less well-equipped States, copying and photostatic services to all States ... [and] acquirement of 16 mm sound-projection equipment.¹⁹

Kaye wrote that the workshop measured 20 × 14 feet "as a minimum" with concrete floors and that "[every] available inch of wall-space should be devoted to shelves"¹⁵ (fig. 3). Benches and shelves held precision tools and items needed for machinery work. Kaye invited members to use the center's machine shop not only to maintain personal anesthetic equipment but also to develop new equipment that could be tested on-site before being used on private patients.¹⁵ He planned for the workshop to have a supervisor to maintain control of the workspace—to keep the keys to the workshop, to be present whenever members used the shop, and

†Kaye believed the ability to assess anesthetic equipment was a necessity for the center. In a November 16, 1954, letter¹⁶ to Paul M. Wood, Kaye wrote, "I had proposed that we revive our dormant Committee on Standards, so as to test all anaesthetic appliances marketed in Australia and to give a badge of approval to those found satisfactory."

‡In a letter to Paul Wood dated March 15, 1952,¹¹ Kaye wrote, "We have two classes of anaesthetists. The first comprises salaried servants of public hospitals, who care for non-paying patients only and do not receive fees. The second class consists of honorary anaesthetists, who give their services gratis to non-paying patients and charge fees to paying ones. In the last-mentioned case, the arrangement is between anaesthetist and patient and the hospital does not enter into it at all."

not to allow any member to use equipment without training or having demonstrated requisite safety and proficiency.¹⁵ Kaye hoped to offer a formal class in navigating the basics of the workshop taught by "a retired instrument-maker kindly undertaking the office of honorary instructor."¹⁷

The usefulness of the workshop was a function of its design and tools, which included a lathe, planer, welding machine, grinder and buffer, needle sharpener, dental drill, electrical etcher, power-saw, metal cutter, and fly-press. Each powered machine tool required its own motor drive "mounted upon a rigid stand of welded angle-iron, securely bolted to the floor."¹⁵

The lathe was a semiprecision-type lathe with an 8-inch swing and roughly 4-foot bed with "a full range of chucks, milling—and drilling—attachments, vertical slide, collets, &c." The tools and torch used for welding sat atop a firebrick 18-inch square table. Gases were stored behind a steel screen.¹⁵

A conventional half-horsepower, half-inch 300- to 4,000-rpm drill press sat near a vibration electrical etcher, electrical soldering iron, and power-saw powered by a one-fourth horsepower motor and a 12-inch hacksaw blade. Kaye believed that the rotary-shaft machine was perhaps the most essential and versatile tool in the workshop with "infinite utility in drilling, grinding, wire-brushing, buffing, or milling out the ducts in sectioned apparatus." Instruments were kept on machine stands with wooden decking and shelves to provide adequate storage space for appliances. The space also had several windows, and 40-W fluorescent lights were strategically placed to allow adequate bright lighting. Each machine stand had a small industrial lamp with a 25-W globe for "precision-machining."¹⁵

Laboratory

The laboratory at "49" was critical to the research and teaching mission of "49." The objectives of the laboratory, according to Kaye, included:

Testing of all new appliances offered for sale to Australian anaesthetists ... issu[ing] of a badge of approval of manufacturers of approved apparatus ... † testing of members' private apparatus ... [and] liaison with pharmacologists and allied workers, with a view to an eventual Commonwealth Bureau of Anaesthetic Standards.¹⁹

Kaye's laboratory held one bench and three long tables (table 1). To be self-sufficient, he planned for all chemicals used in the darkroom and workshop to be prepared in the laboratory, including chemicals for filmstrip and lantern-slide preparation. The bench contained basic equipment of scientific research. Kaye hoped that anesthetists would use the equipment to conduct "quick pre-operative biochemical tests for [their] private patients‡" in the laboratory.¹⁵

The tables in the laboratory were stocked with materials to support the research mission of the center. Some of the tools were portable, which allowed anesthetists to borrow them to conduct tests offsite.¹⁵

Table 1. Laboratory Equipment at 49 Mathoura Road

Bench	Table 1	Table 2	Table 3	Other Equipment
Fish-tailed Bunsen burners	Rubber tubing	Gas-mixing burette used to concoct standardized mixtures to test analyzers with a chemical balance and burette stand	Used as workbench	Projector lamps
Orifice plates	Side-tube adapters for gas machines analyzers			Endoscopes
Gas rings				Suction pumps
Resistance-measuring apparatus	Copper sulfate blood-gravity sets			Filter pumps
Inclined manometers	Hemoglobinometers			Electrical air pumps
Casella manometers	pH paper			Berkefeld filters
Basic glassware	Chloride paper			Electrical multimeters
				Small electroplating sets for anesthetic apparatus
				Analytical tools for proficiency tests
				Hygrometry kits
				Side-tube adaptors
				Venous manometers

This table lists the equipment in the laboratory at 49 Mathoura Road, which consisted of a bench and three long tables. The bench held basic materials for scientific research and the tables held equipment to support the research mission of the center. Some of the materials were portable and allowed anesthetists to conduct basic tests offsite.¹⁵

History of “49” Revisited

Kaye and the ASA leadership had different visions for “49.” Kaye envisaged a “diffusion center” of scientific and technical information for anesthetists in Australia.⁴ The ASA, however, likely viewed the center as a “stable place for its records, its secretariat, its museum and its library.”⁷ These resources, Wilson wrote, were to be used “if members wished to use them.”⁷ The mutual misunderstanding of the goals of “49” may be partly explained by the ASA’s failure to state its intent for the center at the outset.

By March 1955, Kaye had dissolved “49.”⁴ The premises were sold to the Australian Dental Association, and its contents were transferred back to the RACS.^{4,7,11} After the closure of “49,” the official records of the ASA were stored in a hospital basement because the ASA lacked a central office. Feeling the loss of its center, the Federal Executive began discussions in 1957 about reviving a new “ASA House.”⁷ It was not until 1972, however, that the ASA would establish a new headquarters in Sydney, Australia.²⁵

After the fall of “49,” Geoffrey Kaye withdrew from the anesthesia community. Despite the center’s closure, Kaye continued to conduct research (primarily in electronics), collected artwork, published a number of nonmedical articles, and worked avidly in his home workshop.⁴⁻⁶

In 1981, Gwenifer Wilson, Federal Secretary of the ASA during the demise of “49,” wrote to Kaye to solicit his perception of the events.²⁰ Wilson hoped to gather Kaye’s recollections of the circumstances surrounding the center because she was writing an official history of the ASA in celebration of its 1984 Jubilee.²⁰

In a March 20, 1981, letter to Kaye, Wilson wrote, “You see Mathoura Road from your point of view. I, as Federal Secretary of the A.S.A. at the time, see it from the Society’s point of view.”²⁰ She continued the letter by stating several conclusions made after studying the events surrounding the demise of the center, “in the light of changes since that time.”²⁰ Wilson argued that the ASA was too small and only 5 yr removed from its “rebirth after the war” to sustain Kaye’s grand vision for the center. This was a

period of transition for the burgeoning specialty, with few “qualified members” and “only the early beginnings of salaried Services and Departments,” which she believed explained why Kaye was unable to garner support for the center.²⁰

Kaye, in turn, blamed the failure of “49” on lack of support from the ASA and its membership. Wilson challenged this contention by noting that the Federal Executive approved to “offer paid help” for many of the responsibilities for the center but that Kaye’s “attitude was then and I have no doubt still is, that this work should have been done as a matter of obligation, interest and pride, by members of the Society.”²⁰

According to Wilson, part of the problem was that the center was “too personalized.”

There is no doubt that the Executive should never have agreed to the conditions under which the project was launched. If it had not, much heart burning and bitterness would have been saved. No executive of later years would have agreed to the suggestion that after 4 years trial the decision to abandon the project should be yours alone.²⁰

Kaye rejected the notion that the center was too personalized but asserted that there was a *perception* that it was too personalized.²¹ Kaye believed that many in the ASA believed that he was power-seeking in an effort to become “dictator of the ASA.”²¹ He maintained that he never intended to keep sole leadership of the center. Kaye objected to the belief of some members of the ASA that he had “merely allowed the Society to have use of a part of [his] family home,” arguing that the “venture was new from the beginning.”²¹ In fact, Kaye argued that “49” had only “become habitable in mid-1950,” shortly before the formal opening of the center in 1951 by Sir Robert Reynolds Macintosh, M.A., D.M., F.R.C.S.E., D.A. (1897 to 1989, First Nuffield Professor of Anaesthetics, University of Oxford, Oxford, England, United Kingdom).^{7,21}

Kaye’s November 16, 1954, letter¹⁶ to Wood discussed his fears that the power struggle between Sydney and Melbourne threatened the stability of the ASA, forcing the Faculty to take more control. He described the conflict as a “game of

power-politics [which] is white-anting§ the ASA.”¹⁶ Kaye's fears likely were more perceived than real: Wilson's March 20, 1981, letter²⁰ to Kaye argued that Kaye's fears that the formation of the Faculty of Anaesthetists of the RACS “spelt doom for the ASA” did not prove to be true. Kaye agreed, stating, “I confess to having ‘backed the wrong horse’ in this matter. I'd seen too much of the dictatorial German surgeons, & of Anglo-Americans who copied their methods, ever to wish the ASA to be dominated by the College. As we now know, things didn't work out like that; a happy arrangement exists, with the ASA handling the clinical & political side of anaesthetics, & Faculty the educational.”²¹

Although Kaye's letters to Wilson during the 1980s also show his greater awareness of the social, economic, and political factors contributing to the demise of the center, he maintained that he was “blameless” for its failure.^{4,7} The interstate conflicts between New South Wales and Victoria were settled, with Sydney wielding most of the power. Moreover, many of Kaye's fears regarding ASA leadership did not come to fruition, as the ASA leadership proved to be more united than he had anticipated during the previous decades.

Conclusion

Kaye's decision to close the center was difficult; for many years after, he questioned his own leadership and ability to garner support for “49.” It is also clear that Kaye took the ASA's failure to support the center as his own personal failure. In this final letter of the Kaye–Wood series, Kaye writes “Well, that is the end of ‘49’. However it could have succeeded, and I am confident that someone else, better fitted for the task and perhaps in more favourable surroundings, will in fact make a success of a similar scheme.”¹⁷ He withdrew from anesthesia research and organized anesthesia. Kaye hoped that despite its failure, “49” had some effect of strengthening the Society, or at the very least, “gave a small lesson to the ASA in the value of drive & teamwork.”¹⁷ This, he hoped, would allow future anesthetists to carry on his goal for Australian anesthetics.

Geoffrey Kaye's letters provided insight into his detailed plans for the educational center at 49 Mathoura Road. These documents underscored Kaye's commitment to teaching, research, and the cultural preservation of the specialty. Kaye's academic and political activities benefited the ASA.

Today, Australian anesthesiology celebrates Kaye as a pioneering curator and educator. Kaye was a founding member of the ASA and one of Australian anesthesia's early pioneers. The independent Australian and New Zealand College of Anaesthetists' new learning center in Melbourne houses his namesake Geoffrey Kaye Museum of Anaesthetic History, which sponsored the 2013 Geoffrey Kaye Symposium. The Geoffrey Kaye museum holds more than 8,000 artifacts in

its collection. Its holdings, which are international in scope, showcase over 170 yr of anesthesia history. The exhibitions are for the use of medical students, physicians, and the public. Gwenifer Wilson's assessment appears to have been correct: despite the unfortunate failure of the experiment at “49,” the early ASA's experiences no doubt had some effect of “cementing the Society,” which enabled the realization of Kaye's vision over the ensuing decades. In this sense, Geoffrey Kaye succeeded in fulfilling McMechan's orders to “bring anaesthetists of all lands together” in Australia.

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Competing Interests

Dr. Waisel has received salary funding from the Department of Anesthesiology, Perioperative, and Pain Medicine, Boston Children's Hospital, Boston, Massachusetts. Mr. Edwards declares no competing interests.

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§White-anting refers to the white termites that eat away at wooden foundations. In Australia, the term “white-anting” indicates an undermining of an entity from within.

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