Harold Randall Griffith, 1894–1985, was born in Montreal and graduated M.D., C.M. from McGill University in 1922, gaining a Doctorate of Homeopathic Medicine from Hahnemann Medical College of Philadelphia in 1923. We who practise anaesthesia shall be forever indebted to Dr Harold, as he was affectionately known by his peers, because, on January 23, 1942 he and his Resident, Dr Enid Johnson, used curare for the first time during anaesthesia to produce muscle relaxation. On that day, almost 100 years after ether anaesthesia had been demonstrated by William Morton, Dr Griffith revolutionized the practice of anaesthesia by demonstrating that a substance which, until then, was considered a poison could be used safely to produce muscle relaxation during surgery. Before the introduction of curare, this could only be produced by deep chloroform, ether or cyclopropane anaesthesia with its attendant morbidity. Thus, Harold Griffith introduced the most important advance since the launching of the infant specialty, not only in terms of reducing morbidity and probably mortality, but also because it greatly increased the scope of surgery. Despite the many advances in anaesthesia since 1942, there is nothing that compares to the importance of Dr Griffith’s contribution.

We who were privileged to work with this quiet, humble man who dedicated his life to the practice of anaesthesia, are often surprised and frustrated by the number of young, and not so young anaesthetists—even at McGill University—who do not recognize his name, let alone the new approach and fresh look he gave the specialty. McGill University is in the process of creating a Research Chair in Anaesthesia in his memory and, therefore, it seems appropriate to review briefly his career and the circumstances that propelled him to international renown.

Dr Harold, early in his medical training, developed an intense interest in anaesthesia. He had the good fortune that his father was the medical director of Homeopathic Hospital in Montreal, subsequently to be renamed the Queen Elizabeth Hospital, and it was there that he cultivated his interest in anaesthesia. Although he did not have special training in anaesthesia he considered himself fortunate in having among his many friends three of the most important anaesthetists in the world. They were Dr Frank McMechan of Cleveland who founded the International Anaesthesia Research Society, Dr Wesley Bourne who became the first Professor of Anaesthesia at McGill University in 1946 and emphasized the importance of basic sciences in anaesthesia, and Dr Ralph Waters of Madison, Wisconsin who was a world expert on cyclopropane, and the first full Professor of Anaesthesia in a Medical School.

Dr Griffith published his first paper, in which he set out guidelines for the safe practice of anaesthesia, in 1922 while a medical student. He emphasized the importance of constant vigilance and the accurate recording of respiration, arterial pressure, pulse and the anaesthetic drugs given. He placed great importance on making sure that the patient was breathing adequately and, if not, recommended assisted ventilation. The interpretation of changes in arterial pressure and heart rate were clearly and accurately amplified. His meticulous record-keeping would solve many medico-legal problems if all practising anaesthetists would emulate him. He became the Chief of Anaesthesia at the Homeopathic Hospital in 1923, a post which he held until 1959. He continued to give anaesthetics until 1966. His younger brother Jim was the Chief of Surgery and his father was Medical Director; thus, he was in a good position to strive continually for important innovative changes in anaesthesia. For instance, in 1923 he felt ethylene was a better anaesthetic than nitrous oxide and used it almost exclusively for 10 years, the only physician in Montreal to do so. He soon began to deliver papers on his experience with this drug and this brought him to the attention of
Dr McMechan and Dr Waters. They quickly recruited him into their cause of advancing the infant and poorly appreciated specialty of anaesthesia. His status as a clinician, researcher, teacher and organizer grew rapidly. In 1933 Ralph Waters drew his attention to cyclopropane; this he took up enthusiastically and used to the end of his practice. He published extensively, and became a world authority, on this particular anaesthetic drug. It was on this background that he was given the opportunity of being the first anaesthetist to use curare in anaesthesia, although it had previously been used in psychiatry. The circumstances surrounding the first use of this drug are best told in Dr Griffith’s own words: “Like everyone else, I knew that there was a need for better muscular relaxation during certain surgical procedures so I pricked up my ears when, in 1940, Dr Lewis Wright told me of his idea that curare might provide that relaxation. He told me of the work of Dr A. E. Bennett, of Nebraska, who had been using the new preparation, Intocostrin to soften the convulsions of patients undergoing shock therapy for psychiatric disease. Because curare had a fabulous reputation as a poison, I was only mildly interested, but I kept thinking of the possibilities.

“I met Dr Wright again in 1941, and asked him how he was getting along with his idea. He said he still thought that curare might be of value to the anaesthetist but he hadn’t been able to get anyone to try it in the Operating Room. I argued to myself that if it did not kill Dr Bennett’s patients it could hardly do any serious harm to ours, because the major danger would be respiratory paralysis and even at that time anaesthetists were accustomed to maintaining controlled respiration over long periods so I asked Dr Wright to send me some Intocostrin.

“On January 23, 1942 at the Homeopathic Hospital in Montreal [now the Queen Elizabeth Hospital] my resident, Dr Enid Johnson, and I administered the first dose to a young man undergoing appendectomy ....” Dr Harold observed rapid relaxation of the abdominal muscles, was able to reduce to concentration of cyclopropane and in this case did not need to assist ventilation. Twenty-four further patients were given Intocostrin and he concluded that the drug could be used safely and successfully. Even though only 25 patients had been studied, he felt it important to publish these results so that others could confirm or negate his findings. The first paper on the use of curare appeared in *Anesthesiology* in July 1942 and the reaction to it was swift in coming. Those who did not take time to try the drug were often scathing in their condemnation of its use and implied that Dr Griffith had acted irresponsibly in using the poison, while others who used curare in the operating room were unanimous in support of his findings.

Other prominent anaesthetists had been given the opportunity of being the first to use curare and, although they probably possessed equal wisdom, knowledge of physiology and anaesthesia as did Dr Griffith, they did not have the courage to use it first in man. Courage was part of his character, but it did not lead him to act irresponsibly and so, as has been related by him, it was first used in man after considerable thought had been given to the possible dangers of its use.

He had previously shown courage when, during the First World War, his medical studies being interrupted, he was awarded the Military Medal for bravery at the Battle of Vimy Ridge. He then transferred to the Royal Navy where he served as a Surgeon Sub-Lieutenant to the end of the war. In the Second World War, as a Wing Commander in the Royal Canadian Air Force, he developed a rapid training programme for physicians who would be going overseas to administer anaesthetics. Thus, he had the distinction of serving in all three branches of the Armed Forces. During World War II he trained many young men who subsequently became well known anaesthetists in Canada and abroad. He also gained the experience which led him to organize the McGill University Training Programme in Anaesthesia. When Dr Wesley Bourne became the first Professor of Anaesthesia at McGill University in 1946 he invited Dr Griffith to join his staff and when Dr Bourne retired Dr Griffith became Professor and Chairman in 1951, a position he held to 1956. In that year he was honoured by being named Professor Emeritus at McGill. He succeeded his father as Medical Director at the Homeopathic Hospital, a position which he held for 30 years. He also established the first recovery room in Canada.

He felt the advance of anaesthesia could best be achieved by communication and so he organized a society of Canadian anaesthetists in Montréal which was, 3 years later (in 1943), to become the Canadian Anaesthetists’ Society and he its first President, a position he held for 3 years. He was Vice President of the American Society of
Anesthesiologists in 1946. He was elected President of the International Anaesthesia Research Society in 1948 and from 1949 to 1952 served as Chairman of the Board of Trustees. From 1951 to 1955 he became involved in probably what he considered to be his greatest contribution to anaesthesia, namely the organization of the World Federation of Societies of Anaesthesiologists. He was elected President at the first meeting of the Federation in Holland in 1955 and at the second meeting in Toronto (in 1959) was elected permanent founder President. He was a trustee and member of the Editorial Board of *Anesthesia and Analgesia* from 1952 to 1961. He was Vice President of the Academy of Anaesthesiology from 1952 to 1955. He was the beneficiary of many awards during his lifetime including:

- Feltrinelli Prize Academe dei Lincei, Rome 1954
- Hickman Medal of Royal Society of Medicine, London 1956
- Distinguished Service Award of the ASA 1959
- Founder-President World Federation 1959
- Canadian Anaesthetists Society Medal 1962
- Ralph Waters Award, Illinois Society of Anesthesiology 1970
- Officer of the Order of Canada 1974
- Honorary LL.D. University of Saskatchewan 1974

The attitude, motivation, energy and courage of Harold Griffith can serve as a role model for all who wish to further our specialty. Dr Harold will always be remembered by those of us who had the good fortune to work with him. He was greatly concerned that anaesthesia research should always flourish. It is therefore most appropriate that McGill University establish the Harold R. Griffith Research Chair in Anaesthesia which fulfils his wishes and our desire that his name and contribution to our specialty be remembered in perpetuity.

*Deirdre Gillies
J. Earl Wynands*

NOTHING NEW UNDER THE SUN?

Many would contest the above statement: few would be able to refute conclusively its wisdom. However, while it may be true that there is nothing that is new in the basic order of the universe, we are conditioned to believe that in medicine in general, and in the practice of anaesthesia in particular, much has been accomplished since the inception of the art of healing, and the first demonstration of the benefits of anaesthesia. Certainly, both must have advanced beyond recognition since the time of Solomon! However, perhaps “advanced” is the operative word, and most certainly there have been advances. Indeed, the previous Editorial in this issue of *British Journal of Anaesthesia* gives clear evidence of these within the life-time of one individual.

In September 1962, the Austrian Society of Anaesthesiology hosted the first European Congress of Anaesthesiology in Vienna. This month, 24 years later, the same Society (now called the Austrian Society for Anaesthesiology, Reanimation and Intensive Therapy) plays host to the 7th European Congress of Anaesthesiology—once again in Vienna. It would be fascinating, and I believe a magnificent tribute to our specialty, to be able to catalogue the advances in conception and practice which have taken place in the practice of anaesthesia between these two events. Interestingly enough, I note that just over 24 years ago (on November 30, 1961) Professor Otto Mayrhofer (President of the 7th European Congress of Anaesthesiology) delivered his inaugural lecture to the 10th Anniversary Meeting of the Austrian Society, on the occasion of his installation as the first Professor of Anaesthesia in the University of Vienna. Perhaps he should be invited to compile the above catalogue!

On occasions, questions have been posed as to the value of gatherings such as the European Congresses, and in certain particulars the criticisms expressed would be hard to counter. However, I believe strongly that, if considered objectively, the balance would swing in favour of their continuation. This is not the place to argue my case in detail, but I would highlight two aspects deserving of consideration. It seems to me that such gatherings are an opportune moment at which to take stock. If they represent, as I believe they should, the state-of-the-art as far as anaesthesia is concerned at a given time, then it should be possible—retrospectively—to determine to what extent (if at all) there has been genuine