Canadian Anesthesiologists' Society Presidential Interviews
Dr. Desmond Writer, interviewed by Archives & Artifacts Committee Chair Dr. Mike Wong
March 16, 2022

Mike
Today I am fortunate to speak with Dr. Desmond Writer, who served as president of the Canadian Anesthesiologists' Society from 1989 until 1990. He practiced for many years in Halifax, Nova Scotia, with a focus on obstetric anesthesiology. In fact, he has also been president of the Society for Obstetric Anesthesia and Perinatology, from 1987 to 1988. His research and extracurricular accomplishments are numerous and perhaps best left to be described in his own words. Welcome, Dr. Writer, and thank you for joining us.

Des
Good afternoon and thank you for inviting me.

Mike
Let's take it from the beginning. Would you start by first describing your childhood and family background in the UK [United Kingdom]?

Des
I was born in August of 1934. My parents were living in Birkenhead, just across the River Mersey from Liverpool. They married in 1932, and I came along in 1934. Two years later, they moved from Birkenhead, approximately five miles further out, in this beautiful area called the Wirral Peninsula, surrounded on three sides: the river Mersey north of it, the River Dee to the south of it, and the Irish Sea to the west. They settled in a lovely village called Irby. I had no siblings, but I had some very good friends who lived just down the road. And, despite the war from 1939 to 1945, I think my childhood was idyllic. Behind my home, there were fields. Just down the road, there was some beautiful woodland. The village itself was a typical English village. My mother was Welsh – that is to say, she came from Wales.

Mike
I had to remind myself in terms of where exactly Liverpool was on the map, and I see it is essentially right next to Wales.

Des
That's right, yes, and there was a Welsh diaspora in Birkenhead. My Welsh grandparents were part of that diaspora, in fact. My Welsh grandfather, whom I never knew, had a grocery store during the First World War in Birkenhead.

My father was born in London. He described himself as a Cockney because he said he was born within the sound of Bow Bells [the bells of St Mary-le-Bow Church in the city of London], which was the definition of being a Cockney. He moved to Liverpool in the early 1930s because he was working for the Weights and Measures organization, I think it nowadays is called Trading Standards [the Chartered Trading Standards Institute]. He was a very intelligent man, though he did not get a university education because he had to leave school at 16 in order to support his parents.

My mother was seven years older than him. She also was extremely intelligent, and a very accomplished amateur actress. They met because she was representing the National Savings Movement, which was the equivalent of Canada Savings Bonds, and they met at a meeting. The rest, I suppose, is history.

As I said, my good friends down the road were like brothers because we spent a lot of time together in the war. We had a lot of fun, actually! They had a wonderful sand pit and one of the things we did after air

raids was to go around looking for shrapnel in the fields! If the Germans [bombers] had come over, there might well be some shrapnel from shells. I remember on one occasion finding an absolutely beautiful shell cap. Despite the fact that it was the war time, I would say it was idyllic.

Liverpool was a major port and so it was heavily bombed. The most famous bombing raid was called the May Blitz of 1941. I remember standing on the doorstep of my home, looking towards Liverpool seven miles away. [There was] just a curtain of fire from all of the incendiaries that the Germans had dropped. When there was an air raid warning, we had in the home what was called a Morrison shelter, which was a metal table that you went under [for protection]. My bed was under the metal table, so whenever there was an air raid I would sleep there.

So, my buddies Michael and John, and I, we spent a lot of time in the woodland. [It was a] just absolutely idyllic childhood. There was a stream going through, lovely trees to climb. We had a wonderful time.

Mike
How was your early education?

Des
My schooling would have started in 1939, which was the onset of the war. September 3rd, 1939, happened to be the wedding anniversary of my parents as well! I would have been five years old. During the first four years of primary school, I think I went to four different schools. The first one I went to was actually in Birkenhead, even though we lived in Irby. That was quite a big primary school. It was really right out of my comfort zone because I had to travel quite a way by bus. It was in the town of Birkenhead, and the kids were fairly rough.

After that, I went to one of our local church schools where I had one year of schooling during the war, and then I went to another church school, and then, finally, went to another church school. That was excellent preparation for the eleven-plus [11+] examination. The 11+ exam still continues in the UK, and essentially divides people into an academic stream and a less-than-academic stream. I was fortunate enough to get into the academic stream because, as I say, my parents were middle class but very intelligent. I was always encouraged in my studies and with my schooling.

The Education Act in the UK, [passed] in 1944, brought in considerable improvements in education, to be implemented after the war. Before, it had been very much private school based. The Act really brought in the concept of state schools. It was almost non-partisan in the sense that it was applauded by the Conservative right and the Labour left. They all felt it was a very good act. So, the school that I went to had been a public school – now, "public school" in Britain actually means private school. It was a very reputable school that had been founded in 1636. There's a lot of history in that school, Calday Grange Grammar school – Grange, because in medieval times, the country was divided into granges based on farm houses). I was there from 1944 to 1952. In '52, I went to Liverpool University directly from high school, after doing my A-level exams, and I was accepted into medicine!

Now, I only passed two of my three A-level exams. I failed biology, unfortunately because we didn't have a biology master, so the chemistry master attempted to teach us biology; it did not work. But I was fortunate to get accepted into Liverpool University, on the basis of having to do the first year of med school. Altogether, I had six years of med school. Year one was physics, chemistry, and biology.

Mike
Did you know very early on that you wanted to study medicine?

Des
I'll give the credit to my mum because she came from a line of physicians. Her family was from North Wales, highly intelligent, and many of them went on to higher education, so there were doctors in the family. I think my mother often extolled the virtues of medicine so well, I blame her for the fact that I became a physician.

Mike
For many Canadians, the British system of medical training is very strange and unfamiliar. Would you briefly talk about what that was like?

Des
Well, it has changed over the years. When I graduated, one had to do what was called one's pre-registration posts. So, an obligatory six months in medicine, six months in surgery. Then, if you wished, you could go on in the second year to doing six months in obstetrics, for example. So, those were called house officer jobs and then after the house officer posts, you were able to go into a senior house officer post. [For further information, refer to this BJA article]

[I did] two house officer posts in Clatterbridge Hospital, which was a District Hospital in Bebington, in Cheshire. We lived in the doctor's residence, so you didn't go home in the evenings. We had excellent maids, Ethel and May, and were well fed! Our mess also had a bar. It was an exciting time. I have fond memories of Clatterbridge. I met my first wife there, and later, my three children were born there.

After Clatterbridge, I went down to South Wales to do my senior house officer job. That was ostensibly a one-year position. Sadly, I left them early. I say sadly because I think it was a mistake to do that, but I was pressured perhaps by my then-fiancée, who was in fact an anaesthetic registrar. She didn't have the fellowship exam. She had the diploma exam [DA], and she was working in Clatterbridge. She heard that there was a registrar appointment coming up in St. Catherine's Hospital in Birkenhead, and she said to me, "Why don't you apply for that job?"

I think the ideal would have been for me to complete my senior house officer job in South Wales, in the East Glamorgan General Hospital [now, Royal Glamorgan Hospital]. It was an excellent introductory hospital. The Department of Anaesthesia in nearby Cardiff, was a very progressive department. At its head, Dr. W.W. Mushin. They had a very good training program in anaesthesia, so my logical progression would have been to go from my Senior House Officer job to Cardiff. However, I left the post in March '60.

But…here I was back in Birkenhead as a registrar. Normally, as a registrar you would have had a little more experience than I had. For good or for evil, I actually passed my primary fellowship in July '60, and continued in this registrar appointment. In July of '61, I got my full fellowship, the FRCA, or FFARC as it was then. I was something of an outlier because here I was working in a very much district hospital, nothing prestigious, not a teaching hospital. Frankly, my colleagues were not particularly good mentors at all. Unfortunately, I really learned nothing much from them.

In Liverpool, there was a well-known anaesthetic course that had been pioneered by Dr. Cecil Gray who was the Head of the Department of Anaesthesia. The idea of the course was that you would get a position starting as a senior house officer, moving on to registrar, and then onto senior registrar in the teaching hospitals. He introduced a program called the Day Release Program, in which everybody on the Liverpool

course had one day a week when they went to the Department of Anesthesia for lectures, in order to get their fellowship. Of course, I already had my fellowship, so in that sense I was an outlier.

So, immediately after I got my fellowship in St. Catherine's Hospital, it so happened that a medical registrar appointment came up. I took that post for just about 15 months or so, in internal medicine. That was obviously very valuable in my career. It was very valuable when I came to do my Canadian fellowship, because I had been accepted as having had a year of medicine.

Then, I moved to the teaching hospitals in Liverpool. I worked my way up, starting in the Stanley hospital in Bootle, Liverpool. The anaesthetic consultant was Dr. J.E. ("Dinge") Riding who had done quite a fair amount of pharmacological research. After the Stanley, I moved on to the neurosurgery unit in Walton Hospital.

It's interesting just as an aside that, in all of these hospitals, the administrator was a physician or surgeon. There were no massive administrations such as it is in our hospitals nowadays. I remember when I left Walton Hospital I got a lovely note from the medical administrator, Dr. Sandy Skene, who thanked me for my precept and example, and what a joy it had been to have me working in that hospital.

Then, I went onto a senior registrar appointment. In order to get a senior registrar appointment, you had to have your fellowship and, of course, I already had the fellowship. I worked in the urologic centre for a year in the Sefton General Hospital and other hospitals. And then I went to Alder Hey and Royal Liverpool Children's Hospital. Here I am now, working with Dr. Jackson Rees, of the breathing circuit [modified Ayre's circuit; Mapleson F]. He was an excellent mentor.

It's important to understand that in Liverpool Cecil Gray was very powerful; Cecil Gray was a General practitioner, who went on to become an anaesthetist. He made his reputation on curare. Dr. Harold Griffith had looked at curare in 1942, but Cecil Gray didn't look at curare until 1946. He published a number of publications on its use in anaesthesia. He devised the standard "Liverpool technique," of thiopentone, nitrous oxide, oxygen, and hyperventilation with the anesthetic bag. Nothing else and, initially, no ventilators. That was Cecil Gray's ethos, "no smelly agents." And, of course, the concentration on that Liverpool technique really resulted in sacrificing such things as regional anesthesia. There was essentially no teaching in regional anesthesia, and we didn't use smelly agents.

So, on the anesthetic machine there was trichloroethylene in one bottle – you could only use that in the semi-closed circuit, you couldn't use it in soda lime – [and] there would be ether in the other bottle. We rarely used cyclopropane because it was explosive; [it was an] excellent induction agent though. So, the standard anesthetic was thiopentone, nitrous oxide, oxygen, and some intravenous pethidine [meperidine]. And, hyperventilation, in order to lower the CO2 and the stimulus to breathe. That was the Liverpool technique. There were certainly a number of cases of dreaming during anesthesia, because people were probably not as well anesthetized as they should have been!

In many ways, Liverpool was a very disappointing department of anesthesia altogether. Had I continued in Cardiff, they were much more amenable to such things as regional anesthesia and to the use of the smelly agents. Like halothane, which is no longer used, but had come along in 1956. It was Dr. Michael Johnstone in Manchester who was a pioneer in the original studies on halothane. [On the other hand], we would have halothane in our anesthetic machines, probably from about 1958 or 1960 onwards, but we were strongly, strongly discouraged from using it.

After paediatrics, I had three months in thoracic anesthesia at Broadgreen Hospital, where I learned [how to use the Carlens or Robertshaw] double lumen tube. I actually managed to get quite a lot of experience in thoracic anesthesia, in just three months.

After three months, an anaesthetic appointment came up in – guess where – Birkenhead, in St. Catherine's Hospital as a Consultant. That involved other hospitals in the Wirral area, including Wallasey. And, here I was back again in the same hospital where I had been a registrar, with the same colleagues! You can probably imagine my frustration really at being back, but I had married in 1960 and had a growing family to support.

Even though Jackson Rees had offered before I left, to get me a position in Dallas [Texas] doing cardiac anaesthesia, my wife was very reluctant to travel. By 1966, we had three kids, and these things tend to affect your career! The original description of the Birkenhead and North Wirral appointment was called 9/11ths, if you wanted to be a part time consultant. An 11th was a session, and the week was divided into 11 sessions. There were ten sessions on the weekdays – two each day – and one session on Saturdays. Sessions were 3 1/2 hours, so as an anaesthetist you were expected to be contracted to give at least 3 1/2 hours of anaesthesia, twice daily, five days a week, and Saturday morning. The Saturday mornings dropped off quite quickly and many of us became part-time anesthesiologists, and we did 8 sessions. I did eight 3 1/2 hour sessions. Sometimes I would do a session in the morning in one hospital and then move over to another hospital in the afternoon. The following day I might move to another hospital, and so on and so forth.

In my private time, I was able to do some private practice. Mainly I was earning money, doing chair dental anaesthesia. That's a horrifying concept. It was a very challenging, a difficult thing. Ultimately the practice of chair dental anaesthesia in the UK disappeared because there had been some unpleasant accidents in that.

So, Jack Rees – as he was affectionately called – had recently offered me that Dallas position. My wife didn't want to go to the states, so we didn't do that. By 1973 perhaps, I called Jack Rees and I said, "Look, I'm not really happy in Birkenhead. This is not challenging me intellectually. I really want to get back into the teaching hospitals." He said there was a position coming up in Liverpool's Royal Infirmary, which was the primary teaching hospital. There was one problem: there were five dental sessions out of eight [where] I would be giving anesthesia for dentistry, though not in the chair. I said, "No, thank you!"

You can probably see I was, really, very frustrated.

I didn't really know how to do an epidural anesthetic. I didn't know how to do any regional blocks.

Just to backtrack a little bit here, the current [medical education] system in the UK is based on five years of medical school. Two years of immediate postgraduate education following medical school, of which the first year is an obligatory year similar to my pre-registration year. Then, you could in your second year start your specialty if you want to, and then it's anticipated that you will spend at least five years going up through the ranks of senior house officer, registrar, senior registrar, then ultimately consultant. You're required to have your fellowship by the time you finish your registrar appointments.

It's not changed a lot, but it's much more structured than it was, and the teaching hospitals are much more involved. Bear in mind that I spent so much of my upbringing in non-teaching hospitals, which I don't think was good for me.

Mike
Did that lead to Canada, eventually?

Des
When I came to Canada, I really had to watch one of the resident anesthesiologists doing epidurals before I did them for labour analgesia. I picked it up very rapidly, though.

In 1973, there was a meeting of the Canadian Anesthesiologists' Society – or Canadian Anaesthetists' Society as it was then – in Vancouver. It was at the Bayshore Hospital. I managed to get some study leave from my hospital in Birkenhead, to go over to Canada. It was ostensibly to learn something about anaesthesia records. You would be horrified to hear that, for the years [I worked] in Birkenhead, we rarely measured the blood pressure at all. It was usually the old sphygmomanometers or pulse. We had lousy anesthesia records. We didn't really detail the drugs or anything like that!

So, I went across Canada, to learn something about anaesthesia records. I went to Montreal and saw Professor Phil Bromage, and obviously learned something about regional anesthesia just from visiting and watching him. I went on to Toronto, Dr. Rod Gordon was Chairman there. I went out to Winnipeg, where Dr. John Wade was; he was a doyen of Canadian anesthesia in Winnipeg, and I was greatly impressed by his lectures and academic approach. I went on to Saskatoon, meeting Dr. Gordon Wyant, then Edmonton, because I had a medical school colleague who had emigrated before me; he was in radiology.

Finally, I went to Vancouver and it was there that I met Dr. Ian Purkis, who was from St. Thomas' Hospital, London, and Dr. Emerson Moffitt who, at that stage, was recruiting for Dalhousie [University]. I met Purkis in an elevator in the Bayshore and said, "Good morning." He said, "That's a nice British accent." We got talking, and he described what he was doing [at Dalhousie]. I told him why I was over [in Vancouver]. He said, "But, you didn't come to Halifax [Nova Scotia]." I said, "Well, I didn't because I really didn't think Halifax was very much on the map." And, he said, "Well, perhaps that's true. But we are developing an anesthesia program there. If at any time in the future you might be interested in coming, just write to us."

I did speak to Moffitt, and in September of that year I wrote to Emerson again and said I was interested in possibly coming to the Department of Anesthesia in Halifax. They invited me over. It was that beautiful Indian summer that we get, you know, in September.

Mike
[Visiting in September] is a good way to fool people into thinking that there's nice warm weather in Halifax.

Des
It was absolutely beautiful. It was lovely.

My wife was waiting for me in Crewe Railway Station, in the UK and when I got there it was absolutely pissing down [rain]. Dark clouds. And here I was on a high, having been to Dalhousie. My wife said, "Well, what did you think?" I said, "Well, we have to go."

That for her was a bitter blow. She never really wanted to go. She had aging parents back in the UK. It meant uprooting her anesthesia practice as an anesthesia registrar. She never really wanted to go but she did agree to coming and so, I came over in April of '74. I started working in the VG [Victoria General Hospital], [and] the Grace [Grace Maternity Hospital]. We used to do some occasional sessions in Camp Hill [Camp Hill Hospital]. And, I forget the hospital that was on the site of what was subsequently the

IWK [IWK Health Centre], there was a hospital there, which I think was called the rehab. I think we did a couple of anesthetics there.

I later became involved in the Dartmouth General Hospital. There were some very active general practitioners in Dartmouth. People like Dr. Wylie Verge, and a British guy whose name escapes me, and one or two others. They were extremely active in the development of this hospital, which they wanted to be across the harbour from Halifax. Non-teaching. And they were looking for anesthesia so they approached our group. We were University Anesthesia Services. They encouraged me to become the first Head of Anesthesia at Dartmouth General Hospital. I remember the very first anesthetic that I administered there was for a poor guy who had decided that he didn't really like his penis and so he decided to chop it off. That was the first anesthetic I administered in Dartmouth General Hospital. That appointment lasted for a few years.

In 1979, there was a meeting of SOAP [Society for Obstetric Anesthesia and Perinatology] in Winston-Salem [North Carolina]. I believe that we had actually had Dr. Frank James – Francis James III – as a visiting professor before the meeting in Winston-Salem. For the meeting in Winston Salem, I think Dr. Ken Fairhurst – who was actually the chief of anesthesia at the Grace – and I went to the SOAP meeting. I made contact with Frank James then. Subsequently, I called him in the summer of 1979 and I said I was interested in going and doing a fellowship in obstetric anesthesia. As it so happened, there was a vacancy in Winston-Salem [Bowman Gray School of Medicine, now Wake Forest University School of Medicine]. There was a full-size maternity hospital and a good team of anesthesiologists there, some of whom I still keep in touch with, Drs. David Dewan, Frank James, Terry Bogard, Scott Wheeler. So, I went and did my fellowship from ‘79 to ’80.

Mike
You came from starting as a consultant in Canada having hardly done epidurals, to pursuing an OB fellowship. Was there anything in particular that sparked your interest?

Des
I had always been interested. I got a distinction in OB/GYN in my final medical school exam. I'm not really supposed to advertise that, because I had failed pathology earlier on, and so I was technically ineligible for having a distinction in my final MB ChB [Bachelor of Medicine, Bachelor of Surgery] – but it is still on record that I had a distinction mark!

I had always been interested in obstetrics. I had toyed with the idea of becoming an obstetrician before I became an anesthetist. Of course, it was my wife who got me into anesthesia. She taught me how to intubate when I was a houseman at Clatterbridge Hospital and she encouraged me to go into the specialty.

We were still married when we went to Winston-Salem. God bless her, she came over to Winston-Salem, but hated North Carolina. My kids were in boarding school in the UK, they hated North Carolina [too]. It was pretty tough.

But it was there that my interest in obstetric anesthesiology was sparked. As I said, I had always had been interested in OB, but it was through Frank James and the fellowship that I became hooked on obstetric anesthesia.

Emerson Moffitt had wanted me to do neuroanesthesia. Jackson Rees wanted me to do some cardiovascular anesthesia. But, in the end, I was so happy to do OB anesthesia.

That was what really sparked my career. Bear in mind that I was 40 the year I joined Dalhousie. I had my 40th birthday in August. I did my Canadian fellowship [Royal College examination] in September on the principle, as I said to some of the other Brits who emigrated at the same time. "If I'm going to be in a teaching hospital, I ought to do the Canadian fellowship." I was lucky enough to pass it at the first attempt, in 1974. I worked like hell, on the review courses, the ASA refresher courses in anesthesiology. I read as many of those as I could. In those days there was a written exam and then the oral exam. I think it has changed?

Mike
Yeah, for some time it was at the end of [PGY 5; postgraduate year 5], written and oral, in fairly quick succession, a couple of weeks of each other. It's gone back to being split, with the written in the fall of fifth year and oral a few months later in the spring. But, yeah, they both still exist, I guess more or less similar fashion as it was.

Des
The format that they have, I think is a little different from when I took it.

Mike
For the oral [examination], it's scenario-based, and you come up with an assessment and management plan for this given patient. Then, there are some role playing things that have been added, some light simulation.

Des
Yeah, and it's more structured, I think. The FFA was interesting because that was a written examination, then an oral examination, and you saw real patients! I was so lucky to get a lady with a [ventricular] septal defect; she was in her 50s and had all the classical signs of a VSD. I was up on my cardiac anesthesia at that time and I zipped through that to that final FFA.

I actually took a Royal College course before I took my FFA finals. [Now, speaking of some mentors…] there were some excellent individuals who […] were my mentors. Dr. John Sumption, my original teacher, was good. But one of the names that really to me epitomised quality anesthesia – though I never saw him give an anesthetic – was Dr. John Nunn. He was just a brilliant lecturer [and] his book on respiratory physiology was a wonderful book and required reading at the time. Jack Rees obviously was a mentor. I also actually asked Jack to recommend me for a job with John Nunn before I went to Birkenhead. I didn't get that job, but it would have been an interesting position to get because John Nunn headed the department in Leeds and had an active research department.

Well, we should probably talk about the CAS!

Mike
Yes, how did you come to be involved in it?

Des
I started with the Medical Society of Nova Scotia's Section of Anesthesia – Doctors Nova Scotia now. The section of anesthesia representative and [Nova Scotia] CAS representative were one and the same individual. So, I was encouraged by my colleagues to become involved in the CAS and medical society section, and gradually rose to be chairman of the section of anesthesia. As the chairman, I was sort of promoted to [CAS] Council, which now is the Board of Directors. So, I went really from the section of anesthesia in the Nova Scotia division up into CAS Council.

The things that we talked about in the Nova Scotia division were the fee schedule, and CME [continuing medical education] also always came up. There were some very good regional meetings that rotated between New Brunswick, Nova Scotia, PEI, and Newfoundland. And ASPENS was also the brainchild of Emerson Moffitt. That stood for The Anaesthetic Services Programme Encompassing Nova Scotia. It was one of Emerson Moffitt's acronyms – he always loved them. Anaesthetists from the teaching hospitals mainly would go around the other hospitals to try to assess the standard of anesthesia and encourage them to improve the quality of their anesthesia. So, that was really one of the reasons why the general practitioner anesthetists sort of died out in Nova Scotia.

CAS Council was composed of a number of committees. My recollection of Council really is that, while you may have been on the Committee of Organizational Affairs or the Membership Committee, or something like that, you only contributed to that throughout the year and then at a Council meeting. I can't remember how often we had Council, maybe quarterly. The chairman of [a given] committee would give the report on those individual committees.

Mike
Did you have any specific aspirations to seek the [CAS] Presidency, or was the position sort of foisted on you?

Des
I was on Council for probably four years. It was the turn of the Atlantic Division to appoint somebody to the Executive. I think there was a certain amount of the old boys' network involved there. [I think Dr.] John Price, a wonderful man and head of the Department of Anesthesia in Everett Chalmers Hospital in Fredericton, had been active on Council and I think he perhaps had a role in recommending me as the Divisional Representative to Executive and so that's how I came on the executive, and rose up to President-Elect, President, then Past President. It's all now the Board of Directors.

Mike
What were some of the major challenges during your presidency?

Des
Anesthesia assistants. My president-elect [Dr. Jacques Samson] was from Quebec. At my first Council meeting as president, there were two members of my department [in Halifax] representing Nova Scotia. They were dead against the idea of anesthesia assistants. Now, there we were, with a president-elect from Quebec very much in favor of anesthesia assistants, but my two colleagues from Halifax really brought the knives out. It was very uncomfortable in the end. I think you know anesthesia assistants came to be acceptable, but it was a very challenging moment in my Presidency.

I certainly felt that it was quite likely, with the advances in our specialty, that we were going to need a career position. [One] to be of help to the anesthesiologist in the operating room environment. I foresaw that as a possibility, and I certainly felt that anesthesia assistants were likely to come.

The great worry was what happened in the [United States, where] anesthesia can be administered by anesthesiologists or by nurse anesthetists. I think the two members of [my] department saw it as a matter of developing a career structure of nurse anesthesia.

As an interesting aside, when the National Health Service [in England] was formed in 1948, anesthesia was not felt to be a specialty in which one needed to be a consultant. Originally, the anaesthetist would rather be a senior hospital medical officer, a grade below consultant. It's to the credit of people like Drs. Cecil Gray and Geoffrey Organe, who made sure anesthesia would be a specialty and anaesthetists would

become consultants in anesthesia. I have read that the introduction of halothane in 1956 was something that precipitated anesthesiology to be done by consultants in the UK.

Some of these questions still linger around us, where exactly will this go? Only time will tell, of course.

Mike
Can you speak briefly about your involvement in SOAP [Society for Obstetric Anesthesia and Perinatology] as well?

Des
Yeah, so in order to become a president of SOAP you had to put up a pitch at a SOAP meeting. I think it was one that was held in Washington, DC. Dr. John Kraft was the president of SOAP at that time. I just sort of stood up, with my British baritone voice, and said that I thought it was time for another meeting in Canada. We had an excellent meeting in 1982 with Dr. Graham McMorland, in Vancouver. I invited them all to come to Halifax in 1987. I can't remember who else was up in competition, but the meeting then and there voted us for 1987. So, I became president. You had to be the editor of the SOAP newsletter [first] and then you became the president.

It's generally regarded that SOAP in ’87 was one of the best ever SOAP meetings! People constantly came up to me afterwards and said, “Oh, that was such a wonderful meeting.” It was a wonderful meeting because I put a hell of a lot of effort into it, getting a lot of money from different sponsors in Halifax. Making sure that we smooched John Buchanan, who was the premier. The meeting started with a pipe band and it just took off from there. Everybody was impressed by the pipe band and the meeting followed the next day. The audiovisual guy took the clue because he brought people back to the auditorium by playing a standard theme over the loudspeaker, so people came back to the auditorium whenever they heard the theme. The presenters were excellent. Dr. Sally Weeks gave “What's new in anesthesia.” Dr. Tom Baskett, one of the obstetricians in Halifax, gave the “What's new in obstetrics” lecture. I forget who presented perinatology.

It was a meeting that made an excellent profit. Socially, we had a Canadian comedian, Dave Broadbent (aka “Big Bobby Clobber”). We had one evening with the Order of Good Time being given to many of the important people. Particularly, Dr. Gertie Marx, an anesthesiologist from [Albert Einstein College of Medicine] in New York. Obstetric anesthesiologist Dr. Mike Finster was another one, I think. Dr. Brett Gutsche. Then, at the dance, John Buchanan, organized a conga [line] around the floor. Everybody said, “Your governor was such a wonderful guy!”

It was certainly one of the best meetings. The intellectual content was excellent as well.

Mike
I can picture it now. It sounds like a fantastic time. It just makes it all the more sad, unfortunately, that the most recent Halifax hosting of SOAP [2020] had to be cancelled.

Des
Because of the [COVID-19] pandemic. Dr. Ron George had asked me to participate in some way or another. I don't know what the role would have been, probably to mutter something again.

Anyway, we are getting towards the end. When did I retire from anesthesiology? [Around] 2001. Although I went back to work in the pre-anesthetic clinic [a few years later], I never gave any anesthetics again.

Then, I went into journalism. Throughout the wartime, there was no television, but radio was tremendously important. The only prize I got in high school was elocution. My mother was extremely keen on elocution and ultimately I came to realize that my baritone voice was actually appreciated by people – and sometimes not appreciated. So, I had a lifelong love of radio. In 2001, I applied to the one-year journalism program at the University of King's College [in Halifax]. You had to write a short piece about why you wanted to do journalism. I titled mine "Around Writer's Block," and I referred to the wartime years and people like Alvar Liddell [BBC radio announcer] who you might listen to.

Mike
Do you have any advice for the future generations of anesthesiologists?

Des
Ours is one of medicine's most demanding specialties. It is dynamic. It encompasses so many disciplines: surgery, medicine, intensive care, and others. It's vitally important, I think, for aspiring anesthetists to become well-versed in the basic sciences of physiology, pharmacology, anatomy. I think they're tremendously important, and I think they tend to get pushed aside. Residents often say, "I don't need to know *that*. I only want to know what I need to get through the exam." For the next generation of anesthesiologists, I encourage them [to still focus on the fundamentals]. [Anesthesia] is demanding and it will wear on you. It will exhaust you at times, but it's a very fulfilling specialty, and it's been very good to me.

Mike
Terrific, that sounds like a wonderful way to end. Thank you again for participating in this interview, this will be an important contribution to our archives. We appreciate your time!