4.7 The Impact of the Introduction of Curare in Australia

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Australia is a long way from anywhere, and it is a very big country. Not only did modern anaesthesia have to spread to Australia; it had to spread around Australia. Thus the spread of modern anaesthesia to my country can be conveniently summed up in one word – travel: Travel by the early specialist anaesthesiologists in the decade from 1930 to 1940; travel by medical officers of the armed forces in World War II; travel to Australia by a number of distinguished anaesthesiologists from other countries; and, during the last few decades, when the specialty has been appropriately recognized and renumerated, travel by Australian anaesthesiologists, not only for training in specific subjects relative to anaesthesia, but to all the international meetings of their colleagues.

The journeys of the early specialists were of particular importance, and it is of significance that they came from several states of the large continent – New South Wales, Victoria, South Australia and Western Australia. Dr. Daly and Dr. Hatten of New South Wales, Dr. Brown of South Australia, Dr. Kaye of Victoria and Dr. Troup of Western Australia all made extensive tours overseas in the early 1930s. During these tours, which for the most part lasted a year or more, they met, talked with and observed the work of all the noted anaesthesiologists of their time.

Upon their return they introduced techniques, agents and apparatus they had seen in daily use in Germany, the United Kingdom, Canada and the United States, and interest in and recruitment to the specialty began to be apparent in their particular states. It was our good fortune that Drs. Daly, Brown and Kaye were inveterate correspondents and maintained the friendships thus made; the introduction of curare into anaesthesia in Australia is an example of the results of these travels.

Curare was first used in anaesthesia in Australia by Dr. Harry Daly (Fig. 1), assisted by Dr. Stuart Marshall, on 11 August 1945 at St. Vincent’s Hospital, Sydney. Daly had met and later continued to correspond with Dr. Harold Griffith of Montreal. When Dr. Lewis Wright (former Anaesthesiology Consultant to E. R. Squibb & Sons and one of the catalysts in the introduction of curare into anaesthesia) became Commander Wright of the United States Navy during World War II, he came to Sydney in late 1942. He carried with him first-hand knowledge of Harold Griffith’s success with curare in anaesthesia earlier that year, some ampoules of Intocostrin, and an introduction from Harold Griffith to Harry Daly.

At that time the specialty of anaesthesia in Australia was tottering in its infancy, and surgeons were wary of new techniques; thus Daly was forced to carry his intocostrin about for nearly 3 years, receiving rebuffs to his suggestions that it should be
Fig. 1. Dr. Harry J. Daly, who first used curare in anaesthesia in Australia at St. Vincent's Hospital on 11 August 1945

employed. Eventually, as befits the early history of anaesthesia, it was the Honorary Dental Surgeon to St. Vincent's Hospital, Mr. Frank Canberry, who approved of its use in an especially difficult case. He was delighted with the result, and lost no time in spreading the news along the surgical grapevine; thus arousing the curiosity and interests of surgeons at St. Vincent's and other hospitals.

The introduction of curare was, I think, the beginning of real acceptance of the specialty of anaesthesia in Australia. It separated the general practitioner anaesthetist and the specialist in a way which not even the use of the gas machines by the specialists had been able to do. It was of real benefit to a surgeon in the course of operation, as well as to his patients postoperatively. Beside these benefits, the wish of a referring general practitioner to administer the anaesthetic personally could no longer be of such importance.

It will be recalled that the early specialists were spread widely over the map of Australia. Regular communication between them came about as a result of the travelling done by Dr. Geoffrey Kaye of Melbourne, between 1929 and 1931. Dr. Kaye, a recent graduate (1926), but already with a special interest in anaesthetics, made an extensive journey to observe anaesthetics and meet anaesthetists. In the