Association membership breaks the 8,000 barrier!

The New Year brings with it the good news that the Association membership has broken the 8,000 barrier and the 8,000th member is Dr Priti Dalal of St. Thomas’ Hospital in London. To commemorate this landmark for the Association, Dr Dalal is being given one year’s free membership and a free ticket to the Winter Scientific Meeting at the Queen Elizabeth II Conference Centre, London, on 19–20 January 2001.

Dr Dalal is currently an SpR year two, based in the ICU at St Thomas’. She is originally from Bombay where she studied medicine at the Seth G.S. Medical College. Whilst in Bombay Dr Dalal read with interest details of cardiac anaesthesia at St Thomas’ Hospital and says she hoped that some day she could visit the hospital for herself, so to find herself working there is ‘a dream come true’.

Priti believes that, all too often, anaesthetists do not get the recognition they deserve due to a lack of understanding of both colleagues and the public. Whilst in Bombay she became involved in promoting an exhibition at an International Conference. The intention of the exhibition was to promote the image of anaesthesia which, as Dr Dalal says, is not too dissimilar from National Anaesthesia Day, adding that India did this in 1994!

Dr Dalal came to the UK in 1999, sponsored by the Royal College of Anaesthetists. She spent two years as an SHO at Havering Hospital, Essex and then Warrington Hospital before joining the Mersey rotation as a LAT Registrar. In August 1999, Priti joined the South Thames rotation, starting at Bromley Hospital where she praises the efforts of two consultants, Dr Vine and Dr Martin who, she says, took much interest in the development of trainees. Dr Dalal then moved from Bromley to St Thomas’ Hospital where she has spent time learning cardiac and vascular anaesthesia before moving into the ICU where she is currently situated. Priti again speaks very highly of the support she has received from the consultants at St Thomas’ but specifically mentions Dr James and Dr Hunter for their enthusiasm and interest. In November 1999, Priti passed the final part of the FRCA.

Dr Dalal says that the consultants at Bromley and St Thomas’ encouraged her...
and other trainees to join the Association of Anaesthetists and highlighted the excellent insurance package for the transfer of patients both in and out of hospitals that is automatically available when membership commences. Priti declares this was the biggest reason for her joining the Association as SpRs often find themselves doing transfers. Priti also hopes to take advantage of the educational seminars at some future date.

Dr Dalal first learnt of anaesthesia from her father who is a G.P. She admits that this early knowledge influenced her but considers anaesthetics to have good career prospects as it is a rapidly developing, innovative field. She says:

“I find anaesthetics very fulfilling as it deals with all aspects of patient care including peri-operative care, acute intensive care medicine, resuscitation, palliative care, including chronic pain management and involves approximately 80% of health activities in a hospital.

We have come a long way from just putting patients to sleep.”

Comparing her time in hospitals in India and England, Dr Dalal says that, in Bombay, there are more extremes with some modern well-equipped hospitals and others struggling to cope. Over here, she finds them on a more equal footing with each other.

Priti doesn’t know what the future holds for her and whether she will remain in this country or return to India to continue her medical career. Whatever path she takes, her name will always remain in the history books of the Association of Anaesthetists as the member who took us over the 8,000 barrier.

Metin Enver
Public Affairs Officer, AAGBI

Dr Priti Dalal
Blessed are the meek?

Happy New Year! The Association has much to celebrate at what many feel to be the real start of the new Millennium.

Dr Dalal becomes the latest member to join what, by a conservative estimate, looks like around 94% of anaesthetists in the kingdom and Ireland and, even if we are meek by nature, 8,000 of us must carry some weight. John Zorab, in his letter on page seven, encourages us to stop whingeing, see the patients before surgery and make sure they know we are doctors. Blessed are the meek, he says, but are we taking it too far?

This edition of your newsletter contains much to raise the profile of anaesthesia. The patient illustrated on page 16 thought that the anaesthetist had an easy job but should know that the ultimate responsibility for her life rested with a qualified practitioner with special skills. The same person who would have supervised her pre-operative assessment, her intra-operative progress and her postoperative care and pain relief. How can we get this across?

Probably, we should continue the way we are but concentrate less on our image and more on the way we deliver professional, affordable care. We are the first speciality to sort out the way our trainees are treated, in that, in most cases, there are decent conditions, rest breaks and job opportunities. Let us hope that Dr Cupitt (letter page six) is the exception.

We have also done a huge amount towards ensuring the quality of our assistance. This year should see the setting up of the Health Professions Council (HPC) which will eventually encompass registration for most non-medical healthcare professionals. This means that the long struggle for ODAs and ODPs to achieve statutory registration will, hopefully, be over, with the notable help of the Association of Anaesthetists.

So, what’s wrong with the NHS? Not a lot, according to our masters in Westminster, or at least nothing that an infusion of cash and lots of nurses won’t fix. Paul Fenton (Back Line) thinks that we should be able to harness some African energy, determination and initiative to get us out of our problems. Perhaps he’s right. Perhaps somebody from outside should look at our problems and help us out.

Nurses have been brought in from abroad, of course. Are these people simply making up numbers or making a valuable contribution? I have heard of colleagues from the Philippines and Finland, amongst other places. Some are working in operating departments and there has been a suggestion that they may assist the anaesthetist but, unless they can be trained to the standard which the HPC will demand, this will not be appropriate. Standards are important and patient safety paramount.

The Association started by Dr Featherstone in 1932, an action now celebrated by a plaque in 9 Bedford Square (page 12), can be proud that it marches forward into the year 2001, possibly the start of the new Millennium, representing so many anaesthetists. The staff of Anaesthesia News wish you the very best for the year ahead.
Dr Gordon Bush was honoured at the recent Annual Scientific Meeting in Birmingham and his long-time friend Dr Peter Morris gave an oration, of which the following is an edited version.

Gordon Henry Bush, a native of the environs of the City of Bristol where one of his ancestors had been the bishop in the 16th Century, began his medical studies at Trinity College, Oxford, in 1947, graduating B.M., B.Ch.(Oxon) in 1953. During his time as an undergraduate he distinguished himself as a talented squash player, representing the University at this sport. Following a house officer post at St Bartholomew’s Hospital, where he had undertaken his undergraduate clinical training, he entered the RAF medical branch.

His anaesthetic career began in the RAF where he served as a junior anaesthetist in Germany and Halton, from 1955 to 1958. On demobilisation, Gordon Bush travelled to the North West to continue his training in anaesthesia, being attracted to the University Department of Anaesthesia in Liverpool. This department, headed by Professor Cecil Gray, was the only centre at that time offering a formal course of training leading up to the Fellowship examination of the Faculty of Anaesthetists of the Royal College of Surgeons in England. The department was a powerhouse of research into neuromuscular blockade and Gordon Bush actively participated in this research programme, being invited to join the Department as a lecturer after one year.

During his training he was exposed to paediatric anaesthesia and, of course, to Dr Jackson Rees at Alder Hey Children’s Hospital. Dr Bush’s flair and ability in, and enjoyment of, this branch of anaesthesia was clearly recognised and he was appointed a consultant in paediatric anaesthesia at this hospital in 1964, a post that he held with great distinction until his retirement from clinical anaesthesia in July 1990.

Gordon Bush has been the author of numerous high quality publications and book chapters on many topics in paediatric anaesthesia and intensive care. He was an editorial assistant and assistant editor of the British Journal of Anaesthesia, from 1966 to 1971.

A gifted and lucid lecturer, his talents have been in great demand, both in this country and overseas. Gordon Bush has been a visiting professor at many of the major world centres of paediatric anaesthesia and has been an invited speaker at many national and international meetings on most of the continents, delivering inaugural eponymous lectures at the Royal Children’s Hospital, Melbourne, the Hospital for Sick Children, Toronto and the Sophia Children’s Hospital, Rotterdam.

In 1973, Gordon Bush was a founder member of the Association of Paediatric Anaesthetists of Great Britain and Ireland, serving as the Association’s first honorary secretary and treasurer and, latterly, as its President, from 1987 to 1989. The success of this, the first association in the world to be solely devoted to paediatric anaesthesia, owes much to the sound basis that Gordon Bush helped to put in place in its early years.

Always active in the promotion of paediatric anaesthesia, Gordon Bush, along with others, identified the need to support paediatric anaesthesia in continental Europe, especially in those countries where this was not well developed. In the late 1980s, he was one of the founding fathers of the Federation of European Associations of Paediatric Anaesthesia and served as the second President of the Federation, from 1989 to 1993. During his term in this office, he masterminded several mini-symposia which were very successful and have resulted in the setting up of several national associations of paediatric anaesthesia and an increased awareness of the special needs of children among ‘adult’ anaesthetists in Europe.

In 1991, a new international specialist journal, Paediatric Anaesthesia, was launched. It is a measure of Gordon Bush’s eminence in paediatric anaesthesia and the high respect that he is held in by the world fraternity of paediatric anaesthetists that he was invited to be the founding editor.

Gordon Bush is a true gentleman and an ambassador of the highest order for British anaesthesia worldwide. Throughout his remarkable career he has enjoyed the steadfast support of his family and his wife Kaye. Now in his second, or is it his third retirement, I am reliably informed that Gordon relishes looking after his many grandchildren. Without doubt, he must be the best qualified baby sitter in the country!

It is a privilege and a great personal pleasure to present to you Gordon Henry Bush for election to Honorary Membership of the Association of Anaesthetists of Great Britain and Ireland.
The Association of Anaesthetists and the National Patients Access Team are working together!

The National Patients Access Team and the Association of Anaesthetists are pleased to be working together on this very important project. The national project aims to reduce variation in practice, improve organisational and patient satisfaction and reduce non-attendances and hospital led cancellations, thus optimising theatre utilisation and offering the patient a safe pathway from decision to operate through to discharge.

Clearly, there are also many clinical risk/governance issues addressed for those of us who organise pre-operative assessment services. The project has written guidance for those organising pre-operative assessment in day surgery and has been piloted, so we can be reassured that it is useful in practice. This work will be published and circulated in the early part of 2001. We will now pilot guidance within the inpatient arena so that, late in 2001, we can circulate guidance for this area of practice too! If you would like to get involved and be a pilot for the inpatient work, please e-mail Amanda, as below.

A key aim is to get the work of the national project ratified by the main stakeholders and this is where the Association has been so very helpful. Interestingly, it was fascinating to find that the Association also has a working party for pre-operative assessment, chaired by Dr Wendy Scott. We are now working together so that we can ensure that the recommendations we make are complementary. Just to ‘paint a picture’ of how much interest this area of practice attracts, a national conference recently closed bookings at 270 delegates and, in fact, we had 350 delegates on the day.

A particular welcome was extended to Dr Scott who spoke of the Association’s work, which was well received. However, the majority of delegates were from the nursing profession and, with this in mind, we are now launching Anaesthetic Links. If you are an anaesthetist who supports pre-operative assessment in your trust, has an interest in this area, have involved yourself in research or simply would like to learn more about this area of practice, please enrol as an anaesthetic link with the National Project. There will be an opportunity in mid 2002 to present your work at a second national conference. You also will automatically belong to an electronic community of anaesthetists, nurses, surgeons and managers with whom you can discuss pre-operative assessment. To belong, just e-mail Amanda Bassett, National Pre-operative Assessment Project Manager ajb.natproject2k@btinternet.com

If you would like to present your work to a national conference, please e-mail a short abstract of your work to Amanda by the end of January 2001.

Amanda Bassett

CENTRE FOR ANAESTHESIA
OESOPHAGEAL Doppler TRAINING

One day courses include:

- Lectures series on
  - History of doppler development
  - The oesophageal doppler machine
  - Validation and comparison
  - Physiology of cardiac output
  - Waveform interpretation
  - Clinical applications
  - Critical review of the literature
  - Cost effectiveness and outcome

- Extensive practical sessions
  - Insertion and focusing
  - Case histories
  - Video demonstrations
  - TOE comparison

Places strictly limited

For further details contact:
Dr Mark Hamilton
Dr Monty Mythen
Centre for Anaesthesia
Room 103, 1st Floor Crosspiece
Middlesex Hospital
Tel 020 7380 9477
Fax 020 7580 6423
Email mark.hamilton@btinternet.com
CME/CPD applied for
Letters to the Editor

A cautionary tale of car fatigue

I am six weeks from the end of my Calman training. I have my CCST and I am looking forward to starting my consultant post next year. Being a resident of the ‘sunny’ resort of Blackpool, I have necessarily covered several thousand miles during my training, most of which has taken place in hospitals in and around Manchester.

The average car journey starts at 6.15am – cold, dark and wet. A typical day follows and I arrive home any time between 6pm and 8pm – cold, dark and wet. The round trip usually exceeds 100 miles. Over the years I have learnt to use the travelling time constructively. I wasn’t sad when Zoe Ball left Radio 1 and I find it too uncomfortable to listen to Sara Cox. Radio 2 seems a fair compromise (occasionally). Most of the time, though, I try and solve the unsolvable or work out why my last patient from the day before ended up on the intensive care unit.

The other day, time and age finally took its toll. I think I must be a heterozygous narcoleptic because I have never found it particularly difficult to nod off whilst at the wheel. My nine lives were well and truly overdue. Travelling on the M61, I finally hit the car in front during REM sleep. Speed was slow but damage sufficient. My first insurance claim. “A warning”, my wife said.

My reason for this letter is certainly not to gain sympathy. I guess someone has to reside in Blackpool! I simply wish to caution members of the illustrious training committees to think twice before posting trainees in far distant hospitals just because ‘it’s good for their training’. Is it really? Arriving at your workplace half asleep, being tired all day at work and then returning home in no fit state, even to read the junk mail, is not good for training. Not to mention studying for the FRCA. Surely, anaesthesia does not vary so enormously between hospitals that we are forced to cover the entire geographical region, North to South, East to West.

I feel I was lucky last week. I have lived to tell the tale. But, please, when allocating trainees, spare a thought for their families, their well-being, their lives. After all, we are only human.

Jason Cupitt

NCCGs: a forgotten tribe?

I read with interest the article by Dr. Buckland (Birmingham wins again, Anaesthesia News, November 2000), in which he updates us on negotiations for the new consultant contract. Am I right in stating that Non Consultant Career Grade (NCCG) contracts are not on the negotiating table? If so, why not?

Many NCCGs are already doing out of hours on call work and should, I believe, be offered a better pay deal. Negotiators on the Central Consultants and Specialists Committee (CCSC) should argue for better terms and conditions for consultants as well as NCCGs who perhaps feel a bit left out of the equation, especially with the introduction of the new pay scale for trainees.

Premium rates of pay for high intensity out of hours work should apply for NCCGs and consultants equally. I am fully in support of a ‘consultant-led service’ but, equally, I expect consultants to lobby our interests so we can achieve harmony and fairness within our profession. Or are we NCCGs to remain a forgotten tribe?

Dr K Abaza
Staff Grade Anaesthetist, Nottingham City Hospital

Intensive Care – The Perinatal Period

I was very interested to read this article in September’s Anaesthesia News by my retired colleague, Dr HMC Corfield. It was good to hear again the history of the development of the Barnet Ventilator – but, sadly, this has been misspelt as the ‘Bannet ventilator’.

I enjoyed his eloquent description of the ‘original ITU’ at Barnet. In answer to Dr Corfield’s question - “Demolition, listed building status, or just another fortunate legacy from the princes of Serendip?” - I am sad to say that the “original prototype at the far end of the London Northern Line tube” has been demolished to make space for new ‘state of the art’ hospital buildings.

Dr Iris Symons
Barnet Hospital

REMINDER
The Association’s postcode has now changed to WC1B 3RE and, following the change in London telephone numbers, the Association can now be reached on 020 7631 1650, fax 020 7631 4352.
The image of the anaesthetist

I am increasingly astonished at the apparent paranoia of anaesthetists concerning their public image. Last May we had the, to my mind, ridiculous ‘National Anaesthesia Day’ and, for some time before and some time afterwards, both the Royal College’s Newsletter and Anaesthesia News became exceptionally boring as both devoted many column inches congratulating themselves on their perception of a successful occasion. The College was substantially more tiresome in this than the AAGBI.

As is now becoming apparent, the day was little more than a tired joke in most places. The questions asked of the public were of little consequence since there is no more reason why the public should know about the training requirements of anaesthetists than of, say, an oncologist or a venerealogist. Indeed, I doubt whether anaesthetists know much about the training requirements of oncologists and venerealogists. The whole exercise seems to me to have been a farce (or a similar word also denoting hot air!).

The real point is that anaesthetists are expected to see their patients prior to administering their anaesthetic. I realise that this is not invariable but one likes to think it is usual. It is certainly advocated as Good Practice. By far the most important part of this visit is to introduce oneself to the patient and describe who and what you are. It was always my practice to ask, “Have any of the other doctors discussed the procedure with you and have you any questions you would like to ask me”? That one sentence tells the patient that his/her anaesthetist is a doctor and it’s then very easy to add a little about the anaesthetist’s role.

Provided patients know that they are to be anaesthetised by a specialist doctor who will look after them throughout, I cannot see that it matters a jot whether the man in the street knows that anaesthetists are doctors or whether he knows anything about their training. It is the patient who needs to be informed. Added to this, a postoperative visit after the patient has regained consciousness can provide valuable reinforcement of the anaesthetist’s role, especially if kind enquiries are made about comfort and pain relief which, hopefully, has been discussed beforehand.

I do not understand why anaesthetists and our professional organisations have this desperate need to be seen as important people by all and sundry. If one ignores the surgeon (an attitude to be encouraged), the only person to whom we are important is the patient. We are, in fact, greatly privileged to find ourselves in a position to do so much to ensure the safety and comfort of our patients. As it was put succintly, by one child in hospital to another, the difference between physicians and surgeons is easy. Physicians, after you’ve been admitted, make you feel better. Surgeons, after you’ve been admitted, make you feel worse.

Anaesthetists should stop whingeing that they are under valued and no-one knows how wonderful they are and content themselves to be proud to be members of a speciality that contributes so much to their fellow man. “Blessed are the meek for they shall inherit the earth”¹. (Tough on surgeons, do I hear you say?).

¹ Matthew 5, v.5

Dr John S M Zorab, FRCA
Consultant Anaesthetist Emeritus, Frenchay

---

Advertising in Anaesthesia News

Anaesthesia News reaches over 8000 anaesthetists every month and is a great way of advertising your course, meeting or seminar.

Advertisements are accepted from anaesthetic societies and organisations, courses run by recognised ‘anaesthetic bodies’ and those judged to be of interest to members of the Association of Anaesthetists of Great Britain and Ireland and without obvious commercial intent. Events will also be listed, free of charge, in the calendar of events on the Association website (www.aagbi.org) and the calendar will also be sent to members four times per year, enclosed with Anaesthesia and Anaesthesia News.

Display advertising can be in two colours and is accepted in camera ready form, by email or on disk. Potential advertisers are invited to discuss their requirements with the Editorial Assistant, Metin Enver, at the Association. Copy deadline is six weeks prior to the date of issue. Contact Metin for a Rate Card on 020 7631 1650, by fax on 020 7531 4352 or email on anaenews@aagbi.org
LOCAL ANAESTHESIA FOR OPHTHALMIC SURGERY
Friday, 2 February 2001, Middlesbrough

A CME approved meeting for anaesthetists and ophthalmologists on Local Anaesthesia for Ophthalmic Surgery will be held in North Riding Infirmary, Middlesbrough on Friday, 2 February 2001. The meeting will include lectures and live demonstration of orbital blocks. Attendance is limited to 50 participants. Application form and information from Mrs Pat McSorley (Course Administrator 01642 854601, email: cmkumar@globalnet.co.uk). Registration fee is £200 (BOAS Members £175) (inclusive of catering). Cheque payable to Cleveland School of Anaesthesia.

PROGRAMME

09.00–9.25 Registration & Coffee (Staff Restaurant)
Lectures Ward 56 (Day Centre)
9.25 Welcome: Dr Chris Dodds
Chairman:
9.30–10.00 Anatomy Relevant to Orbital Blocks, Dr Robert Johnson, Bristol
10.00–10.45 Review of Modern Ophthalmic Blocks, Dr Jacques Ripart, France
11.00–11.30 Coffee Break (Staff Restaurant)
Chairman Chris Dodds, Middlesbrough
11.30–12.15 Complications of Ophthalmic Blocks, Dr Anthony P Rubin, London
12.50–13.45 Lunch
13.45–17.00 Live Demonstration of Orbital Blocks (Ward 56)
Demonstration Co-ordinators: Drs Anthony Rubin, Chandra Kumar, Mr Tim Dowd, Mr Mamdoul El-Naggar and Mr David Smerdon

Retr and/or peribulbar
Hustead/Hamilton Technique Dr Chandra Kumar, Middlesbrough
Medial Canthus Block Dr Jacques Ripart, France, Mr Bartley J McNeela, Middlesbrough, Dr A P Rubin, London
Other Needle Blocks Dr A P Rubin, London, Dr Sean Tighe, Chester, Dr Dave Byall, Middlesbrough
Sub-Tenon
Stevens’ Technique Dr Chris Dodds, Middlesbrough, Dr Caroline Carv, London
Greenbaum’s Technique (Modified) Dr Chandra Kumar, Middlesbrough
Live Internet Transmission from USA Dr Marc Feldman, USA (Technology permitting)
17.00 Closing remarks, Dr Chris Dodds, Middlesbrough

Meeting Organiser: Dr Chandra Kumar, Consultant Anaesthetist, Cleveland School of Anaesthesia, South Cleveland Hospital, Middlesbrough TS4 3BW. Tel: 01642-854601, email: cmkumar@globalnet.co.uk

9th Video-conference Meeting
12–14 March 2001
Interactive Tutorials
Mock Vivas
Mock written papers and MCQs

Organisers: Dr Arun Gupta
Dr Vilas Navapurkar

Further information from:
Mrs Julie Graham, Postgraduate Centre, Box 111, Addenbrooke’s Hospital, Hills Road, Cambridge CB2 2SP.
Tel: 01223 274419
Fax: 01223 217237,
Email: ag230@medschl.cam.ac.uk
Registration fee: £250 (excluding accommodation)
KEELE UNIVERSITY
STOKE-ON-TRENT SCHOOL OF ANAESTHESIA
CME PROGRAMME FOR NON-CONSULTANT CAREER GRADE ANAESTHETISTS
21 & 22 MAY 2001
COURSE ORGANISER: DR PREMAN JEYARATNAM

Day One
A.M.
◆ Update on breathing systems
◆ Pre-operative assessment
◆ Pre-operative optimisation
P.M.
◆ Appraisal workshop

Day Two
Paediatric resuscitation, stabilisation and transfer – for the ‘non-specialist’ anaesthetist.

Structure of the day:
◆ Short lectures
◆ Skill stations
◆ Scenario based small group teaching

£300 non-residential course fee (includes course dinner)
Approved for 5 CME points per day
Closing date for applications: 20 April 2001
For further details, please contact:
Mrs Ann Moore, Directorate of Anaesthesia,
City General, North Staffordshire Hospital, Newcastle Road,
Stoke-on-Trent ST4 6QG. Tel: 01782 553054, Fax: 01782 719754.

THE NEWCASTLE UPON TYNE HOSPITALS NHS TRUST
Department of Anaesthesia
THE FREEMAN HOSPITAL
Department of Anatomy
UNIVERSITY OF NEWCASTLE UPON TYNE
Biannual Workshops on the techniques and practical application of peripheral nerve blocks for upper and lower limb surgery
March 12, 13 & 14, 2001
Numbers to be restricted to 8 to allow hands-on experience.
Suitable for Consultants, Staff Grade, 4th & 5th year SpRs.
Workshops include: dissections of the relevant anatomy.
Use of nerve stimulators as an aid to performing peripheral nerve blocks.
Demonstrations and hands on experience of nerve blocks and catheter techniques.
Video and course tutorial provided.
Course fee £350
Contact: Sister L Smith, Department of Anaesthesia,
Level 4, Freeman Hospital, High Heaton,
Newcastle-upon-Tyne NE7 7 DN.
Telephone: 0191 223 1059 Fax: 0191 223 1180
Email lisa.smith@nuth.northy.nhs.uk

MERSEY SCHOOL OF ANAESTHESIA AND PERI-OPERATIVE MEDICINE
THE SECOND SAQ WEEKEND COURSE
6pm Friday 9 February – 4pm Sunday 11 February
MASTER CLASSES IN STYLE AND TECHNIQUE
£200
With on-site on-suite hotel accommodation and meals
£300
Places LIMITED to TWELVE ONLY trainees who have FAILED the SAQ paper at least ONCE
Enquiries: The Secretary MSAPM
Postgraduate Medical Centre
Broadgreen Hospital
Liverpool L14 3LB
Tel: 0151 282 6609, Fax: 0151 282 6935
Email: msa@rlbuh-tr.nwest.nhs.uk

MERSEY SCHOOL OF ANAESTHESIA
AND PERI-OPERATIVE MEDICINE
THE SECOND SAQ WEEKEND COURSE
6pm Friday 9 February – 4pm Sunday 11 February
MASTER CLASSES IN STYLE AND TECHNIQUE
£200
With on-site on-suite hotel accommodation and meals
£300
Places LIMITED to TWELVE ONLY trainees who have FAILED the SAQ paper at least ONCE
Enquiries: The Secretary MSAPM
Postgraduate Medical Centre
Broadgreen Hospital
Liverpool L14 3LB
Tel: 0151 282 6609, Fax: 0151 282 6935
Email: msa@rlbuh-tr.nwest.nhs.uk
On 24 October, the Academy UK in Hatfield officially opened its doors to the outside world. More than forty guests from around the country attended the launch event, each with influence or interest in clinical or technical education.

The Datex-Ohmeda Academy UK has been set up in response to the growing requirement for professional, measurable education in healthcare. The Academy UK offers a wide range of technical and clinical study days aimed at various professions within healthcare including anaesthetists, nurses, operating department practitioners and biomedical engineers. All of the clinical study days have been accredited by the Royal College of Nursing as ‘approved educational events’ and count as 10 CE points, showing that they have real educational value.

The official opening ceremony began with a welcome from Mr Leslie Smith, the Managing Director of Datex-Ohmeda Ltd and the guest of honour, Professor Leo Strunin, President of the Association of Anaesthetists of Great Britain and Ireland. Members of the Academy UK teaching staff gave brief presentations outlining the types of clinical study days available, followed by Professor Strunin’s unveiling of the commemorative plaque in the main lecture theatre.

The Academy UK is a dedicated training resource within a purpose built facility in the Hatfield office, committed to providing excellent educational support for all health care professionals within all levels and disciplines. In addition to state of the art teaching and presentation facilities, the Academy complex includes a museum, exhibiting Datex-Ohmeda’s outstanding contribution to the development of medical device technology over the last 100 years and a demonstration suite featuring the very latest technology for anaesthesia and critical care.

Back to basics study days are generic, parameter based sessions and are suitable for all levels and disciplines within the health care environment. They provide a thorough theoretical understanding of a clinical parameter, for example, pulse oximetry, allied to a very practical grounding in the use and application of that parameter at the point of care.

Clinical Application sessions focus on a specific piece of equipment and provide a thorough understanding of how to use, apply and achieve the most from the equipment concerned. These sessions are essential for all actual and potential users of the equipment and are delivered at the point of care by sales executives or dedicated clinical specialists.

Front line study days combine a detailed presentation on the use and clinical application that is equipment specific. They provide an understanding of how the equipment operates and should be maintained from a clinical perspective. These sessions are ideal for practitioners, engineers and users requiring a more rounded education on the equipment they use or care for.

First Line Biomedical support study days are tailored to provide an essential technical understanding of the equipment. These courses cover basic troubleshooting and fault finding skills.

Second Line Biomedical support provides a more in depth technical understanding of the equipment and is designed for Biomedical staff interested in providing technical support and planned preventative maintenance for Datex-Ohmeda products.

As the emphasis and implications of ‘Clinical Governance’ increase within the NHS, the benefits of an accredited training establishment like Datex-Ohmeda’s Academy UK are obvious.

For further information regarding the Academy UK, please contact Linda Huffington, Academy Director, Academy UK, Datex Ohmeda, 71 Great North Road, Hatfield, Hertfordshire AL9 5EN or telephone on 01707 263570 or email to academy@uk.datex-ohmeda.com

This information was kindly supplied by Datex-Ohmeda and is reproduced with permission.
Most students of the history of anaesthesia would recognise the three great museum/archives of our speciality to reside at the Wood Library-Museum in Park Ridge, Chicago; at the Association of Anaesthetists of Great Britain and Ireland in London and at the Geoffrey Kaye Collection in Melbourne. There are, in addition, a myriad of excellent collections in museums and hospitals throughout the world that augment and enhance the study of our past.

As from Saturday 7 October 2000, all of these have been eclipsed by the opening of the Horst Stoeckel Museum for the History of Anaesthesiology in Bonn. I was invited to give a short lecture at the opening ceremony and did so with a barely concealed tinge of green envy on my face for what has been created in this university city on the Rhine. At the University Hospital in Bonn, Horst Stoeckel has created a truly wonderful museum-library-archive.

Horst became the first Professor and Chairman of the University Department of Anaesthesia in Bonn in 1974. A great researcher, teacher and practical anaesthetist, he was awarded a Pask Certificate of Honour by the Association in 1985 when he was organiser of the joint meeting with the German Society in Bonn. As his retirement approached, he began to think of new ways to fill his time and decided to fall back on one of his earliest interests, that of history. The main catalyst for this event was the presentation to him of a replica of Morton’s ether inhaler, together with an original 1905 Kuhn tracheal tube, at the opening ceremony for the new ‘Centre for Surgical Care’ in Bonn, in April 1994. He made a decision to make a library/museum/archive, available to everyone, as soon as possible.

By employing his considerable personal charm, some generous finances and his international network of contacts made during a lifetime at the forefront of his speciality, Horst began to collect. He travelled the world and spoke to everyone who he could find who had a similar interest. The large collections in this country, the USA and Australia have been about 70–80 years in their creation. Professor Stoeckel has eclipsed these in some five years of concentrated effort.

At the opening ceremony, he donated his project to the University of Bonn which will continue to develop it with him at its Curator. The Museum is situated on the ground floor of an old nurses home and in the basement are the storerooms he needs for further apparatus. He utilised a professional museum designer to provide a tremendous feeling of space and light as one walks round the display cabinets where everything is displayed to its best advantage. There are discrete information boards between the cases that highlight individual contributions to the development of our speciality and a library of over 3,000 books for the researcher to peruse during his time on site. At the end of the ‘tour’, having passed an iron lung, one arrives in a fully equipped operating theatre which is perfect in every detail.

I took for the title of my lecture the quotation of David Everett (1769-1813) ‘Tall oaks from little acorns grow’. Horst Stoeckel has created a massive German oak in a very short period of time. I recommend a visit to all of you with an interest in the history of our speciality.

David Wilkinson
Honorary Archivist, AAGBI

---

**NORTHERN PRIMARY FRCA CRAMMER COURSE**

5 to 9 March, 2001

Full Examination Practice, Current Topics and Detailed Appraisal of Performance

Course Fee: £350
Including Lunch and Beverages

Course organiser:
Dr. M. Tremlett, Consultant Anaesthetist,
South Cleveland Hospital.
Email: mtremlett@anaesthetics.org.uk

Application forms from:
Mrs. P.A. McSorley, Course Administrator, School of Anaesthesia, Cheriton House, South Cleveland Hospital,
Marton Road, Middlesbrough TS4 3BW
Tel: 01642 854601
Email: Pat.McSorley@email.stahnhst.northy.nhs.uk

Visit us on the web www.anaesthetics.org.uk

---

**NORTHERN FINAL FRCA CRAMMER COURSE**

2 to 6 April 2001

Full Examination Practice, Current Topics and Detailed Appraisal of Performance

Course Fee: £350
Including Lunch and Beverages

Course organiser:
Dr. F. Clarke, Consultant Anaesthetist,
South Cleveland Hospital.
Email: fclarke@anaesthetics.org.uk

Application forms from:
Mrs. P.A. McSorley, Course Administrator, School of Anaesthesia, Cheriton House, South Cleveland Hospital,
Marton Road, Middlesbrough TS4 3BW
Tel: 01642 854601
Email: Pat.McSorley@email.stahnhst.northy.nhs.uk

Visit us on the web www.anaesthetics.org.uk
The marble plaque was kindly donated to the Association in late summer when it was removed from Christchurch-on-Needwood church. The Association archivist, Trish Willis, arranged for the tablet to be carefully transported to 9 Bedford Square and then for a stonemason to professionally clean and mount the tablet on the wall in the building entrance, beside the portrait of Dr Featherstone.

At the ceremony, the President, Professor Leo Strunin, welcomed the family members and thanked them for donating the marble tablet to the Association. Dr Tom Boulton, Past President, then gave a brief history of Dr Featherstone’s life, detailing how he made a tremendous contribution to the development of anaesthesia in the last century, culminating in him forming and becoming the first President of the Association of Anaesthetists of Great Britain and Ireland.

The following is the account Dr Boulton gave of the life of Dr Henry Featherstone:

Henry (Harry) Featherstone was born in Erdington on 5 April 1894. He was aged thirty-eight when he took steps on his own initiative that led to the foundation of the Association of Anaesthetists in 1932. He was at the height of his clinical career. He had qualified in medicine and learnt the art of leadership in the horror of the trenches during the Great War of 1914-1918. He was academically well qualified as he had proceeded to the Cambridge MD and had contributed a number of papers to the literature.

Featherstone was Honorary Anaesthetist to the Birmingham General Hospital and he had a well established private practice. He was also nationally recognised, having been the President of the Anaesthetic Section of the Royal Society of Medicine from 1930 to 1931. Featherstone had an independent private income from family business interests although, as was custom at the time and unlike present day British NHS consultants, he did not receive a salary.
Featherstone might have rested on his laurels at this stage of his career but, instead, he dedicated himself to improving the lowly academic standing of his fellow specialist physician anaesthetists within the medical hierarchy and their financial prospects.

Virtually the only whole time specialist anaesthetists in Great Britain and Ireland at that time were the one hundred and fifty or so individuals who held honorary appointments at University Hospitals. It was therefore for them that the Association was founded initially.

It was Featherstone’s leadership that led to the inauguration of the Diploma of Anaesthetics in 1935. The introduction of the Diploma led in turn to the creation of a whole new category of anaesthetists who were diplomates but not necessarily on the staffs of University Hospitals. It was these individuals who were to acquit themselves with such distinction in the Second World War and who were later able to claim equal status as consultants alongside those of other major specialities when the NHS came into being in 1948. Many of the original University Hospital members, having established themselves as an elite, resisted inviting the new diplomates and other anaesthetists to join the Association. It was Featherstone who, by polite insistence over several years, persuaded his colleagues to change their minds and thereby create the truly representative and powerful body that the Association now is.

Henry Featherstone was once again in uniform in the Second World War and saw active service both during the evacuation of the British Expeditionary Force from France in 1940 and in the D-Day landings in 1944. After the war he concluded that the time had come for him to leave it to others to build on the foundations that he had laid without his intervention and he gradually scaled down both his medicopolitical and clinical activities.

As Dr Edward Mathews wrote in his perceptive biography of Featherstone as an appendix to the History of the Association, “He was indeed a remarkable man, who played an important part in the development of the speciality; he lived in interesting times and places and he was, as he once described himself, a dutiful old soldier”.

---

GAT REGISTRAR’S PRIZE 2001

The Registrar’s Prize competition will take place at the GAT Annual Scientific Meeting in St Andrews on 13-16 June 2001. Entrants must supply an abstract of not more than 250 words.

All abstracts will be peer reviewed and a shortlist prepared. Shortlisted entrants will be asked to make an oral presentation of not more than ten minutes, followed by five minutes of discussion. The winner receives the President’s Medal and a cash prize.

High technology research is not required and past winners have presented projects that had the twin virtues of being their own ideas and having relevance to everyday anaesthetic practice.

Further information is available on the Association website www.aagbi.org or from The Honorary Secretary, Association of Anaesthetists, 9 Bedford Square, London WC1B 3RE.

Entries must be received by 16 March 2001. Association Educational Awards are only open to members of the Association of Anaesthetists of Great Britain and Ireland.
GAT Page

34th Annual Scientific Meeting of the Group of Anaesthetists in Training
St Andrews (Scotland) 13–15 June 2000

St Andrews – home of ‘the open last year, this year home to GAT! After 10 years, GAT returns North of the border. The 34th GAT Annual Scientific Meeting is being held at the spectacular St Andrews University Campus, hosted by the Department of Anaesthesia, Ninewells Hospital, Dundee.

The scientific programme, as ever, is educationally appealing for all grades of trainees. Issues covered in this year’s programme are:

- the Pinkerton lecturer this year is Professor John Clark from the Roslin Institute, home of Dolly the sheep;
- Clots and Clotting – DVT prophylaxis issues;
- New Drugs – New Ways – what to give and how to give it!
- Beyond the Babble – education speak and how to negotiate with surgeons!
- Intensive Care – before, during and after;
- Horses for Courses – veterinary anaesthesia;
- The Association and the College: Why are there two National Bodies? Professor Strunin will hopefully enlighten us!

Not to be forgotten are the Registrar’s Prize and the Linkman conference.

Education and socialising are essential components to a successful GAT meeting and the social programme will comprise two contrasting nights.

The first night will consist of a typical Scottish night in the St Andrews University Students Union – much haggis (vegetarian ones will be provided) and kilt swirling. The formal dinner will take place at the sensational new St Andrews Bay hotel. Stunning views over St Andrews will be the backdrop for our formal dinner and dance. For those of you South of the border wishing to get into the ‘Highland spirit’, arrangements will be made with local kilt hire companies.

A description of St Andrews is hardly complete without including the mention of golf. Friday afternoon seems the ideal opportunity for those wishing to have a round on those world famous golf courses. Further information will be available with registration packs.

This is just a small taster for what we hope to be an extremely successful GAT meeting.
For further information, please contact:

Joanne Barnes, Datex-Ohmeda Educational Co-ordinator, at the Association of Anaesthetists.

Telephone 020 7631 8802, fax 020 7631 4352 or via the website www.aagbi.org

The Pain Society
The British Chapter of the International Association for the Study of Pain

Annual Scientific Meeting
27–30 March 2001
University of York

Plenary sessions include:
• Opioids for non-malignant pain
• Radiofrequency procedures and evidence-based medicine
• Painful peripheral neuropathies
• Health technology and back pain

Parallel sessions include:
• Postoperative epidurals – quality of care
• Update on cannabis
• Medicolegal aspects of postoperative pain management
• Debate: current controversies in epidurals for chronic pain relief

In addition, there will be a total of 32 parallel mini-symposia and workshops catering for all interests. The meeting is open to doctors and other health care professionals with an interest in pain management. Full details are available from:

The Pain Society, 9 Bedford Square, London WC1B 3RE
Tel (020) 7636 2750, Fax (020) 7323 2015
email painsoc@compuserve.com
Notes from a Small Hospital
A Tale of Everyday Folk in the North

I’ve just returned from a much needed break in the sun and, after much serious consideration, I have decided not to take any more holidays! It is not only the sheer stress and trauma of clearing your desk and running the gauntlet of last minute problems before you go (our general manager actually thought I might like to do a Saturday afternoon initiative list since mine was an evening flight!), it is the dreadful feeling of impending doom as you get ready for work on the first day back.

And I am not disappointed. I awake to torrential rain and high winds through which I struggle to work. My usual parking space has disappeared under a Portakabin and it takes some time to find another one a long wet and windy way from the anaesthetic department.

A single glance at the rota confirms my deep suspicion that I will not be doing my usual operating list that day. All of our trainees appear to have gone down with a mysterious illness. Neatly side-stepping the pile of letters and records tottering ominously on my desk like the leaning tower of Pisa, I proceed to the ward. Of course none of the patients is there, in fact only one of them is in the hospital at all – in a medical ward far, far away. I am cheered briefly by the woebegone expression of the consultant surgeon, also back from holiday, who has just been informed by his secretary that his registrar is on study leave, the associate specialist is off sick and did he know it was National Stress Awareness Day?

I see my patient and actually manage to catch one just arriving in the day unit. His notes, of course, are not quite available but he informs me cheerfully he is completely fit and well and on no medication.

It gets no better in the operating theatre. The anaesthetic machine and monitoring are being serviced but, fortunately, replacements have been found in the Science Museum. The first patient has no veins (it is, after all, a very cold day). The second is an unexpectedly difficult intubation. The surgeon, however, is in worse fettle than me and getting tetchy. It is a long time since he did a laparoscopic cholecystectomy without a registrar to admire his work. The third patient, whom I have seen on the day unit, arrives clutching a GTN spray!! (Oh! I thought you meant tablets doctor - yes I get chest pain all the time!). I send the ODP to get me a strong coffee at this point while I anxiously scan the cardiology notes.

Lunch is spent in a committee room. I am late, I have to stand and there are only a few curvy Spam sandwiches left and one rather sad pear, apparently made of balsa wood.

The afternoon brings no further joy, we overrun and I leave theatre exhausted in need of another holiday. I need not be in such a hurry to get home, however, as I discover I am on call. Why am I not surprised?

We have a most worthy institution in our department of official sulk days. You are allowed to be as cranky and disorganised as you like for one day per week that you have been away. This is not a luxury but a complete necessity, believe me! It completely amazes me the havoc that can be wrought in just a week. It is almost as if you have to be punished for being away.

Later that evening it occurs to me that we don’t really get any holidays at all. We just spend the whole of the rest of the year working extra hard to cover our colleagues so that they can go away in order to be persecuted when they get back! What a life!

Gas Flo
**Tales from the back line**

If you break down on the road in Africa there is not a lot of assistance available. Once, I had to leave my brother and elderly mother all night long on a desolate road along the Mozambique border – the war was still on - to get a ride in a passing truck for help 200 km away. More, I was travelling in the north of Malawi, the most beautiful part of this country.

A battered Mercedes truck of 1960’s vintage – the one with the stubby front bonnet you see all over Africa – was broken down in front of me. The entire engine was on the road in front of the truck. Driving slowly past, I saw one of the bores in the six cylinder block had a huge score down it, presumably from a broken connecting rod. A solitary old man looked sadly at the ruin of his livelihood laid out before him. I waved in sympathy but drove on. What could I do?

Later, I thought: I must take a picture of that on the way back the next day.

Next morning the truck was still there but only the block was left on the road, a write-off. (“Buggered” is actually the correct technical term in Africa for the condition of something that will never work again or, worse, “buggered off”. It gets frequent use, though it has no other meaning.)

“Where is your engine?” I asked the old man who had been there all night guarding his property. He raised the side bonnet: “In here”, he said proudly. Indeed, there was a complete assembled Mercedes Benz six cylinder diesel engine of large dimensions. Amazed, I asked where had he found a new block? How had he put it back so quickly? The top of the engine was about seven feet off the ground and he seemed quite alone.

Simple, he said: his ‘boy’ had gone to Kasungu, a local town and found another engine of the same type. Together, through the moonless night they had re-assembled and mounted it using bits of wood and rocks as props. I took his picture standing proudly by his handiwork.

“Is it running? Why don’t you try it?” I asked. He said the battery was flat so he was waiting for another truck to tow him fast enough to get compression to start the engine. Thinking of my clutch, I declined to offer my vehicle for this purpose.

This is a medical story: a small, naive, part of me still entertains the notion that there must be a way of utilising this special African type of persistence, self-reliance, resourcefulness and knowledge to repair and maintain the Health Service. Surely, it’s just a matter of finding the right three pin plug or adapter to make the connection.

Paul Fenton

---

**Easy Job**

Anaesthesia News has been part of the ongoing drive to raise the profile of the anaesthetist in the mind of the general public. Is it working? Judge for yourself with this tale from a correspondent.

I was recently lucky enough to have two good anaesthetic assistants to help me as one was undergoing intravenous cannulation assessment. Just as my patient arrived in reception, I was called in to recovery to attend to another patient so, by the time I arrived in the anaesthetic room, my patient had been wheeled in, connected to a multitude of monitoring and an intravenous cannula had been successfully inserted. I said ‘Hello’, picked up the syringes from the bench and proceeded to administer the anaesthetic.

‘My goodness!, exclaimed the patient. ‘Is that all YOU do. What a great job!!’

If only!!