Annual Scientific Meeting
Metropole Hotel, Brighton 9 and 10 September, 1999

The President, Dr Mal Morgan opened the 44th Annual Scientific Meeting and handed over to Dr Peter Wallace, the Honorary Secretary, to chair the first session on Intra-operative Volume Replacement.

The first session of the conference considered the use of crystalloids, colloids and blood. The crystalloid/colloid debate was presented by two trainees, Dr Vanessa Skelton and Dr Mike Margeson whose admirable performance on such a large occasion promises much for the future of anaesthesia. The pendulum of opinion is currently swinging against the use of colloids but observations from the audience suggested that most clinicians still use colloid gelatin solutions, together with crystalloids where large volume fluid resuscitation is required.

Neil Soni completed the session with a masterful performance full of humour and common sense. Blood transfusion, as we all should remember, can be hazardous and current evidence suggests that it is safe to accept lower haemoglobin levels in our patients than previously advised (eg 8g rather than the traditional 10g cut-off) but there remains uncertainty in defining an absolute safe lower level, especially in the critically ill. A good session to get the show on the road.

At 1125, our visitor from San Diego, Dr Connie Ward, mounted the podium to give the Intavent Lecture. After noting that the next time the audience would see his suit would be at his funeral, Connie launched into a witty, sympathetic, outstanding review of drug and alcohol addiction.

The Genie in the Glass Ampoule, Dr Ward told us, was based on his Californian experience but it was noted that this was a particularly relevant topic in the UK as the Association is beginning its look at the problem here.

Connie’s talk was a balance of pathos and humour and had the large audience enthralled. Should we, as the Americans do, concentrate on getting sick anaesthetists back to work? Currently, the problem seems to be resolved in this country by forcing these unfortunate colleagues to...
change speciality.

A fitting ovation at the end of the lecture was followed by the presentation of a piece of silver to Dr Ward by Mr Bruce Goodman, the Chairman of Intavent Orthofix “Quite the best lecture I have ever heard” was the comment from several anaesthetists present.

The third session of the ASM was entitled Obesity, the Size of the Problem. Professor PJ Kopelman from St Bartholomew’s and the Royal London School of Medicine set the scene with his lecture The Pathophysiology of Obesity which reminded the audience that this was a disease state and outlining the changes that occur in obesity. This talk provided the framework for the next two lectures, in the first of which Dr MC Bellamy from Leeds gave an informative and amusing account of The Anaesthetist’s Perspective of the problem. This was cleverly illustrated using dual projection, giving us a visual idea of the challenge that some of these patients present. We were also given some indication of the team that is involved in the work up of these patients prior to surgery. Mr S Pollard from Leeds then followed with a very eloquent and, at times, moving talk as to how he, as a surgeon, was committed to helping the morbidly obese. Having learnt the technique in Virginia, the approach he uses is that of a gastric bypass. We were shown photographs ‘before’ and ‘after’, illustrating the major benefits gained by these patients of which the University of Leeds helps about 70 per year.

Questions following the session included matters of the ethics of doing these cases and also practical points about the maximum weight that an operating table can hold from an insurance point of view. The speakers kept the attention of the audience well because most anaesthetists have faced the challenge of anaesthetising obese patients with an intercurrent illness.

Every anaesthetist is also an applied pharmacologist. A session was therefore included to address an issue fundamental to anaesthetic practice, namely that of drug interactions. The first speaker, Dr Walter Nimmo, set the scene by reviewing the numerous mechanisms by which such interactions can take place. This was then followed by Professor Rajinder Mirakhur and Dr John Sear who considered pre-operative and intra-operative drug interactions, respectively. All three talks were quite excellent and completely up to date as would be expected from such eminent speakers.

Given the large number of drugs that every patient receives during a hospital inpatient episode, together with the complexity of modern day anaesthesia, it could easily be concluded that drug interactions are an everyday occurrence. The message which came over from the whole session was that this is indeed the case but that some interactions may be actually beneficial rather than detrimental. The question time was used to the full, underscoring the importance that the audience clearly put on this subject.

Friday morning kicked off with a spirited debate between two eminent local anaesthetic gurus, guaranteed to rouse the most somnolent of the previous night’s casualties. Professor Tony Wildsmith of Dundee proposed that central neuraxial blocks for postoperative analgesia should be performed before induction of general anaesthesia, while Dr Barrie Fischer of Redditch stoutly defended the practice of waiting until after induction. Clinical evidence, rhetoric and philosophical musing were only occasionally sullied by name calling and point scoring and, at
the end of the day, Dr Fischer achieved a 5% swing towards his viewpoint, although the ‘keep them awake’ party maintained its majority by a narrowed margin of 57% to 43%. The format proved popular with the delegates and it is hoped that other suitable topics for such debates will be forthcoming (suggestions from readers welcome!).

The Friday afternoon session covered three issues concerned with providing an anaesthetic service in difficult environments, namely logistics, equipment and drugs. The first speaker was Dr Karen Henderson, a consultant anaesthetist from Brighton who has worked with various agencies including the Red Cross and has travelled to the Sudan and, most recently, Afghanistan. She advised all those able to go abroad to work in developing or emerging countries to do so because of the invaluable experience to be gained.

This issue was taken up by the second speaker, Dr Charlie Collins, a consultant anaesthetist from Exeter who has worked for a long time in Nepal. Dr Lyons pointed out during the questions that going to these countries has health and security issues that should not be overlooked and the speakers agreed.

The third talk was given by Dr Bernard Riley, a consultant anaesthetist working at the Queens Medical Centre in Nottingham who concentrated on the equipment to take on such trips. This ranges from only take what you can carry to the American Forces who take complete operating theatre suites with them.

All the speakers were experts in their field and all three showed us some very interesting slides. The session was a success being informative and well received by the large audience that it attracted.

The last session of the ASM was the John Snow Lecture with the Association’s solicitor, Mr MAMS (Bertie) Leigh, delivering his lecture on Pain: the Contribution of the Lawyer to its Genesis and Management. As usual, Bertie’s talk was witty and incisive. It was thought provoking and involved relating art to medicine as well as the main topic.

The meeting was closed by Dr Mal Morgan who reflected on the success of the Brighton venue and the quality of the contributions.

Reports by Peter Wallace, John Ballance, Wendy Scott, Brian Pollard, David Bogod and Simon Thorp.

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**GAT Registrar’s Prize 2000**

The Registrar’s Prize competition will take place at the GAT Annual Scientific Meeting in Cardiff on 24–23 June 2000. 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 website [www.aagbi.org](http://www.aagbi.org) or from The Honorary Secretary, Association of Anaesthetists of Great Britain and Ireland, 9 Bedford Square, London WC1B 3RA

Entries must be received by 10 March 2000. Association Educational Awards are only open to members of the Association of Anaesthetists of Great Britain and Ireland.

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**Winter Scientific Meeting Update Day**

**The Association of Anaesthetists of Great Britain & Ireland**

Winter Scientific Meeting 14-15 January 2000

Update Day 13 January 2000

QEII Conference Centre, London

**WINTER DINNER AT THE PARK LANE HOTEL**

14 JANUARY 2000

Contact Joanne Barnes or Karen Grigg at AAGBI on 020 7631 8802/3

BOOK BEFORE 22 NOVEMBER AND SAVE UP TO 20%!!
Annual Scientific Meeting social events
Obstetric Anaesthetists at Olympia

Earlier this year, an invitation to take part in the Prima Baby Show was received by the Association of Anaesthetists. This was a new venture launched by the Prima Baby Magazine to provide 20,000 visitors with a one-stop show for all the information, advice and purchasing needed for the new parent.

Dr Anne May, President of the Obstetric Anaesthetists Association, accepted the invitation and, with help of colleagues, manned a stand over the August Bank Holiday weekend at Olympia. Both consultant obstetric anaesthetists and SpRs interested in obstetric anaesthesia worked hard to promote the role of the anaesthetist in childbirth.

Large numbers of the public came onto the stand and many gave details of the expectations and views of women on their need for pain relief in labour. Around 300 questionnaires were completed and these women will be followed up after they have delivered their baby. David Bogod and Anne May gave talks in the Lecture Theatre to groups of the public and were available to answer questions.

On the stand the OAA pain relief video was running and there were many photographs of Maternity Units. There was also a small leaflet entitled ‘Your Anaesthetist in Childbirth’ which had Mike Wee’s pain relief algorithm on the back. The OAA pain relief in labour booklet and the Association of Anaesthetists’ information for patients were also distributed to the public.

All present felt that their input into the Prima Baby Show was well worth all the hard work and may have helped to educate the public about anaesthesia and, in particular, the special role of the obstetric anaesthetist in childbirth. It will be interesting to see if the epidural rate goes up in the London area in the next few months!

We would like to thank Lesley Ferguson for her invaluable support and help as well as Trisha Hawkins at the OAA secretariat who gave up a considerable amount of her time at a Bank Holiday weekend. Thank you to everyone who helped to make the event successful.

Anne May

Writing for Anaesthesia News

Anaesthesia News is your newsletter. The Editorial Team is keen that the journal shall represent the views of members. You can get your opinions across or share some experience with 7,000 other members. To write for Anaesthesia News, send a disk in Word format (although other formats can be converted) to the Editor at 9 Bedford Square. You can also send a file as an attachment to an email to anaenews@aagbi.org

Good, old-fashioned typescript is also welcome and can be sent by post or faxed to 020 7631 4352. Photographs are particularly welcome and can be emailed as a jpg file to anaenews@aagbi.org or posted for scanning. They should be of reasonable size and colour is preferable. Articles may be of any length but the Editorial Team reserves the right to edit, if necessary. Copy deadline is six weeks prior to the date of issue.
PANG
Pain and Nociception Group

Low back pain
Finding solutions
Friday 28 January 2000
Charing Cross Hospital
Fulham, London W6 8RP

Programme
Biomechanical correlates in the spine - M Adams (Bristol)
What causes disability - C Eccleston (Bath)
Which backs are helped by surgery - G Findlay (Liverpool)
What are the best non operative therapies - J O’Dowd
How to manage patients who have inappropriate pain and
disability - C Pither (London)
Are oral opiates ever appropriate? B Collett (Leicester)
When and how to use epidural steroids - D Kapoor
Does DCS have a role J Watt (Manchester)
Denervation what does it achieve? - J Wedley (London)

Registration Fee: £122.50 (lunch included)
Further information: Mrs S Welham
PANG Administrator
7 Dover Road
Sandwich, Kent CT13 0BL
Tel/fax: 01304 612520 Mobile: 07801 930370

(Approved for CME)
(Concessionary rates available)

PANG
Pain and Nociception Group

Cancer pain
current issues in management
Monday 29 November 1999
Charing Cross Hospital
Fulham, London W6 8RP

Programme
Neuropharmacology of pain - A Dickenson (London)
Epidemiology of cancer pain - I Higginson (London)
Alternatives to morphine - M Fallon (Glasgow)
Spinal use of drugs in cancer pain - K Simpson (Leeds)
A Critical appraisal of invasive therapy - J Williams (London)
Managing opioid side effects - N Sykes (London)
“Day case” hospice facilities - A Hoy (London)
Spinal surgery for pain control - J Lucas (London)

Registration Fee: £122.50 (lunch included)
Further information: Mrs S Welham
PANG Administrator
7 Dover Road
Sandwich, Kent CT13 0BL
Tel/fax: 01304 612520 Mobile: 07801 930370
(Approved for CME)
(Concessionary rates available)

Association of Anaesthetists of Great Britain and Ireland
THE WYLIE MEDAL
UNDERGRADUATE PRIZE
2000

The Wylie Medal will be awarded to the most meritorious
essay concerning anaesthesia or associated clinical practice
written by an undergraduate medical student at a university in
Great Britain or Ireland.

Prizes of £300, £150 and £50 will be awarded to the best sub-
missions. The overall winner will receive the Wylie Medal.

Further details are available from the Association website
www.aagbi.org

or

The Honorary Secretary, Association of Anaesthetists of
Great Britain and Ireland, 9 Bedford Square, London
WC1B 3RA.

Closing date 11 February 2000
**Section of Anaesthesia of the Royal Society of Medicine**

### Friday 5 November 1999 at 5.30 pm  
**A MEDICO LEGAL EVENING**

<table>
<thead>
<tr>
<th>Medical Legal Developments</th>
<th>Case Study: A day that changed my life</th>
<th>The Facts Speak for Themselves</th>
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<tbody>
<tr>
<td>Mr Adrian Whitfield QC</td>
<td>Dr Frank Walters, Frenchay Hospital</td>
<td>Professor Thomas Healy, Manchester Royal Infirmary</td>
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<tr>
<td>Barrister at Law</td>
<td>Bristol</td>
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<td>Three Serjeants’ Inn London</td>
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### Friday 3 December 1999 at 5.30 pm  
**REGIONAL BLOCKS: NEW DEVELOPMENTS**

<table>
<thead>
<tr>
<th>Regional Blocks in Obstetrics</th>
<th>Adjuvant Drugs in Regional Blockade</th>
<th>Peripheral Limb Blocks</th>
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<tbody>
<tr>
<td>Dr John McClure, Edinburgh Royal Infirmary</td>
<td>Dr Barrie Fischer, Alexandra Hospital</td>
<td>Dr Dennis Connolly, Musgrave Park Hospital</td>
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<td>Redditch</td>
<td>Belfast</td>
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### Friday 4 February 2000 at 5.30 pm  
**NEW DRUGS FOR THE NEW CENTURY**

<table>
<thead>
<tr>
<th>Xenon Anaesthesia</th>
<th>Development of New Drugs: How is it done?</th>
<th>To be announced</th>
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<tbody>
<tr>
<td>Dr Thomas Marx, University of Ulm, Germany</td>
<td>Dr Robert Sneyd, Derriford Hospital, Plymouth</td>
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Contact Christine Martin, 1 Wimpole St., London W1M 8EA. Tel: 020 7290 2986. Email: Christine.Martin@Roysocmed.ac.uk

We are pleased to acknowledge support from Dräger Medical.

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**Local Anaesthesia for Ophthalmic Surgery**

8th Video Conference Meeting Friday, 28 January 2000, Middlesbrough

A CME approved meeting for anaesthetists and ophthalmologists on Local Anaesthesia for Ophthalmic Surgery will be held in North Riding Infirmary, Middlesbrough on 28 January 2000. 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). Registration fee is £200 (BOAS Members £175) inclusive of catering. Cheques payable to Cleveland School of Anaesthesia.

### Programme

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<tr>
<th>Time</th>
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<tr>
<td>9.00-9.30</td>
<td>Registration &amp; Coffee</td>
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<tr>
<td>9.30-10.15</td>
<td>Anatomy Relevant to Orbital Blocks, Dr Jonathan Dutton, North Carolina, USA.</td>
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<tr>
<td>10.15-11.00</td>
<td>Complications of Ophthalmic Blocks, Dr Anthony P Rubin, London.</td>
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<tr>
<td>12.45-12.50</td>
<td>Discussion</td>
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<td>12.50-13.45</td>
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**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
Availability of Information Technology in UK and Ireland Anaesthetic Departments

The GAT Committee wished to look at how easy it was for anaesthetists to have use of basic information technology (IT). It is now unusual to see anyone’s handwriting apart from on cheques, as computer software allows even the most uninitiated in IT to write basic script and to print it off.

Trainees are now encouraged to present work as printed over heads or on PowerPoint. Papers for peer review journals are written many times and corrected before submission on department or home computers. This is after hours of searching through MedLine for suitable references.

This is just the beginning; internal e.mail is becoming essential for communication within departments of large merged hospital trusts. Specialist Training Committees within a deanery require department to department communication links apart from slow hospital mail. As a professional body, anaesthetists need to have easy access to information from national and international bodies within medicine and from other professionals influencing the NHS. We therefore looked at:

1. 24 hour availability of computer hardware within a department
2. If MedLine was available within the department or the hospital
3. If there was Internet access
4. If internal or external e.mail was provided
5. Personal e.mail use.

We compared university and non-university departments.

Results
We had responses from 113 Linkmen and 53 Trainee Linkmen. 31 university departments were represented by 46 responses and

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<th>Within Department</th>
<th>Within Hospital</th>
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<tr>
<td>24hr/day IT access</td>
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<tr>
<td>University department</td>
<td>87%</td>
<td>8.6%</td>
<td>4.3%</td>
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<tr>
<td>Non university department</td>
<td>81.8%</td>
<td>10.7%</td>
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<td>University department</td>
<td>78.2%</td>
<td>17.4%</td>
<td>4.3%</td>
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<tr>
<td>Non university department</td>
<td>35.5%</td>
<td>58.7%</td>
<td>6.6%</td>
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<td>Internet</td>
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<td>University department</td>
<td>60.9%</td>
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<td>33.9%</td>
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<tr>
<td>University</td>
<td>43.5%</td>
<td>19.6%</td>
<td>39.1%</td>
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<tr>
<td>Non university</td>
<td>38.9%</td>
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99 non-university departments were represented by 123 responses. In total, 130 departments were represented by 169 responses. Highlighted are the obvious differences between university and non-university departments.

Computer hardware is available to the majority of anaesthetists. However, there were added comments such as secretaries and consultants having first refusal of use. Obviously, there are unrealistic demands on some departments’ equipment.

MedLine access is worryingly low in non-university departments. Trainee Linkmen noted that postgraduate centres within these hospitals were also closed outside office hours, making searches for references very difficult.

The Internet access and MedLine access were similar, reflecting modem rather than CD-ROM application. Again, availability is low in non-university departments. Some may wonder why we need the Internet in departments but, once you have seen the huge amount of information from the NHS Executive and the Government, as well as the professional bodies including our own, you will realise that it is vital for those seeking consultant posts within our Isles to download reports, white papers and circulars.

Encouragingly, anaesthetists are using their own initiative and are incorporating IT into their homes, with similar numbers from both types of department doing so. Surely, our departments should reflect the age we live in much more than they do. We still seem to be struggling to get anywhere near the point we should be at as we enter the next millennium.

Claire Mallinson
The British Association of Day Surgery (BADS) is a multi-disciplinary group consisting of Nurses, Anaesthetists, Surgeons, Managers and even Architects who are interested in day surgery. BADS is run by a Council of 14 elected members who serve for a period of three years. The aims of the Association include:

- promoting day surgery both nationally and internationally;
- ensuring quality for our patients in day surgery.

The current anaesthetic representatives are: Dr Ian McMenemin, Glasgow, Dr Dan Evans, Cardiff, Dr Ian Jackson, York, Dr VG Punchihewa, Basildon and Dr Chi Davies from Ashford.

The Annual Scientific Meeting moves to venues around the country and next year will be in Cardiff on 14–17 June. This meeting attracts over 300 delegates and we try to provide speakers who will provide an interest to our wide-ranging audience. However, we also run concurrent open sessions for presentations of audit and research projects. Abstracts are invited from all who have an interest in day surgery and these sessions have proved very fruitful with some extremely good presentations and debate. Recent anaesthetic abstracts have dealt with a wide range of topics from TIVA techniques, co-induction and even analgesia for patients undergoing laparoscopic sterilisation using an epidural catheter in the Pouch of Douglas! If you have a project suitable for presentation or even for a poster display then please contact us.

We also produce a quarterly journal: *The Journal of One Day Surgery* and would welcome contributions and ideas for improving its format. Its Editor was previously Dr Mark Hitchcock from Cambridge who has unfortunately had to resign from this position due to pressure of work. Currently, the Chairman of our editorial board, Mr Joe Cahill from Kingston, is filling the position on a temporary basis. There is no doubt that the editorial position of any journal is onerous but that it also brings its own rewards. Anyone interested in filling this position should contact any of the Council members for further information.

This year, BADS has finally embraced the Internet and has started to develop a website. This can be found at www.bads.co.uk. Again, if you have ideas for its development then please feel free to contact us. We feel that this site needs to be developed to provide information for the general public as well as our members but this will take time.

The BADS office is situated in the Royal College of Surgeons and is currently staffed two days per week by our secretary, Cathy Duckworth. The number is 020 7973 0308 and the fax number is 020 7973 0314.

We firmly believe that day surgery is at another crossroads of development and that there will be increasingly invasive procedures being performed on a day basis – look at our website for examples. This will inevitably lead to pressure for sub-specialisation within anaesthesia or perhaps more rigid protocol led anaesthesia (indeed perhaps both will occur!). We can only influence these pressures if we get involved and anaesthetists already form the second largest group represented in the Association (after nurses).

Why not consider joining and getting involved – after all, over 65% of your elective surgical workload and an increasing amount of your urgent cases are going to be performed as day cases over the next few years.

*Ian Jackson (DrIJackson@aol.com)*

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This picture shows, from left to right, Mr Paul Baskerville, President Elect, Mr Peter Simpson, President and Dr Ian Jackson, Treasurer.
Nancy

As part of the recent re-organisation in the office arrangements at Bedford Square, the Association has decided to engage the services of a receptionist. The appointment of Nancy Dobson (pictured) will mean that hers will be the voice you hear when you call 020 7631 1650. Nancy will also be available, in person, to answer enquiries, on the ground floor. Pay her a visit when you come to a Seminar.

The Mersey School of Anaesthesia
in association with
The Section of Anaesthesia
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One Day Medicolegal Symposium
Saturday 4 December 1999
The Liverpool Medical Institution

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Dr JK Orton
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Rochdale Road
Oldham OL1 2JH
E Mail: DrJKO@AOL.com

Dr M Simpson
Department of Anaesthesia
Manchester Royal Infirmary
Oxford Road
Manchester M13 9WL

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Professor E.A. Pask, OBE, MD, FFARCS, DA.

Edgar Alexander (Gar) Pask was born on 4 December 1912, the son of a Cheshire businessman. He was educated at Rydal School at Colwyn Bay, Downing College Cambridge, where he gained first-class honours in physiology in both parts of the Natural Sciences Tripos and as a scholar at the London Hospital Medical College. He qualified in Medicine in 1937. Pask held House Officer appointments at the (now Royal) London Hospital during the next two years and then joined the emergent Nuffield Department of Anaesthetics of Oxford University under Professor Robert Macintosh as Junior Assistant Anaesthetist, early in 1940, a few months after the outbreak of the Second World War. Thus began a friendship with Macintosh of mutual respect and collaboration that lasted until Pask’s death on 30 May 1966.

Macintosh, by then Air Commodore and Adviser in Anaesthesia to the Royal Air Force saw to it that Pask was posted to the RAF Physiological Centre at Farnborough when he too joined the RAF. The self-experimentation undertaken by Pask and his colleagues at Farnborough, with the objective of improving the chances of survival of aircrew if they had to bale out, is legendary but well documented. The experiments were often conducted in collaboration with Macintosh at Oxford. Pask was anaesthetised by Macintosh with ether to the point of respiratory arrest by hyperventilation and at least once paralysed by the newly available curare, so that the efficacy of the various methods of artificial respiration could be assessed. He inhaled concentrations of oxygen as low as 2% to determine whether it was possible to bale out without oxygen apparatus and survive at an altitude of 40,000 ft (12,200m). He was anaesthetised by Macintosh and immersed in a swimming pool to test whether certain life jackets would keep the head of an unconscious man above water and he parachuted into the North Sea off the Shetland Isles as a test to determine whether clothing which he had designed would reduce deaths from hypothermia of aircrew, if they had to ditch in the sea. Pask used the data from the experiments on artificial respiration techniques as a basis for his Cambridge MD thesis. Macintosh later dryly remarked that it was probably the first time that such a degree had been given to a man who was deeply unconscious during the all important parts of the research!

Edgar Pask could have had a professorial chair in physiology anywhere in the world after the war but he chose to remain in British academic anaesthesia. He was appointed Reader in Anaesthetics to Durham University at Newcastle upon Tyne in 1947 and was elected Professor two years later (the second such appointment in the British Isles). He continued his innovative research, particularly into pulmonary function and monitoring and he delivered a memorable Clover lecture on the latter subject. A considerable number of today’s very senior anaesthetists spent formative periods in his department under his thoughtful tutelage. He rapidly became prominent in medical and academic
politics, both in his own university and nationally and he was an influential executive officer and inspirational committee chairman in both the Association and the Faculty of Anaesthetists. There is little doubt that he was poised to be elected to lead both these organisations at the time of his death in 1966.

I only became acquainted with Pask about two years before his death when I became a very junior Assistant Editor of Anaesthesia with a seat on the Editorial Board. I held him in considerable awe but I learned much from his technique in committee. He was not the chairman of the Board but he listened quietly to the usual meandering discussions and then put his own view and proposals in a couple of sentences. His advice was usually accepted!

About two years ago I had the pleasure of becoming reacquainted in retirement with the late Paul Stringer, formerly Consultant Surgeon to the Hemel Hempstead and St Albans Hospitals. I learnt that he had had a brief period of contact with Pask when he was a young RAF medical officer in the Second World War. I persuaded him to write a short note on his experience and kept it by me for archival purposes. I believe that it is well worth reproducing here. It captures the flavour of those wartime days, it says something about Pask’s character and attitudes and it describes the superlative courage of the many young men on active service during the Second World War.

“During my time in the RAF, I was posted to the Ship Fighting Unit which was stationed at Speke, the civilian airport outside Liverpool. The responsibility of the Unit lay in the protection of convoys, chiefly on the North Atlantic route to Murmansk. A catapult, on which a Hurricane aeroplane was stationed, was fixed on one of the ships attached to the convoy. There were several difficulties! The pilot had to sit in the cockpit since there was never enough time for him to rest below, before being fired off and engaging an enemy plane that had been sighted. He could also confirm the location of suspected submarines. There were long periods when he had only to sit at the ready and, although the flying suit was electrically heated, the weather was bitterly cold and the temperature often subzero. Once in the air, having dealt with the enemy, he ditched the plane, descended into the drink by parachute and stayed afloat, aided by a Mae West life jacket or a small inflatable dinghy, hoping to be picked up, although fogs were frequent. It was unfortunate that many convoy gun crews, after days of waiting, would blaze away at anything in the sky, including the Hurricane.

One pilot did his stuff and then landed at Murmansk and was promptly arrested!

It was while I was at Speke that Pask arrived. He was of spare build and of affable disposition and I remember that he did not care for me to address him as he was, namely, as my superior officer. His interest was wholly clinical and related to the suits that we had already been trying out in the local swimming pool, as well as on one occasion in the Mersey.

The difficulty was that the wet suit was too closely fitting and at that time few were satisfactory since they did not allow for perspiration and also restricted mobility both in and out of the aircraft. We tried out some suits that he had had made but none suited the pilots who were with us, nor Pask himself.

I tried out a suit in the Mersey with Pask in a motorboat nearby. It was bitterly cold and not particularly hospitable but all he was interested in was the pulse, blood pressure and other parameters! Anything he had to say on these was certainly worth listening to, however, because he was so fully informed. It was during a casual conversation that I learnt that he had made several parachute jumps into the North Sea and that he had been dropped in the drink while anaesthetised, as he wanted to test his equipment and observe (or have observed!) his bodily responses while unconscious! Much as one admired his intelligence and envied his drive and energy, one respected even more his courage and bravery. He was one of those people who, having weighed the odds, discounted his own feelings.”

Bibliography


(Other References are available from the author).

The pictures on these pages show Dr Philip Bickford-Smith, Dr Hilary Aitken and Professor Howard Fee receiving the award named after Professor Pask.
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Letter to the Editor

I wish to congratulate Dr John Ballance on his excellent editorial entitled ‘Revalidate! Revalidate’ (Anaesthesia News No. 147 October 1999).

His views echo the sentiments of many. The present system has created fear and insecurity in the minds of many and much has to be done to lift the NHS morale. If the media and the politicians pile more pressure on the medical profession there is a great danger of people going out of the NHS. Most doctors are hard working, intelligent and dedicated and give more to the NHS than they are paid for.

Dr Ballance can ‘hide until retirement’ and some youngsters are thinking of quitting early and branching off to some other field of speciality. My concern is for people who are in the early stages of their consultant career who can neither quit nor stay to enjoy a quiet career.

Dr S. Radhakrishna, Sp.R Anaesthetics
University Hospital of Wales

Erratum

In the GAT article for September’s Anaesthesia News, the address for Doctors net uk was given incorrectly. The correct way to find this is via www.doctors.net.uk The Editor is grateful to Dr Nigel Eastwood from Stoke on Trent for pointing this out.
The Annual General Meeting, in Brighton on Friday 10 September, heard of the election of three new members of Council. They are pictured just after the announcement.

Dr Kate Bullen is an Associate Specialist at Frenchay Hospital in Bristol and is the first Non-Consultant Career Grade (NCCG) doctor to be elected to Council. This event coincides with the Association’s intention to do more for NCCGs and Kate will be worked hard in this sphere! As well as her national and regional work to advance the status of NCCGs, Kate has been active on her Local Negotiating Committee and the Avon Ambulance NHS Trust.

Dr Alastair Chambers (on the right in the picture) is a consultant in anaesthesia and pain management at Aberdeen Royal Infirmary and also a Clinical Senior Lecturer at the University of Aberdeen. Alastair was Secretary and then Chairman of the Junior Anaesthetists Group and then a member of Scottish committees to do with pain control and education. He has been an examiner for the Royal College of Anaesthetists since 1992.

He is interested in education and training at both local and national level and keen to ensure that these are valid and reliable. The development of CME is a particular interest and Alastair is keen that all career grade staff have appropriate opportunities. He is also involved in the development of pain management.

Dr John Wedley (on the left in the picture) is a consultant anaesthetist and Director of pain management services at Guy’s and St. Thomas’ Hospital Trust.

John was a Senior Lecturer at Guy’s, a Council Member of the Section of Anaesthetics of the Royal Society of Medicine and an examiner for Part I of the Fellowship of the Royal College of Anaesthetists. He is now an examiner for the Final Fellowship.

He has been involved in writing original and review articles, book chapters and a textbook on – the stress response to major surgery, malignant hyperthermia, anaesthetic equipment and the investigation and treatment of chronic pain. As well as pain management and the maintenance of standards of clinical practice, John has an interest in replacing the consultant contract with one that reflects the wide range of anaesthetists’ activities outside the operating theatre.

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Cock-up of the month

A boy of ten was brought to theatre with a tympanic distended abdomen of seven days’ duration. The diagnosis was either bowel obstruction or peritonitis. Local purgative medicines had been given. Abdominal conditions are very common here and, at the last count, laparotomy accounted for 75% of all major general surgery.

The boy lay in a fetal position. We tried to straighten him out to examine him and put up a drip but he was flexed and hypertonic in both arms and legs with fingers in the “main d’accoucheur” position.

He was resuscitated and came on to the table, still curled up. ECG showed a normal sinus rhythm.

Induction with ketamine and suxamethonium was uneventful but, as soon as he was intubated and halothane started, the ECG showed an array of multifocal ectopics to make even our anaesthetists turn pale. The pulse was no more.

We thought back to the story of the local medicine and the chronic nature of the pathology: could this be hypokalaemia? The laboratory has never been much use to us at QECH and so it was on this day. So, with a clinical diagnosis of hypokalaemia we started 10 ml of 20% KCl run in over 30 minutes. The effect was dramatic and sinus rhythm was restored immediately.

Afterwards, I went to the books. Here it said that hypokalaemia causes weakness and floppy limbs, not what we had seen. Another occasion to mutter “...but not in Africa”.

Paul Fenton

Paul Fenton was born in 1947 and medically educated at Guy’s Hospital. After house jobs and tropical medicine courses, he first learnt anaesthesia in Vanuatu, consolidating this experience and passing the FFARCS while working at Kings College Hospital. He went to Malawi in 1986 as Senior Lecturer and, since 1991, has been the Associate Professor at the Malawi College of Medicine.