

# NEWS & NOTES

## Lancaster Surgeon appointed to Chair of Surgery in Sydney

Tony Watson leaves the Royal Lancaster Infirmary on the 31st March 1990, after 15 years as Consultant Surgeon, to assume the Chair of Surgery at the University of Sydney. He was appointed in 1975 with a special interest in gastroenterology and endoscopy. He soon established a clinical oesophageal service, a colonoscopy and therapeutic endoscopy service, and, more recently, the Oesophageal Investigation and Research Unit. In his first six years in Lancaster, when beds and theatre space were plentiful and there were only three General Surgeons, his time was totally occupied with clinical and local administrative commitments, including Chairmanship of the Surgical Division, the General Surgeon's Committee, the Day Investigation Unit Committee and the Committee of Management of the Postgraduate Medical Centre and its sub-Committees. He was also elected Chairman of the Committee for Independent Medical Practice when facilities for the treatment of Private Patients were under threat. He immediately set up a working party comprising local businessmen and financiers to establish a Private Hospital for the District. Eight years of work investigating several sites and soliciting many prospective backers led to the opening of the Lancaster and Lakeland Nuffield Hospital in 1984.

Perhaps Tony's most significant contribution has been the establishment of the Oesophageal Investigation and Research Unit. This started in 1983, after two years of clinical research, with a Regional Research Grant to support a technician. The Unit was developed by the attraction of outside funds which have supported a succession of Research Fellows since 1985. Equipment was acquired largely through various National Research Awards, from several Companies in exchange for evaluation of their products and through the generosity of the League of Friends.

As a result of these developments, an active research programme, a clinical service for the investigation of patients with oesophageal disease and a Centre for surgical trainees to work for their M.D. theses have evolved. The principal research interests have included investigation of the mode of action of anti-reflux operations, of factors influencing peri-operative morbidity and long term survival in oesophageal cancer, the pathophysiology of gastro-oesophageal reflux, Barrett's oesophagus, reflux stricture and the relationship of the last two to other upper gastro-intestinal abnormalities. This work has resulted in more than 100 presentations to National and International Societies and the production of 4 M.D. theses. Of more practical clinical relevance has been the development of an anti-reflux procedure which is better than existing methods. It is simpler to perform, better tolerated and associated with fewer side effects. In addition,

in conjunction with Philip Allen, he has accumulated a large series of surgically treated patients with oesophageal cancer. This series is noteworthy in the U.K. because of its size and the low peri-operative morbidity and mortality. These factors and the availability of full diagnostic facilities have resulted in the referral of patients with oesophageal problems from all parts of the U.K. ranging from the North of Scotland to the Channel Islands, as well as a few patients from abroad.

Tony's work and the Unit he has built up have resulted in visits to Lancaster by many distinguished individuals and bodies. In 1984 Lancaster hosted the first British-based International Conference on Disorders of the Oesophagus, which attracted speakers and delegates from all over the World. In 1985 the Royal College of Surgeons held one of its Scientific Meetings in Lancaster on the occasion of Tony's Hunterian Lecture on "The Current Status of Resection in the Management of Oesophageal Cancer". The British Society of Gastroenterology held its Spring Meeting in Lancaster in 1986 which Tony organised and he was due to host the Surgical Research Society here in 1991. Many distinguished figures in the oesophageal world have made individual visits to the Oesophageal Unit, not only from this country but from the U.S.A., Europe, South Africa and Australia. Tony himself has been a visiting Professor to many Centres in this Country and abroad, including the Mayo Clinic, McGill and Duke Universities. His many contacts led to an invitation to participate in an exchange scheme with Creighton University, U.S.A., which involves Surgical Residents exchanging training posts between the R.L.I. and Creighton. This has been a very stimulating experience for all concerned.

Tony's achievements in surgical gastroenterology and in particular in oesophageal disease have led to a prolific increase in his writing, speaking and major administrative commitments and to several accolades. His 69 publications in the last 9 years have included 11 invited chapters, one book on the oesophagus and numerous editorial and review articles for both British and American journals. He is a regular reviewer of oesophageal papers for six major journals, of grant applications to major bodies and of M.D. theses from several U.K. Universities. In addition, he is on the editorial board of two major journals and is joint editor of an International Volume on Surgical Gastroenterology, currently in preparation. In addition to Regional administrative commitments on the Speciality Training Group in Surgery and its Working Party, the General Surgical Sub-Committee of the R.M.C., and the Regional Manpower Committee, Tony sits on several National Committees including the SAC in General Surgery, the Educational Advisory Committee of the Association of Surgeons, the Council and the Clinical Services Committee of the British Society of Gastroenterology, together with one of its Working Parties which advises the DHSS on future provision and funding of endoscopic and other gastro-intestinal investigational facilities. At international level, Tony is a member of the Scientific Committee of the International Society for Diseases of the Oesophagus and of the International College of Digestive Surgery and sits on one of the Working Parties of the International Surgical Society. In

addition to these commitments, he is the Royal College of Surgeons Clinical Tutor and has maintained the Chairmanship of the District Manpower Committee, the Medical Advisory Committee of the Lancaster and Lakeland Nuffield Hospital, the Committee of Management of the Postgraduate Medical Centre (until this year), and the Presidency of the Lancaster Branch of the Ileostomy Association, which he has held since he established the Branch in 1977.

Several bodies and Societies have conferred awards on Tony during his time at Lancaster. In 1983, he was selected the Moynihan Travelling Fellow of the Association of Surgeons of Great Britain and Ireland. The Royal College of Surgeons of England conferred the title of Hunterian Professor on him in 1985 and in 1987 he was elected the Travelling Fellow of the James IV International Association of Surgeons, the first time for three years that this had been conferred on a British Surgeon and the first time ever on a Surgeon in a D.G.H. 1989 has been a particularly momentous year, with election to the American Gastroenterological Association and the International Oesophageal Club. In March, the Royal College of Edinburgh conferred an Honorary Fellowship, and in May he was offered the Chair of Surgery in Sydney, which he eventually accepted in September after much soul searching. He will be Head of a large Department of Surgery which is considered to be the major teaching hospital in Australia, and whilst retaining active clinical interests in specialised digestive surgery, will have greater involvement in directing research and in teaching. He will leave Lancaster with mixed feelings, the excitement of the new challenge being tinged with sadness at leaving behind many friends, colleagues, the Unit he has worked so hard to establish and last, but by no means least, his patients.

## New Appointments

### Consultant in Accident and Emergency



Mr Ray McGlone has been appointed as the first consultant in Accident and Emergency in this area. He was born in Newcastle-upon-Tyne and started his secondary school education at St Cuthbert's RC Grammar School. He qualified in medicine at The London Medical College in 1980 and on completion of his pre-registration posts started applying for jobs 'up North'. During a two-year SHO medical rotation in Hull he met an enthusiastic Australian A&E Registrar who converted him to this new branch of hospital medicine. He had actually done a pre-registration A&E post at The London Hospital where his only senior cover had been a first year SHO. With no consultant cover it was very much a case of the blind leading the blind and he clearly remembers saying to himself that he would never do A&E again.

Soon after his appointment as a medical Registrar at the Royal Gwent Hospital he passed the MRCP, then on the advice of several senior A&E consultants went back to SHO grade in order to gain the relevant surgical experience. He was fortunate in getting on the Derby/Nottingham A&E rotation where he gained further experience in A&E, neurosurgery and orthopaedics followed by an A&E Registrar post at Derby.

Whilst at Derby he gained experience on the Flying Squad following which he concluded that call-outs should be limited to trauma as by the time the team got to a medical arrest in the community the patient had invariably gone from VF to asystole and a predictable failed resuscitation. After this rotation he was in a position to compete for an SR post and was accepted on the Yorkshire Region training scheme. This post rotates through Hull, Wakefield, St James and Leeds General Infirmary. Unfortunately he did not rotate out to 'Jimmie's' and so all chances of becoming a TV celebrity were dashed. During his stay in the region he saw how effective para-medics could be in dealing with medical emergencies in the community and this is certainly a development he will encourage in Lancaster.

Research is an essential component of training in A&E, as it is in other specialities. Many of Mr McGlone's papers deal with the use of local anaesthetics in the A&E department. The most useful tip for the SHO, however, must be that the usual reason for failure is not waiting long enough for the local anaesthetic to work.

There is a national trend to close smaller A&E units in order to pool resources and provide an efficient service that is *safe* for the patient. With this latter point in mind Mr McGlone would hope to introduce regular teaching, and appoint a staff grade doctor at RLI in the near future to provide more senior cover for the SHOs. The unit at Kendal, serving a large area due to its location, should, he feels, remain. Undoubtedly a key factor in keeping this unit open will be the continued support of the local GPs.

Ray McGlone married in 1977. His wife Bernadette is a qualified primary school teacher, though in recent years she has been heavily committed helping in their local parish. They have four children aged ten, eight, five and three. Mr McGlone's hobbies include breeding birds and computing.

### Consultant Orthopaedic Surgeon



Mr Hugh Stewart FRCS has been appointed Consultant Orthopaedic Surgeon to the Lancaster District from January 1990.

Hugh Stewart was born in the north west, in Oldham, but soon moved over to the industrial West Riding where he was brought up, being educated at Bradford Grammar School. As captain of the rugby team he made his first acquaintance with Lancaster at the Royal Grammar School. His team lost. Frequent trips during this period to the Lakeland hills and Yorkshire Dales fostered an affection for the area, and the beer, which is undimmed.

His medical education was at The London Hospital, where he met his wife, Margaret; and his house jobs were at The London Hospital, Mile End. Deciding on a career in surgery, he moved to Leicester to a busy casualty post, followed by teaching anatomy to the first students at the university, which eased him through the primary FRCS. As junior surgical registrar he worked in Leeds at the General Infirmary and St James' Hospital, then at Huddersfield Royal Infirmary, passing the final FRCS in 1979.

His career training in orthopaedics started as a Registrar in Derby, and continued as a Senior Registrar there and at the East Midlands orthopaedic training hospital, Harlow Wood, near Nottingham. During this time a special six months appointment was arranged with Mr M A R Freeman at The London Hospital, when he developed a special interest in hip and knee arthroplasty, including cementless fixation of components and revision surgery.

He performed clinical research projects on common orthopaedic problems – fractured neck of femur, Colles' fracture etc., (one of the papers on the latter subject is claimed to have been required reading for trainees in Brisbane, Australia!), and on the long-term results of early knee replacement and the salvage operations (arthrodeses) for the same.

In 1987, after accreditation and before settling down here, he and his family decided to experience work and life abroad. A very interesting and pleasant year followed at St Vincent's Hospital in Melbourne, Australia, where he was a junior consultant. He also worked at various other hospitals in the city and furthered his interest in lower limb arthroplasty and general orthopaedics.

His present interests outside medicine include his family (two children), cycling, climbing and hill-walking.

## Consultant in Genito-Urinary Medicine



David M Coker took up an appointment as Consultant in Genito-Urinary Medicine on 17th July, 1989. He has clinics in Barrow, Kendal and Lancaster.

Dr Coker was born and brought up in Kent, and studied Medicine at Manchester University. He obtained the MRCP in 1985 after house posts in Manchester, and SHO posts in Withington and Warrington Hospitals. He then held registrar posts in Genito-Urinary Medicine at St Thomas' and Middlesex Hospitals in London, before moving back northwards to a Senior Registrar post in Liverpool. This training gave him wide-ranging experience of his speciality in different parts of the country, and included considerable experience of HIV infection and AIDS, and of colposcopy.

He has published research on a range of topics, but his main interest is the management of recurrent genital herpes. Dr Coker believes that the psychological effects of this diagnosis are often worse than the illness itself, and that realistic advice is more important than any of the modes of treatment that are currently available.

Dr Coker's first priority is the development of the clinic service in the Lancaster and South Cumbria districts. The clinic in Barrow has already moved into new premises at Furness General Hospital, and a health adviser has been appointed to provide counselling and tracing. A clinic in Kendal in Blackhall Road has recently opened, and this service should be incorporated into the new Westmorland General Hospital which is due to open shortly. Changes in the arrangements for the Lancaster clinic are currently taking place, and should lead to an improved service. Long term plans include provision for geographically isolated areas of South Cumbria and for seasonal and transient populations in Lancaster and Morecambe.

Genito-Urinary Medicine has developed out of venereology and the former special clinics, but the nature of the work and the atmosphere of the clinics has altered dramatically in recent years. The traditional venereal diseases are now well-controlled, but their place has been taken by a range of viral diseases which are more difficult to manage. The advent of HIV infection and AIDS has led to a higher profile being given to the risks associated with sexual activity, and to an increased demand from the public for advice and testing for these conditions. One aspect of the work which has not changed is the strict confidentiality which is observed within the clinics. Dr Coker is keen to keep GPs fully informed about their patients, but the GP can only be informed of the details of an attendance if the referral includes a short note to accompany the patient.

Dr Coker is a hill walker and a long distance runner, and also plays the church organ, piano and violin.

## Scanner Appeal

A £1 million appeal campaign in North Lancashire and South Lakeland for a CT body scanner was launched on Monday January 23rd, 1989. Lancaster Health Authority supported the appeal. North West industry and business and individual donors had already pledged a substantial sum by the launch day.

In February the Trustees were able to announce the biggest single donation received. The Provincial Group in Kendal had firmly committed themselves to the appeal. As spring approached the level of activity in the Appeal office increased considerably. An appeal went out for volunteers. Various local people answered the call enabling the office to respond more quickly to event organisers needs. A £300,000 contribution from NHS funds was pledged. This meant that the halfway stage was reached by late April 1989.

Lancaster City Council presented a major donation to the appeal. Frantic activity during the spring months resulted in over 10,000 local school children achieving the world's largest poster. This was claimed on 25th June and smashed the record previously held by the citizens of Obitiro, Japan.

Kendal and Windermere areas enthusiastically support the need for a scanner. Levels of activity are increasing with the onset of autumn. New volunteers have joined the scanner ranks and their enthusiasm is providing a new impetus for a team slightly jaded by the volume of activity.

At the time of writing, early November, 1989, the £800,000 mark appears on the horizon. It's been a lot of hard work by a great number of people to whom we are eternally grateful.