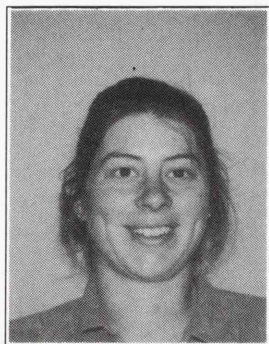


NEWS & NOTES

New Appointment



Dr Janet Lavelle has been appointed as Consultant Radiologist and will take up her post in December 1990. She will have sessions at Kendal, as well as Royal Lancaster Infirmary and will be involved in the implementation of the Forrest Breast Screening Programme.

Born and brought up in Derby, Janet Lavelle qualified in medicine in Manchester in 1981.

Pre-registration posts in Stockport and Derby were followed by a brief return to Stepping Hill Hospital in Stockport as a Medical SHO. In 1983 she moved to Nottingham as a Registrar in Radiology, working at both the Queen's Medical Centre and City Hospital. She obtained Part I FRCR after one year and in 1985 obtained a Senior Registrar post in Leicester.

She has experienced a broad based training in all branches of radiology whilst working in Leicester including ultrasound, paediatrics, computed tomography and interventional procedures. She obtained the full fellowship in 1987. Her research interests include CT staging in renal carcinoma and the value of CT in acute pancreatitis.

She hopes to continue to develop a wide range of radiological techniques in Lancaster in addition to her commitment to Forrest. She feels that combined radiological and surgical clinics planned for breast screening, which minimise delay between diagnosis and treatment, may provide a model for improvements in clinical-radiological communication applicable to other branches of medicine. She also views the installation and setting up of a CT service in Lancaster as an exciting development.

Janet Lavelle is married to David, a solicitor, who will be working in Kendal. They have one daughter. She spends her free time fell walking and playing badminton and also enjoys needlework.

The Leese Trust

Mrs. I.B. Leese was resident in the Arnside area and was under the medical care of Dr. A. Matchett (Snr.) of Arnside. In the course of a lengthy illness of fluctuating intensity, she had been seen in consultation by two members of the Lancaster/Kendal hospitals medical staff, with special interest in cardiac and respiratory problems.

She decided to donate her estate, after the death of her two sisters, to the furtherance of development and research in cardiac and respiratory illness. This decision was taken, I hope, without tongue in cheek, and she discussed with Dr. Matchett the means to achieve these ends locally. She was advised to leave the sum in a trust for the Lancaster

Postgraduate Medical Centre (or Federation as she called in her will, which caused a little difficulty). She died in 1973 and her sisters by 1983.

Included in her will was a clause that the choice of equipment to be purchased and donated should be under the direction and supervision of four named doctors with whom she had discussed her intentions of helping other heart and lung sufferers, viz. A. Matchett, P.H. Ferrer, A.K. Brown and R.D. Young.

A Trust Fund was established, and it was unanimously agreed at a meeting with the Postgraduate Centre Committee in 1983 that the fund should be open to all in the district of Lancaster and Kendal, and that all applications should be channelled, twice a year, through the Centre Committee, who would set priorities; thus avoiding potentially invidious personal application to the trustees. The function of the trustees is solely to ensure, on behalf of the Charity Commissioners, that the applications are in keeping with the letter and spirit of the donor. The sum of around £20,000 is invested, and the trustees are very anxious that only the interest accruing each year should be used, thus preserving the capital for future beneficiaries.

The money is used not only for equipment and other hardware. Education is the heart of the matter, and thus a Leese lecture is arranged yearly, help for the centre library is readily agreed, and whole or part funding of educational visits in the United Kingdom or abroad is provided – always with a cardiac or respiratory interest. Gastroenterologists and dermatologists have to find other sources we fear.

The trust is a very valuable addition to the sources available in the district to individuals, and to the centre, to continue the advance of knowledge, however small. We owe a debt of gratitude for the generosity of the late Mrs. Leese, and in no small measure to the wisdom and forethought of Dr. Matchett, whose advice in this matter was central to her bequest.

Lancaster's CT Scanner

The building work for the scanner's installation is in progress and going to schedule. The work is being undertaken by the Works Department of the hospital. The Scanner itself will be delivered during the August Bank Holiday weekend and will be commissioned during September.

Already in post is Mrs Jean Williams, a radiographer who has much experience of CT scanning in Preston. She has been setting up the systems for the use of the machine, and interviews were held in July to select a second radiographer to work with her.

The CT Scanner Appeal itself exceeded its target and the committee is no longer appealing for funds. The appeal will, however, remain open to receive covenanted gifts and future donations.

Lancaster publications – 1989

Chapman KR, Bryant D, Marlin GE, Mitchell C, Ruffin R, Inouye T, Pedersen B, Koskinen S, Osen S, Ringdal N, Willey RF, Formgren H, Persson G, Kallen A, Ljungholm K. A placebo-controlled dose-response study of enprolylline in the maintenance therapy of asthma. *Am Rev Respir Dis* 1989; 139: 688-693

Dendy RA, Davies JR, Gorst DW. A tongue resection in macroglossia due to primary amyloidosis. *Br J Oral Maxillofac Surg* 1989; 27: 329-333

el-Kholy AA, Cherry JR. Primary cholesteatoma of the mastoid presenting as cervical abscess. *J Laryngol Otol* 1989; 103: 92-93

Harrison PV. Short-term cyclosporin for psoriasis. *Arch Dermatol* 1989; 125:1582

Harrison PV. Vasculitis and retinoids. *Lancet* 1989; II:749

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Herrick AL, McColl KEL, Moore MR, Brodie MJ, Adamson AR, Goldberg A. Acute intermittent porphyria in two patients on anticonvulsant therapy and with normal erythrocyte porphobilinogen deaminase activity. *Br J Clin Pharmacol* 1989; 27:491-497

Hopkins DM, Morris JA, Oates K, Huddart H, Staff WG. Low temperature and conventional scanning electron microscopy of human urothelial neoplasms. *J Pathol* 1989; 158:45-51

Jenkinson LR, Norris TL, Watson A. Symptoms and endoscopic findings – can they predict abnormal nocturnal acid gastro-oesophageal reflux? *Ann R Coll Surg Engl* 1989; 71:117-119

Khunti K, Harrison PV. Chronic psoriasis and repeat admissions; do we do enough for our patients? *Clin Exp Dermatol* 1989; 14:405

McIllmurray MB, Bibby RJ, Taylor BE, Ormerod LP, Edge JR, Wolstenholme RJ, Willey RF, O'Reilly JF, Horsfield N,

Johnson CE, Mustchin CP, Briscoe D. Etoposide compared with the combination of vincristine doxorubicin and cyclophosphamide in the treatment of small cell lung cancer. *Thorax* 1989; 44:215-219

McIllmurray MB, Warren M. Evaluation of a new hospice: the relief of symptoms in cancer patients in the first year. *Palliative Med* 1989; 3:135-140

Mills DC. The in vitro buffering capacity of soluble paracetamol. *Anaesthesia* 1989; 44:967-959.

Morris JA. A mutational theory of leukaenogenesis. *J Clin Pathol* 1989; 42:337-340

Morris JA. A possible role for bacteria in the pathogenesis of insulin-dependent diabetes mellitus. *Med Hypotheses* 1989; 29:231-235

Morris JA. Morphometric analysis of coronary artery stenosis. *J Pathol* 1989; 157:359-361

Morris JA. The age incidence of psoriasis. *Clin Exp Dermatol* 1989; 14:92-93

Morris JA. Sudden infant death syndrome. *Br Med J* 1989; 298:958

Newbould MJ, Malan J, McIllmurray JM, Morris JA, Telford DR, Barson AJ. Immunohistological localisation of staphylococcal toxic shock syndrome toxin (TSST-1) antigen in sudden infant death syndrome. *J Clin Pathol* 1989; 42:935-939

Osammor JY, Baruah AK. Unexplained neurological problems after mastoid surgery. *J Laryngol Otol* 1989; 103:269-271

Osammor JY, Cherry JR, Dalziel M. Lingual abscess: the value of ultrasound in diagnosis. *J Laryngol Otol* 1989; 103:950-951

Robinson AC, Cherry JR, Daly S. Double-blind cross-over trial comparing beclomethasone dipropionate and terfenadine in perennial rhinitis. *Clin Exp Allergy* 1989; 19:569-573

Telford DR, Morris JA, Hughes P, Conway AR, Lee S, Barson AR, Drucker DB. The nasopharyngeal bacterial flora in sudden infant death syndrome. *J Infect* 1989; 18:125-130

Walker GB, Harrison PV, Seville RH, Smith JF. Short contact dithranol therapy: advantages of a stiff emulsifying ointment base. *Br J Dermatol* 1989; 120:277-283

DECEMBER

Tuesday 4th

7.30 p.m. Buffet

8.00 p.m. Speaker: Mr. T. Leese,
Consultant Surgeon, Royal
Lancaster Infirmary
Title: "Endoscopic techniques in
pancreatico-biliary disease".

Friday 14th

12.30 p.m. Buffet

1.00 p.m. Speaker: Mr. N. T. Gurusinge,
Consultant Neurosurgeon,
Royal Preston Hospital
Title: "Neurosurgical management of
cervical spondylosis".

TENTERFIELD NURSES' HOME, KENDAL

SEPTEMBER

Wednesday 5th

12.30 p.m. Buffet

1.00 p.m. Speaker: Mr. C. H. Bulman, Consultant
E.N.T. Surgeon, Royal
Lancaster Infirmary
Title: "Medical Audit in E.N.T."

OCTOBER

Wednesday 3rd

12.30 p.m. Buffet

1.00 p.m. Speaker: Mrs. A. Reid, Superintendent
Physiotherapist, Westmorland
County Hospital.
Title: "Physios. and G.P.s – a new
alliance".

NOVEMBER

Wednesday 21st

12.30 p.m. Buffet

1.00 p.m. Speaker: Dr. M. Duddle,
Consultant Psychiatrist.
Title: "Sex Therapy Today".

DECEMBER

Tuesday 7th

12.30 p.m. Buffet

1.00 p.m. Speaker: Dr. R. F. Willey,
Consultant Physician,
Royal Lancaster Infirmary.
Title: "Where are all your snorers?"
(Patients with obstructive
sleep apnoea).

REGULAR WEEKLY MEETINGS

Monday 1.00 p.m. Medical Unit meeting.
5.00 p.m. Clinical Orthopaedics – Case
Presentations. All other
hospital staff and general
practitioners welcome. Please
check with Orthopaedic
Department secretaries.

Tuesday 5.00 p.m. Journal Club &
Surgical Audit.

Thursday 1.00 p.m. MRCP tutorial by
Dr. A. K. Brown.
1.00 p.m. Combined surgical and
radiological case review.

REGULAR MONTHLY MEETINGS

Wednesday 7.30 p.m. E.N.T. Journal Club.
Please check date with
P.G.M.C. Office.

Thursday 2.15 p.m. Dermatology Discussion
Clinic.
Fourth Thursday of the month.
Please check with
Dermatology office for details.

Friday 8.30 a.m. X-Ray Tutorial, X-Ray
Department, R.L.I.
Second/fourth Friday of the
month. Dr. Flanagan and
Dr. Willey.