Dr Keith's Diary - August/September 2010

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Salmon fishing in Scotland

Six days initially on the Avon at Ballindalloch and then on the Spey at Wester Elchies, began with a six foot flood (fig1) making the sport impossible.


Fig 1. R. Avon in flood


Fig 2. The next day

After a dramatic overnight fall in the water level (fig 2) the next two days proved fishless for me but a doctor friend was successful mainly with seatrout using a fly called a 'monkey,' a long black hairy lure which he cast under the trees on the opposite bank and then ripped it fast across the surface of the water.


Fig 3. Evening on the Spey

For three days on the Spey the conditions were perfect (fig 3) with fish around but not in a taking mood until lunchtime on the last day when I did manage to catch a 4lb grilse (a one sea winter salmon) which was returned because of the 'catch and release' policy. We were reminded on that last day that fishing can be a dangerous sport.

Bill Richmond, a distinguished 68-year-old medical biochemist was fishing on one of the famous Tulchan beats, fell in knee deep water, was swept away and drowned. His body was pulled from the water about 5 miles downstream. A salutary tale to remind those of us who wear chest waders that a flotation device should be mandatory?

Grouse shooting

En route home from fishing I was invited to join friends shooting grouse over pointers in Glen Prosen. What a fascinating day. It was such a privilege to witness Dominic from Derbyshire, one of the country's leading pointer experts, work his team of highly trained dogs (fig 4).


Fig 4. Well trained pointers

Of the three with him at any one time (he had about 9 more in his Land Rover) one would be released to rush around the hillside until it found a covey of grouse. It would then stand motionless but quivering with excitement with its tail erect, pointing at the birds with its nose (fig 5).


Fig 5. Pointing at grouse

Two of the five guns (those shooting) would then walk forward either side of Dominic and attempt to shoot the grouse when they flew away (fig 6). During the day 14 brace (28 grouse) were shot. I was there only as an observer but was allowed to have a couple of shots and by

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Fig 6. Shooting grouse

chance managed to shoot two in full view of the assembled company (fig 7).


Fig 7. Lucky shot

In retrospect the exciting memories of that day have been saddened for me by the sequelae of an impromptu medical consultation before the day's sport began.

A challenging diagnosis

I was asked to examine the wife of one of the guns whom I knew well from past hind stalking expeditions to Glen Finnan. She was an excellent tennis player and had recently both trekked in Nepal and successfully completed the three peaks challenge but she had a five week history of an increasingly painful left shoulder with limited movement (fig 8).


Fig 8. Working your dog with a painful shoulder

I made a tentative diagnosis of frozen shoulder but I remember being slightly worried by a tender lump over the medial end of her left clavicle. Sadly subsequent scans and biopsies have shown that she is suffering from metastatic malignant melanoma with pulmonary deposits, a pathological fracture of the clavicle and her left humeral head replaced by tumour which has breeched the cortex. Two years ago she had had a malignant melanoma removed from her abdominal skin. Currently she is still hoping to be accepted on the trial of a new drug which has recently been mentioned both on the radio and in the newspaper but her chances of receiving the new medication is only 1:4. (two months later after suffering a pathological fracture she underwent a shoulder replacement in Birmingham – fig 9).

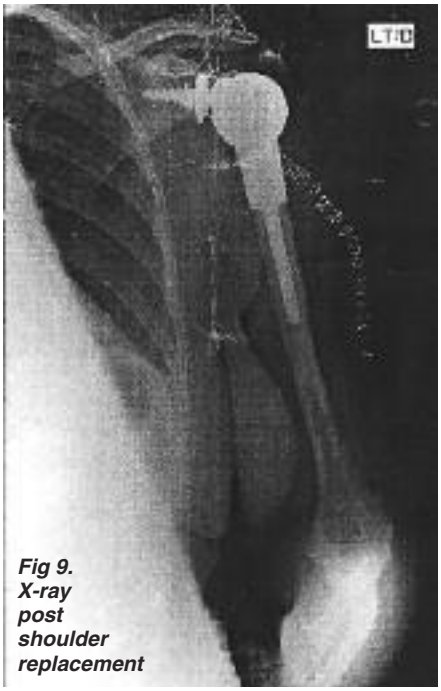
Fig 9. X-ray post shoulder replacement

As a result of her problem I asked a surgeon friend to remove a small increasingly itchy skin lesion situated over my right clavicle which had been present for four years since I had undergone radiotherapy following surgery for carcinoma of the tongue. Much to my surprise this turned out to be a well differentiated squamous cell carcinoma, hopefully the 3mm of clear margin around the biopsy will prove as adequate as my surgeon friend suggests but only time will tell.

Life certainly continues to be full of surprises for everyone, some good, some bad.

A three day mini Cruise (August 27-30)

During the Bank Holiday weekend my wife and I and two other couples accompanied a gynaecologist friend, her two teenage children and her husband on a three day cruise to celebrate his 60th birthday. We set off on the Friday morning from Dover on the Fred Olsen liner the 24,344 tonne MV Braemar. There were 1,040 passengers and 360 crew the majority of whom were from Malaysia or the Philippines. We started the trip in good fashion with a 'champagne sail away' in our friends cabin before an excellent dinner and Jazz cabaret act. We docked the next morning in St Peter Port, Guernsey with its yellow phone boxes (Fig 10) for an interesting bus


Fig 10. Yellow phone boxes

tour round the island, stopping at some of the 2nd World War German gun emplacements (fig 11) and also


Fig 11. Gun emplacement on Guernsey

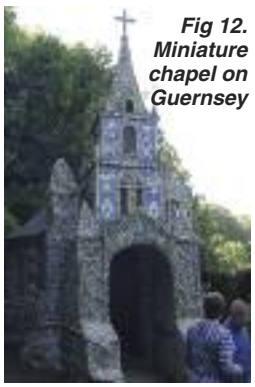
Fig 12. Miniature chapel on Guernsey

at a miniature chapel that apparently is one of the smallest in the world (fig 12). Its walls were clad in Wedgewood china fragments.

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We then visited the ancient Castle Cornet before returning to the ship (fig 13) where we enjoyed another excellent dinner followed by a singing and dancing routine featuring the music of the Beatles.


Fig 13. MV Braemar

The next morning after docking safely in Honfleur in France we travelled by coach to Bayeux to see the famous 70m long Tapestry. It was stitched in about 1068 but there is still debate as to whether it was made in France or in Kent. The tapestry depicts historical events leading up to and during the Battle of Hastings in 1066. After another excellent dinner, a cabaret starring a Welsh comedian and a smooth overnight sail we arrived back in Dover on schedule at 9.30am on the Bank Holiday Monday morning. It had been an enjoyable way to celebrate the birthday.

Medical meetings

1. On the 3rd September I attended the annual WOA (Wessex Obstetric Anaesthetists) meeting. This took place at the Tank Museum in Bovington, Dorset. There were some very good presentations including Professor Chris Redman from Oxford on the causes of pre-eclampsia, Dr David Hill talking about the increasing popularity of PCA Remifentanil in labour in Belfast and Dr David Bogood from Nottingham discussing medico-legal problems in Obstetric Anaesthesia.
The latter produced some horrendous case histories including that of a young woman in Australia who had recently become paralysed after an epidural, probably as a result of cleaning fluid contaminating the bupivacaine injected into her epidural space. I made the point that for the last 20 years in units where I have worked we have been spraying rather than swabbing the back with 0.5% chlor-hexadine prior to performing an epidural or spinal thus avoiding having any gallipots containing cleaning fluid in proximity to equipment and local anaesthetic on the sterile pack. This was after hearing a similar case presentation by Professor Lord Rosen at an OAA meeting over 20 years ago.

2. On the 17th September I went to Musgrove Park Hospital in Taunton to the first GON Meeting (www.goingoverseasnetwork.org). This was organised by anaesthetist Dr Charlie Collins from Barnstaple and included some excellent presentations about work in Nepal (ENT clinics), Bangladesh (orthopaedic surgery on a converted barge), West Africa (anaesthetic conferences and the work of Mercy Ships) and South Africa. An SpR in anaesthesia from Plymouth had just returned from a very challenging year working in two hospitals in Empangeni in Kwazulu Natal. His experiences reminded me of those I had at Edendale Hospital in Pietermaritzburg in 1983 except the violent guys now had guns. En route to the conference I visited an old friend from Edendale days who until recently was a consultant anaesthetist at Musgrove Park. Sadly increasing disability caused by a progressive generalised osteoarthritis had forced him to retire early – he is over ten years younger than me.

Back to my hospital in Basingstoke

Back to the Labour Ward at the North Hampshire Hospital I heard one of the most extraordinary reasons recently for a significant delay in performing an elective caesarean: apparently the midwife who was scheduled to be present at the operation to take the baby was so large that there were no theatre clothes available in the maternity changing room that would fit her!
One morning I failed, rather to my surprise, to insert, in the sitting position, an epidural needle in a woman in labour. Luckily a consultant colleague had no such problem using the lateral position. My efforts perhaps had not been helped by being disturbed the previous night at home by one of our cats which had twice jumped on my face!
Since then my confidence has been restored by several successful epidurals and spinals some of which were inserted in the backs of particularly large ladies with BMIs up to 55.

Do I auscultate everyone?

Recently I was asked to anaesthetise for a Gynaecology list for a colleague who was away interviewing. The first patient was an apparently fit 50-year-old scheduled for a posterior repair. For some reason I decided to listen to her chest and was very surprised to hear a significant systolic murmur at her left sternal edge transmitted to the carotids. As I was pondering what to do my colleague arrived to say that no one had turned up for the Staff grade interviews and so he would like to do his list. I said that he had better examine this woman. He agreed with my findings and organised for to have an echocardiogram which showed aortic stenosis and incompetence. Her surgery went ahead without any problem but the cardiologists agreed to follow her up. My friend did comment that normally he would not bother listening to the chest of a fit woman scheduled for a relatively minor procedure. I had to admit that if it had been my normal list that I probably would not have either. Four other of my colleagues said the same although all trainees I asked said they always listened to the chest of every patient during the pre-op visit.

New Anaesthesia Machine + African trips

The following week I took delivery of a new portable Glostavent anaesthetic machine (fig 14) made by Diamedica (www.diamedica.co.uk).


Fig 14. Portable anaesthetic machine

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It fits in a hand baggage sized toughened case and only weighs about 10kg. This is to take on a trip to Uganda on the 7th October to trial at Hoima hospital where I will be part of a group of 19 doctors and nurses including three other anaesthetists representing BHPH (Basingstoke Hoima Partnership for Health).

A day with VIPs– 23rd September

This began with a lunch meeting for about 16 alumni of University College London from various different professions chaired by Prof Malcolm Grant, the Provost. The excellent presentation by Prof Anthony Costello concerned the involvement of UCL with a new Global Health initiative. The 35 page article was published in the *Lancet* in 2009 [1]. After leaving the college I saw in that afternoon's *London Evening Standard* a photograph of Prof Grant who was apparently involved in a dispute with the UCL cleaners who claimed that the minimum wage (£5.80/hr) they were being paid was insufficient to survive in London.

Then it was on to Lambeth Palace to meet my wife for drinks and canapés followed by presentations by Archbishop Rowan and his team updating the 100 plus people present on various initiatives he was spearheading for the Anglican church both at home and also in Africa which were being supported by the Lambeth Partnership. What a charming man the Archbishop is – he went out of his way to personally greet all those who were present.

Portugal

We flew out to the Algarve a day late for our holiday. Luckily Easyjet flights are relatively easy to change on the website for a relatively small charge. It was such a pleasure to be back in the peaceful atmosphere of our small villa in Vale do Lobo (fig 15). On the third day, we visited the spectacular sand sculptures at Pera which depicted 'Nature' from prehistoric times to now (figs 16,17).

Fig 15. Villa 936 Vale do Lobo

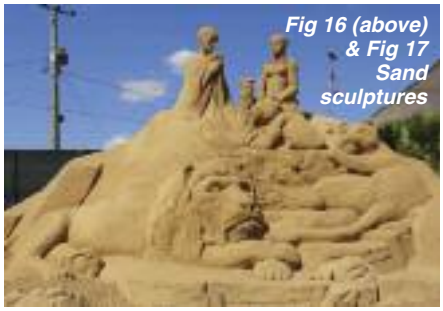

Fig 16 (above) & Fig 17 Sand sculptures

On the way back to our villa the decision to take the 'full insurance' for our hire car proved correct when I hit a kerb damaging a wheel and puncturing the tyre.

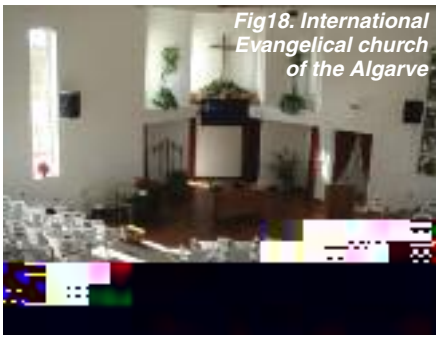

Fig18. International Evangelical church of the Algarve

We also attended the (fig 18) very friendly Evangelical Church of the Algarve (www.iec-algarve.com), 20 min drive away, led by new Pastor Mark Loney. At the Sunday service I gave a presentation on the recent visit of the *Africa Mercy* to Togo, West Africa, to a congregation of over a 100. The ship is presently in Durban having new engines installed and is scheduled to return in February 2011 to Freetown, Sierra Leone for ten months www.mercyships.org.uk). Anaesthetic volunteers are still required.

Future projects

After the trip to Uganda in October I am going to Liberia for a week in November to run a two-day conference for anaesthesia providers and hopefully a one day conference for medical students to try and persuade some to become the medically trained anaesthetists of the future in Liberia. There are currently none in this country of 3.5 million people. I am going with four anaesthetists representing Mothers of Africa based in Cardiff and also two anesthesiologists from Mount Sinai Hospital in New York. Both those groups have done regular training at Phebe Hospital whereas my friend Dr Alex Bojarska from Manchester and I have run conferences in 2007 and 2008 at the JFK Hospital in Monrovia. The main aim of the trip is to get everyone together to discuss future training requirements and perhaps develop a format which can be used in other West African countries.

After the NTAM ski conference in January in Tignes, a two week trip to the *Africa Mercy* in Freetown and another ski trip to Saas Fee, I am planning in mid June 2011 with five friends, four of whom are fellow doctors, an attempt on the Caledonian Challenge, a 56 mile walk along the West Highland Way starting 8 miles north of Fort William and finishing at Tyndrum hopefully less than 24 hours later. I think our team, called the 'Over Sixtys' has a chance of achieving this in spite of our ages ranging between 60 and 64. Five of us have run marathons in the past and Martyn the eldest completed the 56 mile Comrades Marathon in South Africa in May 2010 in 11½ hours.

Reference

1. Costello A, Abbas M, Allen A, Ball S, Bell S *et al.* Managing the health effects of climate change: Lancet and University College London Institute for Global Health Commission. *Lancet.* 2009; **373**(9676): 1693-733.