

NEWS & NOTES

New Appointments Consultant Histopathologist



Doctor Margaret Stewart has been appointed part-time Consultant in Histopathology. She was born and educated in Norfolk and trained in medicine at The London Hospital.

Her pre-registration posts were in Leicester, where she also spent a year as a pathology SHO. She then moved to Leeds as a registrar in histopathology. After the birth of her first child she continued her training as part-time Senior Registrar, at first in Derby and then in Nottingham, gaining her MRC Path in 1986. She spent two further years at Nottingham City Hospital working mainly in cytology and breast pathology. In 1987 she took a very enjoyable year out to accompany her husband, Hugh, to Melbourne, Australia. Here she worked in a private pathology laboratory which specialised in dermatopathology. During her five years in Nottingham, Margaret was involved in a major research project on pigment skin lesions and she was able to pursue this interest in Australia.

In January 1990, Hugh started working in Lancaster as a Consultant Orthopaedic Surgeon and Margaret joined him in May of that year, having transferred her part-time Senior Registrar post to the North West Region. During her two years in Lancaster she helped to set up the pathology service for the Breast Screening Unit and she has taken a special interest in cytology. She hopes to continue these interests in her new post and further develop cytology services in Lancaster.

For the last two years she has also lectured at S. Martins College pioneering a course in basic pathology for students in the nursing and health studies departments. Outside medicine most of her time is taken up by her family; she has two school aged children and also enjoys gardening and walking and is an assistant Brownie Guider.

Consultant Paediatrician



Dr Donald Finlay Macgregor took up the appointment of Consultant Paediatrician on 1st November 1992. He was born by the Bridge of Allan, Perthshire and was educated in Falkirk before studying medicine at St Andrew's University. His clinical studies continued at Manchester University and he graduated in 1981. At university he gained colours in golf, shinty and table tennis.

His preregistration posts in general surgery and general medicine were at Stepping Hill, Stockport. He then became a

senior house officer in paediatrics at Alder Hey Children's Hospital and Liverpool Maternity Hospital. This was followed by a registrar post in internal medicine at Stirling Royal Infirmary and then a registrar rotation in paediatrics at Ninewells Hospital, Dundee. He gained his MRCP in 1985.

Between 1986 and 1987 he was provincial paediatrician for the highlands of Papua New Guinea. In this post he gained experience in pneumonia, gastroenteritis, measles, tuberculosis, pigbel, spear wounds and arbitrating in tribal fights. He set up the first national birthweight survey and did joint research with WHO on pneumonia and neonatal septicaemia.

This appointment was followed by a two-year fellowship in neonatal and perinatal medicine at the University of British Columbia, Vancouver. The hospital has the largest neonatal intensive care unit in North America. During his tenure of this post he developed an interest in neonatal neurology and audit of neonatal intensive care.

In 1990 he returned to the UK and was appointed as senior registrar at the Royal Hospital for Sick Children in Edinburgh. He was initially based in paediatric neurology and was able to continue neuro-developmental research and to develop microcomputer-based methods for gait analysis.

He hopes to contribute to an efficient clinical/diagnostic paediatric service in Lancaster and intends to develop a service for children with "fits, faints and funny turns".

Dr Macgregor is married to Elspeth-Mary and they have three children; Catriona, Angus and Morag. The family enjoys camping and hillwalking. He still enjoys most of the sports from university days but now less competitively and in better temper. He is still a member of St Andrews links.

Lancaster and Lakeland Medical Research Trust

In the May 1992 issue of this journal there were a number of articles about a proposal to promote medical research in Lancashire and Cumbria. This idea has received support within the medical community and within Lancaster University and a decision has been taken to establish the Lancashire and Lakeland Medical Research Trust. This body will be concerned with raising an endowment fund to support cooperative research between health service workers and university scientists.

Two main research themes have been identified. One concerns the role of the environment in causing disease and the second is the interaction of the mind and body in disease. The environmental theme has two research programmes. One of them is to develop methods of measuring somatic mutation in human cells so that the environmental factors which cause somatic mutation in this area can be identified. This research programme was described in the May 1992 issue in an article entitled 'Genewatch'. The second programme is an

investigation of the concept that infection by micro-organisms can precipitate autoimmune disease. The outline of this programme is presented in an article in this issue. Both programmes of research involve an integrated epidemiological and laboratory-based approach. Lancaster University is well placed to lead this work building on the strengths of the epidemiological sections of the departments of geography and maths and the basic science of the Institute of Environmental and Biological Sciences.

The second main theme is the relationship between psychological and somatic processes in disease. The background to this concept was presented by Dr McIlmurray in the May 1992 issue. The management of patients with cancer requires a holistic approach taking into account the way that the diseases and its treatment influence its patient's psyche, and the way in which the emotional state of the patient can influence the disease process. This applies of course not only to patients with cancer but also to patients with other chronic conditions. In order to study this interaction it is necessary to form hypotheses from psychological theory and to make measurements which are objective and reliable. The social sciences at Lancaster University are strong and are well able to pursue these complex but interesting problems.

Another development, which is an integral part of the above scheme, is a move to encourage selected health service workers to undertake research part time for a M.Phil degree conferred by Lancaster University. Their research projects would be jointly supervised by a university scientist and a senior health service employee who is experienced in research. This opportunity would be suitable for a wide range of health service professionals including nurses, medical laboratory scientific officers, radiographers, physiotherapists, occupational therapists etc.

It is envisaged that the M.Phil will be an important part of staff training and development as the intellectual and personal qualities required to obtain an M.Phil part time, together with the training and discipline acquired, will mark the students for promotion. Furthermore publications arising from their theses will add to the overall research output of Lancaster University and enhance the reputation of the associated health service units.

Liaison between Lancaster Acute Hospitals NHS Trust & General Practitioners

The new world in which general practitioners are purchasing the services of the Acute Trust, either directly as fund holders or indirectly through purchasing advice to Health Authorities, creates a need for a closer working relationship between consultants and general practitioners. Both the Lancaster Local Medical Committee and the Acute Hospitals Trust have indicated their desire to set up a liaison group to facilitate this relationship. Several ad hoc discussions have already taken place between general practitioners and certain Clinical Directorates but there is a need to formalise this relationship. The recent appointment of Dr Neil Eckersley as Advisor to the Acute Trust makes this an opportune time to establish such a liaison group.

The objectives of the liaison group would be:-

1. To encourage consultants and general practitioners to work together to make the most effective use of available resources.

2. To enable general practitioners to indicate the difficulties they see within the hospital service and the improvements they would like to see achieved; equally to enable consultants to indicate ways in which general practitioners could more appropriately use hospital services.

3. To improve communication in general between general practitioners and the trust.

4. To ensure that the general practitioners are aware of service developments and changes within the trust, so that they can use their advisory role to the Health Authority to obtain those that would benefit their patients.

It is proposed that the liaison group would comprise about six general practitioners (nominated by the Local Medical Committee), about four Clinical Directors and be chaired by the Trust Medical Director. The liaison group would report to the Local Medical Committee and the Trust Hospital Management Team. The possibility of appointing an "Acute Trust Representative" who could visit practices on a regular basis and interact with practice managers, is being explored

Liaison with the 20 practices outside the Lancaster Health Authority boundary, i.e. in Kendal, Grange, Kirkby Lonsdale, Sedbergh, Bentham, Garstang and Blackpool, presents difficulties. However, it is essential that these practices have the opportunity of making their views known and receiving information on improvements in the service provided by the trust. Initially it is proposed that the Chief Executive and the Medical Director should visit each practice to discuss with them how such liaison could best be achieved.

The membership of the liaison group will be given in the next issue of the Lancaster & Westmorland Medical Journal, which in future could carry reports of the work of the liaison group.

Postgraduate Medical Centre Library Orders

April 1991

Health and Health Care in Later Life **Victor**

May 1992

Medical Directory
Medical Register

June 1992

Efficient Care in General Practice **Marsh**
Fitness to Practise **GMC**

July 1992

Understanding HRT and the Menopause **Wilson**
Xray Interpretation for the MRCP **Hind**
Short Cases for the MRCP **Hind**
An Aid to the MRCP Viva **Mir et al**
Tutorials in Differential Diagnosis **Beck, Francis, Souhami**

Patterns of Hospital Medical Staffing: General Surgery
Dowie
Patterns of Hospital Medical Staffing: The Overview **Dowie**

September 1992

The Health of the Nation (white paper) **HMSO**

October 1992

Road Accidents in Great Britain 1991 **HMSO**
The Illustrated History of Medicine **Sournia**
AIDS: Etiology, Diagnosis, Treatment and Prevention
DeVita, Hellman, Rosenberg
Births Counts **HMSO**
Modern Obstetrics in General Practice **Marsh**
Munro Kerr's Operative Obstetrics **Myerscough**
Bonney's Gynaecological Surgery **Monaghan**
Progress in Obstetrics and Gynaecology (Vols 1-9) **Studd**
Preparation and Revision for the DRCOG **Rymer et al**
Revision Notes for the DRCOG **Kaye**
Confidential Enquiry into Maternal Deaths 1985-87 **HMSO**

The CTG in Practice **Balen, Smith**
Basic Science in Obstetrics and Gynaecology **De Swiet, Chamberlain**
Gynaecologic Oncology **Coppleson**
Colour Atlas of Diseases of the Vulva **Ridley, Oriel, Robinson**
A Text and Atlas of Integrated Colposcopy **Anderson, Morse, Jordan, Sharp**
Large Loop Excision of the Transformation Zone
Gynaecology **Shaw, Soutter, Stanton**
Stress and the Medical Profession **BMA**
A Stressful Shift: Video **BMA**

November 1992

Oxford Textbook of Geriatric Medicine **Evans, Williams**
Rheumatology Examination and Injection Techniques
Doherty et al
Diseases of the Liver and Biliary Systems **Sherlock**
Balancing Dreams and Discipline **Irvine**

Lancaster Medical Book Club Programme 1992/93

PGMC 8.15 p.m. Friday 16th October, 1992
The early history of Lancaster Medical Book Club

Dr G. H. Anderson

PGMC 8.15 p.m. Friday 22nd January, 1993
A local medical museum

Dr J. A. Carne

PGMC 8.15 p.m. Friday 19th February, 1993
The slave traders of Lancaster and district

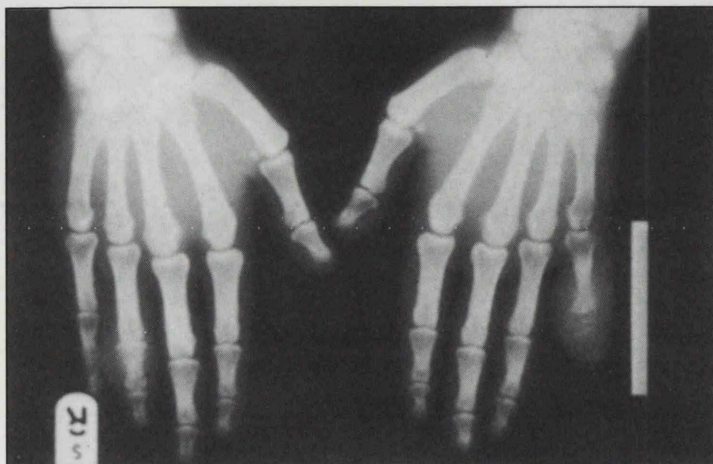
Mrs. Janet A. Nelson

PGMC 8.15 p.m. Friday 19th March, 1993
Subject to be notified

Prof. J. O. Drife

Annual dinner at the Forte Post House, Lancaster
Saturday 14th November, 1992 at 7.30 p.m. for 8.00 p.m.

Guest speaker: Prof. Ian Isherwood



Answer to quiz on page 278

X rays revealed bone cysts and osteolysis at the sites of dactylitis. Biopsy showed non caseating granulomata confirming the clinical diagnosis of cutaneous and bone sarcoidosis. The 'red nose' was due to lupus pernio which was not associated with erosion of nasal bones