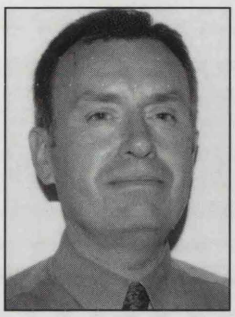
NEWS & NOTES

New Appointments

Consultant radiologist



David Sheals takes up his post at Royal Lancaster Infirmary in October 2002. Born in Helensburgh, Scotland, he moved to Hertfordshire as a child, and spent his formative years there.

David graduated from Liverpool in 1977 and has remained in the northwest. A keen interest in anatomy led to a career in radiology at an early stage and he joined the Liverpool training scheme in 1979.

During his previous consultant post with Wrightington, Wigan and Leigh Trust David developed an interest in breast imaging and a training period in Sweden early in his consultant career sparked an enthusiasm for breast screening.

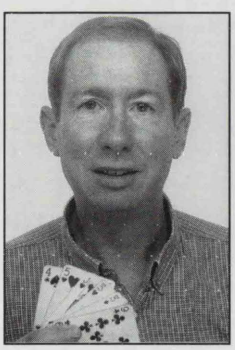
David has been director of South Lancashire Screening Service since 1988 and was appointed QA radiologist for Greater Manchester, Lancashire and South Cumbria in 1999. He will maintain the latter role on moving to Lancaster.

David is delighted to be joining the breast team in Lancaster and will take on specific responsibility supporting triple assessment clinics at Westmorland General Hospital.

The post gives ample scope for David to pursue his other areas of interest, particularly musculoskeletal radiology.

David lives with his wife and three children in South Cumbria and is pleased to have the opportunity to work closer to home. He enjoys country life to the full, being a keen gardener and fly fisherman.

Consultant microbiologist



Steve Dealler takes up his post as consultant microbiologist based at Royal Lancaster Infirmary in September 2002.

Steve graduated from Aberdeen in 1978 and then trained in pathology in London until 1982. After this he spent two years working in seven African countries and then trained as a medical microbiologist in Oxford, Leeds, Bradford and York.

Steve has been involved with research regularly and now has over 100 publications concerning infectious disease, medical microbiology, prion disease, rapid diagnostic tests, autism and plenty more. He worked in Leeds with Richard Lacey, who always advised him not to rely on external sources of funding to get research done – so for many years the research has been cheap and cheerful. Being with Lacey dragged Steve into the media and he has made many television appearances concerning BSE. This involvement has meant that he has had to give evidence to House of Commons committees, major inquiries and others.

After this, Burnley appealed as a quiet and calm place, but the lack of academic interaction meant that Steve got involved in organising many other things as a way of keeping his mind active. When the post in Lancaster became available he saw it as, hopefully, the best of both worlds.

British Dental Association

LANCASTER AND MORECAMBE SECTION
FURNESS AND SOUTH CUMBRIA SECTION

Secretary: Dr VJ Hadden
01524 702319
dyervj@supanet.com

MEETINGS FOR 2002

Lancaster Postgraduate Medical Centre

8th October 2002
6.30pm sandwiches. 7.00pm meeting
(Conjoint meeting Elizabeth Kay)
Neurolinguistic programming

12th November 2002
6.30pm sandwiches. 7.00pm meeting
James Willis
Drugs, drink and dentistry

5th December 2002
Special Evening. Strathmore Hotel
Peter Jackson: Filling a gap in Bosnia
Followed by meal

14th Janury 2003
6.30pm sandwiches. 7.00pm meeting
Nigel Fox, Consultant Orthodontist
Evidence-based orthodontics

11th February 2003
6.30pm sandwiches. 7.00pm meeting
Ian Mackie, Senior Lecturer/Hon consultant in paediatric dentistry
Case studies in paediatric dentistry

11th March 2003
6.30pm sandwiches. 7.00pm meeting
Lynn Woods, Professional Services BDA
Cross-infection control update

8th April 2003
AGM

COPYRIGHT MATTERS

The editorial in the May issue of the MBMJ briefly mentioned the implications relating to consent and the reproduction of images, in particular digital photography. Following on from this, advice has been sought from the clinical governance team and their reply is printed below. In addition the guidelines to authors have been amended and these are also included.

1 photos of equipment
These are only likely to be problematic if the equipment concerned is subject to a confidentiality clause as a patent application is in progress. The way to find out is to contact the manufacturer.

2 ownership of photographs
A photograph is generally the property of the person who took it. The exception to this is when it was taken by someone as part of their employment, when it belongs to the employer.

3 copyright
The risk of infringing copyright laws arises when 'the whole or a substantial part' of a text or illustration or photograph is copied. 'A substantial part' in this respect is generally taken to be 10% but it can be less if it is the most vital part. The safest thing is to contact the owner/publisher and seek permission for its use.

4 wording
There is no standard wording for acknowledgments. The easiest thing is to ask the person who has provided the illustration or photograph what they would like said. Sometimes you may need to use the copyright symbol but most academics are happy for a credit along the lines of 'With thanks to X for ...'

In summary, the safest thing would be for authors to check the provenance of their photographs, illustrations or text and to confirm having obtained permission to use anything which may have been 'borrowed'. For photographs, the patient's consent is required, so as not to breach our duty of confidence and data protection obligations, particularly if they can be identified from the picture.

GUIDELINES TO AUTHORS

- please aim for an article of 2,500 to 3,000 words, which with headings and illustrations will cover about four pages of the journal
- your manuscript should be typed in double spacing
- references should be presented in the Vancouver style. No more than ten references should be used
- the origin of all photographs must be clearly marked and will be acknowledged in the text
- the origin of all tables and figures must be clearly marked if from a source other than the author and will be acknowledged in the text
- it is the responsibility of the author to gain consent for all photographs and permission to use tables and figures
- articles should be e-mailed to: alison.harry@l.bay-tr.nwest.nhs.uk or sent on a disk as well as hard copy

LANCASTER MEDICAL BOOK CLUB

Logo Competition

The LMBC are looking for a logo. The executive committee has offered a prize of a bottle of malt whisky for the best suggestion. If you would like to contribute a suggestion please send it to Andrew Paton, LMBC Hon Sec, Postgraduate Medical Centre, Royal Lancaster Infirmary.

ERRATUM

In the article 'Teledermatology in Morecambe Bay' (MBMJ 2002;4(2):52-55), Figure 4 was labelled in error as a digital photograh. Philip Harrison would like to acknowledge the help of the Medical Illustration department for their help with dermatology photographic work.

ANSWERS TO ORTHOPAEDIC QUIZ

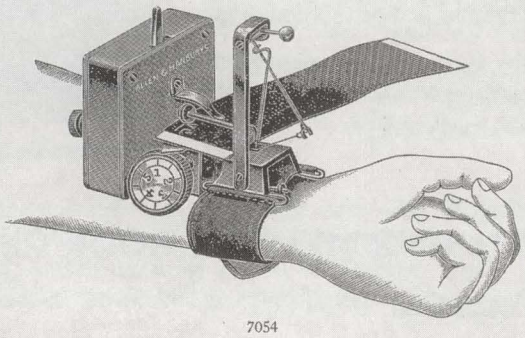
1 C	**6 A**	**11 C**	**16 C**
2 A	**7 C**	**12 D**	**17 D**
3 B	**8 D**	**13 B**	**18 A**
4 C	**9 A**	**14 B**	**19 C**
5 C	**10 B**	**15 C**	**20 A**

QUID EST HOC?

VOLUME 4, NUMBER 2: the answer is that the object is a Dudgeon's sphygmograph. Invented in 1882 and still shown in a catalogue of 1934 (see below), it was used for recording the shape of the pulse at the wrist.

The sphygmograph is strapped to the wrist over the radial pulse. The ivory dial is adjusted to produce the correct pressure on the artery. The impulse is transmitted by a series of levers to a pen. The clockwork motor is wound by a tiny key and this drives tiny rollers which feed strip recording paper past the pen. It was, apparently, difficult to set up accurately.

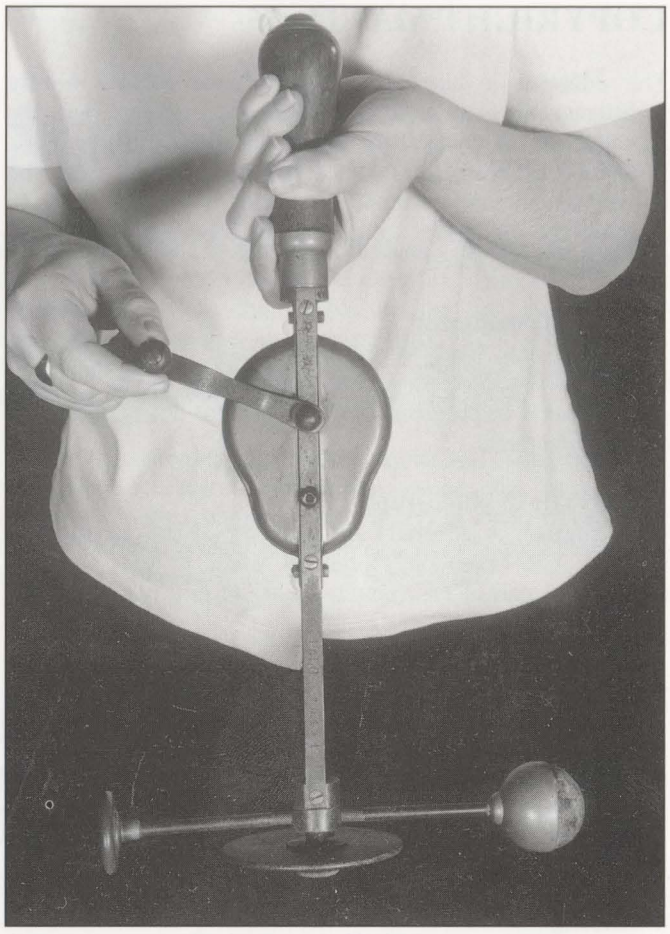
Diagnostic Instruments and Apparatus—*continued*



7054

No.		£	s.	d.
7054	**Sphygmograph, Dudgeon's,** in leather-covered case, complete with case for carrying paper, 100 papers, and holder for smoking the papers ... ... each	4	15	0
7055	**Sphygmograph, Dudgeon's,** with Ink Pen, complete with spare pen in leather-covered case, case for carrying papers and 100 spare papers ... ... each	5	0	0
7056	**Spare Papers** for either of the above ... ... per 100	0	1	6
7057	**Varnish for Papers,** for use with fig. 7054 ... ... per bottle	0	1	6

From the collection of John Carne



The instrument in the picture was found in the anaesthetic department's collection. The anaesthetists are very coy about saying what its function is. Can anyone help to identify it?

It is a rather heavy object. When the central handle is turned it activates the three components shown in the lower part of the picture.

One is a ball made of rubber which sits in a metal cup. On the opposite side of the rod is a hard rubber disc. Both of these move from side to side. The central disc is metal and is eccentrically mounted on its spindle. It is engraved 'VEEDEE' and number 1, 2 and 3. The rest of the object is metal with wooden handles.

Please send any information to the Editor, Morecambe Bay Medical Journal, Postgraduate Medical Centre, RLI.