

WHILE YOU SLEEP

A personal journey in anaesthesia

by

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for Betty, who did all the real work,
and for Ken Slack, Andrew Doughty and the late Norman Eve,
who introduced me to the science of anaesthesia

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A fairly responsible job

My first introduction to anaesthesia came when I lost my tonsils at the age of three. When I was old enough to be told such things I was surprised to find out that the operation had not been done for any medical reason. Since my older brother's tonsils had been removed, mine had to follow before they had a chance to cause a problem. My mother used to regale guests with the story of how I had then demanded food - and demolished it - on returning home a few hours after the surgery at the old Dumbarton Cottage Hospital. She plainly considered me a stoic. The more likely explanation was a strong objection to being starved! Although I had one of Glasgow's best anaesthetists for my next operation four years later my memories are less than happy, the sudden sweetish smell and later wretched awakening suggestive of his use of both chloroform and ether. When another miserable return to consciousness followed the removal of my acutely inflamed appendix in 1946 something of a negative image may have been left in my mind. An inauspicious encounter with an anaesthetist as a third year medical student did nothing to change that perception and by the time we received our degrees anaesthesia was quite unthinkable as a career choice.

Setting down the story now of how this early mind-set came to change and how a once scorned specialty took me half around the world, my thoughts go back first to the late 1960s and an afternoon of golf. I was playing a match at the Dumfries and County course in the south-west of Scotland, playing rather better than usual, in fact, as I was already two up on my opponent and had just followed a long and straight drive at the par five seventh hole with an equally successful three wood. As we continued on down the fairway my opponent asked me what I did for a living. I told him that I worked as an anaesthetist at the local Infirmary. 'That's a fairly responsible job', he replied. We chatted about the subject over the next few holes and my lead began to evaporate. Had he read Stephen Potter's books on gamesmanship, I wondered later, distracting me from the matter in hand, or was he simply being friendly? Either way I never quite got back to my best game and finished up losing the match before the eighteenth hole.

Although I only knew that golfing adversary for a few hours, the significance of his casual remark stayed with me. If the responsibility inherent in our job is obvious to some, why do we remain anonymous figures compared to our surgical colleagues? One typical portrayal of our setting outlines 'a surgical team headed by a skilled surgeon which includes other doctors plus nurses and medical technicians'. Lost in the words 'other doctors' are the anaesthetists (or anesthesiologists). Are they less skilled, as

the sentence appears to imply, and their role therefore of lesser importance? They give anaesthetics, but what exactly does that mean? One hospital based survey in the United Kingdom a number of years ago encountered only limited numbers of individuals who had any idea what anaesthetists did in the operating room, with a measly one per cent considering that the care of the critically ill was part of their job description.

Diverse attempts to improve this image have taken place around the world in recent years. Yearly 'Anaesthesia Days' were once held on three separate continents; the Association of Anaesthetists of Great Britain and Ireland hired a full-time Public Affairs Officer whose mandate included the organization of promotional displays for politicians at the House of Commons and for the public at the annual Ideal Home Exhibition; and in a search for greater recognition as physician specialists Canadian anaesthetists have even felt obliged to change the name of their 90 year old professional Society, discarding their original Greek motto (in English - *we watch closely those who sleep*) and adopting the term anesthesiologist in the manner of their American counterparts. Unless such efforts include a much greater personal element, however, they may meet with only limited success.

Although change may be the order of the day in the new millennium, the significance of that old motto remains the same. I always considered it part of our responsibility to shelter patients from the fact that such sleep can sometimes be far from uneventful, even in seemingly healthy individuals. Now I am not so sure. In this era of increasing consumer knowledge it may be time to take a different approach, one that makes members of the general public fully aware of the trials and tribulations of everyday anaesthesia, the action behind the mask which they cannot see. A recent headline, 'Actually, we are doctors', however tongue-in-cheek its use in a short article for an exclusive readership of anaesthetists, underlines this need.

So let me share my journey with you, taking you from carefree student days to army service in North Africa, from the sand of Suez to a plague of locusts and from the ruins of the old Roman city of Leptis Magna to the Great Rift Valley and the Victoria Falls; from partnering a golfing legend to a wonderful story of hypnosis by the roadside; from hazards in ill equipped and isolated settings to routine days and stressful nights in major modern hospitals as we moved from the last hurrah of chloroform and ether to the highly sophisticated technology of today; and finally through some of the pages of medical history and the stories of the pioneers who led the way. Many shared the different roads I took. This book is the only way I have of saying thanks.