

## News and Notes

### Beecham Presents Ventilator for JPMC Intensive Care Unit

Mr. Mahmood Ali, General Manager, Beecham Pakistan Ltd., has presented the ICU at Jinnah Postgraduate Medical Centre with an Intensive Care Ventilator.

Costing approximately Rs. 50,000, the Intensive Care Ventilator donated by Beecham is an electrically operated volume pre-set respirator, having only three basic controls with solid state control circuits and motor blower. It has the ability to monitor tidal volume, use micro-filtered room air as the ventilating gas, with provision for oxygen enrichment when required and is suitable for adults as well as children.

The Ventilator was received by Maj. Gen. Iqbal Mohd. Choudhry, DG Health, Government of Pakistan.

Also present on the occasion were Dr. B.A. Qureshi, Director, JPMC and Dr. Mrs. Hamida Jamil, Head of the ICU. In her speech lauding this timely gift, Dr. Mrs. Hamida Jamil also voiced the need for Blood Analyser costing Rs. 100,000. In reply, Mr. Mahmood Ali made a spontaneous announcement of a donation of Rs. 25,000 from Beecham, in the hope that other organisations would also come forward and contribute towards making the purchase of this much needed piece of equipment possible.

### World Congress of Paediatric Cardiology

In order to mark the coming of age of paediatric cardiology as a speciality, a World Congress of Paediatric Cardiology will be held in London between 2nd-6th June 1980. The new Wembley Conference Centre has been booked for the event.

Dr. J.E. Edwards (Minneapolis, U.S.A.) will be president of the meeting, assisted by Dr. A.S. Nadas (Boston, U.S.A) and Professor G. Brom (Leiden, Netherlands). The Secretary General of the meeting is Professor Fergus Macartney of the Hospital for Sick Children, Great Ormond Street, London.

An international committee is being formed to advise on the scientific programme, which is being supervised and coordinated by Dr. Jane Somerville of the National Heart Hospital, London.

In addition to a Scientific Exhibition, a Trade Exhibition is being organised and the Greenwich Room (or River Suite) has been reserved for this purpose at the Wembley Centre. Mr. John Norman at the National Heart Hospital is coordinating the exhibition.

Further Information may be obtained from the conference Secretariat, 4 "L" Portman Mansions, Chiltern Street, London W1M 1LF.

### Safar to Devote full time to Resuscitation Research Institute

Peter Safar, M.D., internationally known pioneer in the field of critical care medicine and cardio-pulmonary resuscitation (CRP), has been appointed Distinguished Service Professor at the University of Pittsburgh in conjunction with his resignation as chairman of the Department of Anesthesiology/Critical Care Medicine in the School of Medicine. The appointment was announced by Nathan J. Starck, vice chancellor of Pitt's School of the Health Professions and Gerhard Werner, M.D., dean of the School of Medicine.

Ryan Cook, M.D., associate professor of clinical anesthesiology and chief anesthesiologist at Children's Hospital, has been named acting chairman of the Department.

Having served as professor and chairman since the Department's inception 1961, Dr. Safar has built the largest unified university anesthesiology department in the United States, a department which has initiated programme in resuscitation, respiratory therapy, intensive care, emergency medical services, and pain control at university and community levels. He has been an international leader in the development and dissemination of CPR and intensive care techniques, improvement of emergency medical services, and most recently, research on brain resuscitation.

As Distinguished Service Professor, Dr. Safar will devote most of his time to the creation of a multidisciplinary Resuscitation Research Institute (RRI) which will consolidate and expand ongoing

resuscitation-related research at the University Health Centre of Pittsburgh drawing on the resources of local researchers. Some of the main functions of this grant-supported Institute will include brain resuscitation, determining criteria for termination of life support, research into the pathophysiology and therapy of potentially reversible acute dying processes, and evaluation of emergency and critical care delivery.

Dr. Safar received his M.D. from the University of Vienna in 1948, took surgical research training at Yale University, and was a resident in anesthesiology at the Hospital of the University of Pennsylvania from 1950-52. He served as assistant professor of anesthesiology at Johns Hopkins University School of Medicine from 1955-61 and was initiator and chief of the department of anesthesiology at both the National Cancer Institute of Lima, Peru, and the Baltimore City Hospitals.

At Pitt, Dr. Safar served for nine years as chief anesthesiologist at Presbyterian-University Hospital and has been anesthesiologist-in-chief at the University Health Center of Pittsburgh since 1970. He was co-initiator in 1974 of the Emergency Medical Services Operation Center at the Health Center. He is the author of over 350 scientific publications and is a member of numerous professional organizations on both the national and international level.

### Stroke Prevention Study gives Useful Results

Like all others in the five-year international stroke prevention study, NYU's patient number six had to meet exacting clinical and radiographic criteria. A vigorous 64-year-old man (those with profound neurologic deficits or weakened by co-existing disease or age don't qualify) he had had two several-minutelong episodes of right-hand clumsiness and speech slurring that were correlated with the contralateral lesion. His informed consent had to be secured for whichever of the two treatment was selected in the randomized two card draw—in his case, surgery plus a platelet inhibitor.

In the four to five-hour operation, Dr. Flamm separates out a 7 to 8 cm segment of SAT, a branch of the external carotid. He cuts a flap in the scalp, turns it down, and, working on the underside, clips the proximal end of the segment and ties off the little branches. Then he cuts a three-inch-diameter hole in the skull "at a point where we expect to find the MCA branch". Locating this branch, he isolates it opens up the archnoid and puts a little plastic "work table" underneath the freed segment. He then mini-clips either end and cuts a 1-1/2- to 2 mm window to provide a snug fit for the oblique diameter of the STA. The cut, fish-mouthed distal end of the STA is inserted in the window.

Next, Dr. Flamm takes 12 stitches around the graft circumference. About 40 minutes of inspection follows as a check against leakage and immediate impatency. Then the final stitch-up. So far, about 100 patients have been entered in the study. The goal 1,000.