



AFMS NEWS

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Marseilles Conference 21st - 24th September 2011

The AFMS' annual conference in Marseille was a great success. David Bell reports of the events;

"We started with two very interesting complementary presentations from Belinda JOHNSTON and Prof John WILKINSON on bowel cancer screening and the different results from various European countries. France has historically had better outcomes than England, but it appears that colorectal cancer has been diagnosed at an earlier stage in France, so comparisons are difficult. Scandinavia also has a better historical outcome than England, but there are differences there between countries that are not easily explained. As always, the results are historic, and may not reflect the present situation accurately. We were encouraged to support the present screening system using faecal occult blood, although the testing in future is likely to be immunological. The English government's demand that all 55 year olds be offered flexible colonoscopy screening was criticised on the grounds of impracticability.

Prof Laurent GUYOT gave one of his usual clear presentations on the rather outré subject of the surgical treatment of dysthyroid eye disease. Apparently exophthalmos and lid retraction can develop some time after treatment of the hyperthyroidism (maladie de Basedow), or can be contemporaneous. The underlying problem is hypertrophic fibrotic damage to the ocular muscles. Treatment in the past with drugs has been unhelpful, and the previous surgical interventions fraught with difficulty: transcranial and trans antral routes have both been very hazardous. The present method is to remove parts of the orbit via an incision in the lower eyelid. The surgery allows the periorbital fat pads (required for lubrication of eye movements) and the hypertrophic muscles to prolapse into the spaces created. The periosteum of the orbit is protected to avoid infection etc. After coffee we had a lecture on OSIRIS, a Marseille charity for the relief of victims of torture. M Bertrand GUERY is one of a small team who deal with post traumatic stress in victims of torture from many countries. They offer psychological and practical support with skilled translation from nationals of the users of the service. The difficulties and pressure of the work was well illustrated. The numbers that they can aid is quite small compared with the need, but they clearly provide a very professional service for those who can access it (and who are able to tolerate the interventions.)

There was another link to the next presentation, that of Prof Jean-Louis BLANC, who told us about the gueules cassées, those soldiers of the Great War with severe facial injuries. Due to the artillery and the fighting in the trenches, head and neck injuries were amongst the most common. As so often, war produced amazing advances in technology, both military and in this case surgical.

Free and tube grafts were used for the first time, (continued)



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Welcome to the latest edition of the AFMS news. If there is anything you would wish to have included in future editions, please send an email to the administrative secretary at [tonyridge72 \(at\) yahoo.co.uk](mailto:tonyridge72@yahoo.co.uk)

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and dental / maxillo-facial reconstructions were heroic. For those who wish to see some models of what was achieved giliesarchives.org.uk is worth examining.

The recovery of injured soldiers became very organised with stretcher bearers carrying them back to 'ambulances' which were actually casualty clearing and treatment stations behind the lines. A very busy morning finished with Prof Bernard SASTRE on the history of pancreatic surgery. It seems that most of the history was of surgeons opening what appeared to be abscesses, but which turned out to be pancreatic pseudocysts, and the patient then dying a few days later of sepsis or tissue damage. Only very late on, into the 20th century, was any successful resection managed, once the importance of the pancreatic duct and the ampulla of Vater was realised.

23 September.

M BISMUTH reflected briefly on the visit by some 40 French doctors to Reading prior to the Twickenham match. They enjoyed Carol **BARTON**'s welcome and the opportunity to mix a professional visit and sport. We hope that some of the participants will become active members of the French society. **M CARNET** gave us an interesting insight into the motivations of UK doctors who have chosen to work in France. There are only 147 registered with **CNOM** (2009), and he was able to contact 40, of whom 26 had actually qualified in UK. It was no great surprise to see the distribution map which showed that the Midi and the Ile de France were the preferred regions!

We followed coffee with the student presentations. The Jacques Foray prize went to Mlle Julia **GROSSAC** from Toulouse, who told us of her stage at Cambridge investigating the outcomes, immediate and late, of severe head injury. The statistics show a marked difference between UK and France with a far greater rate of injury and death in UK. This however demonstrated the difference in central data collection. Nevertheless, there are 350 deaths per 100,000 in UK, the commonest cause of death in young people. The Miss Ford / James Tudor presentations were all well received. Ania **CRAWSHAW** told us of her experiences with the surgical treatment of Parkinson patients. Caroline **KARGBO** presented a case of probable TB in a child who had no obvious risk factors, living as he did between Luxembourg and Paris. Jamie Mc **CALLISTER** presented a very interesting comparison of HIV and TB infections based on work in Manchester. He showed that immigrant populations had a higher rate of HIV in young women, a complete contrast to the locally-acquired disease which remains largely in the homosexual male population. Ionna **DRAMMI** told us about the increasing safety of internal jugular access using ultrasound control. At the gala the prizes were announced and the presentations made. The voting could not have been closer, with a dead heat for first place and the runners up also so close as to not be separable. Jamie and Ania, both from Manchester shared the top prize, and were awarded the new plaque - there was no expectation of needing two! - as well as their cheques. All were congratulated on their work, and we look forward to seeing them again at future meetings.

The general assemblies took place as planned and the UK section offered a meeting in London next year. Despite natural anxieties about cost of accommodation, the suggestion was well received by our French colleagues.

At 18.30 we met for an extremely interesting presentation by Prof Georges **FRANCOIS** on the Caroline Hospital built on the Marseille islands to house yellow fever patients. Marseille was always in the firing line for epidemics due to the international trade, and the islands were used for quarantine, not always successfully. The last plague epidemic, and the subsequent yellow fever led to this grandiose plan of a large airy building with isolation and convalescence areas, as well as service areas, a chapel and a hidden route to the mortuary. The building was placed high up and designed to allow free flow of the wind through the structure. The hospital was expensive to build and was never required for its primary purpose. It was used as a prison at some stages, including in the Great War by which stage it was starting to decay rapidly. Today it is rather dilapidated but there are plans to rebuild it.

Saturday 24 September

Mme Félicie **PASTEUR** gave a very encouraging talk on the developments she has led over 20 years on English teaching for medical students at various universities, most recently Toulouse. With her colleagues in **GERAS** she has developed on an international diploma in medical English (DUII) which has been taken up with great enthusiasm in la francophonie, notably sub-Saharan Africa and the Caribbean. It is only available to medical practitioners not students, and is considered pretty

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assistance is sought to offer clinical cases (general rather than highly specialist). Cases should be written and contain some use of medical terminology that might be culture-specific. They will be read onto tape by native English speakers for dissemination. Anyone wishing to contact Félicie can use pastore@cict.fr.

Laurent GUYOT gave a second presentation about the little-known subject of NOMA. This is a disease now of rural populations with great poverty, malnutrition and lack of immunisation as major risk factors. NOMA is not an acronym but comes from a Greek root signifying travelling, the same origin as nomad, perhaps. It is perhaps better known historically in UK as cancrum oris. There are in the order of 140,000 cases per year. Many cases follow measles as there is damage to the oral mucosa and a general reduction in resistance to infection in these already compromised children. The cases of facial destruction he showed were very moving. Children who survive the acute attack, and 79% die, are left hideously deformed, isolated socially, and often unable to move what remains of their jaws. He spends 2 weeks per year operating on affected children in the region of Mali, Burkino Faso and SW Nigeria. Treatment is nutrition first, with antibiotics for the multi-organism infection, surgery and prosthesis fitting with education, and in particular aid with learning to speak again. Michael KELLY gave a delightfully clear exposition of the ancient coroner's court system of England and Wales. It dates back to the time of Richard Coeur de Lion, but remains remarkably able to cope with most eventualities, although there was much discussion about its inability to cope with some high-profile cases such as David Kelly.

Paul BENFREDJ gave one of his usual effortless presentations on the subject of anal incontinence. A hidden topic due to the difficulties both doctors and patients have with talking about it. It may affect 2.5-7% of the whole population, and up to 50% of residents of care homes. It is naturally commoner in women. Prevention is best, with avoidance of constipation. Treatment depends on the cause (increased intra-rectal pressure vs reduced anal canal tone vs neurological or muscular damage). Consideration should be given to reversible causes such as medication, immobility etc. Surgery is a last resort before acceptance of the condition.

The very last session was a presentation by Zara BIELER, who splits her time between the Welsh marches and the Var, where she also works as a locum. She showed that the Europe of free movement of labour and ready acceptance of transferable qualifications exists more on paper than in reality. Demands for certificates, theses etc that do not exist in the other culture cause endless delays. She used her local mountain, and the efforts of cyclists to climb it, as a metaphor for the difficulties she faced. Preparation, organisation, perseverance and courage are all required, although legally there is nothing to stop anyone doing it. An excellent, light touch, yet thoughtful presentation, brought the proceedings to an end.

Social Programme

Morning visits were to the Marine Museum and the museum of the Marseillaise. In the afternoons we saw the various basilicas dominating the Vieux Port; the littoral east of the city; a walking visit to the oldest quartier and Vielle Charité museum. Saturday afternoon was dedicated to a trip to the neighbouring town of Cassis, a boat trip to the calanques (fiord-like inlets) and a wine tasting. A large number of participants stayed on for the Saturday, and a very convivial evening in a street restaurant finished the proceedings on a high note.

The gala dinner on Friday night was held in the Cercle Militaire in the fort which dominates the Vieux Port. The fortifications are massive, and the terraces outside the dining hall gave an extraordinary aspect of this great town. Andrew HASSAN thanked Michel DUBUISSON for his excellent organisation and the fantastic programme of events he and his colleagues have produced for our benefit. All of us are very indebted once again to Michel, Alain, Laurent and colleagues for their impeccable arrangements and warm welcome. We look forward to welcoming our friends to London in 2012."

(Dr David Bell)

Thanks also go to Joe Girgis for taking such high quality photographs at the conference. You can see his photos by simply emailing Joe at girgis7@aol.com or by typing in the following link <https://picasaweb.google.com/lh/sredir?uname=ygirgis&target=ALBUM&id=5656431582713358273&authkey=GvIsRgCleEwbHD-5yJAw&feat=email>

You can also see the French photos at

<https://picasaweb.google.com/gascon01/MarseilleSeptembre2011?authkey=GvIsRgCJfj9dyTyP-nhQE>



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Chamonix Conference 2nd to 5th February 2012.

The 14th AFMS Winter meeting is scheduled to take place in Chamonix, Haute Savoie, France at the Hotel de l'Aiguille du Midi from the 2nd to the 5th February 2012.

The hotel is a Michelin recommended hotel for value and comfort and is 3km from the centre of Chamonix. It has 40 comfortable rooms and a restaurant, offering a traditional quality cuisine, a wide variety of dishes and Savoy specialities. Getting to Chamonix is very easy. Geneva is the closest air port and various companies offer transfers with a drop off and collection to and from the hotel. One company is called Chamexpress and it offers 30 departures a day at 28 Euros one way (~~www.chamexpress.com~~). ~~If anyone would like to give a presentation at the meeting, please let the admin secretary know when returning the booking form, enclosed in this newsletter.~~



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20th Medical French Course

Friday evening 23rd March to Sunday lunchtime 25th March 2012

This long-established and highly-regarded course has an excellent new venue in the Conference Park on the Warwick University campus, just outside Coventry. The facilities, general environment and accommodation are all first-class. All the standard rooms have an en-suite bathroom and there is the opportunity to upgrade to 'superior' accommodation (in a separate building on the same site), which is on a par with a good hotel. The campus is easily accessible by car, train, car, bus and air. The move to Warwick won't affect the aims, format or quality of the Course, which is designed to provide essential French medical vocabulary and the confidence to use it. Teaching is given in small tutorial groups (up to 8), each made up of students or doctors whose command of spoken French is similar. Teaching is carefully tailored to the standard of the group, which means that we can accommodate a wide range of capability in French – everything from rudimentary (GCSE/O-Level) to fluent. The tutors are all experienced teachers, who bring a variety of skills and backgrounds to the Course. They include doctors and other native French speakers, professional linguists, and UK-trained doctors who have worked clinically in a French-speaking setting. Participants at all levels find the Course extremely useful, including students preparing for an Erasmus exchange or an elective in a Francophone country, or doctors planning to work in France, Switzerland or for organisations such as Médecins sans Frontières. The 2012 Course will take a maximum of 40 doctors and 30 students. Recent Courses have filled up rapidly, with a waiting list, and we strongly recommend early registration.

Fees for the 2012 Course, with standard accommodation, are: students: £150 • doctors and other professionals: £375. An upgrade to superior accommodation is available at £120 for the weekend. To register contact Christine Greenwood, School of Clinical Sciences, Clinical Sciences Centre, University Hospital Aintree, Longmoor Lane, Liverpool L9 7AL. Email:

c.greenwood@liv.ac.uk Tel: 0151 529 5885 Fax: 0151 529 5888

THE UNIVERSITY OF
WARWICK

Did you know?

Worried about losing market share in the world wine market, France has produced a new "Vin de France."

It is a catch-all category incorporating vin de table and producers of vins de pays who don't want to be tied down by geographical boundaries. It allows the name of the grape variety on the label, previously a no-no for vin de table under French law. It also gives producers the flexibility to blend wines from different regions.

Administrative Secretary

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