



AFMS NEWS

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Scientific Conference October 2012

David Bell gives us an insight to a truly excellent meeting....

Another very successful meeting was held in Greenwich, enjoyed by a larger than average list of participants and partners. There were 71 from the anglophone side and 61 who came over from France, a recent record.

On Thursday, Sean BENNETT, who was a naval medic, started proceedings by presenting the history of the Royal Hospital of Greenwich, now the Maritime Museum. It was the French who were to blame by fighting with the Royal Navy and injuring sailors, that led to its construction. The Hospital was founded in the late 17th century as an alternative to turning severely injured sailors on to the streets to beg. It was largely for long-term rather than acute care, although developments on board ship meant that both kinds of care were provided. The first patient was admitted in 1705 and the hospital finally closed in 1873 when it became the Royal Naval College.

Catherine LEFORT presented an overview of the radiography of thoracic opacities, and the advances in understanding of subtle differences with wider use of CT. Small pneumothoraces are obvious where they might be missed on a basic CXR. Even military TB can be difficult to spot, and CT is diagnostic.

Nicola STRICKLAND gave her usual clear exposition, this time of imaging of various forms of intracranial haemorrhage and disease, telling us for example, that a subdural haematoma gives a sickle-shaped (concavo-convex) picture as distinct from the biconvex appearance of an extradural, usually associated with trauma. We learnt about imaging to show salvable brain in the penumbra of a stroke, only recently visualisable using specialist techniques. She also showed us early work on hyponutrition of the brain which can be early evidence of dementia.

Sylvie FLAIS updated us on breast screening and cancer diagnosis and the dilemmas particularly in younger women. There are major discrepancies between various modalities such as ultrasound, mammography, MRI and tomosynthesis might be the future. Clearly there is a balance between radiation exposure and potential benefit, so any method that reduces exposure while improving diagnostic accuracy is to be welcomed. She wonders whether the development of CAD systems will lead to redundancy in radiology: we think not.

Félicie PASTORE has been a loyal member of our club for over 20 years and her tireless efforts in teaching medical students to speak the flawless and accentless English that she speaks were applauded by us all. She is retiring this year but her final push has been the instigation of a specific test of medical English much above the level of for general or even scientific testing. CLES 3 takes 4h 20 mins, with a 3-hour slot to observe a video or listen to an audio presentation, perhaps from a conference or scientific paper; prepare slides and a presentation; then to present it to 2 examiners, one a doctor the other a teacher of languages. This is followed by a Q&A session, then an essay to be written in one hour. You can read more at www.medecine.ups-tlse.fr/anglais. We all hope that Félicie will continue to attend our meetings and thank her for all these years of unflinching support.



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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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Review

French Medical
Weekend 2013.

Chamonix 2013;
Information and
booking form

Who's Who.

Did you Know?

• Meeting and Events.

• Jan / Feb 2013

Chamonix Winter
conference.
31st January to the
3rd February.

• April 2013

French Medical
Weekend. Warwick
University. 5th to the
7th April.

• October 2013

Scientific Conference
Biarritz France
3rd October to the 6th
October.

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Daniel WEBSTER told us about pandemic influenza. Some of our colleagues were confused by the number of different words concerning pigs: pig, pork, porcine, swine. We learnt that avian flu (H5N1) is more likely to be a cause of world-wide loss of many lives than other forms, with a death rate of around 50%, but that human to human transmission of this form is much less likely than others unless and until the virus recombines in a pig. Pigs are the only known species that can be affected easily by both human and avian influenza, so making them the intermediate for a major pandemic. The speed of transmission was demonstrated by the 2009 pandemic where WHO went from Phase 1, a possible pandemic, to Phase 6, a fully established one in only 2 months. Air travel has made the risks even greater than in 1918-19 with its perhaps 50 million deaths, largely in younger adults. He reminded us of the lack of major effectiveness of anti-viral drugs.

Atholl JOHNSTON, who is a member of a national working group on the subject, talked about the risks and laws around alcohol, drugs and driving. There have been no reductions in the ratio of drink drivers involved in accidents in the past 20 years despite legislative changes and alterations in public acceptance. He pointed out the evidence of the hugely increased risk of accidents with increasing blood levels, such that there is a 25 fold increase at 100mg%. The risk is lowered with habituation to alcohol and worsened greatly with inexperience (of alcohol or driving), but there is a measurable effect even at modest levels. Drugs, prescription or illicit, are known or presumed to be dangerous also. The testing (FIT or Field Impairment Test) is much more subjective than the simple use of a breath analysis for alcohol and there does not seem to be a good correlation between the test used and formal assessment of driving in controlled conditions. In fact, low to moderate levels of THC in the blood if anything might improve performance on some measures. However, when mixed with alcohol, as it almost always is, the effects are dramatic and the risk of accident increases synergistically. Tests of drivers involved in accidents in France showed that in 7000 cases where drivers were considered at fault, 21% were alcohol positive, 7% cannabis, and less than 1% other illegal drugs. Random testing of 1000 drivers in UK had 10% positive for diazepam and 5% for opiates. He finished by challenging us to consider the possible effects of the frequent polypharmacy in our aging population.

Jean-Pascal FOURNIER presented his study on physicians' compliance with guidelines for the monitoring of renal function in patients on antihypertensives who started on NSAIDs also. The information was available from the database of reimbursement of costs. The results were disappointing. There were 6663 on diuretics and/or ACE I or II and 25% were started on NSAIDs. Under 11% had renal tests after 3 weeks and even higher-risk individuals did not have better rates. The advice in the two French equivalents of our BNF are contradictory and neither is the same as the BNF on the subject. This is clearly part of the issue. There is also lack of clarity about who is responsible, as many patients are looked after by renal physicians and by their GP. Doctors also underestimate the risks of this combination (literature is clear) and overestimate their performance. Computer screen warnings are often over-ridden or ignored, perhaps because there are simply too many of them.

Pierre BISMUTH showed us the development stages of a website to assist general practitioners to take over more completely the monitoring of children between 0-2 years. It seems extremely comprehensive, and UK GPs were amazed to see the seven areas of intervention (nutrition, psychomotor development...) at 12 different points over those 2 years. An interesting debate ensued about the role of health visitors and GPs in the UK, and the lack of similar workers in France. The site is at a development stage, and the issues around it clearly include accuracy, updating, ease of use vs comprehensiveness, cost. The amount of time required to use it fully looks extensive and each area has basic pages, an overview in more detail and reference pages also.

Antoine KOURILSKY is a 6th year student. He presented a study of genetic risks and testing for intracranial aneurysms and haemorrhage. This was a large study using multifactorial genetic analysis of a European population compared with a Japanese one. Cases and controls were chosen in both sites, as this allowed geneticists to look at potential loci of endothelial control genes. The potential appears to be for screening in the future for a devastating condition but there is an enormous amount of work before there is any likelihood of a diagnostic test, even for apparently high-risk families. We applaud his clear presentation in English of an extremely technical area of medicine.

After coffee on Friday we had the student presentations for the JAMES TUDOR PRIZE.

Elizabeth MCKIERNAN had been on her elective in Morocco but as her future may be in the History of Medicine, she chose to present an excellent talk on the Black Death. She argued that the standard explanation of bubonic / pneumonic plague remains the most likely diagnosis but that there may have been other diseases involved or confused at the time. Imogen PTACEK told us of her trip to Rwanda. She was involved in obstetric and family planning work in rural areas, and explained the development of training for isolated midwives. They are being provided with mobile phones to allow rapid consultation on high risk cases. The country is recovering after the genocide and family planning, particularly condoms, are now accepted, even in a religious country. Richard ROSCH presented a terrific paper on the potential impact of loss of biodiversity on human health. He was in Madagascar, and noted that zoonoses are commoner when the natural host is reduced. Tom SLATER worked in a Paris ITU/HDU, and was given responsibility for a few

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patients a day. He described the routine work and then gave a well-presented case report of ARDS. Mary THORNTON, also in Paris, gave a case report of a difficult presentation of secondary syphilis. It is a condition many of us never see, but we all remember that it is the great mimic. The case report was put into context with some illustrations of other clinical cases. Mary was subsequently awarded the James Tudor prize by Mr Rod Shaw of the Foundation at the House of Lords dinner.

On Saturday, Karelia Ruffert LIPSON challenged us with a complex and technical presentation on the various types of adrenomyeloneuropathy and the potentials for stem-cell transplantation. There are subtypes, all being X-linked, with abnormalities of the ABCD1 gene. The most severe is cerebral, with death in 2-3 years. Ayat BASHIR, a 3rd year student in Newcastle, talked on endothelial cells from cord blood, and defined an economical way of culturing them. This appears to be a novel way of getting cells to express angiogenesis and should allow further research into diseases with possible links to abnormalities of angiogenesis, including cancers and possibly IHD.

Catherine SAINT QUENTIN presented a paper on the benefits and difficulties of sectorisation and moving to a community base in Child and Adolescent Psychiatry.

Michael KELLY gave one of a fascinating presentation on medico-legal practice. He talked about the chain of causality; Bolam; Wong (the lack of defence of “usual way of doing things” if it is clear that it is wrong). He pointed out many of the misunderstandings about the law and medicine, such as the balance of probability argument, which means that even bad care leading to death is not culpable if more than 50% of similar patients would have died in any case. He indicated the huge charges now required for high-risk practice such as obstetrics, which means that private practice is almost unaffordable. He took us through the process of a defended negligence case, and made many of us glad to have avoided that particular part of practice. The amount of work and expertise required to act as an expert witness is simply astonishing.

Fraser EASTON spent a year in Geneva after completing Foundation 2. His experiences were positive, but the combination of the very different system, the medical abbreviations (even our French colleagues struggles) and his Scottish accent led to amusement amongst the secretaries when he dictated his notes. However he had a wonderful time medically, and his mountain skills improved immensely. He was awarded the Will Reynish Award for 2012.

We ended another successful meeting with a presentation from Zara BIELER on the Warwick Medical French course which she has taken over from Gareth Williams and by Solène Le Gouzouguec who did a *stage* in UK including 2 weeks with Zara, another spell in urban general practice and a period with Mark Savage in his Manchester diabetic service. She clearly benefited from her stay both medically and linguistically and that is a very appropriate point to conclude this report.

The social programme, as always, introduced both sets of participants to details of a local area that were new and extremely interesting culturally. Only a few of the Scots were aware of the origin of the name “Cutty Sark”, for example! (In case you have forgotten, it means a short shift or shirt, as worn by a young witch in Tam O’ Shanter, a comic poem of Robert Burns, Scotland’s national poet.) On arrival, we had a most interesting introductory talk, in French, from Susan Jenkinson, a Greenwich Guide, before the usual buffet meal and our chance to catch up with our friends. Morning visits on Thursday were to the Royal Observatory with the Prime Meridian and to the Ranger’s House. On Friday the morning was spent at the Cutty Sark and the Fan Museum. On Thursday afternoon we enjoyed a river cruise as far as the Houses of Parliament, taking in the O2 Arena, the lower reaches of the Thames and the superb views of the architectural excesses of modern London (Canary Wharf, the Shard, the Gherkin etc), interspersed with glimpses of Wren’s London. Many took the opportunity of a late afternoon and evening in central London and returned on the DLR. Friday afternoon was a shorter than usual walking tour of the museums and buildings around Greenwich, curtailed by the preparations we had to make for our extraordinary evening in the Houses of Parliament. The amount of work by Belinda Johnston in organising our tour and the banquet beggars belief, and we all are really grateful for the glimpse we got into the workings of parliament. The history of the Royal Palace, the grandeur of the spaces, especially of the Lords’ Chamber, the welcome by the Earl Atlee and the quality of the dinner are memories we will keep for a very long time indeed. It has set the bar quite high for subsequent meetings! The visit on Saturday was to the medieval manor of Ightham Mote and seventeen hardy souls then had a convivial final meal together in the King’s Arms pub just across the road from the hotel.

We thank Tony and Mark for their fantastic work in pulling this together really at the last possible moment, as we were constrained by available dates at the House of Lords. Despite the conference hotel only being finalised after January, I think we can say that the venue and arrangements were superb!

Please visit the links below to see a comprehensive list of photos from the conference or at our Facebook page. Alternatively just email Tony Ridge for the links.

David Bell

<https://picasaweb.google.com/gascon01/29EmeCongresDeGreenwich?authkey=Gv1sRgCj7psOfi864dQ>

<https://picasaweb.google.com/gascon01/LesAccompagnants?authkey=Gv1sRgCJWp9aWfpfbwMQ>

<http://www.facebook.com/pages/Anglo-French-Medical-Society/234613263282736>

https://picasaweb.google.com/gascon01/LaSoireeDeGala?authkey=Gv1sRgCNiTkP_5u_Kb3AE



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Chamonix Conference

31st Jan to the 3rd February 2013.

The 15th AFMS Winter meeting is scheduled to take place in Chamonix, Haute Savoie, France at the Hotel de l'Aiguille du Midi from the 31st January to the 3rd Feb 2013.

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 about 30 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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Dr David Bell
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20th Medical French Course

Friday evening 5th April to Sunday lunchtime
7th April 2013

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. The campus is easily accessible by car, train, car, bus and air. 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.

Topics to be covered include: • How to take a history and examine a patient in French, • How to survive on ward rounds and in clinics • Talking to patients, relatives and colleagues • Investigations: ECG, X-rays, blood tests, etc.
The cost of the course is £375 for doctors and £175 for students.



Did you know?

Traditional British sandwiches are proving an unlikely hit in Paris. The company, Pret A Manger which opened its first shop in Paris just nine months ago, has just been awarded the Enseigne d'Or for the efficiency of its operations at a ceremony attended by thousands of French retailers. There are currently three Pret A Manger branches in Paris, all with higher average sales than in London. A fourth is due to open in 2013.

Administrative Secretary

Please send details of any change of address, incorrect addresses, subscriptions and changes in email to

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