David Bennett

Intensivist who showed that increased blood flow saves lives

Ephraim David Bennett, professor of intensive care medicine (b 1938; q 1963, University of London Medical School), died on 21 February 2012 from mast cell leukaemia.

During the flu epidemic of 1999 he appeared regularly on the television news to warn of a shortage of intensive care beds. When managers got fed up with him bringing cameras into the hospital, he took the cameras outside, with the hospital clearly visible

David Bennett could not have been more disdainful when in 1988 he had the opportunity to meet the then prime minister, Margaret Thatcher. She was at St George's Hospital in London to visit survivors of the Clapham rail crash. Thatcher's NHS reorganisation, reviled by many doctors, was in full swing. Bennett, professor of intensive care medicine at St George's, "resolutely refused to even acknowledge her," remembers Mervyn Singer, who was a research fellow under Bennett at the time and is now professor of intensive care at University College London. This attitude was typical for a doctor who was a champion of the NHS and so unimpressed with private healthcare that he refused to do any such practice. "He almost despised it," says Andrew Rhodes, now clinical director of critical care at St George's and a junior doctor under Bennett.

A champion of blood flow

Bennett was not interested in NHS management or afraid of upsetting hospital hierarchies. During the flu epidemic of 1999 he appeared regularly on the television news to warn of a shortage of intensive care beds. When managers got fed up with him bringing cameras into the hospital, he took the cameras outside, with the hospital clearly visible, said Professor Singer. A scarcity of resources for intensive care was another bugbear, and in 1995 Bennett was quoted in the *Independent* bemoaning the meagre amount of money spent on the specialty compared with other countries (www.independent.co.uk/news/intensive-care-bed-shortage-causing-deaths-1523592.html).

Bennett wrote his first paper as a student in 1962. Much of his work describes new pieces of kit, and he was an early advocate of Doppler ultrasound for monitoring blood flow (Singer M, Clarke J, Bennett ED. Continuous hemodynamic monitoring by esophageal Doppler. *Crit Care Med* 1989;17:447-52). Increasing and monitoring blood flow was his main research interest, and it led him to the US surgeon W C Shoemaker. Shoemaker had shown that increasing oxygen delivery to surgical patients at high risk also increased blood flow and reduced morbidity and mortality (*Chest* 1988;94:1176-86). However, the studies were thought to be insufficiently powered, the patient groups poorly matched, and the treatment regimen unclear.

But Bennett thought the hypothesis was correct, and in 1993 he published a landmark study that showed a 75% reduction in mortality among patients who received an increase of oxygen through a dopexamine hydrochloride infusion (*JAMA* 1993;270:2699-707). The study didn't change perioperative care overnight, but it did establish the philosophy that increased blood flow reduces mortality.

Bennett was not the only champion of this, but he was one of the most impassioned advocates. Both he and Owen Boyd, lead author of the paper, travelled the world to proselytise for its benefits, but eventually Dr Boyd became frustrated and returned to clinical medicine. Bennett carried on banging the drum, and his determination was rewarded two years ago when the National Institute for Health and Clinical Excellence endorsed the philosophy of monitoring blood flow (http://guidance.nice.org.uk/MT/80).

Despite many follow-up studies that supported the *JAMA* study, Dr Boyd believes it took NICE so long to recommend the philosophy because at the time of its establishment in 1999 it concentrated on drugs and procedures rather than philosophy of care. The study was controversial because the researchers had used dopexamine, a new drug, and because the way that patients were monitored, through a pulmonary artery catheter, was considered invasive. Dopexamine is now widely used, and one of Bennett's last papers was on the effects of dopexamine infusion on mortality (*Crit Care Med* 2008;36:1323-9).

The paper also presented a challenge to other intensive care doctors, said Dr Boyd, now consultant in critical care at Brighton and Sussex University Hospitals NHS Trust. "You can do something fairly straightforward, and look what happens: you get a dramatic improvement in mortality afterwards. The problem was people weren't prepared to believe there was a problem in the first place," he said.

Bennett thought that the *JAMA* paper was his most important work. "The paper was fundamentally important to him and very important to intensive care and perioperative medicine in general. There has been a big change in attitude in perioperative medicine, particularly by anaesthetists, that flow is as important as blood pressure," Dr Boyd said.

A passion for intensive care

As one of the first full time intensive care doctors in the UK, Bennett also had a passion for intensive care as a specialty and through his research and his willingness to act as its spokesman did much to give it the credibility and standing he believed it deserved. He was the first intensive care consultant at St George's Hospital and built the department up, attracting keen young researchers. He also trained and mentored a generation of doctors.

David Bennett was born in London in 1938 and apart from a year spent as a Fulbright scholar in the pulmonary physiology laboratory at Johns Hopkins University, Baltimore, he remained in the UK capital throughout his career. He qualified from the University of London Medical School in 1963 and began his career in general medicine before his interest in research led him to intensive care. He spent most of his career at St George's and in 1974 became director of intensive care and in 1997 professor of intensive care. He retired in 2007, when he became a visiting professor at King's College.

He leaves a wife, Kathron, a concert pianist, whom he married in 1992. He also leaves a daughter.

Anne Gulland

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John Argo

Former general practitioner Inverurie (b 1919; q London 1943; MRCS, LRCP, FRCGP), d 23 October 2011.

After training in London and a post at the Aberdeen Royal Infirmary, John Argo ("Jack") enlisted in the Royal Army Medical Corps and trained in tropical medicine, gas warfare medicine, and field hygiene. He married Babs in Aberdeen in 1944. Two months later he was ordered to the south of England to mobilise for the Normandy landings. He worked in casualty clearing stations in Bayeux and Bruges, treating men with atrocious injuries in hospital tents. This was followed by two years in India. In 1950 he briefly returned to Aberdeen Royal Infirmary before becoming assistant at a practice in Inverurie, where he worked until he retired in 1981. He leaves Babs, their daughter, their sons, and eight grandchildren.

T Graeme Longmuir

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John Godfrey Ball

Former general practitioner and medical politician (b 1929; q Birmingham 1952; FRCGP, CBE), died from pulmonary fibrosis on 27 November 2011.

John Godfrey Ball succeeded to a single handed practice in Kidderminster in 1957. He was active in medical politics and throughout his career sat on committees of the General Medical Services Committee and the BMA, as well as advising the chief medical officer and HMS Prison Service. He served on the council of the Royal College of General Practitioners and the medical conduct committee of the General Medical Council. Away from medicine John was a keen angler and near professional cartoonist. He married Pamela, also a doctor, in 1957. She survives him, along with three children and five grandchildren.

David Brownridge, Michael Wilson

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Alan Bussey

Former general practitioner, specialist in community medicine, and consultant in public health medicine (b 1930; q London 1956; DObst RCOG), d 30 January 2012.

Alan Bussey took his family to Australia in 1966. On returning to the UK Alan became principal medical officer with a particular interest in computer based medical information systems for child health in Chichester. He played a major part in the reorganisation of the NHS over the next two decades before returning to his specialty as a consultant in public health medicine. As the specialty developed, Alan undertook representative roles, sitting on the faculty board, acting as registrar from 1988 to 1991, and working with King's Fund committees. He is survived by Pat, his wife of 57 years; their children; and their grandchildren.

David E Gibbons

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Donald John Gooding

Former general practitioner and coroner for East Sussex (b 1932; q London 1955), died from prostate cancer on 24 March 2012.

Donald John Gooding read medicine at St George's Hospital Medical School. He married Diana Goodbourn, a physiotherapist, in 1954. In 1956 Donald signed up for a short service commission in the Royal Army Medical Corps. In 1959 he joined a general practice in Lewes, East Sussex, and worked as medical officer to the Victoria Hospital. He served on various committees and was divisional surgeon of St John Ambulance. In 1974 he became assistant coroner for East Sussex. In 1982 he had a spontaneous bilateral subdural haemorrhage, which prompted his retirement from general practice. He made a good recovery and in 1986 was appointed Her Majesty's Coroner for East Sussex, a post he held for the next 10 years. He leaves Diana, four children, and 10 grandchildren.

David Ross

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June Maureen Hughes

General practitioner (b 1920; q 1944), died from colon cancer on 31 January 2012.

June Maureen Hughes (née Kingan) started medical training at the Royal Free Hospital in 1939 before being evacuated to Aberdeen in the blitz. On qualifying she joined the Royal Army Medical Corps on its push through Europe after the Normandy landings. After VE day she was flown to a disused airfield near Belsen to another tented hospital, to treat men imprisoned in Belsen concentration camp. The internees all wore blue and white striped uniforms, and this gave her a lifelong aversion to blue and white clothing. On returning to England she married Edward Hughes, who set up practice near Truro, where she joined him after raising their family. She leaves six daughters, one son, and 12 grandchildren.

Gary Hughes

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Edwin Ernest Frederick Keal

Honorary consulting physician Royal Brompton Hospital and St Mary's Hospital, London (b 1921; q London 1952; MD, MRCP, FRCP), died from bronchopneumonia on 24 March 2011.

Edwin Ernest Frederick Keal ("Eddie") had his left leg amputated after a war injury. He met Connie at a naval air arm training centre, and they married

in 1945. After the war he started his medical training at the London Hospital. He developed his interest in chest diseases after Connie caught tuberculosis, and in 1977 he was appointed to the consultant staff of St Mary's Hospital and did academic research at the Brompton. In 1979 he became dean of the Cardiothoracic Institute. After retiring in 1985 he continued in private practice for five years. Connie died in 2008. Eddie is survived by a son and three grandsons.

Margaret Turner-Warwick
Richard Keal

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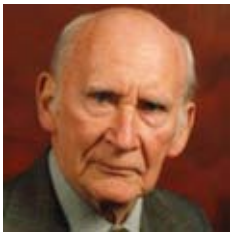
James Fulton Neil



Former ear, nose, and throat surgeon Queen's Medical Centre Nottingham (b 1917; q Cambridge and Middlesex Hospital 1943; MA, MB BChir (Cantab), FRCS (Edin), DLO) died at home after a stroke on 17 January 2012.

After qualifying James Fulton Neil ("Jimmy") was called up into the Royal Army Medical Corps and took part in the landing at Anzio. After the war he took up surgery and was appointed as a consultant in ear, nose, and throat medicine to Nottingham General, Mansfield, and Newark Hospitals in 1951. He was the first chairman of the new university hospital medical committee and clinical teacher at Nottingham as well as holding several other honorary positions. He retired in 1982 and kept busy by playing the cello, gardening, shooting, and cooking. He leaves his wife, Tess; three children; and seven grandchildren.

Bill Neil

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