Obituary

Honorary membership of the BMAS is a measure not only of our esteem, but of our friendship. So it is with a very real sense of loss that we have to report the sudden death, on 1st December 1991, of John Dundee, Emeritus Professor of Anaesthetics of The Queen’s University, Belfast.

He was a great enthusiast for research, keen to have papers published in the popular medical journals, particularly the BMJ and Lancet, so that everyone should have a chance to act on findings he thought were important. Indeed, over his 30+ years as an academic anaesthetist he had had one or two papers published in these journals every year - a major achievement in itself, but also an indication of the quality and popular interest of his research. So, when he turned his attention to acupuncture, he brought all the skills of a highly respected academic clinician.

He felt very strongly that it is only through thorough investigation by good university research units that the efficacy of such subjects as acupuncture can possibly be ascertained. So he was understandably irritated to find that his results on the anti-emetic effects of acupuncture were derided by certain of the anaesthetic hierarchy, who claimed that he should not be wasting his time on such stuff! I remember his complaining at an anaesthetic meeting, “I have proved that acupuncture is highly effective as a post-operative anti-emetic. Why are you not using it?”

As a “larger than life” medical character, he was in demand at meetings of many societies. My favourite memory was of a paper he presented at the Association of Dental Anaesthetists, whose presidency he was due to assume in 1992, entitled “Sexual fantasies under Midazolam sedation” - an hilarious paper, but one that had great practical importance.

We extend our deep sympathy to his family. Indeed, we will all miss his enthusiasm and drive - medicine will be the poorer without him.

Letter to the Editor

Amateur status?

Dear Sir

The Editor, who does such a marvellous job with the Journal, accused BMAS members at the May 1991 AGM in York, of being “Part Time Acupuncturists” as most of us can manage only two or three sessions a week on acupuncture.

Come now: doctors by the nature of their training and calling concern themselves almost by definition with many techniques and therapies. A doctor may be a surgeon: he may work as a vascular surgeon, a generalist, urologist or whatever. An anaesthetist may be a member of several sub-speciality societies depending on his/her special interests. Thus one may be an obstetric anaesthetist, an intensivist, a pain specialist, an acupuncturist, and several more. One can practice several arts and crafts and surely still call oneself a vascular anaesthetist, a pain specialist, even an acupuncturist and it is understood that as a doctor one will assess and choose which technique and therapies are appropriate to the individual case.

Quality must be involved not only with numbers but with the extent of training and experience. This anaesthetist/pain specialist, etc, etc, resents being called an amateur acupuncturist!

Yours faithfully,

Dr Eve M Pitt MB ChB DA FFARCS
(Member BMAS, BSMDH, and Assoc Fac Hom)
21 Morlich Crescent, Dalgety Bay, Fife.

Thank you for your kind comments. I entirely accept your point as being very valid in a medical context. However, my anxiety is that there must be a certain minimum level of practice below which, although remaining competent, one cannot achieve and maintain the expertise necessary to be regarded as a specialist.

Editor
Amateur status?

Eve M Pitt

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