Thomas Babington Boulton OBE

Obituary

Tom Boulton was an innovative anaesthetist, historian, soldier and able committeeman who influenced and encouraged many generations of his profession to eschew mediocrity and always to seek the best for their patients.

He was born in Bishop Auckland, County Durham on 6th November 1925. Although only two years old he could recall his mother showing him a total eclipse of the sun on 29th June 1927, an event which only gained significance in later life. His parents separated when he was four years old and he was brought up by his mother and grandmother both of whom were from medical families. Tom went to a boarding school in Scarborough until he was 14 and then onto St Peter's School, York. He was not a particularly gifted sportsman and was more successful in science studies rather than the arts. Aged 18 (now 1943) he decided to study medicine and gained entry to Emmanuel College, Cambridge. After two years of pre-clinical studies he transferred down to London to enter St Bartholomew's Hospital Medical College to complete his clinical studies. Much of the hospital had suffered bomb damage and many wards and operating theatres were still closed. Tom's clinical training therefore was split between the Barts City site and that of Hill End Hospital, St Albans, where the hospital had decanted much of its work during the blitz. He qualified at the end of 1948 and was successful in gaining a house job at Barts to work for the general surgeon John Hosford. As a six-month fulltime resident in the hospital, he was provided with full board and lodging but no time off. He then obtained the post of Junior Resident Anaesthetist at Barts (one of three) in the speciality that would capture his imagination and lead to an illustrious career.

Teaching in anaesthesia at this time was based on the "see one, do one, teach one" apprenticeship basis and Tom enjoyed the ready camaraderie of the Anaesthesia Department at that time and learnt all the available techniques

rapidly. He also found time to woo and then become engaged to a vivacious red-headed nurse, Helen Brown. Their relationship was inhibited by his next appointment as Lieutenant in the RAMC and his almost immediate posting to Singapore during what was known as the 'Malayan Emergency'. After a short period of time in Singapore, Tom was stationed at the British Military Hospital Kamunting for two years. Here he dealt with all the emergency and routine anaesthesia that was required, a considerable workload. One night in Malaya he found a naked man creeping round his room probably, he thought, trying to find his gun. On trying to grapple with the intruder he found this impossible, as the native had covered himself with grease to prevent such an event occurring. He escaped empty-handed into the night.

He returned to the UK in 1952 and was 'Mentioned in Dispatches' for his tireless efforts. Certain, after these experiences, that anaesthesia was the career for him, he studied for and passed, the first part of the Diploma in Anaesthetics (DA) and was appointed as a Senior Resident Anaesthetist at Barts. After a two-year long distance courtship he was able to marry Helen who would be the bedrock on which all of his subsequent work and family life could be built. The following year he passed the second part of the DA and was then appointed Registrar in Anaesthetics at Hill End where he focussed his learning on anaesthesia for neurosurgery and thoracic surgery, specialities that were still based there in St Albans.

Within two years he was encouraged to apply for a rotating Senior Registrar post which allocated two years at Barts, one year of research or work abroad and one year at a District General Hospital. After gaining further experience at Barts, he obtained a rotation to the University of Michigan at Ann Arbor in 1956 for a year. Here he was impressed by the high standard of record keeping, the availability of recovery rooms for all post-operative patients and the visiting of all patients preoperatively. Clinical techniques were markedly different and Tom found the time there stimulating and very rewarding. On returning to the UK he spent 1957-8 in Southend-on-Sea with one of the great leaders of anaesthesia at that time, J Alfred Lee. Here he not only learnt to improve his skills in regional anaesthesia of which Lee was notably adept, but also learnt from Lee

about the responsibilities of becoming a consultant and coping with the politics of hospital life.

Tom's 'apprenticeship' was now complete and it was time to take a consultant post. No jobs were available at Barts and so he applied for, and was appointed to, a position at Reading, the Royal Berkshire and Battle Hospitals. Here he joined three other consultants and three trainees. He introduced new techniques and anaesthetic agents, attended academic meetings at the Royal Society of Medicine in London and at the professorial Unit in Oxford and started research projects and designed new apparatus for use by the obstetric flying squad. Social and intellectual life seemed excellent and a tranquil future seemed assured.

Barts meanwhile had decided to open a cardiac surgery unit on the City site and with the retirement of senior staff members it was suggested to Tom that he apply for the position. After considerable soul-searching and prolonged discussions with his colleagues and his family he agreed to this. He was appointed and moved his family to live in Barnes and commute in to Barts. He was to spend the next twelve years there, as a full-time anaesthetist, i.e. not involved in private practice. He had several ambitions, firstly to see the creation of a proper training Department of Anaesthesia much like the one he had experienced at Ann Arbor and secondly (and just as important) to help to develop the new cardiac unit. He started by appropriating the first office space ever held by Anaesthesia at Barts and soon added an adjacent lecture theatre. He managed to secure the services of the first-ever secretarial help to the Department and also increased the staffing levels in both consultant and trainee numbers. All of these innovations he managed in the face of often considerable opposition from the established medical and managerial hierarchy of that era. The results of the new cardiac unit were as good as other hospitals in the UK but a further visit to the USA indicated that there was room still for improvement. The new staff members made a considerable difference, as did the purchase of the latest disc oxygenators like those he saw in use at the Mayo Clinic.

Tom tended to focus very much on any matter that was at hand whether it was to do with work or family. Not quite the absent-minded professor but there was an occasion when he drove into Barts by car with his three-year

old son, did something at work and then set out to go home by underground as was normal for him. He suddenly remembered, just as he arrived at the tube station, that he had a car (and son) waiting for him in the Barts Square! There were also a couple of occasions when he returned home from work wearing someone else's shoes. Helen was even asked if all clothing that was potentially removable could be labelled with his name!

Tom's next innovation was the creation of a 'resuscitation registrar', a trainee member of the Department who was always available for any sudden collapse anywhere in the hospital. External cardiac massage and external defibrillation were introduced and every clinical area had a resuscitation box which contained vital equipment to facilitate this process. He then extended these innovations to design a new reception area for the accident and emergency department. This resuscitation service and the increasing work of the cardiac unit led to the establishment, under Tom's control, of Barts' first Intensive Care Unit in the early 1960s, a four-bedded sideward on the thoracic ward.

He had always been interested in outpatient dental anaesthesia and ensured he kept a clinical session in this speciality. He was able to create a completely new and much safer method of anaesthesia using new drugs and the patient lying flat rather than sitting upright as had been current practice up to that time. These developments were enhanced due to the close working relationships developed with the dental surgeons at that time. Tom's work in this area led to his participation in courses run by the Society for Sedation and Anaesthesia in Dentistry (SAAD) and his later Presidency of this and two other associated dental/anaesthesia societies. This was often a very contentious area with both legal and academic debates relating to safety and appropriate care and treatment. Tom maintained unimpeachable standards, as always, in this work.

Tom then embarked on a further academic odyssey when he took on the Junior Assistant Editorship of the Association of Anaesthetists of Great Britain and Ireland's (AAGBI) journal, Anaesthesia. Soon promoted to Senior Assistant Editor, this role incorporated a seat on the AAGBI Council where Tom was to serve for the next 24 years eventually becoming Editor of the Journal and then President in 1984-6. In 1968 Tom helped with the 4th World Congress of Anaesthesiologists by editing

the Proceedings of the meeting. This was at the time the largest and most successful anaesthesia congress held in the UK to date.

Throughout his clinical career Tom advocated the need for all anaesthetists to be able to provide safe anaesthesia in the absence of modern equipment with their complex arrangement of compressed gases and specialised highly technical vaporisers. He used, taught and published regularly on the benefits of 'draw-over' anaesthesia which utilised room air as the carrier gas (instead of compressed gas sources) and simple 'homemade' vaporisers like a coffee or jam jar to allow the administration of an inhalational anaesthetic agent to generations of trainees in both the UK and abroad. His teaching and publications created immeasurable benefit in lower income countries around the world.

These innate skills were to be tested further when he volunteered to work for six months in Saigon, during the Vietnam War, in 1969. He worked in the Barsky Unit of the Children's Medical Relief International, which was very well funded and established in good facilities in the Cho Ray Hospital. Here he provided care for Vietnamese children requiring plastic and reconstructive surgery following either traumatic injury or from congenital conditions. One of the fundamental principles was to train local surgeons and anaesthetists to carry on practice once the volunteers had returned home so Tom immediately utilised his draw-over techniques with great success. Here Tom saw at first hand the efficiency of helicopter retrieval of casualties. There his 'absent-mindedness' nearly had catastrophic sequelae when he failed to fasten his seat belt on take-off and was almost catapulted out of the open door of the helicopter. Only the quick reflexes of a colleague, who grabbed him, saved his life. He returned to Barts in 1970 and resumed his clinical duties there.

On being made Editor of Anaesthesia at the end of 1972 and with a concomitant increase in published issues of the journal from four a year to six he found that this was taking up a considerable time. He still had a very busy clinical commitment and senior colleagues would not allow any of that to be dropped to allow more time for his editorial duties. At the same time he started to be disaffected by the commuting to central London and the absence of a separate division of Anaesthesia and Intensive Care at Barts for which his attempts at creating were quashed on several

occasions. So when he was approached to consider applying back to Reading on the retirement of the senior anaesthetist there, he decided to give it serious consideration especially as the thoracic surgeon with whom he had worked to initiate cardiac surgery and the intensive care unit at Barts was also retiring. He applied and was appointed, much to the amazement of many consultants at Barts, and commenced work there again in 1973. This was a huge loss to the Barts Department of Anaesthesia but his more visionary colleagues in Reading enabled Tom to devote further time to regional, national and international anaesthesia matters. That same year he was elected to the Board of the Faculty of Anaesthetists within the Royal College of Surgeons of England.

Tom rapidly made his mark again in Reading. He helped to ensure the creation of a division of anaesthesia with its own budget and he helped to set up a day-surgery unit and a chronic pain clinic. By 1976 he had an honorary contract at Oxford in addition to his work at Reading and this allowed a much stronger academic bond between the geographically adjacent towns. He continued to practice draw-over anaesthesia in Oxford and soon set up a 'Course on anaesthesia in developing counties and difficult situations' that still exists today. Throughout his life Tom was an excellent teacher; he made the driest subject interesting and his enthusiasm was infectious and endearing. These skills made him a popular lecturer locally, nationally and internationally.

His time with the RAMC in Malaya had been very enjoyable and Tom remained a volunteer in the Reserve army until the age of 60. During this time he served in Northern Ireland, Germany, Cyprus and Hong Kong usually for occasional 3-4 week periods and his development and advocacy for draw-over apparatus led others to follow his lead and develop the field equipment that would be used so successfully by front line medics in the Falklands, Belize, Oman and Northern Ireland. In 1983 Tom was elected President of the Anaesthetic Section of the Royal Society of Medicine.

From his positions on the Faculty and Association, Tom became a major voice for the creation of a separate College of Anaesthetists. This was a long drawn out debate that created much tension particularly in older members of the profession who wished to maintain the status quo. Two cogent Editorials in Anaesthesia in 1978 and 1979 were very influential

and finally a separate College emerged in 1992. Throughout these decades Tom's love for the history of medicine and in particular anaesthesia were unabated. He helped with the creation of the Coat of Arms of this new College and in the late 1980's while President of the Association ensured that the Charles King Collection of Anaesthetic Apparatus became ensconced in the basement of the newly-purchased premises at 9 Bedford Square. He set up a formal Heritage Department with an honorary archivist (himself), a curator and librarian (also both honorary) and a full time professional archivist and records manager to look after the historical resources available. He also convened in 1986 the first meeting of the History of Anaesthesia Society, of which he later became President, and in 1987 he chaired the committee that so successfully organised the 2nd International Symposium on the History of Anaesthesia in London. He gave the Lewis Wright Lecture at the American Society Annual Meeting in Las Vegas in 1990 and was subsequently appointed Wood Library Museum Laureate in the History of Anaesthesia in 2000.

One of the most important groupings within the AAGBI is the trainee group. Originally known as the Junior Anaesthetists Group (JAG) it evolved into GAT, the Group of Anaesthetist in Training. Tom was one of their most staunch advocates and promoted their work on every possible occasion. Just prior to his retirement from clinical practice in 1990, Tom and Helen moved to Melbourne for six months to work at the Royal Melbourne Hospital. He swopped jobs, cars and houses with a colleague in Melbourne where he was able to demonstrate the newlyinvented laryngeal mask airways to great effect as well as continuing to teach draw-over anaesthesia. In 1990 he retired from his post within the NHS in Reading and became ensconced in his home near Goring on Thames. In 1991 he was awarded the OBE and over the next eight years worked tirelessly to write a 700+ page history of the AAGBI that was finally published in 1999. This work was the basis for a successfullydefended MD thesis at the University of Cambridge awarded in the same year. He continued to attend and contribute to history of anaesthesia meetings and was a regular attendee at AAGBI social occasions.

Tom is survived by his wife Helen, a daughter, Angela, Senior Lecturer in Law at the University of Greenwich and two sons, Adam, Editor at Large for Sky News and James, Marketing Consultant. He has eight grandchildren, one of whom is currently a medical student at St. Andrew's University, and three great-grand children.

David Wilkinson