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Bjørn Ibsen

Founding father of intensive care

The specialty of intensive care started in Copenhagen in 1952, when Bjørn Ibsen got a relay of doctors to manually ventilate a dying 12-year-old patient with polio.

Ibsen trained in radiology, surgery, pathology, and gynaecology at a Jutland hospital and won a biochemistry prize in 1944. The hospital's only anaesthetic equipment was an Ombredanne inhaler, an ether device. He went to Massachusetts General Hospital in 1949 for specialist anaesthetic training. His wife, Ingrid, a nurse, accompanied him on the outward boat journey; on the ship back she met Mogens Bjømboe, deputy to Hans Christian Larssen, head of the Blegdams Fever Hospital. This was to prove a formative contact.

Danish hospital culture was formal and hierarchical, with surgeons at the top. In Boston the atmosphere was relaxed, residents having a refreshing combination of clinical freedom and good training.

Ibsen returned to Copenhagen in 1950 as a freelance anaesthetist. His relationship with the surgeons was uneasy. However, a thoracic surgeon initiated a series of WHO training courses in anaesthetics, bringing in great names from around the world, which Ibsen greatly appreciated.

In 1952 at Blegdams Fever Hospital, Mogens Bjømboe was temporarily in charge when a baby with tetanus was admitted. Remembering his meeting with Ingrid Ibsen on the ship, he sent for Bjørn Ibsen. They jointly decided to paralyse the baby with curare to abolish the tetanus spasms and ventilate by hand. The baby did well until it was transferred to the standard regimen of controlling the spasms with sedation, when it died; but a lesson was learnt.

A few weeks afterwards, Copenhagen had one of the world's worst polio epidemics—2899 cases in a population of 2m. Fifty or more patients a day were admitted to Blegdams Hospital. Too weak to cough, many patients drowned in their own secretions. Larssen, the chief physician, sought Ibsen's advice.

Ibsen had recently anaesthetised a patient with a tracheostomy and discovered how easy it was to intubate a patient who already had a free airway. He had learnt in Boston that inadequate ventilation caused carbon dioxide retention with hypertension and sweating, and recognised these symptoms in patients with polio. Patients were dying not from kidney failure but from carbon dioxide retention. He proposed that patients were given a tracheostomy with an airtight seal, which would keep saliva out of the lungs, which could then be cleared of secretions and ventilated with positive pressure. He proposed adding a carbon dioxide absorber and used equal parts oxygen and nitrogen in case ventilation became inadequate.

Larssen was sceptical but relented when he saw a dying 12-year-old quadriplegic girl with a collapsed left lung gasping for air and drowning in her own secretions. Ibsen did an immediate tracheostomy and inserted a cuffed tube, attaching a to and fro absorption system, which gave good suction. Bronchospasm and secretions still made it impossible to reinflate the lungs. Desperate, he gave her pentothal to stop her struggling. She stopped breathing and collapsed, and he found that in this state he could inflate her lungs.

Returned to the tank ventilator, her underventilation returned and she became cyanotic. Oxygen improved her colour but her carbon dioxide continued to rise. She was taken out of the ventilator, and manual ventilation improved her again. The lesson was obvious.

Ibsen and Larssen moved patients needing ventilation to dedicated wards. Surgeons, anaesthetists (including the 20 WHO trainees), and medical and dental students were trained to aspirate secretions and perform manual ventilation in shifts of six hours. At the height of the epidemic, 70 patients were being manually ventilated. In all, 1500 students put in a total of 165 000 hours, and mortality plummeted from 80% to 25%.

Other countries took note, and the *British Journal of Anaesthesia* suggested that a similar scheme should be adopted in the United Kingdom. Thus began the concept of intensive therapy.

After the epidemic subsided, a Kommunehospitalet surgeon appointed Ibsen to organise an anaesthetic service there. A year later, in 1954, he was appointed consultant anaesthetist, in charge of his own department, with the same salary as his surgical colleagues. This gave Ibsen the financial security that enabled him to pursue his interest in intensive therapy. With the realisation that having intensive treatment facilities for different diseases was a waste of resources, the first intensive therapy unit was opened under his supervision in the Kommunehospitalet on 1 August 1953. It was copied around the world. His interests progressed to monitoring and, when acute medicine was moved away from the hospital in 1975, towards pain management.

Ibsen was on the editorial board of *Acta Anaesthesiologica Scandinavica* from its inception in 1961. He was awarded the Danish poliomyelitis medal and anaesthetic medal, and the Purkinje medal from Czechoslovakia. He was a corresponding member of the Society of Anaesthetists of Great Britain and Ireland, and was the first honorary member of the European Resuscitation Council. He wrote two textbooks on anaesthetics and intensive care in Danish (1950 and 1959), *From Anaesthetics to Anaesthesiology* in 1965, and a memoir, *Gensynsglæde* ("The Happiness of Reunions"), in 1990. His wife died in 1984.

Caroline Richmond
Bjørn Ibsen, anaesthetist and intensivist, Rigshospitalet, Kommunehospitalet, and Anaesthesiology Centre, Copenhagen (b 1915; q Copenhagen 1940), d 7 August 2007.

A full account of Ibsen's work is given in *Anaesthesia and the Practice of Medicine: Historical Perspectives*, by Keith Sykes and John Bunker (RSM Press 2007), to which I am indebted.

Michael Gerald Askew

Former general practitioner Gosport (b 1933, q St George's, London, 1959; FRCGP), died from lung cancer on 6 August 2007.

After house jobs at St George's, Michael Askew ("Mike") joined the navy, serving at Dartmouth College, the Dartmouth Squadron, and Royal Naval Hospital Haslar. Later he became a singlehanded practitioner, caring particularly for British and overseas naval families. His was the first practice in Gosport to computerise, and it grew to need three other partners by the time Mike retired. Mike taught a succession of young naval doctors and medical students and served on the Wessex Faculty of the Royal College of General Practitioners as treasurer and provost. He also won international prizes for photography and was president of the Southampton Photographic Club. He leaves a wife, Jackie, and three sons.

Donald McNutt
Roz Reid

Nina Agnes Jane Carson

Former senior lecturer in child health Queen's University, Belfast (b 1923; q Queen's University, Belfast, 1946; DM, FRCP), died from complications of cerebrovascular disease on 3 June 2007.

In 1963 Nina Carson characterised biochemically the then unknown disease of homocystinuria, her clinical and laboratory work until her retirement in 1983 contributing to its understanding and treatment. She promoted routine neonatal screening for metabolic disorders, stabilising the original test for phenylketonuria and implementing newborn blood (Guthrie) screening. She was a member of the Medical Research Council Steering Committee for Phenylketonuria to improve outcome for patients, and she helped to develop routine screening for congenital hypothyroidism in 1980. Nina was national Irish backstroke champion, and, with her husband, won Ulster and Irish sailing championships. She leaves a husband, Jim; three children; and eight grandchildren.

Dennis Carson

Ian Patrick Mulligan

Consultant cardiologist Milton Keynes General Hospital (b 1955; q St Thomas's, London, 1979; DPhil, FRCP), died from a heart attack on 25 July 2007.

Ian Mulligan qualified with a first class intercalated degree, rapidly obtaining the MRCP. He worked in London, Northampton, Cardiff, and then Oxford, where basic research in muscle physiology led to a DPhil, followed by postdoctoral research on cardiac myocytes. As a senior registrar in Oxford, he also published a well-cited paper in the *Lancet* on the use of evidence based medicine on the acute medical take. In 1998 he was appointed to Milton Keynes Hospital, serving on many committees to establish the new cardiac annexe with a dedicated cardiac angiography facility. Ian had many interests outside work: he held a private pilot's licence, read widely (especially history), was learning Spanish, and was an accomplished painter, a keen salsa dancer, and widely travelled. He leaves a wife, Jane, and innumerable friends.

Patrick Davey

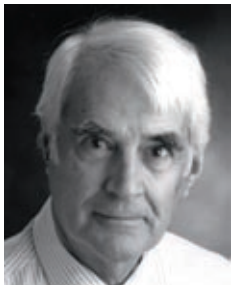
Anand Mohan Sur

Professor of child health and consultant paediatrician Nagpur, India (b 1929; q Nagpur 1952; DCH, FRCPEd, FICMH), d 26 July 2007.

Anand Sur founded the department of paediatrics at Nagpur and made paediatrics a separate subject at final MB BS level for the first time in India. He worked for some time in the United Kingdom, training at the Royal Hospital for Sick Children, Edinburgh, and Great Ormond Street Hospital, London, and becoming the youngest and first to gain the FRCPEd in central India. He was an accomplished linguist, published on Indian childhood cirrhosis and childhood asthma, and was regional adviser for Western India to the Royal College of Physicians of Edinburgh until his death. He leaves a wife, Sobita, and two children.

Poorvaali Sur

David Tidmarsh



Former consultant psychiatrist Broadmoor Special Hospital, Crowthorne, Berkshire (b 1932; q Cambridge/St Bartholomew's Hospital, London, 1958; DPM, MD, FRCPsych), died from cancer of the colon on 9 July 2007.

In 1961, after demobilisation as captain from national service in the Royal Army Medical Corps, David Tidmarsh became assistant medical officer at Horton Mental Hospital, Epsom, which was then admitting an increasing number of offenders. In 1973 he became a consultant at Broadmoor Hospital, helping to transform it into a modern psychiatric hospital. He was chairman of the Medical Advisory Committee, deputy medical director, director of research, and responsible for medical audit, as well as being senior lecturer in forensic psychiatry at the Institute of Psychiatry, and examiner for the diploma of forensic psychiatry. In retirement he served for six years on the Parole Board. He leaves a wife, Marlen, and two daughters.

Henry R Rollin

Japhet Mara Urasa

Consultant surgeon Kilimanjaro Christian Medical Centre, Moshi, Tanzania (b 1934; q Makerere 1962; FRCS), died from a ruptured aortic aneurysm on 23 June 2007.

Japhet Mara Urasa had a major role in setting up the medical school in Dar es Salaam, combining his clinical appointment with teaching anatomy. He completed his surgical training in the United Kingdom, and on his return home worked in various regional centres. He was a prime mover in establishing a new medical school at Kilimanjaro Christian Medical Centre, pioneering a surgical training programme, including a surgical intensive care unit, in Moshi. Later he established and directed a private hospital in Arusha. An organist in his local church, he also served on management committees of the Evangelical Lutheran Church in Tanzania. He leaves a wife, Bassilla, and five children.

Krishna Somers