

The development of the Plastic Surgery Unit in the Nottingham and Derby areas

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The eighth of a series of histories of Plastic Surgery Centres adapted, when necessary (by A. F. Wallace and C. W. Chapman), from records forming part of the Archives of the British Association of Plastic Surgeons.

Nineteen-forty-eight to the early 1950s saw the great expansion of plastic and reconstructive surgery and the wide recognition that it is a specialty in its own right. Until 1955, local patients requiring the services of plastic surgery had been served mainly by the Sheffield hospitals under Wilfred Hynes and, from 1950, by Maurice Kinmonth from Leicester. Kinmonth had one session a week in Nottingham and was able to deal with the paediatric deformities, such as clefts, in one operating session at the City Hospital. Reconstructions following malignant disease and trauma, and which required the services of a plastic surgeon, necessitated patients being transferred either to Leicester or to Sheffield. Increasing demands for plastic surgery, including burns, produced the decision in 1954 to form a separate unit centred in Nottingham City Hospital, where beds were to be made available in B block.

The old Unit

In 1955 the author, having trained at East Grinstead, was appointed consultant to cover Nottingham, Derby, Mansfield and Grantham. At that time there were 12 female and 12 male beds in B1 ward and 12 children's beds in B2 ward. Out-patient clinics were held weekly at the Nottingham General and City hospitals, the Derbyshire Royal Infirmary and Mansfield King's Mill Hospital (which also covered a visit to the Mansfield General Hospital) together with monthly visits to Newark and Grantham. Day surgery was carried out during the weekly visit to Derby and Mansfield. The medical staff comprised the consultant and one senior house officer, and this arrangement continued until 1958 when an increase was agreed to include one middle-grade registrar. The new post was made available mainly to overseas graduates who would be returning to their own country after two to three years. The staff remained unchanged

until 1971 when a second consultant was appointed, Malcolm Deane from Bristol. With his coming a second house officer was appointed enabling a better division of work, particularly in the outlying hospitals. The position remained unaltered until the author retired in 1979 and Lance Sully was appointed.

Mention must be made of the great assistance provided by the facio-maxillary team, initially Mr Tom Battersby, who co-operated to the full with the plastic surgeons in the treatment of facio-maxillary problems, and later his successor, Mr Michael Bromige. Mr Donald Gould provided orthodontic care, particularly for cleft lip and palate patients, and this has been continued to the present time. In 1954, Dr Ian McCullum, consultant dermatologist, in co-operation with the Plastic Surgery Unit and the Radiotherapy Unit, organised the first combined skin clinic. This continues to the present day and patients with malignant disease are discussed and the most appropriate treatment decided.

The new Unit

Between 1975 and 1979 discussions had taken place about the inadequacy of the B1/B2 complex, particularly in relationship to burns: these had been dealt with in a temporary Burns Unit adjacent to B1. In 1979 a small prefabricated unit with a minor operating theatre had been set up but this had soon proved to be totally inadequate for the number of severe burns patients admitted. In consequence, the planning of a new plastic unit with a self-contained burn unit was put in hand and it was agreed that it would be in part of a new three-storey block, in combination with paediatrics and renal dialysis. The building plans came to fruition in 1981/82 but the opening was delayed for a year because there was not the money to staff the block.

Lance Sully has a special interest in vascular

transplant surgery and this work has expanded considerably, and is still expanding. Such cases are very time-consuming and have demonstrated the inadequacy of the operating facilities and the lack of junior staff. Improvements will have to be implemented if the service is to continue to expand and the further development of the Plastic and Burns Unit must continue despite the limitation of finances at the present time. Arrangements will

have to be made for an increase of a further consultant, a senior registrar and enough house staff to allow adequate cover.

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