

# How David Hatch became a professor of pediatric anesthesia

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## Summary

This is an account of an interview with David John Hatch who was one of the first Professors of Pediatric Anesthesia in the world. He began his anesthesia career as a medical student administering chloroform and ended it 40 years later as a Consultant at Great Ormond Street Hospital where he developed and led a world renowned research team measuring and assessing lung function in infants and children. These productive years earned him his chair at the Institute of Child Health in London (part of University College London) funded by Portex (currently, a branch of Smiths Medical). His academic achievements include over 110 journal publications, two textbooks and having many honors and awards. Yet he does not think of himself as an academic. In his words “I wanted to be a hard working clinician with an interest in research, and not just academic”.

## KEYWORDS

education, general anesthesia, history, inhaled agents < drugs



**FIGURE 1** David John Hatch [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

## 1 | IN BRIEF

David John Hatch (Figure 1) was one of the first Professors of Pediatric Anesthesia in the world (the first in the UK, Table 1). From his appointment as Consultant at Great Ormond Street Hospital (GOSH) in 1969, he developed and led a world renowned research team measuring and assessing lung function in infants and children. These productive years persuaded Portex (currently, a branch of Smiths Medical) to fund his chair in 2000 at the Institute of Child Health in London (part of University College London [UCL]).

**TABLE 1** Brief biography

|   |
|---|
| 1937. Born in Essex, UK. His mother was a hospital pharmacist and his father a research engineer with Marconi's. He had 2 younger sisters |
| 1960. Married (4 children, first born in 1963)  |
| 1961. Qualified from University College Hospital Medical School   |
| 1963. Senior house officer in Anaesthesia   |
| 1969. Consultant Anaesthetist GOSH  |
| 1993-1995. President of the Association of Paediatric Anaesthetists   |
| 2000. Portex Professor of Paediatrics   |
| 2008. Retired. 8 grandchildren. Member of Magic Circle  |

He and I had lunch recently and I asked him “Fine, but how did you do it? How did it happen? What about your early years?”. I wanted to know not only about his triumphs and his best work but also the main turning points in his career and his motivation.

## 2 | THE BEGINNING

His first anesthetic was to a woman with a retained placenta away in the community. He was a mere medical student. The obstetric registrar (a trainee by today's standards) told him to drip chloroform onto gauze arranged over a Schimmelbusch mask. “The lady breathed it in, it wasn't difficult – but rather fast”. Both the chloroform itself and the helping of a patient with it made an impression. In his second house job after qualification, David was required to deliver anesthetics in a casualty department at night. The training for this began during a hockey match. His friend, John Bland, had some experience with dental anesthesia and they had time to talk because John was the goalie and David played left back. The technique was nitrous oxide with trilene combining 20 mg of intravenous pethidine if the patient was resistant. In those days, one took training opportunities whenever one could. David applied himself and gained a reputation of being capable with *gas*.

## 3 | HIS TRAINING

When David did choose anesthesia as a career he was lucky to be inspired by Elwyn Mendus Edwards who was a thoracic anesthetist in Guildford (a small city 25 miles south of London). An Astrup machine was newly acquired and he and David thought it would be interesting to determine the effects of single lung ventilation and the lateral position on oxygenation. Arterial blood was taken from a metal Courmand needle and placed in ice for assay later. David wrote it up and he had his first 2 full publications.<sup>1,2</sup>

The Guildford anesthetists supported him. They gave him time to study to pass his fellowship exams. Before long he was a registrar at GOSH and something clicked—he knew he wanted to be a pediatric anesthetist and moreover he wanted to become involved in clinical research. He tried for a consultant post at the Alder Hey hospital in Liverpool. They turned him down. He knew he was too young but this failure showed his intent. The youngest consultant at GOSH at that time was William Glover who advised him to go elsewhere for research experience and so, by 1968, David went to the Mayo Clinic made possible by a Fulbright travel scholarship.

## 4 | PERSONAL LIFE

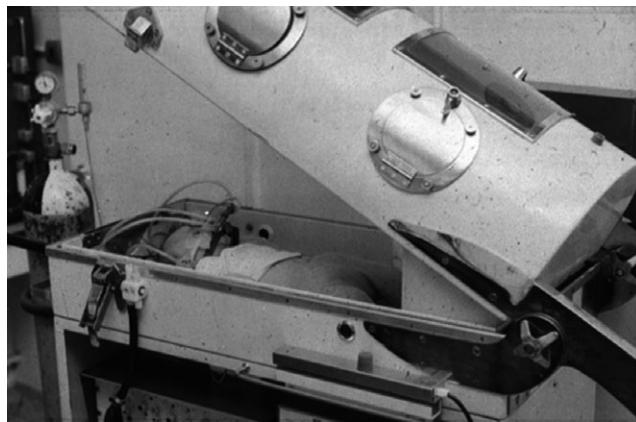
I should pause for some personal details. David was brought up in Essex by loving parents with a strong work ethic. His mother, a pharmacist, nudged him into medical school. Good schooling helped. He was a boarder and had to stand up for himself. He smiles at the

recollection of playing Hotspur in Henry IV Part I (“I died well!”). At UCL his broad medical education allowed a module in English Literature (David knows how to write and does not split an infinitive), and there was plenty of time for snooker, beer, sailing and hockey (the latter being especially helpful). He has a strong but quiet faith in God which brought him in to meeting Rita in church. They married, she went with him to the US, they had 4 children and of all his influences David puts Rita and the children at the top.

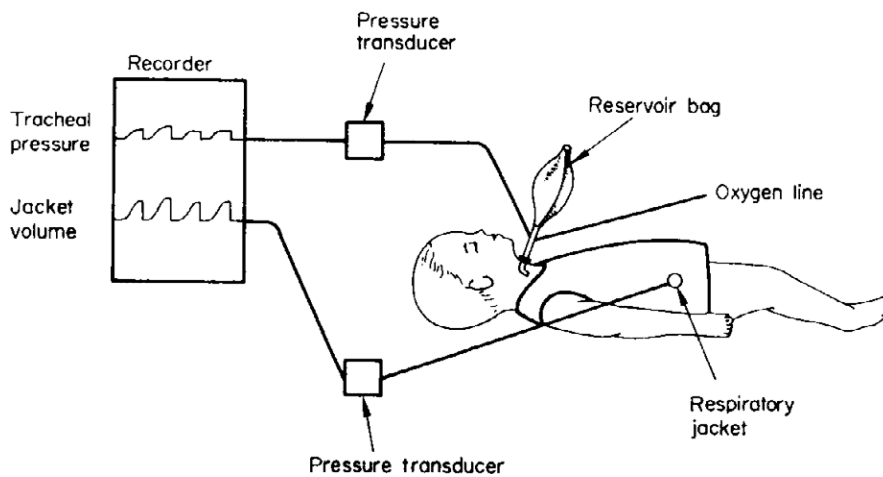
## 5 | OPPORTUNITY

The Mayo clinic opened David's research eyes. These were happy times in the company of intelligent open minded professors. Kai Rehder supervised his project on pulmonary physiology.<sup>3</sup> Over 15 m, he learned much including the elements of the brave new world of pediatric cardiac anesthesia and intensive care. This was exactly what GOSH needed because, at that time, the mortality of open heart surgery in infants was 66%.<sup>4</sup>

Great Ormond Street Hospital appointed him, quickly, on 3.5 days per week. Private practice occupied some of his free time but British Heart Foundation funding arrived to release him for research. Soon, he was measuring lung function on postoperative cardiac cases with equipment adapted from negative pressure Drinker ventilators used for children with paralytic poliomyelitis (Figure 2). He was the first to do so. This was real progress and triggered, also, the beginning of the assessment of children with cystic fibrosis. He, Archie Norman, David Hull and Tony Milner began one of the world's first pediatric lung laboratories. His best paper, in my view, was “A new method for measuring static compliance in infants and young children” in 1972<sup>5</sup> because it shows his talent for clear thinking, ingenuity and seeing clinical potential (Figure 3). Two other classics on pulmonary mechanics followed.<sup>6,7</sup> David, on the other hand rates “Prolonged nasotracheal intubation in infants and children” as his best (Lancet 1968).<sup>8</sup> The reason, he says, is that it showed that routine tracheostomy was no longer needed after



**FIGURE 2** Total body plethysmograph (adapted from a negative pressure Drinker ventilator used for children with paralytic poliomyelitis)



**FIGURE 3** A system for measuring static compliance in infants. This image was published first in *Clinical Science* in 1972<sup>5</sup>

**TABLE 2** Selected honors and awards

|  |
|--|
| A founder member of the Association of Paediatric Anaesthetists, 1973    |
| Royal College of Anaesthetists Vice-President, 1991-93                   |
| Honorary Fellowship, Royal College of Paediatrics and Child Health, 2010 |
| President of the Association of Paediatric Anaesthetists, 1993-1995      |
| William Harvey lecturer, Ashford, 1999                                   |
| Hewitt Lecturer, Royal College of Anaesthetists, 1999                    |
| Ernest Finch Professor, University of Sheffield, 2000                    |
| Magill lecturer, Chelsea and Westminster Hospital, 2000                  |
| Association of Paediatric Anaesthetists Hon. Member, 2001                |
| Association of Anaesthetists Hon. Member & John Snow Silver medal, 2002  |
| Royal College of Anaesthetists Gold medal, 2003                          |
| AAGBI Foundation award, 2016   |

cardiac surgery because the new plastic tracheal tubes were not as damaging as feared and were relatively comfortable.

## 6 | CLINICIAN OR ACADEMIC?

His academic achievements during these years until his retirement in 2008 include authoring over 110 journal publications, editing 2 textbooks and having many honors and awards (Table 2). Two of his favorite publications are of his scavenging invention<sup>9</sup> and helping to usurp halothane with sevoflurane.<sup>10</sup> Yet he does not think of himself as an academic. In his words "I wanted to be a hard working clinician with an interest in research, and not just academic". "After all, clinicians know what to research". He did just that by bringing clinicians and academics together. Janet Stocks (now Emeritus Professor) took the respiratory laboratory to even higher achievements.<sup>7</sup> Debbie Marsh studied opioid systems in infants with Maria Fitzgerald which nurtured important and ongoing research into pediatric pain.<sup>11</sup> He and I started the first UK nurse-led pediatric sedation service for imaging which continues to thrive.<sup>12</sup>

"To be a consultant was to be trusted: trusted by parents and colleagues". In his era, small teams or firms of doctors owned their patients. "The key to safety and quality was preoperative assessment, and I tried to see them afterward too. We had job satisfaction and lasting supportive relationships with patients and staff." David treasures the memory of building a portable ventilator for a small child with thoracic dystrophy that allowed her last years to be spent at home.

## 7 | A TEACHER, EXAMINER, AND REGULATOR

He does not remember our first meeting, but I do. It was my final fellowship exam. He smiled as he handed me a chest X-ray (a classic case of a peanut in a bronchus). Later, in my pediatric training, I read "Hatch and Summer" Neonatal Anaesthesia<sup>4</sup> 3 times. It gave me the knowledge I needed then, and it remains relevant today.

David was one of the first Vice Presidents of the newly created Royal College of Anaesthetists in 1991. He was a modernizer. He steered the College to examine candidates using actors rather than real patients: this was the first use of the OSCE (Objective Structured Clinical Examination) in postgraduate medical exams. Candidates should also be grateful to David for banning alcoholic drinks from the examiners lunch table! His final effort was to develop performance appraisal and professional regulation in the General Medical Council and this forms the subject of the last of his selected publications.<sup>13</sup>

As we left the restaurant, he said "I just wanted to be an experienced physician at the top of his game".

### CONFLICT OF INTEREST

The authors report no conflict of interest.

### ETHICAL APPROVAL

None required.

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