A brief History of SCATA and ESCTAIC
with personal reminiscences

In the early 1980s personal computing was in its infancy; the first widely popular microcomputer, the BBC, was introduced in 1981, and the extraordinary potential of personal computing was easily seen. A number of competitors such as Atari and Apple joined the 'Beeb' and extraordinarily effective programs were soon running.

These machines often had analogue outputs, and were programmed at a fairly low level, either in Basic or machine code. The consequence was that control of external devices was relatively simple, and a number of workers started to develop interesting new applications.

In 1986 Gavin Kenny was doing some exciting work with Apple and Atari computers so some of us arranged to visit Glasgow to meet him in early 1987.

Gavin Kenny at work

Mike Fisher from King's College Hospital, and Malvena Stuart Taylor and myself from Salisbury, met in Glasgow Royal Infirmary on a snowy January 7th 1987. We decided that the level of interest around the country in computing, and the obvious potential uses in anaesthesia justified the formation of a specialist society to draw those interested together.

We therefore met at the Association of Anaesthetists on 28 May 1987, when present were:-

Dr. John Asbury
Dr. Chris Barham
Dr. John Bushman
Dr. Andrew Chmielewski
Dr. John Davies
Dr. Michael Fisher
Dr. Stuart Ingram
Dr. David Jones
Dr. Alastair Lack
Dr. Sheila Madsen
Dr. David Robins
Dr. Malvena Stuart Taylor
Dr. Aidan Synnott

It was agreed that we should form a society, and chairman and secretary were elected. It was felt that the first task of the Society was to recommend a minimum dataset for anaesthetic record keeping, and John Davies presented his plans for the first academic meeting to be held in Lancaster in September.

The Society continued with meetings in July, August and September!

The Society soon became known for the quality of its dinners (black tie, of course!). We have a menu from the 5th of May 1988 - the wines consisted of Fine Reserve Bual Madeira, 1975 Chateau Lafon-Rochet, and 1981 Chateau de Malle! The food also was superb.

In the summer of 1988 the European Society of Anaesthetists invited Gavin Kenny and I to Sarlat in France to speak at a meeting.

Sarlat, September 1988

This opened to us the possibility of a European Society for computing in anaesthesia and Gavin arranged for us to meet in Glenshee in the spring of 1989.

At this wonderful meeting in the Dalmunzie hotel were present Martin Hurrell, David Jones, Martin Craven, Malvena Stuart-Taylor, Wolfgang Friesdorf, Maria Toro, Gavin Kenny, Borje Hallen, Ilkka Kalli and Frank Engbers. Thus was formed the European Society for Computing and Technology in Anaesthesia and Intensive Care, ESCTAIC.

ESCTAIC, Glenshee 1989

The two societies continued in parallel, each holding two meetings a year into the new millennium, a smaller spring meeting and a main autumn meeting. In the case of ESCTAIC, the society met for a number of years at the beautiful old Castle in the glorious Austrian village of Goldegg.

Goldegg, Austria

It then met in cities all over Europe including Porto Carras, Palermo, Mainz, Erlangen, Trieste, Berlin.

SCATA was set up so that it could be run by the officers of Chairman, Secretary and Treasurer, mimicking the model used by the Association of Anaesthetists of GB and Ireland and other specialist anaesthetic societies in the UK. ESCTAIC was set up to run very differently, so that each country could have representation on the committee. This, however, produced interminable discussions about the constitution and management – not a model I would recommend again. However, it produced some wonderful meetings and warm friendships. On one occasion in 1993, memorable to my wife and I, the ESCTAIC committee met at our house – and we found beds for all!

ESCTAIC Committee meeting Salisbury 1993

However, the majority of time in early years, the ESCTAIC committee met in the spring in Igls, Austria, and combined work with a workout on the slopes.

We made a considerable attempt to get coordination at world level, meeting in Japan and the USA, but the difficulties of national interests and the expense of travel made our efforts unsuccessful. Although it was very pleasant to travel abroad, any attempts to have an international standards setting organisation were never going to succeed at this non-governmental level. A number of members were very keen to get an international journal established, but although the organisation was readily there, there were not enough researchers producing papers for us to be adequately influential.

Portocarras, Greece

These technology societies were really where hobby computing met mainstream. Many members held influential positions in their national health organisations and found the discussions at Society meetings invaluable for thinking through ideas. We were able to standardise some things, such as datasets at our own national levels. This topic not only featured in our first meeting but was also the subject of the first joint publication by SCATA and ESCTAIC in 1994. There were a

number of projects run by members. Perhaps the logbook projects, working first on the Psion handhelds and then migrated to other platforms, were the most successful. The logbook program was eventually accepted by the Royal College of Anaesthetists and is now used by most trainee anaesthetists in the UK.

What have been the changes over the years? Mainly, I think, the corporate takeover of smaller companies, leading to less scope for initiative and less interest from industry in what we are doing. Also, the fact that study leave has been so much curtailed in the UK health service has meant that it is far more difficult for trainees to get study leave for meetings such as SCATA's.

I believe this to be a shortsighted NHS policy, as we doctors know far more about the clinical aspects of our business than the politicians and managers, and we can therefore develop clinical applications that they can only dream of.

There is of course still a vast amount to do. I would flag up as areas to invest in firstly pharmacogenetics and tailored dosage structures - no more "one size fits all" drugs. Other areas for research include pattern recognition and exception reporting in clinical pathways, three-dimensional ECG, and cerebral activity plotting; the list is as long as you want to make it.

Alastair Lack

March 2009

Chairman's note:

Dr Lack originally delivered his personal reminiscences at the Conference dinner held on the occasion of SCATA's 20th Anniversary meeting in London in November 2007. At my suggestion he has developed his presentation into this paper for publication on SCATA's web site.

A P Madden

Chairman, 2007-2009