

*Fred Becker of Baddow at the controls of the camera during one of the operations*

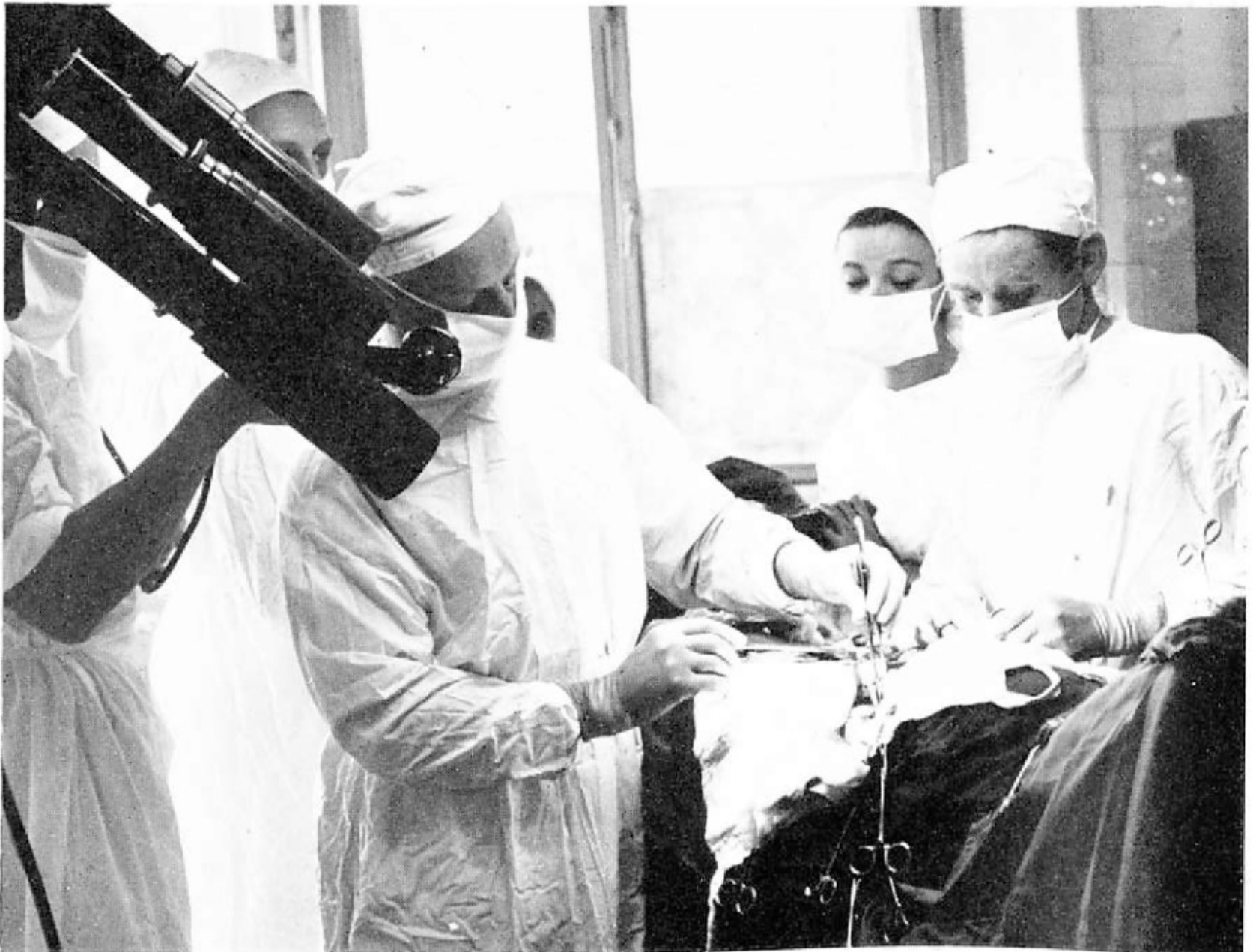
## SURGICAL

**T**HE TELEVISION Demonstration Unit has had some unusual tasks to carry out since its formation over five years ago. Among the most interesting have been those which have assisted the study of surgery.

Television has many uses, but surely none can be more important than this.

One of our most recent surgical demonstrations took place at Leeds, on the occasion of the Annual Meeting of the Association of Surgeons of Great Britain and Northern Ireland. In view of the short time available to the many delegates and the number and variety of surgical operations to be demonstrated, we decided to use three cameras in two hospitals simultaneously.

*See the delicacy of the surgeon's touch, and how he stands well back to give a clear view. He is giving his own commentary into a microphone held for him*



# TELEVISION

By TERRY PACE, T.D.U.  
Chief of Television Demonstration Unit

This plan raised several problems, not the least being that of personnel. We were fortunate, therefore, to obtain the assistance of Eric Hitchen, Dave Greenhalgh and Fred Elices from the College, and Fred Becker from Baddow. With Richard Kur, Dave Evans, John Totten and myself from T.D.U. we had a crew.

After a weekend of testing and packing we were ready for the road. Dave drove his beloved T.D.U. van and Richard a smaller one, both packed to capacity. They reached Leeds without incident, to be joined by the rest of the crew. Early next morning a start was made on the installations. The college chaps, with Eric in charge, undertook

the single camera job at one hospital, and the remainder the two cameras at the second hospital.

To give some idea of the work involved, if New Street gate were one of the operating theatres, then the van would stand near the canteen building and the viewing units in the lecture rooms would be at Glebe Road gate. We used six hundred feet of camera cable and about half a mile each of sound, vision and telephone cable, and we were ready for the rehearsal (without patient!) at four in the afternoon.

At two the following afternoon we went into action. Our audience consisted of between three and four hundred

*In the lecture hall three hundred surgeons from all over the world watch every detail of the operations on monitors. Magnification is a great asset in these circumstances*



surgeons, many from abroad, who had travelled to Leeds to see new advances in techniques. They had one day only in which to see as much as possible. We used two cameras between four theatres and as soon as one operation was finished the camera in the next theatre took over. In this way we were able to keep up a continuous picture until half-past five.

We had two microphones, one with each camera. One of them developed a rather unusual fault, it picked up a radio programme from somewhere, we never discovered where, which was not exactly appropriate to such a serious subject. But our difficulty was overcome by the help of a student nurse, who ran quickly from one theatre to the next with the remaining good microphone.

Meanwhile the other chaps were busy at the other hospital, working in one theatre.

In this way these medical men from all over the world saw operations which it would have been impossible to show them without television. They saw all the important details and in some cases they saw them magnified. We have in the past filled a fifteen-inch screen with an eye, magnified a tooth twenty-five times, watched a baby take its first look at the world, seen a blind person given back his sight.

We often do not understand what we see, but we marvel at the wonderful air of confidence of everyone in the theatre and we have learnt that there is one, and only one, really important person in the theatre, and that is the patient.

*Another operation in progress. This time the cameraman is John Totten of T.D.U. The anaesthetist is on the right, and this surgeon also is giving his own commentary. The operating surgeon does not always give his own commentary, it is sometimes done by another using a monitor in the theatre. Here the monitor is ready, in the foreground, in case of need*

