CURRICULUM VITAE

MICHAEL F. BONE

NAME:	MICHAEL FREDERICK BONE
NATIONALITY:	BRITISH
DATE OF BIRTH:	30th APRIL 1947
GMC PRINCIPLE LIST:	No: 15206020
MEDICAL DEFENCE UNION:	No: 11/98942

SPECIALIST ACCREDITATION IN MEDICINE:

RESPIRATORY	1981
INTERNAL (GENERAL)	1981

EDUCATION:

General:

Bishop Wordsworth Grammar School – Salisbury

Canton High School – Cardiff

Medical:

Kings College London

Saint George's Hospital Medical School London

QUALIFICATIONS:

B.S.c (Hons) Biochemistry	1968
MB BS	1971
DIP Child Health	1974
MRCP	1975
FRCP	2000

Current Post:

1998 – Present

Consultant Physician – South Tyneside Health Care Trust
South Shields
Tyne & Wear
England

Previous Posts (In Reverse Order):

1982 - 1998	Consultant Physician Russells Hall Hospital Dudley West Midlands
1977 - 1981	Senior Registrar and Clinical Tutor East Birmingham Hospital and Queen Elizabeth Medical School Birmingham
1975 – 1977	Medical Registrar and Clinical Tutor University Hospital of Wales and Welsh National School of Medicine Cardiff
1974 – 1975	SHO Cardiothoracic Medicine University Hospital of Wales Cardiff
1973 – 1974	SHO Paediatrics University Hospital of Wales Cardiff

Experience :

Clinical:

Early postgraduate experience in Paediatrics and Cardiothoracic Medicine at SHO level in Cardiff then led to general professional training as Registrar in Medicine where special experience was gained in Metabolic Medicine and Diabetes on the Medical Unit at the University Hospital of Wales.

During this period, I was responsible for the General Medical Intake on a 1:7 rota but obtained experience in metabolic bone disease working for Dr J H Jones, lipid chemistry with Professor R F Mahler and diabetes with Professor T Hayes. At that time I was involved in setting up a clinic for patients with hyper-parathyroidism and spent some time in the Biochemistry Department under Professor N Hales and Dr S Woodhead developing a two site radio-immune assay for parathomone.

I maintained my interest in Thoracic Medicine by studying the metabolic abnormalities in large number of patients with Sarcoidosis.

My specialist training in Thoracic and General Medicine was completed at Birmingham. This JCHMT accredited post was based at East Birmingham Hospital with 18 months supervising the in and out patient care of the Chest Unit under Drs. Skinner and Stableforth and 18 months working on firms with an interest in Gastroenterology (Dr P Asquith) and Haematology (Dr M Leyland). I gained experience in dealing with Childhood Asthma and Allergy, doing a weekly clinic with Dr J M Morrison-Smith, Cystic Fibrosis with Professor C Anderson at Birmingham Children's Hospital and Infectious Diseases working with Professor A Geddes and Dr J Innes.

Considerable experience was obtained in dealing with a large workload in Tuberculosis and the variety of diseases in an immigrant population.

I was trained in both rigid and flexible fibre optic bronchoscopy as well as upper and lower gastrointestinal fibre optic endoscopy.

During the tenure of this post, I developed an interest in Clinical Immunology, spending some time in the Regional Immunology Laboratory under the direction of Dr Ron Thompson where I started an investigation into immunological responses in Asian patients with Tuberculosis.

I continued with this attachment at The Queen Elizabeth Medical School. Birmingham, where I was also involved in undergraduate teaching for their Immunology module.

Additional Experience:

Before taking up my first post as Consultant Physician, I was fortunate to be invited to set up a Lung Function and Respiratory Department in the newly commissioned Military Hospital in Riyadh, Saudi Arabia. This allowed me, in a short period of time, to commission a fully equipped, state of the art computerised Respiratory Physiology Laboratory including measurement of lung volumes using helium dilution and Body Plethysmography and Exercise stress testing using respiratory gas exchange.

In this novel and interesting environment I built up a team of well-motivated and trained ancillary staff including Nurses, Technician and Physiotherapists who provided a total package of respiratory expertise. I was able to continue to develop this team approach on my return to Dudley and now in South Tyneside.

As part of this experience I spent some time at the Institute of Sports Medicine at Wursburg University in Germany developing expertise in exercise training which I was later able to put into use in my own Health District.

The concepts and physiology of educating and motivating a team approach to the delivery of a specialist service are especially important in the present Health Service climate.

Experience and Interests as a Consultant Physician:

When I took up my appointment in Dudley, there had been a rudimentary Respiratory Service and I replaced a retiring Cardiologist, taking over much of his workload.

I set about establishing a well equipped lung function laboratory to provide a wide range of facilities including spirometry, static lung volumes with helium dilution and plethysmography, exercise stress testing with gas exchange, histamine and provocation challenge, blood gas and lactate measurement and oximetry.

Initially I was a singe handed Respiratory Physician serving a population of 310,000 with substantial cross-boundary flow taking the overall numbers to 350,000-380,000. in 1985, we appointed a second chest physician and then in 19876 we appointed a third Chest Physician to the Respiratory Team allowing me to concentrate more on Sarcoidosis, Interstitial Lung Disease, Clinical Allergy and Asthma.

At the beginning of my post, however, in order to provide a rapid diagnostic service for lung cancer, I developed am open access Bronchoscopy set-up utilising the previous MMR facility. For the tenure of my post in Dudley I regularly performed approximately 250 bronchoscopies per year. Following the advent of the totally immersible bronchoscope, I developed the technique of diagnostic flexible thoracoscopy under local anaesthesia within the district to improve the diagnosis of pleural disease. We have further developed and refined this diagnostic technique in South Tyneside, where there is a high prevalence of Asbestos related lung disease. Acting as support for my colleague, Dr A Lishmann, who is the Clinical Lead in Lung Cancer, I have recently initiated bronchoscopic brachytherapy and plan to develop the therapeutic bronchoscopy service even further.

The in-patient medical workload in South Tyneside is large with current FCE's (Finished Consultant Episodes) running in the region of 1900 annually with an unselected medical intake on a 1:9 rota.

I currently perform 1 Chest, 1 General Medicine and 1 Asthma and Allergy outpatient clinic per week as well as a regular clinic for Interstitial Lung Disease and Tuberculosis.

Much of the heavy workload consists of Obstructive Lung Disease for which we offer an Acute Respiratory Assessment Service.

We offer nebuliser and oxygen assessment and management based on the ARAS Respiratory Nursing Team and an active Pulmonary Rehabilitation Program for which I act as Clinical Lead. The quality of this service is such that our Nursing Team of the Year Award.

In Dudley, I had inaugurated and had run specialist clinics in Sarcoidosis (recognised by the National Sarcoid Association) and Interstitial Lung Disease, the latter in association with the local Rheumatologist. Clinical team working had also been developed with a joint Paediatric Asthma Clinic and also with my local Immunologist specific clinics dealing with atopy and chronic lung infection. I have particular expertise in managing Brittle Asthma, Asthma in the Elderly and Occupational Lung Diseases that I have built upon in South Tyneside where the single largest cause of hospital activity is COPD. In order to deal with this workload efficiently I have developed a One-Stop Assessment Service for patients for this condition. Thus, over the years, in different geographical and cultural areas, I have built up teams of enthusiastic and well trained staff, well motivated to provide seamless secondary and community services locally focused firmly on patient needs, allowing optimal care in districts that have high morbidities and workloads where hospital beds are at a premium.

I currently chair our Multi-disciplinary respiratory clinical strategy group.

We run an active pulmonary exercise rehabilitation program and over the last few years have published extensively on the benefits of this integrated district approach for respiratory services at national and international levels.

Audit and Training:

I have been closely involved in the development of medical and clinical audit throughout my professional career, acting as Clinical Lead for Audit at Dudley for many years and now again in South Tyneside.

Throughout both Consultant posts, I have been closely involved at all levels of staff training including Nurse, Paramedical and Medical staff at all levels. I have regularly contributed to MRCP training and been involved with Undergraduate training in Birmingham, Dudley and now in Newcastle and Sunderland. I am currently involved in Wearside Base clinical skills education strategy group.

Whilst in Dudley, I had been appointed to the faculty as Associate Professor in Clinical Methods to St. George's Medical School, Grenada, University of the West Indies, and had been involved in developing problem based learning. I had regularly run the Respiratory clinical skills training for the introductory course of Birmingham students attached to Russell's Hall Hospital and had contributed on the Birmingham Registrar's Training Scheme; hence being invited to contribute to several national Senior Registrar training workshops. I continue to be involved in the Regional Specialist Registrar training sessions at The Freeman Hospital, Newcastle on a regular basis.

During the 1990's I was heavily involved in post-graduate training of Respiratory Medicine in Russia, sitting on the faculty of many international conferences held there and instrumental in attracting many to specific training in the UK at NRTC with Greta Barnes.

I am currently the local tutor for the Royal College of Physicians of London at South Tyneside and Chairman of the Research Ethics Committee.

I have, for a long time, been involved in the broader aspects of medical education, having helped set-up Black Country Asthma Society, a patient self-help group of which I was the medical advisor for many years. Thus I spent regular sessions educating and raising the profile of respiratory diseases amongst the local population and various charities, appearing on local radio and television.

This last year has seen me involved in television programmes for both the BBC and ITV on asthma and aspergillosis. This interest also extended to training in asthma for schools in Dudley and latterly in Sunderland as well as South Shields based Breathwise club.

I have been closely involved with General Practice training both for GP's and their Practice Nurses, the latter for whom I had inaugurated a formal continuing educational programme in respiratory care after changes to General Practice in the early 1990's. These sessions were generally well regarded for their stimulating and pertinent approach .

I have recently facilitated a teaching awareness session for the Trust Board at South Tyneside to encourage local access.

Administration:

In Dudley, I had acted as Secretary to the Medical Division and was the Consultant Representative on the Day Case project team and the Trust's Drugs and Therapeutics Committee for almost 15 years. I had also represented the Consultant body at the Health Promotion Planning Group and the Local Research Ethics Committee both in Dudley and South Tyneside. I am currently Chairman of the South Tyneside LREC and have recently been elected as Regional Representative to the Council of the National Association of Research Ethics Committees. As such I have been heavily involved in that body achieving charitable status and am currently one of its Directors.

In South Tyneside, I sit on several management committees as the Consultant Representative namely: the Local Medical Education Committee, the Library Committee, Infection Control Committee and the Information and Technology Strategy Committee.

Research:

My research interests have centred on my clinical practice. On returning to Dudley I had developed a interest in exercise physiology. There was a rudimentary cardiac rehabilitation programme run on a part-time basis by a Physiologist from the local College of Higher Education. I persuaded him to work full-time for a Doctorate and we then set about organising the programme on a formal basis.

I was heavily involved in designing him successful project and persuaded Professor Little to act as his Academic Supervisor, while I carried out close local supervision. We then sought funds from various sources and obtained funding for the salaries from Adidas. I then undertook a series of funded clinical pharmacology studies to purchase the necessary equipment. During this time I developed an interest in the pharmacological repercussions of the presence of obstructive airways disease in patients with hypertension, a common association in my practice.

This interest continued later looking at the effect of calcium antagonists on the pulmonary circulation using Swan-Ganz catheterisation.

Later we obtained monies from the Sports Council, matched by a grant from our District Health Authority to explore the best way of encouraging a healthy lifestyle in middle aged adults. This “Dudley Fit to Breathe” project led to considerable local awareness and I was invited to preside over a local community project which is still going.

My other research interests have included the aetiology and pharmacology of asthma where I have investigated the effect of salt on bronchial reactivity, heliox mixtures in severe asthma, and the efficacy of various anti-inflammatory drugs. Extending this, I have become increasingly interested in the systemic side effects of inhaled steroids and the use of the skin as a marker of systemic activity. I plan to continue this interest in South Tyneside further particularly examining the potential for osteoporosis in men.

More appropriately, I had become fascinated by means of improving the control of asthma by the use of self-management plans and identifying personality traits that contribute to poor compliance using well tried psychological measures. This interest had led to fruitful liaison with the Department of Psychology, University of Aston.

Recently at South Tyneside I have refined my interest in nocturnal asthma especially examining the importance of dose timing of therapy for asthma.

Another research interest has revolved around recurrent chest infections and their treatment, looking at antibiotic penetration into the lung and adjunctive therapy for bronchiectasis.

I have also been involved in several national BTS studies, including smoking prevention and the osteoporosis prevention study. Currently, in South Tyneside, we are recruiting to BTS studies in Empyema and Pulmonary Embolus.

I feel strongly that the District Physician should continue to pursue clinical research. It hones critical analysis and allows the career registrar to gain valuable experience into research discipline. It also encourages the intellectual enthusiasm necessary to maintain the rigors of evidence based medical practice at district hospital level.

I have also acted as Referee for several well renowned medical journals such as Thorax etc.

Medico-Legal Experience:

I have acted as expert witness for both plaintiff and defendant in cases of Occupational Asthma, including Baker's asthma, Isocyanate Asthma and including Isocyanate indeuced Alveolitis leading to RADS in a pig farmer. While working in the Midlands, I had acted as expert witness for several cases of asbestos related diseases.

My current post in South Tyneside provides a huge clinical experience in asbestos related and coal miner's lung diseases.

I am currently involved in the Assessments for the Coal Miners Compensation scheme.

Membership of Learned Societies:

- The Royal College of Physicians
- The British Thoracic Society
- The British Society of Allergy and Clinical Immunology
- The European Respiratory Society
- The European Association of Internal Medicine
- The European Academy of Allergology and Clinical Immunology
- The International Asthma Council
- The British Hypertension Society

Publications and Presentations

Sarcoidosis and Tuberculosis

- Calcium and Phosphate Metabolism in Sarcoidosis with Particular Reference to Parathyroid function
  P.D. Handslip, M.F. Bone, J.S. Woodhead, B.H. Davies
  Sarcoidosis and Other Gramuloamtous Diseases 1980 p225-232
  Pub. Alpha Omega Pub.

- Calcium and Phosphate Metabolism in Sarcoidosis with Particular Reference to Parathyroid function
  P.D. Handslip, M.F. Bone, J.S. Woodhead, B.H. Davies
  British Journal of Diseases of the Chest, 1981 75(1), 55-60

- Miliary Infection due to Mycobacterium Avium – Intracellulare
  M.F Bone and D. Stableforth
  Tubercle, 1981 62(3):211-213

- Positive Kveim Reaction in Eosinophilic Pneumonia
  L. Kalra, M.F Bone and J.L Christie
  Respiratory Medicine 1989 83 1 83-86

- Urinary neopterin excretion as a marker of activity in Sarcoidosis
  M.H. Labib, S. Palfrey, M.Cushley, M Bone
  Proceed of the Assoc. of Clinical Biochem 1997 86 p 46

- Neurosarcoidosis: A Case presentation demonstrating the use of neopterin/measurements in blood and CSF as an adjunct to diagnosis
  Association of Physicians Meeting 2000

Exercise Physiology

- The organisation and Implementation of a Cardiac Rehabilitation Programme in a District General Hospital
  D Dugmore, M.F Bone and M.M Kubik
  Chapter in Sports Cardiology, Exercise in Health and Cardiovascular Disease
  Ed. Fagard and Bakaert Pub. Martinus Nijhoff 1985

- The effects of a long term community based interval exercise programme on patients with Myocardial Infarction (Oral Presentation)
  MF Bone, D Dugmore, R Tipson and MM Kubik
  The Tenth World Congress of Cardiology 1985

- The use of low and moderate intensity exercise training in the rehabilitation of high risk post-MI patients
  D Dugmore, MF Bone and WA Littler
  The Tenth World Congress of Cardiology 1985

- Cardio-respiratory responses to maximal exercise testing. A comparison between post-MI patients and asymptomatic members of the adult population
  D Dugmore, RJ Tipson, Milward and MF Bone
  Sports Sciences 1986 ed. Watkins Reilly and Burwitz pp18-22

- The use of exercise in high risk post MI patients (Oral Presentation)
  D Dugmore, MF Bone, NH Stentiford and CWF Clarke
  The Eleventh World Congress of Cardiac Rehabilitation 1986

- Exercise testing and subsequent training for the London Marathon of post MI patients
  D Dugmore, RS Smith, TM Kelly, RJ Tipson and MF Bone
  The Eleventh World Congress of Cardiac Rehabilitation 1986

- Central versus peripheral adaptation of prolonged endurance exercise training in a group of fit post-MI patients
  D Dugmore, RJ Tipson, TM Kelly and MF Bone

- The use of low intensity sub-maximal cycle ergometer test to assess progress of patients with poor exercise tolerance through an exercise programme
  RJ Tipson, D Dugmore, A Hardman and MF Bone
  British Thoracic Society Winter Meeting 1989

- Exercise hyperinflation: A cause of dyspnoea in Chronic Obstructive Airways Disease and its attenuation by Oxytroptium (Poster)
  MF Bone
  European Association of Internal Medicine Annual Meeting 1991

- Changes in quality of life and vocational status following a 12 month exercise training programme after Myocardial Infarction (Poster)
  D Dugmore, RJ Tipson, MH Philips, MF Bone and WA Littler
  The Fifth World Congress of Cardiac Rehabilitation 1992

- Psychological changes in response to 12 months training in high risk post-infarction patients
  D Dugmore, RJ Tipson, MH Philips, MF Bone and WA Littler
  The Fifth World Congress of Cardiac Rehabilitation 1992

- The use of blood lactates as an index of fitness for high risk post-MI patients following an exercise programme
  RJ Tipson, D Dugmore, MH Philips, MF Bone and A Hardman
  Medical Research Society 1992

Hypertension:

- Calcium antagonists in the treatment of Hypertension with Chronic Obstructive Lung Disease
  MF Bone and MM Kubik
  Journal of Cardiovascular Pharmacotherapy 1987 supp. 2

- Treatment of mild to moderate Hypertension with Nifedepine Retard or Atenolol given as monotherapy or in low dose fixed combination
  MM Kubik and MF Bone
  Journal of Cardiovascular Pharmacotherapy 1987 supp. 2

- The relative merits of an ACE inhibitor and a calcium antagonist in the treatment of Hypertension with Obstructive Lung Disease
  MF Bone and MM Kubik
  Cardiovasc Drug Ther 1987 1 3 217

- Strategies for the treatment of resistant and complicated Hypertension in General Practice
  MF Bone
  The Physician 1987

- The antagonism of negative inotropism caused by Nefedepine with Theophylline
  L Kalra, SJ Ariaraj and MF Bone
  Journal of Clinical Pharmacology 1988 28(11):1056-7

- Nefedepine and Atenolol singly and combined for treatment of essential Hypertension: comparative multicentre study in General Practice in the United Kingdom
  Nefedipine-Atenolol Study Review Committee
  BMJ 1988 296 468-472 (Local Co-Ordinator and Study Member)

- Nifedepine and impaired oxygenation in Chronic Bronchitis and Cor Pulmonale
  L Kalra and MF Bone
  Lancet 1989 1 (8647) 1135-6

- The relative merits of an ACE Inhibitor and a Calcium antagonist in the treatment of Hypertension with Chronic Obstructive Lung Disease
  MF Bone and MM Kubik (Oral Presentation)
  Proceedings of the Southern African Cardiology Society 1990

- A comparison of the efficacy and tolerability of Felodopine ER and Atenolol as monotherapy in mild to moderate Hypertension
  MA Waite, MF Bone et al
  Journal of Clinical Pharmacology 1991 32 5

- The effects of two dosing schedules of Nitrendipine upon central and peripheral Cardio-Respiratory adaptation to exercise in Hypertensives with COAD
  MF Bone and MM Kubik
  Calcium anatagonist in Cardiovascular Care 1991 p133

- A multicentre study of the effect of Lisinopril on blood pressure when used as additional therapy to Atenolol for mild to moderate Hypertension
  JL Anderton, MF Bone, MM Kubik, M Joy, JK Nelson and IV Wilson
  Postgraduate Medical Journal 1992

- Calcium antagonise in the Elderly: What is the importanbce of a gradual onset of action?
  MF Bone
  Medical Dialogue 1994 427

Asthma:

- The combined bronchodilator activity of Ocitropium Bromide and Fenoterol in Asthma and Chronic Bronchitis
  JG Varley, JH Winter, ST Holgate, MD Peake and MF Bone
  Postgraduate Medical Journal 1987 63 suppl. 1 15

- Does high dose nebulised Atrovent precipitate Glaucoma?
  L Kalra and MF Bone
  Postgraduate Medical Journal 1987 63 Suppl. 1 8

- Effect of dieary salt on bronchial reactivity to histamine in Asthma
  A Javaid, MJ Cushley and MF Bone
  BMJ 1988 297(6646) 454

- The effect of nebulised bronchodilator therapy on intra-ocular Pressures in patients with Glaucoma
  L Kalra and MF Bone
  Chest 1988 93(4) 739-741

- The use of Nedocromil Sodium (Tilade) in steroid dependant Asthma
  MF Bone, MM Kubik, NP Keaney et al
  British Thoracic Society Winter Meeting 1987 and The Seventh Congress of the SEP 1988

- Nedocromil Sodium in adults with Asthma dependant on inhaled corticosteroids: A double blind placebo controlled study.
  MF Bone, MM Kubik, NP Keaney et al
  Thorax 1989 44 8 654-659

- Comparison of a simplpe benchtop assay (Acculevel) for plasma Theophylline estimation with HPLC (Poster Presentation)
  MF Bone and MM Kubik
  British Thoracic Society Summer Meeting 1991

- Comparison of the Bricanyl Turbohaler with the MDI in adult asthmatics
  MF Bone and MM Kubik
  Journal of Aeorsol Medicine 1991 4 Suppl. 1 50

- The use of Helium mixtures for nebulisation of bronchodilator drugs in acute severe Asthma
  MF Bone and K sandrasegaran
  European Respiratory Society 1992

- Nedocromil Sodium may substitute for steroids in Asthma (letter, comment)
  MF Bone
  BMJ 1992 305 1367-1368

- Emotional expression in adult asthma
  MF Bone, K Sandrasegaran and E Conduit
  The Asthma and Allergy Association of British Columbia 1992

- Highlights of the Nedocromil Sodium clinical study presentations (Review)
  Schwartz HJ, Kemp JP, Bianco S, Bone MF, Bruderman I, Rebuck AS, Bergman KC
  Journal of Allergy and Clinical Immunology 1993 92:204-209

- The efficacy and safety of a dry powder formulation of Fenoterol and Ipratropium with Glucose as a novel exipient compared with Salbutamol Rotacaps
  Bone MF, Pavia D, Humphries M
  American Thoracic Society 1993 (Poster Presentation)

- Behavioural management of Asthma
  MF Bone and E Conduit
  European Respiratory Society 1993 (Poster Presentation)

- Non-steroidal anti-inflammatory Therapy for Asthma
  MF Bone (Oral Presentation and Article)
  The Royal College of Physicians of Canada annual meeting 1993

- The role of non-steroidal anti-inflammatory agents in the treatment of Asthma
  MF Bone
  Symposium “Controversies in the therapy of Asthma”
  The Candaian Society of Allery and Clinical Immunology 1993

- Purpura and cutaneous atrophy as side effects of inhaled corticosteroids in Asthma therapy: A Review
  Edwards RV, Bone MF
  Int, J. Risk and Safety in Medicine 1994 5 43-45

- A question of growth: An analysis of the issues surrounding growth in asthmatic children
  MF Bone
  MIMS Magazine 1995

- The modern Pharmacological treatment of Asthma (Oral Presentation)
  MF Bone
  Improving the quality of life of asthmatic patients in Russia: An International Congress sponsored by the WHO and IAC St. Petersburg 1995

- Effect of a novel potent platelet-activating factor anatagonist, Modifant, in clinical Asthma.
  Kuiter LM, Angus RM, Barnes NC, Barnes PJ, Bone MF et al
  Am J Respir Crit Care Med 1995; 151 : 1331-5

- An improved side effect profile for oral bronchodilators using Prodrug of Terbutaline, Bambuterol, in comparison with Theophylline as third line therapy for Asthma
  Bone MF et all
  European Respiratory Society 1996

- The skin: A marker of systemic activity of inhaled corticosteroids in Asthma.
  Bone MF and Labib M
  American Thoracic Society 1996

- The influence of personality on adherence with self-management plans for Asthma
  Bone MF, Conduit E et al
  EIACCI 1996

- The use of Helium/Oxygen (Heliox) gas mixtures in the treatment of Asthma
  Bone MF, Sandresegaran K and Clifton D
  Am. J. Resp and Crit. Care Med. 1997 155,4, Supp2

- Comparison of a lower fixed dose of inhaled Fluticasone proportionate with a high dose step-down regime of FP in the prevention of re-exacerbations after an acute severe attack of Asthma requiring oral corticosteroids therapy
  MG Britton, MF Bone, G Boyd, JR Catterall, MJ Ward and K Richards
  Thorax 1997 52 (Supppl. 6) A1

- Improving nocturnal Asthma with structured therapy plans using dose timing of inhaled corticosteroids
  Michael F Bone
  Am J Resp Crit Care Med 2000

Miscellaneous:

- The endoscopic appearances of Duodenitis due to Strongyloidiasis
  MF Bone, IA Chester, R Oliver and P Asquith
  Gastrointestinal Endoscopy 1982 28(3) 190-191

- Penetration of Ciclacillin into bronchial secretions
  MF Bone, J Symonds and P Dougan
  Chemotherapia 1986 V2 105-108

- The role of Community Nurses in improving terminal care of lung cancer with reference of pain relief
  MF Bone
  Pain Relief in Cancer: Monograph 1984 Publ. Frederick Purdue

- Improving care in terminal lung cancer: An analysis of problems encountered by a Specialist Nurse early in the disease
  MF Bone, C Stanley
  Journal of Supportive Care in Cancer 1987 1

- The effect of Fenbrufen on the quality of life of patients with pain from squamous cell carcinoma of the bronchus
  A Javaid, C Stanley, MF Bone
  Journal of Supportive Care in Cancer 1987 1
  Also Poster Presentation at the British Thoracic Society 1987

- The presentation of Ofloxacin into bronchial secretions
  J Symonds, A Javaid, MF Bone and A Turner
  Journal of Antimicrobial Chemotherapy 1988 22 Suppl C 91-95

- Nifedepine and Aminophylline Interaction
  Kalra L, Bone MF and Ariaraj SJ
  J Clin Pharmacol 1988 1056-57

- Nifedepine and impaired oxygenation in patients with chronic bronchitis and Cor Pulmonale
  Kalra L and Bone MF
  Lancet 1989 1135-6

- The use of nebulised Azlocillin to prevent the Emergence of resistant Pseudomonas in long term treatment with Ciprofloxacin
  MF Bone
  British Thoracic Society 1991
  Journal of Aerosol Medicine 1991 4Suppl 1 50 (Oral Presentation)

- Nebulised Immunoglobin as adjunctive therapy for severe pulmonary infection in Bronchiectasis
  MF Bone and V Nagendran
  British Thoracic Society 1991 (Poster Presentation)

- The effect of Nifedepine on physiological shunting and oxygenation in Chronic Obstructive Pulmonary Disease
  L Kalra and MF Bone
  American Journal of Medicine 1993 94 4 419-423

- The role of nebulised treatment for COAD as a risk of Methicillin resistant Staphlococcus Aureus (MRSA) infection
  MF Bone, J Slater, K O'Dell and J Symonds
  Am. J. Resp. Crit Care Med 1997 155,4, supp2

- Cytogenic fibrosing Alveolitis
  Michael Bone
  Respiratory Exchange 1997 3 pp 1-5 ISSN 1361-3057

- Flexible bronchoscopy and thoracoscopy
  Marlene Littlewood and Michael F Bone
  Chapter in Practical Endoscopy 1997
  Ed. Shephard and Mason Pub. Chapman and Hall

- The success and shortcomings pf an integrated comprehensive respiratory care service using Nurse run clinics.
  Denise Gibbons, Alexander Youzguin and Michael Bone
  BTS Winter Meeting 2000

- Planning for respiratory care needs for the future utilising an integrated Respiratory Care Service
  Hilmie Lockman, Denise Gibbons and Michael Bone
  ATS Annual Meeting 2002

- A cost effective analysis of an acute respiratory assessment service (ARAS)
  D Gibbons, A Gordois* and M Bone
  ATS Annual Meeting 2002