WSM London Report

Monkey Business

A Heritage Centre Timeline
CALL FOR ABSTRACTS
ORIGINAL RESEARCH/AUDIT/CASE REPORT OR SERIES

THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

ANNUAL CONGRESS 2008
TORQUAY • RIVIERA INTERNATIONAL CONFERENCE CENTRE • 17–19 SEPTEMBER

Abstracts are invited for oral or poster presentation at the Annual Congress of the Association of Anaesthetists of Great Britain & Ireland. There will be three separate sessions for oral presentation – for original research, audit and for case reports or case series. Please clearly mark which session you are submitting your abstract for. Papers accepted for presentation will be published in abstract form in the journal Anaesthesia*. Prizes will be awarded to the authors of the best free papers in each section, as judged by a panel of experts.

For abstract forms and further information, please contact secretariat@aagbi.org or 020 7631 8807/8812

Closing date for submission: 6th June 2008.

*The abstracts must conform to the journal's usual ethical, methodological and statistical standards. Authors may be asked to make changes to their abstracts before publication.

The Editor-in-Chief reserves the right to refuse publication
The AAGBI’s Winter Scientific Meeting, now rebranded as WSM London, was held at the Queen Elizabeth Conference Centre in January. Apart from the name, the format was much the same – and I mean this in a good way. AAGBI members seem to enjoy their trip to London early in the New Year, and many individuals choose to use some of their study leave to attend on an annual basis – it’s a good place to meet old friends.

Wednesday remained, as ever, a core topics day, with two parallel sessions in each slot – this year the choices included new concepts in pain management, anaesthesia for upper limb surgery, approaches to haemostasis, and paediatric emergency management. There’s something for everyone, and sometimes the difficulty is choosing between two tempting-sounding topics.

Thursday also offered choices for delegates – lectures in the main auditorium or workshops on a variety of topics which this year included Powerpoint, ACCEA (no-one can accuse AAGBI of not doing everything it can to boost the numbers of successful anaesthetists), critical appraisal (of papers, not people), regional anaesthesia and ophthalmic blocks. It’s a chance to explore a topic in a more focussed, interactive way. These are always extremely popular, and the majority of workshops are fully booked before the meeting starts.

Meanwhile back in the main auditorium, one of the sessions focussed on a much-neglected subject – improving the management of patients with femoral neck fracture. The take-home message appeared to be to let the orthopaedic surgeons decide as little as possible, and get yourself an orthogeriatrician. Much food for thought for those of us who feel we’re being spoiled if the orthopaedic...
SHOs have managed to organise an ECG before we see the patient.

In between sessions, there was the ever-popular industry exhibition – since many of our exhibitors are also “regulars”, another chance to catch up with old friends, and to make some new contacts and see what’s available to make our lives easier!

The organising committee used the old AAGBI trick of putting something very tempting first on Friday morning to encourage the party animals of the night before to drag themselves along – and the efforts were repaid. The topic chosen was “Bombs and disasters”. The first speaker, Andrew Hartle, was feeling none too clever himself as he had been stricken with the Winter vomiting virus which had precluded his attendance at the meeting thus far. Although he was able to deliver his lecture, he needed stand-ins for his other WSM duty – the composition of this article for Anaesthesia News!

The GE Healthcare Lecture, delivered by Professor Peter Glass, was entitled “You get what you pay for - measuring and rewarding quality in anaesthesia”. He spoke about how health care insurance companies were trying to alter practice by extra incentive payments for complying with specific preset protocols. This may seem a little familiar to those with friends or relatives in UK general practice.

The afternoon rewarded those who had stayed on with a marvellous presentation entitled “Life in the Universe” from Kevin Fong, an SpR in Anaesthetics in London who has an interesting sideline in astrophysics. He gave a fascinating insight into the rationale for space exploration and its tremendous challenges including physical dangers and the hazards of weightlessness. He also talked about the physicists’ viewpoint of the beginnings of life and whether there was any possibility of life as we know it existing elsewhere in the universe.

The final event was the now traditional debate, and this year’s motion was “This
house believes that the development of post CCT specialist grades is not only inevitable, but desirable”. Sir Peter Simpson and Henry Robb proposed the motion, and Jonathan Fielding and Chris Meadows opposed. Both sides presented their case persuasively, but a comparison of audience votes taken before and after the debate showed a swing away from the motion, meaning that it was defeated.

The scientific programme was organised by Chandra Kumar, with assistance from Rob Sneyd, and thanks are due to both of these individuals. As usual, much of the leg-work was done by the AAGBI events staff, led by Nicola Heard, with assistance from many other Portland Place staff.

Another development of AAGBI meetings which are proving increasingly popular are the satellite symposia – many are sponsored by industry colleagues and allow updates of recent product developments. One “regular” particularly worthy of mention is that organised by the World Anaesthesia Society, which highlights anaesthesia in developing countries. This year speakers highlighted anaesthesia in Darfur, Kenya, and Somaliland.

The social side was not neglected, and this year’s dinner was held in the Sheraton Park Lane Hotel with the usual fine food and wine, company, and dancing. The bread and butter pudding soufflé was a particular highlight for more than one attendee! There was no organised social event on Wednesday evening, but anaesthetists are a resourceful bunch, and the next day there was talk of the Tutankhamun exhibition, the terracotta warriors, theatre trips, and much eating and drinking. A booklet entitled “100 things to do in London” had helpfully been included in our conference bag – I feel sure the members of AAGBI could compile their own!

All in all, another successful meeting – if you missed it, AAGBI’s next major meeting is Annual Congress in Torquay, September 17th – 19th. The programme for this has recently been published, and it looks like more tempting fare is on offer then. Book your study leave now!

Hilary Aitken
Nick Denny
This year it will be the 60th anniversary of the founding of the NHS in July 1948. Nothing is perfect but anyone who reflects seriously on its founding principles and what has been achieved over the last 60 years for patients’ health, the economy of the nation and the development of healthcare professions can only conclude what a success it has been. Unfortunately it has recently become more of a political football than normal and the subject of a number of evidence-free reforms.

2008 is also the 60th anniversary of the foundation of the Faculty of Anaesthetists of the Royal College of Surgeons which of course subsequently became the Royal College of Anaesthetists. The Association is very proud to observe the significant medical body the College has become and offers it our warmest congratulations and best wishes for the future.

Both these developments were momentous milestones for the speciality of anaesthesia. The establishment of the NHS firmly established the equivalence of all consultants and the faculty provided the parallel academic base and examination standards. This parity of esteem for anaesthetists and other specialities was not a foregone conclusion in the 1940s, but had been an aim of Henry Featherstone and the other founders in setting up the Association in 1932. We (and our patients) should always be grateful to him and his colleagues, including Archibald Marston, President of the Association from 1944-7 and also the farsighted President of the Royal College of Surgeons at the time, Lord Webb Johnson, who addressed several important meetings our behalf. We should not underestimate their achievement and forget it at our peril.

The last surviving founder member of the pioneer Faculty of Anaesthetists from 1948, Professor Cecil Gray, died earlier this year aged 94. As well as being a world figure in the development of muscle relaxant techniques he also held all the great offices in anaesthesia including President of the Association (1956-59) and helped develop the specialty in the early days of the NHS. His requiem mass, held in Liverpool Cathedral was attended by many of the great and good of our specialty and the city of Liverpool, and was a fitting tribute to a man of his stature.

The significant advance that is taking place this year is the establishment of the National Institute of Academic Anaesthesia. The first meeting was held
in February and I think this is the most important development to take place to promote research in anaesthesia since setting up of the AAGBI E&R trust. The system of funding research has now changed and for any study taking place in the NHS the associated infrastructure costs will only be funded by the NHS if the research project has been properly vetted by such a recognised national body. Professor David Rowbotham has played a leading role in setting this up and he is to be congratulated as to date only one other specialty apart from anaesthesia has achieved this level of organisation. The Association, the Royal College, the British Journal of Anaesthesia and the journal *Anaesthesia* will all be partners in this initiative which it is hoped will coordinate research activity for the whole specialty in due course.

One of the first activities of the NIAA will be to consult anaesthetists about areas ripe for investigation, where important research questions remain unanswered or new initiatives could be taken. This will help the NIAA to develop a strategy to focus some of the present limited resources with the possibility of pump priming for larger external grants in the future. A questionnaire will be circulated in the next month or so - please return it as it is an important opportunity for everyone to contribute to anaesthesia’s academic development.

Plans for revalidation continue to be made and Judith Hulf, President of the College, is leading on this for the whole of Academy of Royal Medical Colleges. The Association will provide appropriate input into the process particularly through the Joint Committee on Good Practice which was originally set up with the College for this purpose when revalidation was proposed a number of years ago.

The final Tooke report ‘Aspiring to Excellence’ has been published with the quote “Good enough is not good enough.” It received a strong mandate from the medical profession and we now wait to see how it will be implemented. The role of the doctor needs clarification for all stages of the medical career and revised medical workforce advisory machinery is necessary. Sir John has also recommended a new body, NHS Medical Education England (NHS: MEE), to act as a professional interface between policy development and implementation on matters arising in postgraduate medical education and training. None of this will be in place for this year’s round of applications which again will be difficult with a high applicant to post ratio, particularly at the ST3 level. Following on from last year’s experience everyone involved should look to ensure in advance that sufficient time and resources are made available for them to carry out this massive task in the best possible way.

In January the Prime Minister the Rt Hon Gordon Brown made a speech on the NHS emphasising the role of patients and that their care should now be personalised. He said patients should be able to see a doctor of their choice and so re-emphasised the importance of the doctor-patient relationship which both the NHS and the independent sector insurers seemed to have recently forgotten. The independent sector treatment centre (ISTC) program seems to have stalled and a new book ‘Confuse and Conceal: the NHS and Independent Sector Treatment Centres’ gives a detailed study of what the authors describe as an evidence-free NHS reform. Sir William Wells, the chair of the board of the NHS commercial directorate, has said that the board has decided “to bring ourselves to an end” as it “had served it useful purpose”. The NHS Commercial Directorate will be reduced and private providers will now have the role of advising the Department of Health on local NHS ECN procurement practice through the creation of an Independent Sector Procurement Forum. The private providers now have expertise available for this as the Rt Hon Patricia Hewitt is being paid substantial sums as an adviser to CINVEN (who last September bought BUPA Hospitals, now called Spire Healthcare) and Boots the Chemist, and Lord Warner has become a paid adviser to APAX (owner of General Health care/Netcare/BMI) and several firms connected with the NHS and £12bn IT programme. Netcare/BMI hospitals have already signed up to paying parity for NHS ECN work and no anaesthetist should volunteer to do NHS work for any groups that do not offer the same.

Internationally the United States’ election looks more interesting than it has done in years but whoever finally becomes President, it appears that US healthcare arrangements will undergo some fairly significant changes.

Physicians’ Assistants in Anaesthesia - PA(A) - is now a new title to be used for Anaesthesia Practitioners. The Association along with the College and the Patient Liaison Group have decided to make the change and to coordinate it effectively, so that all anaesthetists and everyone else involved should now use the new title Physicians’ Assistants in Anaesthesia in all documents and when talking about the role in meetings or on the theatre corridor. A full statement is available on the Association’s website www.aagbi.org.

Finally the AAGBI Christmas card based on a painting by member Aleks Bojarska was very popular and sold in great numbers. I am pleased to report that it raised over £1000 for our charity the Overseas Anaesthesia Fund. Thank you to Aleks and all the members who purchased them. This great success means that we hope to repeat the exercise this autumn so please all budding artists prepare your Christmas card designs for submission to the competition at the art exhibition Annual Congress in Torquay 17th-19th September 2008.

**David Whitaker**

Calling
All Trainees

Entry for this year’s GAT prizes closes on April 11th

The Association awards three separate prizes in conjunction with the GAT meeting, to be held this year in Liverpool on July 2nd-4th. Entries must be received by April 11th, so now is the time to consider whether some of your work could be eligible – not only does the award of a GAT prize look good on your CV, but there are also cash prizes available!

The prizes are:

**GAT Registrars’ Prize**

The Registrars’ Prize competition takes place every year at the AAGBI GAT Annual Scientific Meeting (ASM). Entrants must be members of the Association who have held a training post in anaesthesia during the year preceding the closing date. Multiple authorship is permitted, but the principal author(s) must fulfil the criteria above (for full entry criteria please check the website – details below). Initial entry comprises an abstract of not more than 250 words, which will be peer-reviewed and a shortlist prepared. Shortlisted entrants will be asked to make a ten minute oral presentation at the GAT ASM, with up to five minutes allowed for questions and discussion after the paper. The winner receives the President’s Medal and a cash prize.

**GAT Abbott History Prize**

The prize will be awarded for an original essay of 4000 - 6000 words on topics related to the history of anaesthesia, intensive care, or pain management, written by a trainee member of the Association. The £1,000 prize and an engraved medal will be awarded for the best entry, and the winner will be invited to present their paper at the GAT Annual Scientific Meeting. Last year the prize was shared, with joint winning essays on ‘Michael Tunstall and the development of entonox’, and ‘The history of one lung anaesthesia and the double lumen tube’.

**GAT Audit Prize**

Trainee anaesthetists (members of the Association of Anaesthetists of Great Britain and Ireland only) should submit an abstract of not more than 250 words, detailing their completed audit project. Shortlisted posters will be displayed at the GAT ASM. No oral presentation will be required but applicants should be prepared to defend their poster informally to members of the judging panel. Factors to be taken into account during the judging will include relevance of topic, importance of findings, evidence of an effect upon practice, multi-disciplinary input and the quality of presentation. Cash prizes will be awarded to the three best entries. Last year 57 posters were shortlisted, so there was keen competition.

Further details of all these prizes and rules for entry are available from the AAGBI website at: http://www.aagbi.org/grants/trainee.htm
THE GREAT FLUID DEBATE
A state of the art review of plasma volume expanders and fluid management

IET, London, 2nd July 2008
(immediately preceding EBPOM 2008)
Chairmen:
Prof Monty Mythen (University College London, UK)
Prof Mike James (University of Cape Town, RSA)
Dr Tony Roche (Duke University Medical Center, USA)
Speakers include:
Prof Joachim Boldt (Germany)  Dr Peter Gosling (Birmingham)
Mr Dileep Lobo (Nottingham)  Prof Jeremy Powell-Tuck (London)
Prof Andrew Lewington (Leeds)  Prof Gordon Carlson (Manchester)

Debate is a satellite meeting of EBPOM 2008

Lively debate and comment from our expert panel of Surgeons, Anaesthetists, Intensivists, Renal Physician, Scientists and Biochemist including:

■ Poor post operative fluid balance costs lives.
■ There is no place for 0.9% Sodium Chloride in routine peri-operative care.
■ Safe fluid management of major surgical cases demands cardiac output measurement.
■ Urine output should not be measured in the first 24 hours following major surgery.

*Only £75 if booking as an additional day to the 7th EBPOM Conference (3 & 4 July 2008-See www.ebpom.org for full price list).

Full Program details available at www.ebpom.org
Email admin@ebpom.org
If you want a thing doing...

A number of you have commented on my cheerful editorial which appeared in the February issue, saying how pleased you were to see a positive reflection of our specialty. I know a number of you may also have felt concern for my wellbeing, as uncharacteristic behaviour can be a sign of significant stress. Fear not, we are back to normal this month! I am going to recount the tale of Our Office, which I think may be rather parochial, but virtually everyone working in the NHS will identify with the generalities, if not the specifics.

I have previously touched on the issue of personal responsibility within the NHS in this column – how we seem to have increasing numbers of managers and support staff, but the more there are, the harder it is to find someone who says “This is my responsibility. I will sort it.” It’s a concept which we as doctors (and in particular anaesthetists) regard as fundamental to our job – we take responsibility to ensure things are done, and done correctly.

Anyway, like many anaesthetic departments, we are short of office space. One of our offices was remote from the anaesthetic department in an administrative area – awkward in many ways, as it was not a practicable spot to nip to and check your emails in a break from a busy list, but when fixed SPA sessions were introduced, really very useful as it was a place to go and work quietly – significant chunks of Anaesthesia News were produced from that office. However, that whole corridor was to be redeveloped as a clinical area, and all the offices there were to be reallocated – there were about twenty offices and fifty people to be rehomed.

The actual details of the move and allocation of new offices were surrounded in mystery for a long time, with the “project lead” changing on a number of occasions, and although we all knew it was coming, as usual it was a last minute scramble with concrete information only coming a week or so before departure date. However the gist of it was “pack up the contents of filing cabinets in the crates supplied and we will do the rest”. I know where my priorities lie and took no chances – I personally brought the kettle back to the anaesthetic department for safety.

The great day dawned when I arrived to use the new office for the first time. Anyone who thinks I found the office in walk-in, ready-to-use condition has not been working in the NHS for long enough. Our two computers were piled up in boxes on the desk, and we had lots of stray junk from elsewhere. I phoned the last-known “project lead” – who was “in a meeting”, but when I enquired of her assistant how to get the computers set up, I was told I’d have to do it myself. Protests were to no avail – she was adamant. Readers, I am not often speechless, but I was that day. I considered matters. I wanted to use the office, preferably that day. Anaesthesia News awaited my attentions. I could either spend hours on the phone tracking down who should assemble computers, then fill in the relevant form, wait several weeks, or...

Supporting Professional Activity sessions are a controversial area, with the Government and BMA often disagreeing about what constitutes proper use of SPA time. I am sure a consultant anaesthetist scrabbling about the floor trying to locate computer network points is not
what either party envisages. However, I did it. After further fruitless phone calls, I also sorted the phones, badgered someone into arranging for surplus junk to be uplifted, found out how to order a keypad for the door, and cleaned the desks. On enquiring whether we might have our nice sign for the door saying "Consultant Anaesthetists" transferred, I was advised to go and see if I could get it myself. The next day, armed with a selection of screwdrivers, I did exactly that. It is sitting on the desk as I write, and I may have to bring my cordless drill in next week if I ever want it on the door.

I am sure there are people employed to do all these things – it’s just that you can never find out who they might be. Nobody knows. In the recent past, this sort of thing would have been co-ordinated by somebody called something like Bert, who had one other bloke who helped him. You phoned Bert, and he and his mate organised it. So far I reckon I’ve spent about eight hours on this exercise. The bad news is this may be a temporary move and we may be off again in a few months... When I job plan this year, perhaps I will have some new entries in my “resources required” section.

A previous editor of Anaesthesia News recounted tales of having to Hoover the anaesthetic department in an editorial (and I can reveal, had her collar felt by her then Chief Executive for publicising it) – what else have readers had to do because there didn’t seem to be anyone else prepared to take it on? Tell us your tales and we will publish the best ones - we will keep your identity secret if you fear the wrath of your Chief Executive!

It falls to me to remind you that the nomination period for this year’s Council elections remains open until April 18th, so if you’re interested at all, please let me encourage you to stand. If successful, you too could be on my begging list for when I’m short of stuff to put in Anaesthesia News. I love all the unsolicited articles (and I’ve just received an absolute cracker to be published in the next few months – keep reading!), but when I have space to fill, it’s my fellow Council members who fill in the gaps, often at short notice – and I’m most grateful to them all.

Anyway, I’ve managed to fill another issue – I hope you enjoy it. Which means it’s time for me to start on May!

Hilary Aitken
The Anaesthetists Agency

safe locum anaesthesia, throughout the UK

Freephone: 0800 830 930
Tel: 01590 675 111
Fax: 01590 675 114

Freepost (SO3417), Lymington, Hampshire SO41 9ZY
e-mail: info@TheAnaesthetistsAgency.com
www.TheAnaesthetistsAgency.com

Final FRCA Core Knowledge Days

One day FRCA syllabus based lecture series

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatric anaesthesia</td>
<td>April 10th '08</td>
</tr>
<tr>
<td>Airway</td>
<td>April 21st '08</td>
</tr>
</tbody>
</table>

Although tailored towards the exam syllabus these days are suitable for anaesthetists looking for a focused refresher course. Speakers are mainly Consultants within the UCLH group of hospitals and allied units in London.

£25 per day
Numbers are limited
Venue: Royal College of Anaesthetists, London
(Churchill House, 35 Red Lion Square, WC1R 4SG)

BOOKING: Email: (clare.prudden@uclh.nhs.uk)
ENQUIRIES: Clare Prudden, Course Co-ordinator
- 0207 691 5827
WEBSITE: www.schoolofanaesthesia.co.uk
(see latest News and Meetings - front page)
The GAT Web Pages

One of the most visible aspects of the GAT Committee is our webpage. For those of you who have not visited us online recently, here is a taste of what you are missing.

What’s on the web?

There are 12 pages including multiple links which can be accessed via the link “Trainees (GAT)” on the Association of Anaesthetists of Great Britain and Ireland (AAGBI) website.

Our introductory page consists of a picture of members of the GAT Committee standing outside 21 Portland Place – you can imagine the looks of the people walking past as this was being taken, not to mention the passengers on the passing bus. And, as usual, along came the one person who would not alter his trajectory for anyone!

There are a number of subheadings along the top of the page which link to the different sections within the GAT pages. If you are in any way unsure of why GAT exists and what it’s all about, then our “About GAT” page can help. There you will find a link to our “Terms of Reference” which will inform you of the rules and regulations by which we operate. All AAGBI trainee members are automatically members of GAT, and to help you feel included, have a read of the Chair’s “Welcome Message” page.

Some of you will know us from the workplace, but if you want to put a face to a name, find out a little more about a particular member or see who does what on the committee then the “Committee” link is the place to find out. As a little taster quiz, try to find the answers to the following questions:

1. Which GAT committee member is happily married to a surgeon?
2. Who owns two house-rabbits? What are their names?
3. Who is committed to the beach?
4. Who juggles family life with anaesthetic training?
5. Who represents GAT on the safety committee?

You see, now you’ll have to read it to find out, won’t you?

The “Reports” page is one of our busiest and most frequently up-dated pages. We aim to file a report on-line of every meeting that a GAT representative attends within a week. As we represent you, our members, we feel you need to have access to the latest information that is relevant to trainees, as well as evidence of how hard we are working for your views to be heard. The fact that this is possible is due to a combined effort of diligent committee members who have to write the report tailored to the audience, and most importantly the staff in the office at the AAGBI who format these reports and upload them onto the website in a logical order.

Perhaps GAT is most (in)famous for its “Annual Scientific Meeting”, which this year will be held in Liverpool (European City of Culture 2008) from July 2nd-4th: this is now the week after the Final FRCA viva, an important change brought about by listening to your views. As usual, there is a packed and varied scientific and social programme planned – so if you are not yet convinced sufficiently to book your study leave and come along, read Professor Jennifer Hunter’s words on the GAT ASM webpage. There is also a link to the report on last year’s ASM in Brighton if you want to find out what you might be letting yourself in for.

Another visible facet of the GAT committee’s work is the Seminars that we run in conjunction with the AAGBI. The subject matter and format of these days is under constant review, and these
seminars evolve according to demand and feedback received from those who attend. We aim to cover topics which are relevant to training but perhaps are not so well covered elsewhere; we have no wish to repeat material that can be gained from other places. Our current seminars programme includes “The Consultant Interview”, which is consistently popular, and “Medico-legal aspects of Anaesthesia” which is run in conjunction with the MPS. These are both held at Portland Place, which is well worth a visit if you have not been before. We are always open to suggestions for new seminar ideas. Online booking should also be available shortly to make the process even easier.

On the “Publications” page you can download an e-copy of the latest edition of the GAT Handbook (2007-08 edition), which is an excellent reference point for all trainee issues and especially useful for pending interviews. All GAT members should by now have received a hard copy through the post, but you never know when you might need to access it. Also online is our recently updated “Your Career in Anaesthesia” booklet, plus a link to all the AAGBI Guidelines (“glossies”) for when you really need them.

The GAT Committee has been particularly active in the “Letters” arena recently, mainly due to the MMC/MTAS situation and the subsequent Tooke Report. We have also been trying to obtain reassurance that Study Leave will continue to be seen as a priority in light of the recent changes in funding levels. The letters speak for themselves; as an elected committee we aim to represent your views at all times, either through discussion and consensus (day-to-day via e-mail plus four face-to-face meetings a year) or by canvassing our members’ views both formally and informally. As our Chair frequently points out, we cannot properly and fairly represent you if we don’t know what your views are, and we are always happy to listen to them, so get in touch if you have something to say.

In case you have mislaid your back copies of “Anaesthesia News”, there is an archive of links to all the GAT Page articles dating back to January 2002. Over the years the committee has covered many, varied topics, although you can also see the emergence of trends and the fact that some issues never truly go away but merely re-emerge in a different guise. We aim to publish a monthly article relevant to training in some way, and are always on the lookout for new subject matter and writers – please contact the GAT committee if you have an idea for an article.

Our “Training Issues” page is a work in progress. Here you can find a link to the MMC website for updates on the training situation, as well as the results of recent training and welfare surveys. The panels created for GAT’s recent visit to the BMA Careers Fair in conjunction with the Royal College of Anaesthetists and the Intensive Care Society are available for members to see, and there is also a good selection of interview questions. The plan is to add some information pertaining to less-than-full-time (LTFT) training and organising out-of-programme experience (OOPE) in due course. We are aiming to expand this page and would value your ideas and opinions as to what you would like to see on here.

Our final page provides a link to the main “Links” page of the AAGBI, reminding us that we are a part of a much bigger organisation with access to the resources that it provides, both in house and outside.

How does the information get there?

We aim to keep as up-to-date as possible, which involves a webpage co-ordinator keeping abreast of committee activities. Reports are written, edited and submitted within a week of a meeting, which enables all members to access relevant information. We would be unable to do this without the hard work of Jo, Claire and Christine in the AAGBI office, with whom we have an excellent working relationship.

The GAT Committee are justly proud of their WebPages, but we are not complacent. I would encourage you all to get online and check them out. There are multiple links throughout the WebPages to the committee e-mail address – tell us where and how you think we could improve and let us know if you find any problems. Use this valuable resource, and help us improve it for the good of all us trainee anaesthetists.

Felicity Howard
Honorary Secretary Elect
GAT
BOOK YOUR PLACE NOW!

GAT 2008

THE LINER HOTEL, LIVERPOOL

Liverpool 2-4 JULY

THE Trainee Anaesthetist Conference of the year

Annual Scientific Meeting of the Group of Anaesthetists in Training (GAT)

Not to be missed for its highly topical and educational scientific programme

For more information:
meetings@aagbi.org
www.aagbi.org/events

REGISTRATION FEES

<table>
<thead>
<tr>
<th></th>
<th>GAT Members booking before the 02/05/08</th>
<th>GAT Members booking after the 02/05/08</th>
<th>Non members</th>
</tr>
</thead>
<tbody>
<tr>
<td>One day</td>
<td>£150</td>
<td>£200</td>
<td>£290</td>
</tr>
<tr>
<td>Two days</td>
<td>£220</td>
<td>£270</td>
<td>£340</td>
</tr>
<tr>
<td>Three days</td>
<td>£270</td>
<td>£320</td>
<td>£420</td>
</tr>
</tbody>
</table>

THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

"Come back to GAT"
FREE Workshop if you bring a friend
See website for details
The AAGBI Staff and Associate Specialist Committee

The SAS Committee was established in 2002 under the Chairmanship of Dr Kate Bullen who remains the only SAS member to be elected to the Council of AAGBI. The Association recognised the service rendered by SAS doctors in anaesthesia and felt that a committee should be established to look after the needs and welfare of SAS doctors. The then President of the Association, Mike Harmer, took great interest and the Council and Executive continue to assist the committee to do all it can to raise the profile of SAS doctors.

The functions of the committee are:

• To represent the interests of SAS members of the AAGBI
• To advise Council on matters relating to SAS doctors
• To promote the aims and aspirations of the AAGBI to SAS doctors
• To encourage the professional development of SAS doctors
• To ensure effective collaboration with SAS Committees of the Royal College of Anaesthetists, other Royal Colleges and professional bodies on issues of mutual interest.

The SAS Committee conducted a major survey of all SAS members in 2004 to establish the issues facing doctors in terms of job prospects, terms and conditions, educational and welfare needs and other relevant issues. The Committee has acted upon the results of the survey.

The numbers of SAS members did not accurately reflect actual numbers of SAS doctors working in anaesthetics and there was scope for improvement. The Council agreed to create a special category of subscription for SAS doctors and the subscription was set at £75 for the first year to celebrate the 75th anniversary of the establishment of the Association. The numbers have trebled over the last two years but there is still much to be done. There are still many Trust grade and Staff grade doctors who are not members of the Association, but the committee continues to work towards improving that.

The SAS Committee organises the following meetings annually:

• A seminar on academic topics
• A study day on management topics
• The Joint Review Day in association with the SAS Committee of the RCOA
• The SAS session at Annual Congress of AAGBI

AAGBI Council, at the request of SAS Committee, also established a Research/Audit award for SAS doctors to encourage research among this group.

The SAS Committee has successfully launched the first edition of the SAS Handbook under the chairmanship of Les Gemmell. It has been a good source of relevant information and due to its popularity, extra copies of the handbook were printed. The handbook will be updated regularly.

The SAS Committee is due to publish the latest edition of the SAS “glossy” very soon. The purpose is to provide guidance to doctors on contractual issues. The SAS Committee runs a frequent SAS page in Anaesthesia News to provide a forum for this group and has attracted varied and interesting contributions.
SAS Pages on AAGBI Website
There is a separate section for SAS anaesthetists on the AAGBI main website. This has all the relevant information including details of SAS articles, documents and useful links. It is regularly updated by the SAS Committee.

SAS Committee Membership
We now have a substantial and strong SAS committee at the Association. The chairman of the SAS Committee is Dr Ramana Alladi (Ashton under Lyne) who is also a co-opted member of the Council of AAGBI. The members of the committee include the Executive of AAGBI and three other elected Council members. The committee also includes representatives from the RCoA SAS Committee (Dr Andy Lim, Chairman of the SAS Committee and member of the Council of the RCoA), Dr Anthea Mowat, (Conference Chair, SASC of BMA) and co-opted SAS members Dr Chris Rowlands (past chairman of the SAS Committee of the RCoA), Dr Christine Robison from Scotland and Dr Sajayan who are both very active SAS members.

The committee meets twice a year.

The SAS committee of the Association is planning to hold a joint meeting in association with the full SAS committee of the RCoA. It is hoped that this will create a broader forum for making decisions. Joint projects which may be undertaken include establishing a database of SAS doctors working in anaesthetics; conducting a survey to assess the concerns of the members on various aspects of the jobs; review and improve continuous medical education needs, provision of training and career progression.

In view of the radical changes likely to take place in medical manpower structure in the near future the Committee feels that it has an important role to play in representing SAS doctors by assisting them with career and contractual issues. It is the intention of the SAS Committee to increase the membership and work towards raising the profile of Anaesthetic SAS doctors in every possible way. The Committee and the Council believe that SAS doctors provide an invaluable service to the NHS and deserve better.

The committee keeps in touch with SAS affairs and relays to AAGBI Council the comments and views of the membership on topical matters from time to time. Sir John Tooke’s report hints at the need for the introduction of ‘Trust Registrar’ grade which is similar to the present SAS grade. This raises questions about the SAS role, job plans, training and education and career progression. The role of the SAS Committee will be significant in this changing climate.

The SAS Committee believes that it has and will have a significant role to play in raising the profile of SAS doctors and improving the welfare of its members.

Ramana Alladi
Chairman, SAS Committee, AAGBI

---

“DINGLE 10”
10th Current Controversies in Anaesthesia and Peri-Operative Medicine
Dingle, Co. Kerry, Ireland
8th – 12th October 2008

Email: DingleConferences@btinternet.com
April 2008

Medicolegal Aspects of Anaesthesia
Thursday 10 April 2008
Association of Anaesthetists, London
AAGBI Seminar in conjunction with MPS

Neuroanaesthesia & Neurocritical Care - Update 2
Thursday 17 April 2008
Association of Anaesthetists, London
AAGBI Seminar endorsed by NASGBI for specialist training

CORE TOPICS - EXETER
Monday 28 April 2008
Sandy Park Conference Centre, EXETER
Members £150,
GAT Members £100,
Non-members £200
Don't miss out - book today!

May 2008

Joint SAS Review Day
Friday 9 May 2008
Royal College of Anaesthetists, London
Run by AAGBI & RCoA

World Anaesthesia - Developing Links and Opportunities
Wednesday 28 May 2008
Association of Anaesthetists, London
Run by AAGBI & WAS

June 2008

CORE TOPICS - MANCHESTER
Thursday 19 June 2008
Manchester University Conference Centre, MANCHESTER
Members £150,
GAT Members £100,
Non-members £200
Don't miss out - book today!

Anaesthesia for Major Surgery - An Update
Tuesday 10 June 2008
Association of Anaesthetists, London
BRAUN DELTEX MEDICAL

Leading Job Planning
Tuesday 17 June 2008
Association of Anaesthetists, London

SAS Management Day
Wednesday 18 June 2008
Association of Anaesthetists, London

Current topics for obstetric anaesthetists:
Translating guidance into practice
Thursday 19 June 2008
Association of Anaesthetists, London

GAT - The Consultant Interview
Tuesday 24 June 2008
Association of Anaesthetists, London

For further information and full programme details please see www.aagbi.org/seminars.htm
Annual Update Course on Thoracic Anaesthesia  
Thursday 10 July 2008  
Association of Anaesthetists, London

Anaesthesia and high risk surgery  
Wednesday 16 July 2008  
Association of Anaesthetists, London

Anaesthetists and the Law - 1  
Monday 28 July 2008  
Association of Anaesthetists, London

Anaesthetists and the Law - 2  
Tuesday 29 July 2008  
Association of Anaesthetists, London

Delegates are invited to register for either one or both of the above days but priority will be given to those attending both.

To book a place on a seminar, please complete this form and return to: Gemma Williams, Team Administrator, Association of Anaesthetists, 21 Portland Place, London, W1B 1PY Tel 020 7631 8804, Email: gemma@aaagi.org or fax to: 020 7631 4352. For availability, see website www.aaagi.org or telephone 020 7631 8804. We regret that we cannot accept telephone bookings.

**Title of seminar** ..........................................................  
**Date of seminar** ..........................................................

**Membership no.** Male/female **Title**  
**Surname** ........................................ First name  
**Address**  
.............................................................................  
.............................................................................  
............................................................................. Postcode  
**Daytime phone** ..........................................................  
**Post held** .................................................................  
**Email**  
**Name of hospital (not trust)**  
**Special dietary requirements**

Please pay by Sterling cheque drawn on a UK bank and made payable to the Association of Anaesthetists; Credit Card (only Visa/Mastercard/Delta); or Switch. **One cheque per seminar application please.**

Please debit my credit card (Visa/MasterCard/Delta) or Switch Card:  
☐ Member £120.00  
☐ Non-member £240.00  
☐ Retired Member £60.00  
 OR special advertised price (selected seminars only) £________

**Card/Switch Number** ..........................................................  
**Expiry date** ..........................................................  
**Start date** ..........................................................  
**Issue no (Switch only)**  
**Cardholder's name**  
**Cardholder's signature**  
**Date**  

**Cancellation Policy**  
All cancellations must be received in writing. Written cancellations received at least fourteen days before the seminar will be subject to an administration charge of £20. Delegates cancelling after this date will be liable to pay the full seminar price unless the Association considers them to be exceptional circumstances that would warrant a refund.

**Card Security Code**  
(The last 3 numbers printed on the signature strip on the back of your card)
The Association of Anaesthetists is always eager to encourage new seminars and is keen to develop our popular education programme.

We are interested to hear from potential organisers with ideas for topics so why not organise a seminar yourself? All we require is a programme and speakers - we will organise the rest.

In terms of our advertising deadlines, we require a confirmed programme and speakers five months before the date of the seminar – this is to allow delegates plenty of time to apply for study leave. Please note that speakers should be limited to five per seminar, preferably including the organiser. Please see our website for notes on organising seminars along with sample programmes.

Past organisers have found the experience very rewarding and have been impressed with the positive feedback.

If you are interested in organising a seminar please visit our website for a seminar form which can be printed out, filled in and returned to Ellen Morley at the Association. Please be sure to insert the contact details of all your speakers and any potential sponsors.

Once received, your programme must be approved by our Seminars Chair, Dr Val Bythell, after which we will reserve dates for you and the organisation will be directed by Ellen.

If you have any queries about seminars please contact Ellen, at ellenmorley@aagbi.org or telephone 0207 631 8834.

Core Topics throughout 2008

Core Topics 2008
Coming soon to a region near you:

Book your study leave now - for further information see:
www.aagbi.org/events/oneday/act.htm

28 April Exeter
19 June Manchester
1 October Edinburgh
10 December Birmingham
July 2008

GAT 2008 - Liverpool
2 - 4 July 2008
The Liner Hotel, Liverpool

Join us in Britain's City of Culture for GAT 2008 which promises an exciting scientific programme as well as excellent social events. Don't miss the trainee anaesthetist conference of the year.
www.aagbi.org/events/gatasm.htm

Call for Abstracts
REGISTRARS' PRIZE
AUDIT PRIZE
ABBOTT HISTORY PRIZE

Abstracts are invited for presentation at the GAT Annual Scientific Meeting of the Association of Anaesthetists of Great Britain & Ireland. Please email entries to gat@aagbi.org, clearly indicating which competition you are entering.
A confirmation email will be sent on receipt.
For abstract forms and further information, please contact gat@aagbi.org or 020 7631 8807/8812
Closing date for submission: 11th April 2008

September 2008

Annual Congress 2008
17 - 19 September 2008
Riviera International Conference Centre, Torquay

Not to be missed - Annual Congress comes to Britain's picturesque South West coast bringing you a winning combination of lectures, workshops and social events to cater for all your educational needs.

Call for Abstracts
Original Research/ Audit/Case Report or Series

Abstracts are invited for oral or poster presentation at the Annual Congress of the Association of Anaesthetists of Great Britain & Ireland.
There will be three separate sessions for oral presentation – for original research, audit and for case reports or case series.

For abstract forms and further information, please contact secretariat@aagbi.org or 020 7631 8807/8812.
Closing date for submission: 6th June 2008.

For further information please contact the events department:
Tel: +44 (0) 20 7631 8804 • Fax: +44 (0) 20 7631 4352
Email: gemmawilliams@aagbi.org • Website: www.aagbi.org/events

Events Department
Association of Anaesthetists of Great Britain and Ireland, 21 Portland Place, London W1B 1PY
I spent some time in a North American city which is some 3000 feet above sea level, which makes summer days warm but not too humid. On one such day in the 1980s an invitation to visit the zoo with an ‘anaesthetic team’ seemed too good to miss. Why were we invited? Well, the zoo’s main attraction, Caroline the gorilla, was pregnant. Apparently a previous pregnancy had ended in tragedy. So, on this occasion the zoo’s veterinary surgeon had decided that a caesarean section was indicated, although not immediately, since the pregnancy still had some months to run. Our mission, should we wish to accept it, was to provide the anaesthetic and this visit was to allow us to assess the patient and the facilities. Who could resist such an offer?

The patient was relatively amiable, at least from outside her compound which had reassuringly strong bars. Gorillas are vegetarians and Caroline was a good advertisement such a diet. She was about 500 pounds in weight and had arms that made Arnold Schwarzenegger look like a beginner in body-building. Tuffy, the zoo’s male gorilla, was even bigger and definitely not friendly. Any approach to his compound was met by a fusillade of gorilla droppings thrown with great accuracy. This might have had something to do with his watching television. Apparently, Tuffy’s relationship with Caroline had been considered lukewarm, and in order to encourage him the keeper had set up a TV screen outside their enclosure to show videos which he thought would be effective. A combination of XXX-rated pornographic movies, episodes from Dallas and a Rambo epic seemed to have done the trick.

The pregnancy had been diagnosed by the keeper on the grounds that Caroline’s girth was expanding and milk could be expressed from her breasts. A little early, some of us thought, but who were we to question the experts. The delivery was planned for January of the following year and it was intended that the operation would be performed in the zoo’s hospital; “just a short walk from the gorilla compound,” said the veterinary surgeon. In fact ten minutes brisk walk brought us to a thin walled structure with “Hospital” over the door. Inside was a small operating theatre with limited equipment, a rather inadequate looking operating table and an area for recovery. A series of small animals and birds in cages attested to recent use of the facility, but nothing approaching the size of Caroline was evident. The thought of a 500lb gorilla waking up unrestrained led to a vision of an easy escape through the walls and out into the world with unfortunate consequences.

The case conference revealed that infection was thought to be the cause of the previous failed pregnancy and thus the suggestion that the operation might be more safely performed in the gorilla compound was strongly resisted. The other fact which emerged was that the veterinary surgeon was from California and had not appreciated that the temperature in January could be as low as minus 30 degrees Centigrade! When we pointed out that we would have to transport Caroline anaesthetised from her compound to the hospital and back after surgery it became obvious that a compromise would have to be reached. Therefore a portable, heated cabin was hired and attached to the gorilla compound and six zoo employees were seen practising carrying a suitably weighted sack each evening after closing time at the zoo. In the meantime the pregnancy was given banner headlines in the local newspapers and the zoo’s attendance figures rose significantly.

Much thought was given to the proposed anaesthetic and it was agreed that this would commence with intramuscular ketamine delivered by a dart gun. At the time the highest strength available was 50mg/ml, but with an induction dose of up to 10mg/kg an injection of some 45 ml of ketamine would be required. Parke-Davis, the manufacturers of ketamine, not too surprisingly was reluctant to supply ketamine powder (even at the time of this event ketamine’s ‘street value’ was well known), despite such a worthy cause; but the problem was solved by evaporating
the standard solution to dryness in the anaesthetic laboratory and resuspending 2 grams in 5ml of solvent, the capacity of the dart gun. It was felt that once Caroline was asleep, anaesthesia could follow conventional lines and suitable equipment was made ready in the heated cabin. In addition, the services of a neonatologist were sought for the immediate management of the baby gorilla following delivery and an area of the cabin was set aside and equipped for neonatal resuscitation. All seemed prepared and we settled down to await events.

Summer passed and fall arrived, quickly followed by winter. January came and went and no word from the zoo. A phone call revealed Caroline was in good health and still getting bigger. “What is the gestation period of the gorilla?” we asked. “Well we don’t know the date of conception, but it does seem a long pregnancy” came the answer. The suggestion of a pseudo-pregnancy was met with disbelief. However, enquiry at a well-known Primate Unit revealed that false pregnancy was common among gorillas. An obstetrician was consulted and arrangements made for an ultrasound examination of Caroline. The intramuscular ketamine worked well, and unfortunately the ultrasound showed no evidence of pregnancy.

Tuffy’s turn came next. A testicular biopsy was proposed. The dart gun was prepared but Tuffy was also ready. His response to the darts was to pull them out, bite them in half and throw the remains at us. Eventually he fell asleep, possibly more from oral ingestion than injection. What are the pharmacokinetics of oral ketamine in the gorilla? We were about to find out. The surgical team entered the gorilla compound to begin their operation. Those familiar with ketamine anaesthesia will know that the end point may be abrupt and the patient may hallucinate on awakening. On this occasion it very nearly became a case of who was operating on whom. I had not appreciated how fast some of my surgical colleagues can run when circumstances demand. Alas, Tuffy’s biopsy showed that he would never add to the population of gorillas.

Caroline moved to another zoo, but despite younger male company did not conceive. Tuffy remained a city zoo attraction, grumpy as ever, his testicular biopsy result hidden from public knowledge. We received little thanks for our efforts. Shortly after clearing our equipment from the heated cabin, the zoo was gloomily contemplating the bill for nine months hire of the accommodation. Even set against the increased profit from the summer attendance at the zoo to view Caroline, the books did not balance and we were held responsible for the additional expense.

One feels that somewhere there is a moral in this tale. “Perhaps all that glisters is not gold” is too unkind; maybe Aesop in his fable “Know your limitations” had it right, when he concluded “Nature has not endowed us all with some powers. There are things that some of us cannot do”.

Leo Strunin
First published in the London Hospital Gazette 1993

John Asbury, Reader in Anaesthesia in Glasgow, has compiled a large selection of helpful aphorisms, proverbs, rules – call them what you may – relating to anaesthesia, which we will reprint over the coming months. Some are useful, some are funny, some will make you think. Many readers will have some of their own – send them to anaenews@aagbi.org and we will include them in this feature.

Anybody can put a patient to sleep but it takes a clever person to waken them safely, at the right time. *(Useful for surgeons to hear!)*

Often the wrong decision is better than indecision.

If in doubt as to how to control some aspect of physiology, initially choose quick acting, short duration drugs, titrated to effect. Then if you make the problem worse, hopefully it will be for a short time.

Always check the identity of the patient yourself; it will be the first question the coroner asks.

If a colleague looks unwell (remember you are a doctor too), always ask them tactfully whether they are well enough to cope with the work ahead; they might, only then, admit that they were worrying about safety issues.
"I am sure you will be pleased to know that I have cleared the OSCE/Viva of Part 1 FRCA on the 9th of this month in what was my first attempt at the same. I have absolutely no hesitation in accepting that it would not have been possible had I not attended your course. Your course helped me tremendously as it was there that I learnt the tact of consolidating one’s knowledge into a structured and fluent answer which is probably the key to success in any such examination.

I must say that after having been grilled at your course (which incidentally I thoroughly enjoyed) my manner became much more calm and confident and ready to face the challenge of this exam. So much so that even my wife commented on this marked change in my confidence level and marvelled at how cool and collected I had become.

Anyhow I wish to thank you for the amount of effort you had obviously put into making this course what it is and guiding candidates like myself in the right direction. You might consider me cheeky and presumptuous but I will say I am not going to sit the Part 2 unless I do your course for the same prior to it.”

<table>
<thead>
<tr>
<th>Course</th>
<th>Dates</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Viva Weekend</td>
<td>14.00 Friday 18th – 16.00 Sunday 20th April</td>
<td>£250</td>
</tr>
<tr>
<td></td>
<td>No Limit to Number of Candidates</td>
<td></td>
</tr>
<tr>
<td>Primary OSCE Weekend</td>
<td>14.00 Friday 25th – 16.00 Sunday 27th April</td>
<td>£250</td>
</tr>
<tr>
<td></td>
<td>No Limit to Number of Candidates</td>
<td></td>
</tr>
<tr>
<td>Primary Viva Weekend &amp;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary OSCE Weekend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discount Course Fee - £400</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WWW.MSOA.ORG.UK
I recently underwent surgery and after many hours of reading and discussion with colleagues decided to have my surgery under spinal anaesthetic without sedation. This I know is terribly uninteresting and mundane. But, having been in the trade for nine years, I was horrified at how totally unprepared I was for the sensation in my lower extremities!

Since this procedure I have searched Medline, the Association website, the Royal College website, and even Google for a ‘first person’ patient account of what spinal anaesthesia actually feels like. The only statement all these sites gives is that the limbs will be numb, and that you might feel some pushing and pulling when the baby is delivered!

So I moved onto textbooks; Fundamentals of Anaesthesia, Key Topics in Anaesthesia and Analgesia, all of which give fantastic accounts of how to select your patient, how to perform the block and what to do if the block goes wrong. But again none of these books tell me as an anaesthetist what to tell my patients to expect.

So what do I tell them? Over the years my explanation has developed to go along the lines of “Your feet will get warm and tingly, and this steadily moved up my body and stopped just below my ribcage. However the sensation in my legs did not dissipate to nothingness as I was expecting. What I had was the perception that I was encased in some kind of warm, almost hot solid substance from below my ribcage to the tip of my toes, causing intense circumferential inward pressure on me. This sensation stayed with me throughout the duration of the block, which was about four hours. I desperately wanted to move, but could not. All this, although I did not tell my anaesthetist at the time, I found extremely unpleasant and even distressing.

Since my operation I have discussed these findings with some of my colleagues, and also asked them what they tell their patients. They too tell their patients a very similar story to the one that I use, and what I experienced was not what they perceived to be the case.

So are there any other anaesthetists out there who have had a spinal, and could they send me a first person account of their sensations? If I get enough I’ll be able to collate them and supply you all with a definitive description, and also know if I’m abnormal.

Many thanks in advance for your information and I hope that I am not ‘The Abnormal One’!

Robert Downes
Specialist Registrar
Royal Gwent Hospital
Wales

Please do not send your accounts to Anaesthesia News, but to the author: spinal.research@hotmail.co.uk
Imperial School of Anaesthesia

Research Methodology Course

23rd June – 26th June
and 28th July 2008

• Research methodology for anaesthetic SpRs
• Small group teaching
• Tutor groups
• A faculty of 20

Venue: Royal Brompton Hospital, Sydney Street, London

Cost: £475

Application forms available on line at:
www.imperial-anaesthesia.org.uk/RMCourse.html

or from
Lindsay Price
Anaesthetic Dept. Secretary
Royal Brompton Hospital
Sydney Street, London SW3 6NP
Fax: 0207-351-8521
Phone: 0207-351-8526
L.Price@rbht.nhs.uk
An Anaesthesia History Timeline
– The Anaesthesia Heritage Centre at 21 Portland Place

Since the foundation of the Anaesthesia Museum in 1953 when Charles King donated his historical artefacts, the Association has continued to build its collections. The Heritage Centre now boasts over 3,000 objects, a specialized rare book collection, an image collection and archives dating back to the Association’s foundation in 1932. The Officers and staff of the Association are extremely grateful to all the generous donors who have helped ensure that the Heritage Centre collection has developed into one of national importance. As our earliest object dates from 1774, we can truly say that we have collections that cover well over 230 years of anaesthesia history.

Listed below are some of the items we hold here in the Heritage Centre. This timeline begins in 1846, the year that the first successful public demonstration of ether anaesthesia occurred. There are many more objects, books and archives that can be made available and enquiries are always welcome.

<table>
<thead>
<tr>
<th>Item</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morton’s ether inhaler (facsimile)</td>
<td>1846</td>
</tr>
<tr>
<td>Snow’s ether vaporizer (facsimile)</td>
<td>1847</td>
</tr>
<tr>
<td>A Treatise on Etherization in Childbirth by W Channing</td>
<td>1848</td>
</tr>
<tr>
<td>Anaesthesia, or the employment of chloroform and ether in surgery, midwifery etc by J Y Simpson</td>
<td>1849</td>
</tr>
<tr>
<td>Murphy’s chloroform inhaler</td>
<td>1850</td>
</tr>
<tr>
<td>Ether and Chloroform by J F Flagg</td>
<td>1851</td>
</tr>
<tr>
<td>William T G Morton, M D – Sulphuric Ether by W H Bissell</td>
<td>1852</td>
</tr>
<tr>
<td>John Snow administered chloroform to Queen Victoria during the birth of her son Prince Leopold (image from the archives)</td>
<td>1853</td>
</tr>
<tr>
<td>Chloroform in delirium tremens by W M Chamberlain</td>
<td>1854</td>
</tr>
<tr>
<td>Chloroform: How3 Shall We ensure Safety in its Administration? By P Black</td>
<td>1855</td>
</tr>
<tr>
<td>Aids During Labour by R Pretty</td>
<td>1856</td>
</tr>
<tr>
<td>Image of William Frederic Hewitt, born in 1857</td>
<td>1857</td>
</tr>
<tr>
<td>On Aether and Chloroform as Anaesthetics by C Kidd</td>
<td>1858</td>
</tr>
<tr>
<td>Trials of a Public Benefactor, As Illustrated in the Discovery of Etherization by N P Rice</td>
<td>1859</td>
</tr>
<tr>
<td>Maudner’s screw</td>
<td>1860</td>
</tr>
<tr>
<td>August Bier, born in 1861 (image from the archives)</td>
<td>1861</td>
</tr>
<tr>
<td>Skinner’s facepiece (facsimile)</td>
<td>1862</td>
</tr>
<tr>
<td>Painless Operations by C Dickens</td>
<td>1863</td>
</tr>
<tr>
<td>Stimulants and Narcotics, Their Mutual Relations with Special Researches on the Action of Alcohol, Aether and Chloroform on the Vital Organism by F E Anstie</td>
<td>1864</td>
</tr>
<tr>
<td>White’s nitrous oxide bag</td>
<td>1865</td>
</tr>
<tr>
<td>Ellis alcohol-ether-chloroform apparatus</td>
<td>1866</td>
</tr>
<tr>
<td>Junker inhaler</td>
<td>1867</td>
</tr>
<tr>
<td>Murray facepiece</td>
<td>1868</td>
</tr>
<tr>
<td>Trendelenburg’s cone</td>
<td>1869</td>
</tr>
<tr>
<td>History of Modern Anaesthetics: A Second Letter to Dr Jacob Bigalow by J Y Simpson</td>
<td>1870</td>
</tr>
<tr>
<td>Anaesthesia, hospitalism and hermaphroditism, and a proposal to stamp out smallpox and other contagious diseases by J Y Simpson</td>
<td>1871</td>
</tr>
<tr>
<td>Publication Details</td>
<td>Year</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Clover introduced his nitrous oxide and ether sequence</td>
<td>1872</td>
</tr>
<tr>
<td><em>Memoir of Sir James Y Simpson Bart.</em> by J Duns</td>
<td>1873</td>
</tr>
<tr>
<td><em>Therapeutic Means for the Relief of Pain</em> by J K Spender</td>
<td>1874</td>
</tr>
<tr>
<td>Allis inhaler</td>
<td>1875</td>
</tr>
<tr>
<td>Clover nitrous oxide/ether apparatus</td>
<td>1876</td>
</tr>
<tr>
<td>Julliard Mask</td>
<td>1877</td>
</tr>
<tr>
<td>The Advantages and Accidents of Artificial Anaesthesia by L Turnbull</td>
<td>1878</td>
</tr>
<tr>
<td><em>On the Uraji: the Deadly Arrow Poison of the Macusi</em> by R Schomburgh</td>
<td>1879</td>
</tr>
<tr>
<td>Sansom chloroform inhaler</td>
<td>1880</td>
</tr>
<tr>
<td><em>Artificial Anaesthesia and Anaesthetics</em> by H M Lyman</td>
<td>1881</td>
</tr>
<tr>
<td>Michael Hahn tube</td>
<td>1882</td>
</tr>
<tr>
<td><em>A Few Words Upon Anaesthetics</em> by R T Freeman</td>
<td>1883</td>
</tr>
<tr>
<td>Alexander Wood by T Brown</td>
<td>1884</td>
</tr>
<tr>
<td>O’Dwyer’s tubes</td>
<td>1885</td>
</tr>
<tr>
<td>Hewitt dropper bottle</td>
<td>1886</td>
</tr>
<tr>
<td><em>On the physiological action of nitrous oxide gas</em> by D W Buxton</td>
<td>1887</td>
</tr>
<tr>
<td>Beard’s automatic regulator</td>
<td>1888</td>
</tr>
<tr>
<td>Robert Minnett, born in 1889 (image in the archives)</td>
<td>1889</td>
</tr>
<tr>
<td>Dudley Buxton’s modification of Junker’s inhaler</td>
<td>1890</td>
</tr>
<tr>
<td><em>Report of the Hyderabad Chloroform Commission</em></td>
<td>1891</td>
</tr>
<tr>
<td>Carter Braine’s modification of Junker’s inhaler</td>
<td>1892</td>
</tr>
<tr>
<td>Hewitt’s nitrous oxide/oxygen stopcock</td>
<td>1893</td>
</tr>
<tr>
<td>Silk inhaler</td>
<td>1894</td>
</tr>
<tr>
<td><em>Notes on Anaesthetics</em> by A Underwood and C Braine</td>
<td>1895</td>
</tr>
<tr>
<td><em>Sir James Y Simpson</em> by E B Simpson</td>
<td>1896</td>
</tr>
<tr>
<td><em>The American Textbook of Operative Dentistry</em> by E C Kirk</td>
<td>1897</td>
</tr>
<tr>
<td><em>Deaths under chloroform</em> by D W Buxton</td>
<td>1898</td>
</tr>
<tr>
<td>Wilson/Smith ether inhaler</td>
<td>1899</td>
</tr>
<tr>
<td>Shield inhaler</td>
<td>1900</td>
</tr>
<tr>
<td>Hewitt’s wide bore inhaler</td>
<td>1901</td>
</tr>
<tr>
<td>Kuhn tube</td>
<td>1902</td>
</tr>
<tr>
<td>Probyn-Williams ether inhaler</td>
<td>1903</td>
</tr>
<tr>
<td>Surgical instrument catalogue</td>
<td>1904</td>
</tr>
<tr>
<td>Chevalier Jackson laryngoscope</td>
<td>1906</td>
</tr>
<tr>
<td><em>A Guide to the Administration of Ethyl Chloride</em> by G A H Barton</td>
<td>1907</td>
</tr>
<tr>
<td>Ombredanne inhaler</td>
<td>1908</td>
</tr>
<tr>
<td>Thomas Skinner chloroform dropper</td>
<td>1909</td>
</tr>
<tr>
<td>S S White nitrous oxide/oxygen apparatus</td>
<td>1910</td>
</tr>
<tr>
<td>Aids to Dental Anaesthesia: a Textbook for Students and Practitioners by W E Alderson</td>
<td>1911</td>
</tr>
<tr>
<td>Kelly intratracheal ether insufflator</td>
<td>1912</td>
</tr>
<tr>
<td>Gwathmey apparatus</td>
<td>1913</td>
</tr>
<tr>
<td>Jackson ether drop bottle</td>
<td>1914</td>
</tr>
<tr>
<td><em>Painless Childbirth in Twilight Sleep</em> by H Rion</td>
<td>1915</td>
</tr>
<tr>
<td>Hirsch percentage chloroform inhaler</td>
<td>1916</td>
</tr>
<tr>
<td>Marshal gas/oxygen-ether apparatus</td>
<td>1917</td>
</tr>
<tr>
<td>Scopolamine-Morphine by O Greenwood</td>
<td>1918</td>
</tr>
<tr>
<td>Philip’s airway</td>
<td>1919</td>
</tr>
<tr>
<td>Shipway apparatus</td>
<td>1920</td>
</tr>
<tr>
<td>Pinson ether bomb</td>
<td>1921</td>
</tr>
<tr>
<td><em>Mysteries of Hypnosis</em> by G De Dubar</td>
<td>1922</td>
</tr>
<tr>
<td><em>Local Anaesthesia Methods and Results in Abdominal Surgery</em> by H Finisterer</td>
<td>1923</td>
</tr>
<tr>
<td><em>Cocaine</em> by P V Myles</td>
<td>1924</td>
</tr>
<tr>
<td>Walton I nitrous oxide/oxygen apparatus</td>
<td>1925</td>
</tr>
<tr>
<td>Boyle apparatus</td>
<td>1926</td>
</tr>
<tr>
<td>Boyle apparatus</td>
<td>1927</td>
</tr>
<tr>
<td>Seibe-Gorman flowmeters</td>
<td>1928</td>
</tr>
<tr>
<td><em>Local Anaesthesia in Dental Surgery</em> by F S Steadman</td>
<td>1929</td>
</tr>
<tr>
<td>Boyle apparatus</td>
<td>1930</td>
</tr>
<tr>
<td>Lewis intratracheal apparatus</td>
<td>1931</td>
</tr>
<tr>
<td>Magill intratracheal apparatus</td>
<td>1932</td>
</tr>
<tr>
<td>Boyle apparatus</td>
<td>1933</td>
</tr>
<tr>
<td>Carbon dioxide absorption canister</td>
<td>1934</td>
</tr>
<tr>
<td>Endotracheal connectors</td>
<td>1935</td>
</tr>
<tr>
<td>Goldman vinesthene dental inhaler</td>
<td>1936</td>
</tr>
<tr>
<td>Connell apparatus</td>
<td>1937</td>
</tr>
<tr>
<td>Ethyl chloride attachment</td>
<td>1938</td>
</tr>
<tr>
<td>Australian army ether apparatus</td>
<td>1939</td>
</tr>
<tr>
<td>Goldman dental nosepiece</td>
<td>1940</td>
</tr>
<tr>
<td>Oxford vaporizer</td>
<td>1941</td>
</tr>
<tr>
<td>Third hand harness</td>
<td>1942</td>
</tr>
<tr>
<td><em>The Practice of Local Anaesthesia</em> by G Bankoff</td>
<td>1943</td>
</tr>
<tr>
<td>ESO</td>
<td>1944</td>
</tr>
<tr>
<td>Field and shell dressings</td>
<td>1945</td>
</tr>
<tr>
<td>Macfarlans ether bottle</td>
<td>1946</td>
</tr>
<tr>
<td>Jectaflo apparatus</td>
<td>1947</td>
</tr>
<tr>
<td>Marrett head</td>
<td>1948</td>
</tr>
<tr>
<td>Gillies portable anaesthetic machine</td>
<td>1949</td>
</tr>
<tr>
<td>Heidbrink portable nitrous oxide/oxygen machine</td>
<td>1950</td>
</tr>
</tbody>
</table>
We also aim to encourage interest in anaesthesia and heritage amongst school children. As well as an education pack, we offer work experience to local school children.

Members of the Association and members of the public are welcome to visit the Heritage Centre at the Association’s headquarters in Portland Place. Walking tours are available too.

We are open from Monday to Friday from 9.30am until 5pm. Appointments are advised but not essential. Please contact us on 020 7631 8811 or email heritage@aagbi.org. Further information is also available on the Association’s website www.aagbi.org.

Trish Willis
Heritage and Estates Manager
AAGBI

Editor’s Choice letter

The most unusual allergy yet?

We believe that it is paramount to share our recent experience of a new and important allergen with colleagues, as it may impact on their future practice. At a recent anaesthetic assessment of a patient for elective surgery, a health support worker informed us that our patient was allergic (amongst a number of other things) to “the colour red”, and as such was unable to have a red patient ID band attached. The patient was willing to risk a white band with red writing, as it would not be in direct contact with skin. We believe this is the first report of its kind, but are happy to receive comments from your readers. In view of the apparent increase in the incidence of these unusual allergies, we recommend creation of a new society: Tricky Allergy Group (TAG) to report on other important allergies.

Owen Boswell, Consultant Anaesthetist
Samar Al-Rawi, Anaesthetic SpR
Portsmouth NHS Trust

1. Lomax S. Anaesthesia News December 2007, 245: 25
2. Stoddart A. Anaesthesia News September 2007, 242: 26

This month’s “Editor’s Choice” letter wins a copy of “Principles and Practice of Pharmacology for Anaesthetists” (5th edition) by Norman Calvey and Norton E Williams, rrp £99.99, donated by Wylie-Blackwell Publishing.

Passing the time (1)

The interesting article on Mr Cutlate and the different speed of the clocks in theatre reminded me of a Mr Prolong, a long-retired ENT surgeon in Oxford. So involved was he in the intricacies of the middle ear that his list always hopelessly overran. Unbeknown to him the theatre porter started a sweepstake and whoever most closely predicted the finish time of the list won the jackpot. Eventually Mr Prolong became aware of what was happening and put his own tuppence in the ring. Did he win? Of course not, because as Jeremy Groves points out, the surgeon never understands that earth clocks run faster than his.

Jane Watson
Consultant Anaesthetist
Wycombe Hospital


Passing the time (2)

I recently had the pleasure of anaesthetising for the afternoon semi-elective trauma list. The surgeon was rather over-ambitious in his desire to undertake more than one case in that session. I happened to notice the wall-mounted timepiece (see picture) in the trauma theatre during the procedure (repair and plating of compound tibial and fibula fracture). The surgeon did eventually agree to cancel the second case at 18:00hrs!

Dr Ravnita Sharma, SpR Anaesthetics
Hope Hospital, Salford

Best foot forward for correct-side limb surgery?

A 38-year-old man required elective removal of a LEFT tibial intramedullary nail. Identification and procedure bands were provided, and the appropriate side marked prior to surgery.

In the anaesthetic room it was noted that the patient had a permanent tattoo spelling RIGHHT across the dorsum of his LEFT ankle. Pre-operative discussion, examination, and X-ray interpretation ensured that the operation was carried out on the correct limb.

In the current climate of patient safety and risk reduction in limb surgery, it is surprising to find that patients can make identification of the correct limb more difficult than usual.

Dr Lewis D Gray, ST1 in Anaesthetics
Dr Stuart Gold, Consultant Anaesthetist
Derby
THE MERSEY WEBSITE

For
DATES
VENUES
DETAILS
COURSE FEES
ASSESSMENTS

www.msoa.org.uk

Classes & Courses

Primary and Final FRCA Courses
Mersey Selective Course

Primary FRCA Courses
Primary Prep Course (MCQ)
Primary Prep Course (OSCE/Orals)
Primary OSCE Weekend
Primary Viva Weekend

Final FRCA Courses
Final FRCA Exam Crammer (Booker) Course
Final FRCA MCQ Course
Final FRCA SAQ Weekend Course
Final FRCA Viva Weekend Course

Application Procedures and Protocols

Application Form
Accommodation

Stop-Press Notices concerning Classes & Courses

“If you feed the children with a spoon, they will never learn to use the chopsticks”
The following awards were presented at WSM London in January.

**Evelyn Baker Medal – Dr Gareth Charlton**
The Evelyn Baker Medal was instituted in 1998 for outstanding clinical competence, recognising the ‘unsung heroes’ of clinical anaesthesia and related practice. The award is open to all practising anaesthetists who are members of the AAGBI. Dr Gareth Charlton is a Consultant anaesthetist in Southampton, specialising in adult and paediatric cardiac anaesthesia and adult cardiac intensive care.

**Charles King Award – Dr David Wilkinson**
The Charles King award was instituted to enable the Council of the Association to honour those who have rendered significant services to the heritage of anaesthesia in general or to the museum and archives of the AAGBI in particular. Dr David Wilkinson is well-known to Association members, having served on Council and Executive with distinction. He was Honorary Curator of the Charles King Collection at Bedford Square from 1982-1994, and Honorary Archivist from 1994-2001. He is currently President of the History of Anaesthesia Society, and has contributed to the organisation of several International Symposia on the History of Anaesthesia. He has recently been named the 2008 Wood Library-Museum Laureate of the History of Anaesthesia.

**Editors Award – Dr William Harrop-Griffiths**
This award was instituted to enable the Council of the Association to honour those who have rendered significant editorial service to the Association and its publications. Dr William Harrop-Griffiths has recently stepped down as an editor of Anaesthesia following eight years of service. As is customary, he also received a gift from his fellow editors, presented by Editor-in-Chief, Dr David Bogod.
Research Grants

The following grants have recently been awarded by Council of the AAGBI.

Research Grants

Dr Andreas Goebel (London)
Pathogenic serum factors in patients with Complex Regional Pain Syndrome and clinical response to intravenous immunoglobulin - £9000

Dr Felicity Plaat (London)
C.A.S.E. trial: randomised control trial of Carbetocin vs Syntocinon with ergometrine on post-partum haemorrhage in patients undergoing elective caesarean section under regional anaesthesia - £1650

Prof Charles S Reilly (Sheffield)
Endothelin-1 mediates the response of extra-splenic venules to sepsis - £7671

Departmental Project Grant

Dr Daqing Ma (London)
Xenon protection vs ischaemia-reperfusion injury in mice - £23036

Dr Thomas Ryan (Dublin)
An investigation of cytokine gene expression patterns in specific lymphocyte subgroups of patients with severe sepsis - £20683

Research Fellowship

Dr Ram Mohan Adapa (Cambridge) - 2 year salary

Deceased Members

Since May 2007, Council of the Association has been informed of the deaths of the following members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualifications</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr CR Ackroyd</td>
<td>MBChB, DIP IMC RCS</td>
<td>Ivybridge</td>
</tr>
<tr>
<td>EP Berwick</td>
<td>MB BCH BAO FFARCS</td>
<td>Kingston Upon Thames</td>
</tr>
<tr>
<td>Dr W Bingham</td>
<td>MD FFARCS FFARCSI FRCA</td>
<td>Hollywood</td>
</tr>
<tr>
<td>Dr CM Brookes</td>
<td>MB BS FFARCS</td>
<td>Caterham/Warlingham</td>
</tr>
<tr>
<td>Dr CA Foster</td>
<td>MB BS FFARCS</td>
<td>Ipswich</td>
</tr>
<tr>
<td>Prof TC Gray</td>
<td>CBE</td>
<td>Liverpool</td>
</tr>
<tr>
<td>Dr WK Pallister</td>
<td>MB BS FFARCS DHMSA</td>
<td>London N6</td>
</tr>
<tr>
<td>Dr RE Loder</td>
<td>MA MB FRCA</td>
<td>Bideford</td>
</tr>
<tr>
<td>Dr P Miller</td>
<td>MBBS, FRACP</td>
<td>Oxford</td>
</tr>
<tr>
<td>Dr TN Munro</td>
<td>MB BS DA FFA</td>
<td>Stockport</td>
</tr>
<tr>
<td>Dr A Parry Brown</td>
<td>FFARCS</td>
<td>Cambridge</td>
</tr>
<tr>
<td>Dr D Rittoo</td>
<td>MB ChB DA FCANAES</td>
<td>Oldham</td>
</tr>
<tr>
<td>Dr GH Ryder</td>
<td>MB BS FFARCS DA</td>
<td>Falmouth</td>
</tr>
<tr>
<td>Dr C Schmullian</td>
<td>BSc MB MCh FFARCSI</td>
<td>London SW</td>
</tr>
<tr>
<td>Prof MD Vickers</td>
<td>OBE MB BS MRCS FRCA DA FANZCA FCAHK</td>
<td>Cardiff</td>
</tr>
<tr>
<td>Dr PF Willis</td>
<td>MRCS LRCP FFARCS DA</td>
<td>Kettering</td>
</tr>
</tbody>
</table>

All membership enquiries should be directed to members@aagbi.org

Call for Nominations for Council Elections 2008-2009

This is a reminder that the closing date for nominations for Council elections is April 18th. Those interested in standing can obtain information and nomination forms from Chloe Smith on 0207 631 8807, or via email at chloesmith@aagbi.org. Forms can also be downloaded from the AAGBI website www.aagbi.org

Pictured below is the 2007 – 08 Council – you could be in this picture next year!
West of Scotland Subcommittee in Anaesthesia

ANAESTHETIC STUDY DAY
ON CRITICAL CARE OPTIMISATION
Thursday 15 May 2008

Venue: Kelvin Conference Centre, West of Scotland Science Park, Glasgow

TOPICS WILL INCLUDE:
- Microbiology for Anaesthetists
- Big Operative Blood Loss
- Perioperative Oxygen & Fluids

REGISTRATION FEE
£75 Medical Staff
£50 Nursing Staff

This Study Day carries 5 CME points

Application forms and further information from:
Mrs Lisa Pearson, PA to Postgraduate Dean
NHS Education for Scotland, 3rd Floor, 2 Central Quay
89 Hydepark Street, Glasgow G3 8BW
Telephone: 0141 223 1505/1504
Fax: 0141 223 1480
Email: Lisa.pearson@nes.scot.nhs.uk

Difficult Airway Day
A one-day Symposium and Workshops for Anaesthetics Trainees and Consultants
Thursday 19th June 2008
The Walkers Stadium, Leicester

Practical Sessions to Include
- Nasal Fibreoptic Intubation
- Oral Fibreoptic Intubation
- Dexter Endoscopy Trainer
- Airtraq Disposable Optical Laryngoscope
- Intubating LMA
- Oxford Box and Tracheobronchial Tree
- Awake Fibreoptic Intubation
- Simulator (Airman)
- LMA and Aintree Intubating Catheter
- Double Lumen Tube
- Cannula Cricothyroidotomy and Transtracheal Ventilation
- Percutaneous Tracheostomy
- Optimising Direct Laryngoscopy

5 CPD points applied for from the Royal College of Anaesthetists

Registration fee: £120 inc Lunch and Refreshments
Course Directors: Dr M Mushambi and Dr P Ali, Consultant Anaesthetists
Contact Sam Thurlow, Conference Manager
Tele 0116 2502305 Email sam.thurlow@uhl-tr.nhs.uk

NAW
Northumbria Airway Workshop
www.northumbria-airwayworkshop.nhs.uk

Hands-on experience
Approved for 10 CPD points by The RCoA
4th-5th June 2008
and 8-9th October 2008
at North Tyneside General Hospital

This workshop is for all grades of anaesthetists

Workshop objectives
1) Theoretical knowledge about Fibreoptic Laryngoscope and its care, techniques of fibreoptic intubation under regional and general anaesthesia, prediction of a difficult intubation, Difficult Airway Society guidelines and an update on the latest innovations that can be used in managing a difficult intubation
2) Candidates will learn and practice intubation on a mannequin with the fibreoptic laryngoscope through the oral & nasal route and through the ILMA & LMA etc.
3) On the 2nd day, every participating doctor will perform at least one fibreoptic intubation on an anaesthetised patient under supervision & will have further opportunity to practice above techniques on a mannequin. Candidates will learn and practice cricothyroidotomy, POK, Airtraq Glidescope, C Track, Aintree catheter etc. on a mannequin.

Course fee: £300 (including course dinner)
Form can be downloaded from: www.northumbria-airwayworkshop.nhs.uk
Places limited to 12 candidates per course

Contacts
Dr I Parvez or Dr A Tate
NAW
Department of Anaesthesia, North Tyneside General Hospital
Rake Lane, North Shields NE29 8NH
Tel: 0191 293 2519
Email: Iftikhar.Parvez@nhct.nhs.uk or Andrea.Tate@nhct.nhs.uk

Vascular Anaesthesia Society of Great Britain and Ireland

RESEARCH GRANTS
Grants are available from the VASGBI to cover all or part of the costs of research projects in the field of vascular anaesthesia, up to a limit of £10,000. Applicants should be current VASGBI members. Owing to the limited funds available, we are not usually able to fund salaries, although each individual application will be considered on its own merits. The closing date for applications is 23 May 2008. For further information and details of how to apply please visit our website www.vasgbi.com. Please address all queries and completed application forms for Research Grants to: Dr Mike Swart, Department of Anaesthetics, Torbay Hospital, Torquay, TQ2 7AA, email: Michael.swart@nhs.net or Tel: 01803 655196.

TRAVEL GRANTS
Applications are invited for a grant of up to £1000 to be used to fund travel to visit centres of excellence for vascular anaesthesia and surgery in the UK and overseas. Applicants must be current VASGBI members. The successful applicant should be able to demonstrate that such a visit will benefit both themselves and their particular hospital and should be prepared to give a short resume of her/his experiences to the Society’s Annual Meeting held in September each year. Applicants should submit a 1000 word proposal for consideration by the Education Committee by the 23 May 2008. For further details please contact: Dr A. Lumb, Chairman of the Education Committee, Department of Anaesthesia, St James’s University Hospital, Beckett Street, Leeds LS9 7TF. Tel: 0113 206 5789, email andrew.lumb@vasgbi.com or visit our website at http://www.vasgbi.com/
Introducing the SonoSite® S-Nerve™ ultrasound tool, designed specifically for anaesthesia.

Incredible image quality in an easy to use system that is ready to scan in 15 seconds. See what you inspired.
I am only here for a couple of weeks. It was a tiring trip. Moldanian Wings was re-routed to the beautiful Cathedral City of Stansted so I had to connect up here with long delays. It was lucky I was carrying my survival kit as they made me check in my Yakhide decorticator. I can’t take much more of this lifestyle, comrade. There were crowds queuing like outside a Magadan bread shop. Others in pink T-shirts with ‘Here to Help’ on the back were moving along the queues. I watched for a bit: you had to get past them to get through. Many people were being ‘helped’ ie having their possessions confiscated or told to stuff everything they owned in the world into one bag.

But every system has its weaknesses: when the pink T-shirts needed a tea break I slipped through with my 2 bags.

Gas-time is money for locums. If we are not actively passing gas we are losing it. So, when I got an invitation to go to ‘Moldania Day’ recently I was reluctant. Losing a day’s work. “What’s it about” I asked Dimitri. Key members of the Moldanian Diaspora were to meet with the newly Empowered Regional NHS Executive, Overseas Development Sub-directorate. The Dept of Working-Together-to-Make-a-Difference was organising aid for Moldania.

“They won’t pay you” said Dimitri. No ‘Sitting Allowance’ (In the old days our socialist comrades next door in Transmoldania were so proud of that).

Anyway, I went along out of the goodness of my heart but mainly to meet folks that I had not seen in years. Dimitri was there. He’s got out. Now he is a Professor. He is making a packet and has just moved into a Victorian mansion in wooded grounds looking over the Firth. The MRC has given him one million pounds to do research. “In Moldania?” I asked. He looked at me pityingly. Only a half-wit would spend one million on research in Moldania. Now he knew why he was here and I was there. He was a typical Moldanian: a shameless opportunist!

After a free cup of coffee the CEO made the opening address. His Regional Government needed to forge links with Moldania. He personally had been on a visit and seen the abject poverty and disease. Such a blot on the European mainland! There were remaining only women and grandparents. (Also children, of course. Always plenty of them.) Apparently his great-grandfather (on his mother’s side) had been a Moldanian - or maybe he had gotten off a passing ship - anyway, that was how the Regional NHS-Moldania partnership came about.

He was followed by many speakers outlining all the things they were going to do to help. But it turned out I was the only person there (apart from the CEO) who had been to Moldania in the last 10 years. I had just gone along to listen and mingle - maybe I should have contributed something useful like “Get out while there’s still time!”.

Anyway, whatever happens, it’s what you people over here would call a ‘noble cause’. Lots of ‘Hopefully’s’. But there is trouble brewing: the local MP (that’s Politiburo Praesidium member to you, Comrade) said in the newspapers a few days later that the CEO was out of order and acting against Minister Joseph’s Directive on Empowerment. The MP said that they were not allowed to develop places like Moldania, that was London’s job, they were wasting taxpayer’s money and anyway it was just a thinly-disguised holiday and travelling club.

Rather unkind, I thought. They were just doing their best and, after all, who would want to go on holiday to Moldania?