

***Some reckon their age by years,
Some measure their life by art;
But some tell their days by the flow of their tears,
And their lives by the moans of their heart.***

A. J. Ryan.

The time has come for me to hand over 'Today's Anaesthetist' into younger more dynamic hands. I have really enjoyed being Editor of 'Today's Anaesthetist' as this publication affords a bit of light relief in an otherwise fairly pressurised and serious field.

I will let your next editor introduce himself (that somewhat narrows the field for you to guess as to who it might be, by eliminating all female anaesthetists!!!!). He will have his own style, construct his own platforms and have his own particular hobby horses. In fact, as I am writing this, I am aware I am already looking forward to what I hope will be the first of his many editorials. I can guarantee they will be entertaining and possibly, no, almost certainly, less middle of the road than the stance I have taken as Editor.

What have been the highlights since I took over in Summer 2001? I did enjoy the Letters from Ellie Cramer from Uganda. I found Ed Walsh's article "Rue the Day" (Summer 2003) with the problem of "Phytophotodermatitis" fascinating, mainly because I had absolutely no previous knowledge of the condition.

This publication would not be what it is without all the contributions made by Keith Thomson. We have followed him on the Mercy Ships and all over the place. We were all very sad to hear of his cancer but hugely impressed by the courage with which he fought it and with which he described his journey through those dark times. Having done that – which must have been so daunting and difficult, he again took up his pen (more accurately, pressed the appropriate keys on his computer keyboard) and has been writing about his more recent travels and adventures. What courage! Thank you, Keith.

What am I going to do now? It came "*out of the mouths of babes and sucklings*" – or whatever the phrase is – and I knew the time was right to start winding down. One of my junior colleagues in the department seeing me recently somewhat hassled, came out with words that are echoing around in my head as I write. He said. "*Dr. Scott, is it not now time you just became the grey lady in the department?*" While at the time I wanted to challenge him in a physical manner (i.e. I wanted to hit him!) as time went by, I realised that it was for my own welfare he was concerned.

Although I have not even had one day's sickness in the three years since I returned to work having had a stroke, I do feel that the ravages of time have not only caught up with me but are overtaking me. I struggle with the on-calls which I only can drop for the final year that I am in post, providing, that is, I don't go before I am 60. If I am called in and am working all hours of the day and night, it takes more than one night's sleep to make me feel back to the point where I feel safe and capable of doing my normal long days at work. I feel like death warmed up for at least four days after a night on call.

Although this is a somewhat personal account, I do know, from talking to anaesthetists from all over the country, many feel the same way as I do. It is not just high time, it is long past the time that the College, and more particularly the Association, should be canvassing to ensure that anaesthetists over a certain age – whether it be 50, 52 or 55, can opt out of on call without penalty except, possibly, to pick up more 'in hours' work. Hospitals and departments vary. Some are much more caring and considerate to the grey ladies – and grey men – under their portals. It should be a right and not subject to another's discretion, that the oldies can opt out of on call. We work far harder on call than any previous generation of on call consultants. [Actually, it is not "on call" it is "work". The Government just won't acknowledge that it is "work" as we would then have to be paid properly for what we do.]

Trainees are more junior and are less able to anaesthetise seriously ill patients. Medico-legally we are told we must come in more and more. Obstetric anaesthetists in Derby (and I suspect in most other centres) may as well be resiegle tt cpallyith ot NICE guesil(ai ashich Medtat(lehsp an(c anaesthectt nsulta)ti[(m)9.9(u)0(sl be)]TJTp[(ri)tifma)29.o(u)r en

consultants in the last few years of their careers to work at night and the following day.

The trainees are no longer allowed to do it. Why should the people who are most vulnerable (i.e. the elderly anaesthetists) be expected to do it? It is potentially a very sad end to a career if something goes wrong because of unrealistic expectations that the older anaesthetists can work at the coal face day and night.

There, I've vented my spleen! That is 'the moan of my heart', as it were.

So now I am actively working on becoming 'the grey lady' in the department. I shall slowly off load the extras and actually again enjoy just doing my clinical work, which will, in the fullness of time, not include on call. I will not (yet) 'wear purple and run my stick along the railings' but I will walk and not run, I will insist on having lunch. (Lunch! What is lunch?).

While I may metaphorically assume the role as the 'grey lady' in the department, I don't have to literally be 'grey'. In the mean time that is taken care of by my hairdresser. One day maybe.... But not yet! One has to have something to look forward to, after all.....!

Many thanks indeed to all who have helped me. At this point I have to tell you your crossword compiler all these years has been the indomitable Dr. Paddy Williams to whom I am deeply indebted. Thank you, Maestro. And may you continue to have a long and happy retirement.

I would also like to thank all at Media for giving me the opportunity to have had my little platform to say my say (and yours) and to help anaesthetists not to take themselves too seriously! It has been a great joy to have been associated with Media for the past seven years. Now I am moving on but I will keep in touch. If you feel I should have thanked you personally then just put it down to me being the grey lady!

With best wishes to you all,

Wendy Scott

TODAY'S ANAESTHETIST – THE FUTURE

In 1986 a gentleman high up in the field of anaesthetics was quoted as saying "*this publication will be here today and gone tomorrow*" I think it is fair to say we have dispelled this myth!

Much is owed to the publication's success over the past 20+ years, namely the support we have received from the trade, the contributions of our many readers and, last but not least, the efforts that have been put in by our editors past and present; Dr Robin Weller, Professor Michael Vickers and Dr Wendy Scott, who have all strived to provide you with material of interest and, of equal importance, a publication to be enjoyed, which is why I believe *Today's Anaesthetist* is probably the most widely read and talked about publication in the field of UK anaesthetics and one which we should all be proud of.

Unfortunately for Media, Wendy has decided she now needs a well earned rest from her editorial duties and, as you can see from her editorial leader, is handing over the reins to ???? whom I am confident will continue the good work undertaken by those before him.

On behalf of myself, as the publisher of *Today's Anaesthetist* and the Media Publishing team, we wish Wendy well for the future, thank her for her efforts over the past number of years in ensuring the publication's high standards were maintained for the benefit of you, the reader.

T W Gardner
Publisher