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BERITA Anestesiologi

Newsletter of the • Malaysian Society of Anaesthesiologists
• College of Anaesthesiologists, Academy of Medicine of Malaysia

Malaysian Society of Anaesthesiologists

College of Anaesthesiologists, Academy of Medicine of Malaysia

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EDITOR Dr Rafidah Atan

In this Issue...

Message from the President

Friends and colleagues,

The MSA now has over 500 members, and it is becoming more and more difficult for us to know all our anaesthetic colleagues in the country. I remember at one time (in the 80's) when Malaysian anaesthetists knew practically every other anaesthetist in the country – this was when the whole anaesthetic fraternity numbered just about 100, and we were somehow or other connected to one another – either trained in the same place, or worked in the same place, or have mutual friends or colleagues. It is not the same any more. I can hardly remember the names of all the trainees who have gone through my department, let alone all the anaesthetists in the country! While this means that our numbers are growing rapidly, there is also the downside to this – the fact that we may become fragmented and no longer a cohesive anaesthetic community.

The Anaesthetic Community

I think that we need to make more efforts to keep in touch with each other, and maintain some sense of belonging to a community of anaesthetists. "What for?" Some may ask …

Wikipedia defines "Professional Community" as "a group of people with the same or related occupation … some may join a professional society (which is) … an organization … that exists to further a particular profession, to protect both the public interest and the interests of professionals. The balance between these two may be a matter of opinion. On the one hand, professional bodies may act to protect the public by maintaining and enforcing standards of training and ethics in their profession. On the other hand, they may also act like a cartel or a labor union (trade union) for the members of the profession…" (Wikipedia, http://en.wikipedia.org/wiki/Professional_society, accessed 9 October 2007)

I believe that a strong Society has a very important role to play in both the areas mentioned above, i.e. in protecting the public interest, and protecting the interest of anaesthetists. We protect the interests of the public by working together with the College of Anaesthesiologists to set standards and put up practice guidelines. In the other area, protecting the interests of anaesthetists, a recent example of how this is important is when the MSA was able to successfully negotiate with one of the insurance companies in Malaysia that anaesthetists' fees remain as a separate professional fee and not a percentage of the surgeons' fee, which they were going to insist upon. I would like to reiterate that the anaesthetists' fees are now part of the Regulations of the Private Healthcare Facilities and Services Act, (PHFSA) and it is important for us to be familiar with this schedule and to comply with it. I would also urge members not to charge too much below the stipulated charge (which is the maximum amount chargeable) as this would be detrimental to the profession in the long run.

Local CPD programs

Another important benefit of being part of a community is being able to benefit from the sharing of knowledge and latest developments in areas outside our own area of interest or sub-specialisation. I would like to thank all those who have been involved in organizing and presenting at the Klang Valley CPD sessions, which have continued regularly for the past two years. Perhaps other regions can also start doing this local CPD activities where speakers are our own colleagues rather than someone from out of the country. There are enough of us to do this meaningfully, and this will also give us the opportunity to do more presentations, which will help us to improve our skills and confidence in public speaking.

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Presentation Skills Workshop

In line with this, the MSA will be organizing a workshop on Presentation Skills for all members who have contributed to the Society by speaking at our scientific meetings or local CPD meetings – we will be sending out invitations to members to attend this training which will be conducted by the British Council over two days in early January. Places are limited, so it will be on a first-come first-served basis, and I hope that those members who do respond will not drop out at the last minute. Those who do not receive an invite and are interested to attend, please email the secretariat acadmed@po.jaring.my and indicate your interest so that we can include your name either in this or subsequent training sessions.

WMA President: Physicians' duty to respect human life

On another note, I would like to share with you the latest news from the WORLD MEDICAL ASSOCIATION (WMA) – a recent press release stated,

"Physicians' obligation to respect human life rather than to preserve it has been highlighted by the new President of the World Medical Association, Dr Jon Snaedal, a geriatrician from Iceland, who said that when the WMA last year changed one word in its International Code of Medical Ethics from 'a physician shall always bear in mind the obligation to **preserve** human life' to 'a physician shall always bear in mind the obligation to **respect** human life', it reflected a fundamental change in physicians' way of thinking of their duties. In his inaugural speech at the WMA General Assembly in Copenhagen last week, Dr Snaedal said,

'Our abilities to treat our fellow human beings have vastly increased as we are now able to preserve life for a long time even if this life is without any obvious quality. There is a saying that life is a disease with 100 per cent mortality, a saying that medicalizes life itself. We have to acknowledge the fact that death is inevitable and that in its last phases it is of more value to the person to treat the symptoms rather than the disease. In this phase our obligation is thus to respect the patient rather than to preserve his life.'

As people who work in intensive care areas we may come across situations where it would be good for us to remember this – that respect for human life is more important than efforts to preserve life.

Selamat Hari Raya to all our Muslim members, and Happy Deepavali to our Hindu members. To all members, have a good holiday and I hope that everyone will find some time to do something that makes you happy (not just work, please).

Mary Cardosa
mary.cardosa@gmail.com
9 October 2007

The National Anaesthesia Day

The National Anaesthesia Day falls annually on 16 October and all hospitals are encouraged to commemorate this day.

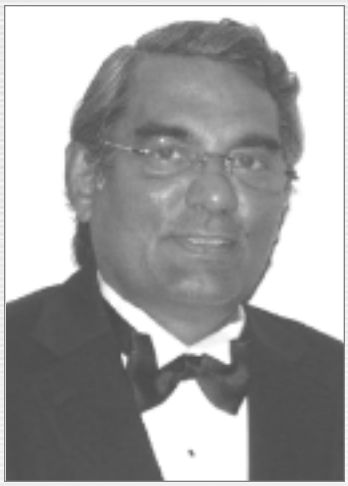
From this year onwards, the MSA will provide a subsidy of RM1000 to participating hospitals to help cover expenses incurred during their celebration of the National Anaesthesia Day.

It is hoped that with this offer, more hospitals will take the opportunity to educate the public as well as other specialties about the important role that the anaesthetic community plays.

College of Anaesthesiologists, AMM

Message from the President

Mohamed Namazie Ibrahim



As I begin to pen this message, the events in the country in the last few weeks appear before me. Write, I must about these events lest I default on commenting on important issues inflicted upon our beautiful nation by unscrupulous entities that are nature's garbage. We are going through an upheaval the likes of which we have not seen before. The brutal sexual assault and murder of an innocent eight year old Nurin has caused so much anguish and revulsion in the community that there is a clamor for the protection of the young. The increasing number of violent criminal acts against the young and women needs urgent attention from the relevant law enforcement agencies and the government. As ordinary citizen we too can play a role in creating awareness among the public. As members of the noble and respected profession we have a duty to participate in activities organized by NGOs and other organizations to bring about awareness of the serious rot in the psyche of the nation. Are we living in the worst of time in the midst of plenty?

The alleged judicial misbehavior as released in a videotape recently is extremely worrying as justice to all and sundry is the fundamental requirement of a civil society. As doctors we have to be concerned for the welfare of the nation when the judiciary fails to deliver justice. We are all potential litigants and will have to look to the courts for justice. Judicial inequities may affect us if nothing is done early to stem the problem. The members of the Bar Council have viewed this breach in propriety of the judiciary seriously and staged a "March for Justice" recently in Putrajaya in the 'hallowed' precincts of the Palace of Justice. Having vented my deep feelings let me move on to College affairs.

7th Ministry of Health Malaysia – Academy of Medicine of Malaysia Scientific Meeting 2007

The Academy of Medicine Malaysia and Ministry of Health Scientific Meeting was held in Penang in the first week of September. This year's theme was Medicine and Healthcare in 2020. The Director General of Health, Tan Sri Datuk Dr Mohd Ismail Merican, was the guest of honour. In his speech the DG touched upon the recent developments in the healthcare sector and the changes that are to be expected. The amended Medical Act which will pave the way for the National Specialist Register is expected to be tabled in the first quarter of next year. There will be greater emphasis on Continuing Professional Development and the new Act is expected to contain legislation which will make it mandatory for CPD participation before Annual Practicing Certificate is issued. The period mentioned was once every five years.

One of our College members was inducted into the Academy while another was conferred the Fellowship. Besides these two and me the representation of members from our College in this biennial affair was dismal. Nevertheless it was a good meeting with some presentations of high quality. There were three Pre-Congress workshops concerning Postgraduate Surgical Training, Development and Implementation of CPGs, and Use of Mathematical Modeling in Infectious Diseases.

During this meeting the Clinical Practice Guidelines on the Treatment of Anaemia was officially launched. It contains evidence based guidelines and would be useful for anaesthesiologists as well. The hard copy of the guidelines is available in the Academy of Medicine secretariat.

The workshop on Postgraduate Training was particularly interesting and was led by Prof Julie A Freischlag, Professor and Surgeon-in-chief of the Johns Hopkins Medical Institutions and Dr Lum Siew Kheong, President of the College of Surgeons, AMM. The changes that are taking place in surgical training around the world were discussed and there were certainly some lessons to be learnt by us as well for our training programme in anaesthesia. One feature that has become common among the various training programmes in the developed nations is the increasing duration of training and the restricted working hours of trainees. The discussion on the quality of surgical graduates from our Masters programme became contentious and ruffled feathers and was skillfully steered out by the able group leader of the breakout group. This reminded me of the discussions we have had in the anaesthesia conjoint board meetings regarding the quality of anaesthesia graduates. The other highlights of the meeting would probably appear in the Berita Akademi and need not be repeated here.

Clinical Practice Guidelines Revision and Updates

The College has produced several guidelines for the benefit of members of our profession. Two such CPGs were due for revision and update. The CPG on Preoperative Fasting was revised by Dr Tan It and his team and was circulated to members through the MSA mailing list. We have received comments from very few of our members. Those who have not received it could kindly contact the College secretariat [acadmed@po.jaring.my] and obtain a soft copy. The guidelines will be officially tabled at the next AGM for adoption by the members.

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The other guideline that is going through revision is the Safety Standards and Monitoring during Anaesthesia and Recovery. The last revision was done in 1997 and the Council felt the revision was long overdue. I am leading the team that is doing the revision. The draft has been prepared and after approval by the College Council will be circulated to the members for comments. This document will also be officially tabled at the next AGM for adoption.

I request the members to go through these two documents carefully and provide comments or criticisms which would be greatly appreciated by the two teams doing the work. The two teams would feel reassured if the members would write in to give their approval even if they do not have any comments or criticisms.

What's in a Name…..?

"What's in a name? That which we call a rose
By any other name would smell as sweet"
……From *Romeo and Juliet* (II, ii, 1-2)

Does it? We have been called anaesthetists or anaesthesiologists as far as I can remember. But recently I have heard anaesthesiologists being called a name that sounds similar to an orifice in the human derriere and that certainly does not smell as sweet. I am sure you all know what I mean. The first time I heard this was during the workshop at our last AGM when one of the facilitators who happened to be a medical assistant used the word to refer to the workshop leader who was an anaesthesiologist. I had to tell him off and asked him to refer to us using the proper term and that is anaesthetist or anaesthesiologist or just *pakar bius*. Some nurses in my hospital who returned after completing post basic training in ICU and OT used this term as well. When questioned they said this term is commonly used in the government hospitals where they trained and that too by the anaesthetists themselves. We do have a serious problem here.

Could it be due to the difficulty in pronouncing the terms anaesthesiology and anaesthesiologists? The Malaysian penchant for shortening names has produced unintended consequences. It would be easier to use the English terms anaesthesia and anaesthetists.

The first department in Malaysia to use the American term was in UMMC. The Australian influence was evident here, for in the earlier days before ANZCA was formed there was the Faculty of Anaesthesiologists in the Royal Australasian College of Surgeons. Should we now discard the American terms anaesthesiology and anaesthesiologists (quite a mouth full really) and revert to the English terms of anaesthesia and anaesthetists. The Australians have ditched the American terms and are now using the English terms. Should we do the same?

I take thee at thy word:
Call me but love, and I'll be new baptiz'd;
*Henceforth I never will be Romeo. (*From *Romeo and Juliet)*

To all our members Selamat Hari Raya, Happy Deepavali and Merry Christmas.

Malaysian Society of Anaesthesiologists & College of Anaesthesiologists, AMM

Annual General Meeting / Annual Scientific Meeting 2008

Theme ***"Safety in Anaesthesia"***
Date **25 to 27 April 2008**
Venue **Awana Porto Malai**
Langkawi, Kedah, Malaysia

Organising Chairperson • **Dr Mortadza Ramli**
Scientific Chairperson • **Assoc Prof Jaafar Md Zain**
Scientific Co-Chairperson • **Dr Felicia Lim**

Watch out for further news on the MSA website
www.msa.net.my

Malaysian Society of Anaesthesiologists

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50 years ago : Anaesthesia during the Malayan Medical Service

by **Patrick S K Tan**

On 3 September 1945, following the end of Pacific hostilities, the British returned to Malaya. In the 1950s the Malayan Medical Service and anaesthetic services under the Pre-Merdeka Government was concentrated in hospitals in Penang, Kuala Lumpur, Ipoh, Johor Bahru, Malacca, Kuching and Jesselton. The first qualified British anaesthetist was Dr E G Hudson who worked in Kuala Lumpur from 1947-51. One of his early anaesthetic trainees was Dr Fred Pais who settled in Singapore. Dr J George Lomaz was a Polish doctor who emigrated to Malaya and served in Sawarak General Hospital as general medical officer until 1952 when, at the encouragement of Dr Pais, he went to Liverpool to study anaesthetics under Professor Cecil T Gray. Lomaz gained the FFARCS in 1953 and worked in Kuching and Johor Bahru from 1954-56 and in Kuala Lumpur from 1956-59 when he migrated to Sydney and became director of anaesthesia at the Royal Alexandra Hospital until 1979.[1] Another anaesthetist Dr Micaleff was from Malta. In 1953 Dr L P Scott was appointed specialist anaesthetist on contract first in Kuala Lumpur and then in Penang. Dr A L Gardiner was anaesthetist in Taiping and later at Lady Templer Hospital, Cheras.

Dr M K Subrahmanyam, a medical officer and later consultant anaesthetist, said that, in the 1950s, a doctor had to give anaesthesia and also do the surgery in hospitals in Selangor and Pahang. "I trained the medical officers (MO) in surgical and O&G units in general anaesthesia techniques during elective operations so that, at night, they should do whatever is possible under spinal anaesthesia and also manage general anaesthesia by one MO giving anaesthesia and the other operating. If I was called many times in at night, I would drastically cut the next day's elective operation list, which surgeons did not like. There was no other option if I was to avoid exhaustion."[2]

Working conditions in the Malayan Medical Service around 1950 were characterized for many by the Penang Hospital. This four-storey brick building, rebuilt in 1935 on the site of an earlier construction in 1882, was then the tallest building on the island. Set in the genteel surroundings of George Town amid majestic *Pterocarpus indicus* (angsana) trees the facade of the main hospital block shared, with the Governor's residency, a commanding view of the polo ground. In 1950 in Penang Dr Elaine Field was the consultant paediatrician, Dr R A Pallister and Dr H Alistair Reid the physicians and Mr Sam M Campbell the surgeon. Mr J Seevaratnam was the obstetrician and gynaecologist and there were two general duty medical officers, Dr Griffith and Dr John Francis Nunn. In the succeeding three years, anaesthesia in Penang passed through most of the major post-war revolutions in the specialty.

Nunn had arrived from England in December 1949 with the experience of 20 anaesthetics he had administered as a medical student. Nunn had then no qualifications in anaesthesia and his lack of surgical experience was deemed inappropriate by the Malayan Medical Service. However he had a real interest in anaesthetics and, having been drafted into performing this service in the surgical unit, described it as "an extremely exciting time of very rapid progress. In a few short years, paralysis, light anaesthesia and artificial ventilation became the most popular techniques, sweeping aside deep spontaneous inhalational anaesthesia. It is disturbing to think how ill-prepared we were for this revolution. Almost nothing was known about respiratory function during anaesthesia, of the quantitative effect of pulmonary ventilation on PCO_2 and PO_2, and of the profound effect of anaesthetics on chemoreceptor responses. Shunts and dead space had never been measured duiring anaesthesia. We had no understanding of the mechanics of breathing."[3]

Surgery in Penang Hospital was carried out in the main operating theatre and obstetric anaesthesia was performed in the maternity wing across the Residency Road. Anaesthesia learning during this period, pre-dating Online Journals and personal digital assistants by half a century, was characterised by the absence of textbooks, journals, anaesthesia departments, modular training programmes, simulators and anaesthetic colleagues to share and tear.

The only drugs available for anaesthesia were chloroform, ether, ethyl chloride, trichloroethylene, procaine and nupercaine. Open chloroform and ether, using a Schimmelbusch mask with oxygen supplementation via nasal catheter, were the principal methods of anaesthesia. Ether was shipped from England as deck cargo and was exposed to a high temperature. On arrival it was tested for aldehydes and peroxides and about 80% was usually condemned. Ether anaesthesia was quite practicable on the open mask and adequate depth could be maintained with practice and ingenuity. Open trichloroethylene was invaluable for midwifery when no Boyle's apparatus was available. Nunn was the first to use cyclopropane in Malaya. A 1:1 mixture of oxygen and cyclopropane was used for efficient induction of anaesthesia. Nunn calculated that "this mixture gave an average of 68.5 seconds of operating time but might well have caused a dreadful explosion." The apparatus for delivering this mixture became well known to Malaysian anaesthetists as Nunn's Bag although it was correctly a modification of J.G. Bourne's Bag, consisting of a two-litre bag attached to a one-litre pre-filling bag.[4]

Premedication was usually atropine with or without an opiate. Nunn's vivid account of the physical and emotional characteristics and differences in the anaesthetic disposition of Malays, Chinese and Indians is indicative of this scientist's powers of observation and analysis.[5] He also introduced muscle relaxants in Malaya. "Intravenous thiopentone was

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used for rapid induction of anaesthesia and spinal heavy nupercaine was also available. By 1950 the introduction of the anaesthetic machine, known as Boyle's apparatus, of laryngoscopes, curare and tracheal tubes were a great assistance to Campbell the surgeon. In 1952 closed circuit anaesthesia was added to the growing armamentarium."

Nunn noted that "In Malaya the predominant malignant conditions were carcinoma of the cheek among betel nut chewers and lymphoepithelioma of the pharynx and cancer of the oesophagus among Chinese. Osteomyelitis of the mandible resulted in clenched teeth and ether anaesthesia followed by blind nasal intubation was performed. Thyroidectomy in toxic patients was likely to be followed by a thyroid crisis and often the pulse rose to 160 while the gland was being mobilised. The situation was treated with potassium iodide gr.10 in a pint of physiological saline given by intravenous infusion. The pulse rate usually settled and I never saw a fatal thyroid crisis." Nunn encountered two deaths in 1,000 anaesthetics, "both of whom developed convulsions under ether during surgery, one for ruptured appendix with gross peritonitis and the other for perforated bowel from gunshot wounds. I decided to avoid ether in pyrexial patients and use nitrous oxide and a relaxant whenever possible." In contrast to present conditions, hypothermia in his surgical patients was not a predominant concern as the operating theatre temperature was constantly 30°C and humidity 95%.[5]

In a lecture I attended at the Royal College of Surgeons, Nunn recounted that, on one occasion, stevedores employed by the Indian Labour Company Penang became unconscious by the inhalation of noxious gases while unloading a cargo of onions from the hold of the S.S. Rajula, owned by the British India Navigation company, which had docked at Swettenham Pier, Penang. Nunn speculated that the germination of onions in the hold during the voyage could have released carbon dioxide or other gaseous substances which, being heavier than air, settled in a layer to anaesthetize the unfortunate workers, two or three of whom were lost. "I believe they were brought up dead. In those days there was no ICU and no blood gas analysis so it would have been difficult."[6] If so, this reproduced the historic experiments of Henry Hill Hickman who demonstrated in 1809 that mice could be anaesthetized by the inhalation of a toxic concentration of carbon dioxide. Coincidentally the owners of the Indian Labour Company were Encik Mohamed Ismail, Encik Mohamed Arif and Encik Mohamed Ibrahim.[7] The latter's niece married (President) Dr Mohamed Namazie Ibrahim (FFARCS, 1978), anaesthesia medical officer at University Hospital Kuala Lumpur from 1976 to 1978 and lecturer from 1978 to 1980, President of the Malaysian Society of Anaesthesiologists 1999-2001 and President of the College of Anaesthesiologists.

With justifiable pride, Nunn taught himself and "various medical officers assigned to me, of whom Frank Bhupalan was the best and gained the Nuffield prize in the United Kingdom. The first anaesthetic textbooks and journals (Minnitt and Gillies' Textbook of Anaesthetics, J Alfred Lee's Synopsis of Anaesthesia, *British Journal of Anaesthesia and Anaesthesia*) arrived in 1952, by which time we were doing thoracotomies, maxillofacial surgery and controlled hypotension with hexamethonium in Penang, with standards at least as high as I found in my own teaching hospital when I returned to England in April 1953.

Despite entertaining a busy schedule served by surgeons Dr Syed Mohammad Alhady, Dr Abdul Cader, Dr Lim, Dr Rao and Mr Campbell, Nunn found time to attend to his hobbies. Nunn's skills in carpentry enabled him to build four dinghies, named Sheila I – Sheila IV after his wife, and he took many sailing trips around Penang island. When Nunn left for England, to achieve lasting distinction for his research on respiratory physiology, his son's cot, which plausibly received the same labor of love from his father's dexterous hands, passed to another medical family and the eleven babes who have been cradled among its sheets include four doctors, two of whom are anaesthetists.

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ANSWERS TO LAST MONTH'S QUIZ #1

1. What was the most commonly practised method of anaesthesia when Malaysia became independent? **Diethyl ether or chloroform via a Schimmelbusch mask.**
2. Who was the first Malaysian anaesthetist to gain the FFARCS (now called FRCA)? **Franklin Rajendram Bhupalan, FFARCS 1959.**
3. What other singular achievement is this anaesthetist noted for? **F R Bhupalan was the first Malaysian to win the Nuffield Prize for the best result in the Primary FFARCS (FRCA). He was also the first President of the Malaysian Society of Anaes-thesiologists.**
4. Where was the Malaysian Society of Anaesthe-siologists founded? **Ipoh.**
5. What is the connection between Hospital Universiti Kebangsaan Malaysia and Field Marshall Gerald Templer? **Field Marshall Templer was the British High Commissioner in Malaya from 1952 to 1954. The Lady Templer Hospital for Tuberculosis and chest diseases is named after his wife and was located in Cheras, off Jalan Tenteram, a stone's throw from the present Hospital University Kebangsaan Malaysia. It is presently a Klinik Kesihatan.**

THIS MONTH'S QUIZ #2

1. Who was the first Professor of anaesthesiology in Malaysia?
2. Who was the first anaesthetist to be a Vice-Chancellor of a Malaysian University?
3. What drug was discovered in Penang hospital?
4. Where was cardiac surgery first performed in Malaysia?
5. Who were the founding members of the Malaysian Society of Anaesthesiologists?

Prize – to be determined by the Editor for the first, correct and most complete answers.

Please submit your entries (for the quiz) via email to the Editor at rafidah10@hotmail.com or rafidah.atan@med.monash.edu.my.

The first, correct and most complete answers will receive a copy of **Examination Medicine** by **Talley and O'Connor**.

4th Paediatric Anaesthesia & Analgesia Workshop Hospital Sultanah Aminah Johor Bahru (HSAJB)

28 – 29 July 2007

By Dr Sushila Sivasubramaniam

After three successful and fully subscribed workshops in Kota Kinabalu, Kuantan and Ipoh, the 4th Paediatric Anaesthesia & Analgesia Workshop was held in Hospital Sultanah Aminah Johor Bahru (HSAJB) on 28 – 29 July this year. Organized by the Special Interest Group (SIG) in Paediatric Anaesthesia, College of Anaesthesiologists, AMM; Department of Anaesthesiology & Intensive Care HSAJB and Aesculap Academy Malaysia, this workshop featured local and overseas speakers and attracted 46 participants from all over Malaysia.

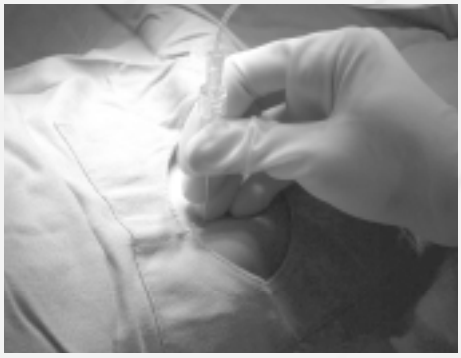
We see an increase in the number of participants each year which reflects on the need to enhance ourselves in recent exciting advances in techniques of paediatric anaesthesia and perioperative care of children. The SIG has thoughtfully developed a comprehensive programme, incorporating didactic and hands-on sessions so that participants can put theory into practice and gain better insight into techniques presented. Case presentations provided a platform for interactive exchange of skill and knowledge and it was encouraging to note the enthusiasm amongst participants in these sessions.

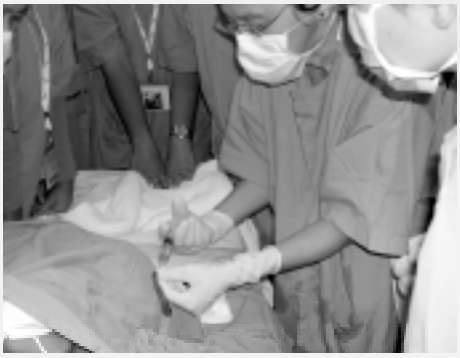
To expand the sharing of expertise, we invited Dr Josephine Tan from Kandang Kerbau Women's & Children's Hospital, Singapore, who gave a lecture and moderated a Case Discussion. The workshop started with a full day seminar and covered various topics:

- Management of URTI in Children by Prof Dr Lucy Chan
- Fluids and Electrolyte Therapy in Children by Dr Sushila Sivasubramaniam
- Neonatal Surgical Emergencies by Dr Josephine Tan
- Peripheral Nerve Block in Children by Prof Dr Felicia Lim and
- Post-Operation Pain Management in Children by Dr Thavaranjitham Sandrasegaram

Two Case Discussions on "Cleft Lip & Palate" and "Airway Foreign Body" were also presented. For each case, participants were encouraged to contribute ideas, suggestions and management of the cases.

The second day of the workshop entailed hands-on sessions in three Operating Theatres. Twenty one cases, mainly on herniotomy and circumcision were arranged, to ensure that all participants had the opportunity to put theory into practice. The faculty demonstrated techniques of induction, maintenance of general anaesthesia, airway management and techniques in regional anaesthesia. In between cases, participants also viewed video presentations on Paediatric Regional Anaesthesia.





Based on the feedback received, most delegates were pleased with the exchange of knowledge and expertise shared during the seminar and hands-on session.

Emblem and Motto of the College of Anaesthesiologists, AMM

The emblem of the College of Anaesthesiologists, AMM consists of a shield on top of the motto.

The shield is divided diagonally from top right to bottom left into a dark blue upper section and a bright yellow lower section. Gold and dark blue were chosen as the colours of the College to complement red and white, the colours of the shield of the Malaysian Society of Anaesthesiologists, the sister organisation of the College. These four colours are the colours of the Malaysian flag, signifying the two organisations working together for the development of the nation.

In the centre of the shield is a white snake entwined around a black rod, a representation of the rod of Aesculapius, the symbol associating the healing of the sick with medicine. On top of this is a yellow crescent with a 14-pointed star symbolising Malaysia. Below the rod is an open book on a red base signifying an institution of higher learning. The four colours of the central charges are the colours on the shield of the Academy of Medicine of Malaysia, the parent organisation of the College.

On the left of the shield is a green poppy head above green cocaine leaves. These represent general anaesthesia and local anaesthesia respectively. On the right is a brown 'bag and mask circuit', representing the skill required for the art of anaesthesia.

The motto of the College is *'Maju Melalui Pendidikan'* – 'Progress Through Education' – chosen by Council to reflect the primary function of the College.

3rd Regional Workshop on Transfusion Alternatives in Kota Kinabalu, Sabah

Report by
Dr Thong Chwee Ling

The 3rd Regional Workshop on Transfusion Alternatives was held in Kota Kinabalu, Sabah on 28 July 2007. This workshop was part of the Malaysian Society of Anaesthesiologists Continuous Professional Development Activities. The workshop attracted a total of 84 participants from all over Sabah. The speakers at the workshop were Prof Dato Dr Wang Chew Yin, Prof Dr Gracie Ong, Assoc Prof Dr Nik Abdullah, Assoc Prof Dr Marzida Mansor, Dr Jenny Tong, Dr Thong Chwee Ling and Ms Khong from Fresenius Kabi.

Topics covered during the workshop include the pathophysiology of fluid imbalances, transfusion triggers, the role of crystalloids and colloids, and a comparison of the different types of colloids available.

At the end of the workshop, a question-and-answer session was held. This turned out to be a lively affair as the participants brought up interesting and challenging questions.

The MSA would like to thank the sponsors of the workshop and hope to carry out future workshops in other states as well.

Participants of the 3rd Regional Workshop on Transfusion Alternatives.

Speakers posing for a group photo at the end of the workshop.