The Irish are coming

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In this issue of the journal, we introduce the College of Anaesthetists of Ireland who have adopted the BJA as their official journal. The crest of the Irish College joins that of the Royal College of Anaesthetists on the cover of the journal and the Irish President joins the BJA Editorial Board.

In 1959, a Faculty of Anaesthetists was founded at the Royal College of Surgeons in Ireland (RCSI). In 1998, the Faculty was superseded by a College at 22 Merrion Square, Dublin. Merrion Square is the finest example of Georgian Architecture in Dublin and this month’s cover includes a picture of the College door.

The College of Anaesthetists of Ireland sustains high-quality Anaesthesia, Intensive Care and Pain Medicine through its education, training, and examination programmes. The College sets standards for training and for the organization, supervision, and counselling of trainees. In 2008, a Faculty of Pain Medicine was founded and the College offers a Diploma in Pain Medicine. A Fellowship in Intensive Care Medicine is awarded by the Joint Faculty of Intensive Care Medicine in Ireland, founded in 2009 by the Irish College, the Royal College of Physicians of Ireland and the RCSI.

British and Irish anaesthesia have been inexorably linked for many years with scientific cooperation, the movement of clinicians across borders and mutual support in professional examinations.

The first editorial of the BJA was published 90 years ago and is devoted to the necessity and advisability of organizing the anaesthetists of England, Scotland, and Ireland.

‘It is a self-evident fact that anaesthetists united in one large, virile body can do much to advance the science and practice of anaesthesia, and it behoves those of us who are alive to the possibilities of unity to give the matter attention and thought’. Arguably the call for organization has been discharged by the formation of the Association of Anaesthetists of Great Britain and Ireland and subsequently the two Colleges. Adoption of the BJA by our Irish College advances the scientific agenda and the BJA editorialist would undoubtedly have approved.

In May 1960, an editorial in this journal welcomed the establishment in Dublin of a Faculty of Anaesthetists of all Ireland. The writer noted: ‘While divided politically, the Irish unite to play rugby, golf and hockey and it is pleasing to note this unity in the newly formed Faculty’. This unity persists and the Irish College has many fellows, Council members and Examiners in Northern Ireland.

Many eminent Irish anaesthetists have trained in the UK. Dr Tommy Gilmartin (1905–86) trained in Liverpool and London, was a founder member of the Association of Anaesthetists of Great Britain and Ireland (1932) and in 1959 became the first Dean of the Faculty of Anaesthesia of the Royal College of Surgeons of Ireland (RCSI).

Dr John Dundee also trained in Liverpool before returning to Queens University Belfast as a Senior Lecturer. He was a member of the foundation board of the Irish faculty and had the unique distinction of being on the board of both facilities at the same time.

In 1957, the BJA welcomed the establishment of an academic department in Belfast with John Dundee as chair and the first scientific paper in the BJA from Ireland appeared the following year. Academic departments subsequently developed in Dublin, Cork, and Galway. Since then there has been a steady flow of high-quality publications from Irish authors and several have served on our board. Many anaesthetists currently practising in Ireland have links with the UK.

Important contributions and areas of Irish clinical leadership include developments in i.v. anaesthesia, induction of anaesthesia, and the use of opioids. The College of Anaesthetists of Ireland has made significant contributions to the field of anaesthesia and continues to play a vital role in advancing the science and practice of anaesthesia in Ireland.
Difficult peripheral veins: turn on the lights

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Peripheral venous access is one of the most frequent procedures performed in our hospitals. Above 90% of hospitalized patients may require a peripheral cannula to deliver i.v. therapy,¹ and more than 1 billion venipunctures per year are performed to obtain blood samples for testing.²

Although, peripheral venous access may be difficult, time-consuming, and frustrating, for instance, in neonates and children, obese patients, dark skin patients, i.v. drug abusers, shock patients, and patients previously treated with chemotherapy.