

## Editorial

It is often said that when Europe sneezes, South Africa gets a cold. I sincerely hope that this does not occur in the case of the hydroxyethyl intravenous starches, which have been withdrawn in most European countries. This decision is based on poor science, as has been pointed out so eloquently in the letter by our senior colleagues from the Western Cape published in this journal. Intravenous fluids need to be regarded in the same way as drugs are, and we as anaesthesiologists are trained to use them correctly and judiciously for the correct indications.

Prof Peter Gordon has offered to submit regular vignettes on the South African contributions to the history of our specialty, which is very exciting. The first one appears in this edition.

The balance of our articles in this edition of our journal include the second part of an excellent review on intraoperative neurophysiological monitoring, and the third part of a series of articles indicating how potentially infectious our anaesthetic equipment can be. The unsafe nature of the oral laryngeal spray in children is highlighted, (something we have always suspected), and the effect of peripheral nerve stimulation on hypotension is elucidated. Our two case reports discuss two very diverse but important conditions, the one illustrating that caudal anaesthesia in children is perhaps not as safe as has always been thought.

Christina Lundgren