

The Chirurgeon's Burden

Newsletter For An Tir Chirurgeons

ISSUE #12 – January, 2007

Editor: Lianna Stewart, MC, GdS

Words from our Kingdom Chirurgeon



Greetings all,

First, news from the top. Dame Eleanor Isabeau du Coeur, MC, OP has stepped down as Society Chirurgeon after turning in a 30+ page report to the BoD on last Pennsic. Her health has suffered recently, and I am sure our combined good wishes will help her to a full and lasting recovery. There aren't

words enough to thank her for her service. The new Interim Society Chirurgeon is Viscountess Kaellyn Mac Dermot, MC, OP, who was ChIC for Pennsic. The BoD's Pennsic report is available on our website.

We have a meeting at 12th Night, scheduled for 10am Sat in the Shilo Inn, Dolphin Room B. I've promised a report on that meeting will be posted to the message board. I hope it is already in place as this newsletter goes to "press!"

For those who haven't noticed yet, our new website is www.antir.chirurgeonguild.org - though that may be changing to www.antir.chirurgeonsguild.org; please go vote on which you prefer. We thank Wastekeep for hosting us for these beginning years and of course many thanks to THLaird Conal for his continued loving improvements to our web resources! We'll get the online roster updated as fast as we can get further difficulties ironed out - those of you who were knocked off by the crash, please know you **are** still warranted, promoted, rostered... Patience, and thankfully it's off season!

In Service,

*THLord Tvorimir Danilov, MC, GdS, JdL, WOAW
Kingdom Chirurgeon, An Tir*



Pennsic XXXV: One of the "Chirurgeonate Shutdown Incidents"

"To all who read this - Greetings!



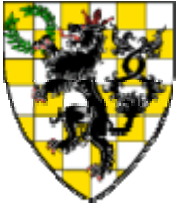
As you may know, or have heard, at the midpoint of Pennsic XXXV, Chirurgeon's Point was shut down. Responsibility for first-aid provision was turned over to the mundane EMS provider, Northwest EMS. At the time, four incidents were cited as cause for this action. One did not make it into the

BoD's final report. Two of them apparently came down to "he said, she said", in the final analysis. One was investigated, with the following results in the BoD report:

Incident One

INITIAL REPORT -- NWEMS reported to the Pennsic Mayor than an individual went to Chirurgeons' Point with vomiting, pale skin, dizziness, and headaches. Chirurgeons' Point cared for the individual with sips of water and potato chips for 2 hours before NWEMS became aware of the situation, at which time they treated the individual with IV fluids due to heat-related dehydration. It was the opinion of the NWEMS paramedics that the care provided by Chirurgeons' Point put the individual at substantial risk.

INVESTIGATION by the War CiC immediately after the incident, and confirmed by the Society Chirurgeon's report, revealed that:



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- The length of time the individual was at Chirurgeons' Point was misreported, and was shorter than originally thought,
- The Chirurgeon on duty did initially refer the individual to EMS, but the individual refused, and
- The potato chips were given later when the individual was beginning to feel better and requested something to eat.

HOWEVER, the War CiC also found poor judgment and documentation errors made by the Chirurgeon involved. Specifically, the War CiC found substantial discrepancies between documentation and first hand witness reports. The War CiC took appropriate action to deal with the Chirurgeon involved, who was suspended for the War and remanded for additional training in procedure and documentation. The Pennsic Mayor was not aware of the documentation discrepancies or any of the other findings, until after Pennsic 35 ended.

My name is Erich von Kleinfeld, and I was the Chirurgeon on duty for this incident. I was asked to write this up as a newsletter article, with a view to providing some insight, and some lessons learned. During the second week of Pennsic, I asked around, and got reality checks, from other Chirurgeons whom I trusted. I also vented, in a couple of places where it was safe to do so. I elected to keep silent on the SCA-Chirurgeon list, until the BoD report came out. When it came out, I did too.

Since this was the one incident for which we had good data, it got dissected to death on the SCA-Chirurgeon list. My intent here is to summarize what happened, what worked and what didn't, and what I learned. I hope that something herein may prove of use to you.

My Side of the Story:

The patient came in to Chirurgeon point after having experienced a moment of nausea and dizziness, and

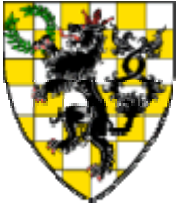
vomiting once. Pt (I'm omitting all identifying details, including gendered pronouns) also complained of a headache. To rule out Pennsic Plague and suchlike, I checked temperature, which was low. I told the patient that: I thought pt had heat exhaustion; I was a first-aider and could provide a cot and liquids; EMS was in the back, and could run an IV if needed. Pt picked me, the cot, and the fluids. That was around 1830 or a bit later.

I monitored the patient's condition, bringing refills of water and Gatorade™ as requested and encouraging pt to drink. Around 1845, the headache got better. Somewhere between 1915 and 1930, patient expressed a need to use the port-a-castle, and was beginning to feel hungry. Pt was also feeling chilly, due to the Pennsic evening's rapid temperature drop. Patient returned from the potty, lay back down with the blanket I'd fetched, and sent a friend off to get something to eat, since the nausea had been replaced with hunger.

Shortly before 2000, one of the EMS guys came out from the back. He walked over and asked if I'd checked vitals. I said I'd checked temperature, hadn't done blood pressure. He rather brusquely got a BP, and pronounced the patient dehydrated. He then said something along the lines of, "I can take you in the back, give you an IV, and fix you up instantly. That Ok?"

Patient nodded, they went in the back, and the EMT started an IV. Northwest promptly contacted the autocrat. After the IV had run, I walked patient and friend back to their camp. They'd just arrived that day, it was their first Pennsic, and they lived on my block. I said something to the effect that perhaps I should have turned the patient over to EMS right away. They said that, had the patient not been feeling better by the time the IV was started, they might have acquiesced to a hospital trip which would've left them stranded in Butler with no way back, and a massive medical bill.

The following morning, I was "fired" for the duration of the war, inasmuch as you can "fire" a volunteer. The "remanded for training on procedure and documentation" part consisted of a discussion with my Kingdom Chirurgeon. As it happens, my KC was also the crew chief supervising me on that shift. The discussion was...



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interesting. As far as being asked not to work any more shifts that War, I understand completely, especially given the circumstances.

What Went Wrong, or Did It?

The BoD report cited “poor judgment and documentation errors” made by me. With regard to the documentation errors, I freely admit them - *Mea culpa*. On the topic of poor judgment, that’s the part that got critiqued all the way down to the bare bones on the Chirurgeons’ list. I’ll summarize that, and leave you to judge me.

On the treatment form, I’d filled out all the prerequisites – identification, complaint, observations etcetera. The rest of it, I usually leave until after everything’s said and done, and the patient is heading out the door. In this case, I got miffed and decided not to bother backfilling the paperwork. I scribbled “Taken over by EMS” on the form, and tossed it on the review pile. I did NOT record things like, “1845, headache gone,” or “1915, patient went to pee”. That lack of documentation was the major thing that bit me (and the Chirurgeonate) in the hindquarters.

Judgment

In no particular order, here are the points discussed on the SCA-Chirurgeon list, and one specific comment by myself. I’m also going to add some information that I picked up elsewhere, after the War.

My judgment on what to do with this patient was colored by the fact that pretty much exactly the same thing, minus the vomiting, had happened to me two days before. While unloading my car and setting up camp, I experienced a moment of dizziness and weakness. My vision tunneled and started to go black. I promptly sat down in some shade, and inhaled a liter of water, with several fistfuls of nuts and some banana chips. Within 10-15 minutes, I was fine.

With regard to IV versus oral re-hydration, at least three MDs on the list concurred that IV is not necessarily a better idea, as long as the patient can drink. Feeding them something like Gatorade™, Pedialyte™, or some-such is

lower-tech, and more immediately available. There was some discussion of the advisability of poking holes in someone in a field environment, as well. What went into the patient was probably plain saline, rather than any fancy electrolyte-balancing stuff.

This fall, I was taking a Health class, courtesy of my current major’s area requirements. One assignment involved reading an article on waterborne illnesses in disasters. In the article, the authors quoted a study done on IV vs. oral re-hydration. After a few hours, there’s no difference in result.

In September, I was out at a Renaissance Faire performance. One of the cast members keeled over in a full-blown seizure. He granted permission to the staff paramedic to talk about his trip to the hospital. Seems the seizure was due to a shortage of electrolytes, particularly sodium. This particular performer is known to be a bad boy about not drinking enough.

Lessons

In anything that takes more than 5-10 minutes to treat, I’m going to document what happens, every time there’s a status change or milestone. If it’s not an SCA-specific treatment form, I’ll use a notepad. As one of my heraldic friends says, “*Non scriptum, non est.*”

A heat injury can go south on you, really quick. This one responded to treatment. If they’ve declined EMS for my tender mercies, I’ll watch like a hawk. Any alteration of consciousness, or backsliding in condition, and EMS gets called anyway.

Read the ingredients on sports drinks, and suchlike. Look online for places (like Medscape) that talk about the goodies you want in your bloodstream. Have packages of sports drink powder in the first-aid and survival kits. Getting specific, here: Gatorade’s Propel™ is available in single-serving foil packets, that you dump into a half-liter bottle of water. For ease of absorption, make at half-strength in 1 liter. I’ve got a 10-pack distributed among several survival kits and backpacks, now.



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A field-expedient mix is recommended by the World Health Organization. If you don't have a commercial sports drink, or something like Pedialyte™, combine the following: 1 quart water, 1 cup orange juice, 1 teaspoon table salt, 1 teaspoon baking soda, and 4 tablespoons sugar. Your patient may not be enthused about the taste, but it beats going into heat stroke.

Going beyond the specifics of heat cases, Consult and Communicate. If you're working under someone, bring 'em in on the picture. It gives you more ideas to work with, than just your own. It also serves as a reality check on your judgment.

I need to work on dealing with both my temper and my ego. Had I stopped to write some stuff down, rather than decide that I didn't need to bother, it would've saved some grief. "Feeling miffed" does NOT equal "Heck with the paperwork, not my problem any more." On the flip side, I also need to not act like a doormat. Assertiveness does not necessarily equal arrogance.

Bottom line: There's no such thing as too much training, too much knowledge, or too much information. I've learned a bunch, just watching the byplay and interaction on the Chirurgeon list. I also have a better understanding of what to look for, if someone does start to go south on me in those conditions."

THLord Erich von Kleinfeld

– THLord Erich von Kleinfeld, CGD [Golden Dolphin – Atlantia], was a charter member of the (then) Canton of Isenfir in A.S. IX. After a dry spell while off in service to our Uncle Samuel, he's been constantly involved with the SCA since A.S. XIV. Having experienced life in an SCA-less wasteland, he instigated founded the Shire (now Barony) of Stierbach in Atlantia in AS XVI.

Over the years, his interests evolved from drinking beer and whacking people with sticks, to activities a bit more civilized. He's served as a Seneschal, Herald, Exchequer, and deputy Chronicler. Current warrants are Marshall, since around A.S. XX or so, and Chirurgeon since AS XXXIV. His other current interests are research and teaching about firearms 1320-1600, and period Surgery and Physick. He is also a Master-Gunner in the Guild of St Barbara. A Pennsic veteran, he missed the first nine Wars and hasn't missed one since.

Dexter Guptill is a computer geek living in Northern Virginia. His other interests include reading, primarily science fiction; ethnic/spicy cooking;

17th Century reenacting/living history; and libertarian politics. He can be found on the Web at <http://members.cox.net/dguptill>.



Risk management and medievalists

Grimbold here,

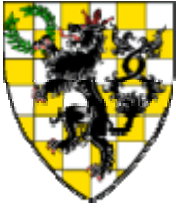
After the burns and blacksmithing discussion here [on the Yahoo SCA-Chirurgeon mailing list – Ed.] I got to thinking (run away!).

A good amount of effort is devoted to keeping the SCA out of trouble, liability, litigation, etc.

Over the years (OK, decades) I've done a few things at events and gatherings, many of them for years, and some activities had inherent risks.

Here's a quick list of some of the non-Chirurgeonate hazardous activities that I've done in the SCA with some (mostly) obvious possible risks in parentheses. Please know I have generally avoided injuring myself as have most people I know. Some of these risks are not acute First Aid issues of concern to Chirurgeons, and some are. This is just my list; think about the risks in activities you like or those popular in your region.

- Fighting and training fighters (armor bites, combat injuries, overheating)
- Marshalling (getting overrun or hit by mistake)
- Waterbearing (combat mistakes, falls, and oddly enough overheating again)
- Armoring (heavy tooling, sharp edges, noise, swinging hammers, some hot work)
- Fencing (slip and fall, broken blades, overheating)
- Period woodworking (very sharp tools, toxic/irritant dusts and finishes)
- Woodcarving (as above, plus heavy work pieces falling over)
- Lutherie (as above, plus breaking strings)
- Camping (there's a reason for this being a injury cause checkbox on our paperwork)
- Lapidary/gem carving (abrasives/sharp tooling, silica/mineral dusts)



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- Stone carving (hammers, rock dusts and chips, large rocks)
- Horn, antler, bone and ivory working (sharp tools, toxic/irritant dusts)
- Jewelry making (sharp tools, metal shards, toxic solutions, etc.)
- Leatherworking (“a tool that can cut leather can *really* cut you”)
- Blacksmithing, blade smithing and tool making (hot, heavy, noisy, sharp, C monoxide)
- Archery (breaking arrows/bows, fletching cuts, pulling arrows from targets)
- Archery marshalling (as above, plus failures/breaks during inspections)
- Bow making (wood under tension, sharp tools, toxic finishes)
- Fletching (sharp knives, nifty diseases from period non-sterilized feathers)
- Preparing feasts (sharp knives, slip and fall, burns, overheating)
- Eating feasts (I have allergies, possible food poisoning, choking, etc.)
- Thrown weapons (cuts, it's a thrown *weapon*, dropping axe/knife on foot)
- Calligraphy/illumination (some pigments are toxic, parchment may be contaminated)
- Metal casting (burns, fumes/vapors, molten metal splashes, steam explosions)
- Glass bead making (hot glass and harmful vapors/gases, IR, UV, etc.)
- Small-scale glass blowing/sculpture (as above, but more and hotter glass)

And the ever-popular walking around the site (blisters, slip and fall, tree branches, heat/cold injuries, turned ankles, and the odd lightning strike or two)

And of course we need to add to that list all the pre-existing health problems members bring to events which can get worse under event conditions or activities.

Hmm, lot of risks to manage there.

Now we could all spend our events sitting in ergonomic chairs under balanced spectrum lighting and doing

nothing but reading large print lightweight books with rounded corners for short periods of time designed not to cause eyestrain, but somehow that doesn't seem all that appealing...

Learning our activities from instructors who cover safety issues, taking reasonable care in doing what we do and having a corps of trained, experienced First Aid certified folks aware of SCA activities, customs, risks (and who hopefully have a clue) close by would seem the better way to go.

At least to this writer.

Those interested in more A&S safety details might try the 2nd edition of Artist Beware by Michael McCann, ISBN 1-59228-592-9 (paperback). I originally started looking into this stuff after seeing Safe Practices in the Arts and Crafts: A Studio Guide by Gail Barzani, but that might be harder to find, was back in the 70's.

Grimbold the little old risk generator/reducer

“...and which eye would you prefer to lose?”
– Grimbold (From many scary mini-lectures on eye protection.)



“May I never see in the patient anything but a fellow creature in pain.”

--Maimonides, *Oath of Medicine* (ca. 1200)

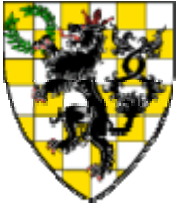


Pennsic in the early days: A first hand account

Greetings once again from “The Old Bird of The Night” at Pennsic,

Now, where did I leave off... hmm...? Oh, yes, the aftermath of Pennsic 13.

After Pennsic 13, I traded carrier pigeon routes, as well as estimated caravan routes, and stops for the following 12 months with the dedicated Chirurgeons and newfound



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friends, with whom I had the chance to face the plague, storms, etc. I returned to my Shire with the new pieces of armor I had purchased during the war, went back to learning how to better create carnage, building my new found love in weaponry, an automatic spear who I named “Mr. Happy Face,” as well as learning from a friendly herald how to actually register a Heraldic device that would pass the scrutiny of the Laurel King of Arms without the benefit of wizardry and finally further perfecting my floriated Kufic calligraphy.

In the 9th month after Pennsic 13, I received a letter from one of the chirurgeons with whom I had shared the misery of plague and weather the previous year. Once again, I was asked if I could “give a few hours of my time” to “help out again” at Pennsic 14. I of course, answered that I would indeed be available, most likely the beginning of the week, and after dark. This year I had also been able to liberate some bandaging materials from mundania, and a few other goodies that I thought would serve the point well. It was not long until the beasts were once again loaded with their burdens to make the long trek to war.

Pennsic 14 saw the re-location of the Point, and there was a kind gentle who had decided to actually build us a wooden floor, topped off by a wooden frame, over which were stretched many blue tarps - an actual structure of a sort, nearly enclosed on 4 sides, and certainly much better than the previous years' arrangement. Another gentle, late of our military, provided 4 military stretchers, and a few blankets and sheets. There was even a LIGHT strung from the center of the beams! And finally, there was parked in front of the new structure, A GOLF CART!

The first evening, after dinner a kind gentle walked by and donated two CB walkie-talkies and a big box of batteries - we had COMMUNICATION!

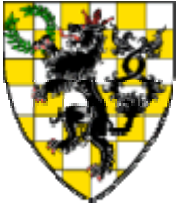
More chirurgeons were present than the year before, although we were still a very SMALL group at the time, no more than perhaps a dozen at most. It was at this time that I realized that the OTHER Kingdom was in charge, and I got my first real, bitter taste of SCA politics.

You see youngsters, back when “the Old Ones” walked the land, some hadn't quite figured out how to play nicely

with one another, and there were a few - ONLY A FEW - who had a difficult time recognizing that serving fellow SCAdians in need was the focus of setting up a Point at Pennsic, not another way to assert the authority, influence, etc., of that year's hosting kingdom. Nuff said.

Pennsic 14 brought my first experiences with the local EMS system, which at the time was sort of a two and a half tier response system. Whenever we would call, we would get the local QRS unit from the Portersville Fire Department that was staffed with at least one EMT and a first responder, who came equipped with Oxygen and BLS supplies, but only possessed a QRS truck that was not a transport vehicle. The second response would be the Slippery Rock squad that actually had the ambulance, once in a while, if we were very, very, lucky, we would get the only paramedic in the area who would respond in her private car for an Advanced Life Support Emergency; she was nice enough, but had a very limited supply of drugs and a far more limited local protocol than I had ever seen - back in those days I was working full time EMS in a city environment - and no telemetry capability (now ancient history in most areas of the US). Oh, yes, if Slippery Rock was busy, or couldn't get up a crew, our transport calls were mutually aided out to the - now several years defunct - Harmony Ambulance.

The experiences we had with the locals ranged from weird, to strained, and last, hostile! By far, the squad that quickly became the biggest problem for us was our primary ambulance transport, Slippery Rock, who earned the nickname “Slimy Pebble Ambulance” amongst the majority of the chirurgeons. Although the Portersville Fire QRS crew was a bit reserved when coming out for a call, they were never hostile with us, and most of the time, with one exception, they looked like a party of missionaries who strongly suspected they were about to be sacrificed and eaten by cannibals. Although having the medic respond was a rare occurrence, she was not afraid of us, and generally took the time to read our cards, and realize we were just people in funny clothes. Harmony Ambulance was not warm, but not hostile towards us either. That year at Pennsic, there were the usual garden variety injuries, and one suspected appendix, and finally two immediately life threatening medical emergencies. The two life threatening medical emergencies were so bad



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that a few of us, one MD and three others (of which I was one) made the decision to go “off baldric.”

This was not done lightly, and never has been done lightly at Pennsic. These people were, in EMS parlance, “circling the drain” and the delay in getting advanced life support, or even basic life support of any kind would have resulted in the deaths of the individuals - a fact later confirmed by the ER physician at the hospital - not that his confirmation helped much with some folks who decided that we were **WRONG** to go “off baldric” and actually tried to have one of our careers' ruined in the mundane world as a way to push their view of what was “proper care” at Pennsic. Thankfully, the documentation of the situation, which was carefully done, and supported by the ER physicians at the hospitals, as well as the paramedic, made their efforts futile.

We started to get disturbing reports about what I would call “less than professional behavior” on the part of squad personnel, from our people who had been transported to the hospital by ambulance. In one case, the EMT actually suggested that we were out at Coopers Lake “having an orgy”, and that we shouldn't be “bothering them” if we had an emergency. Realizing that Pennsic 15 would be more of the same if something wasn't done, a plan was hatched to try and reach out to local EMS before the next War.

In January of 1986, letters from myself, written on behalf of the CIC of Pennsic 15 went out to Slippery Rock Ambulance, Portersville Fire Department QRS Unit, and Harmony. All letters were sent with delivery confirmation. Contained within the letter to each squad official information from the SCA Inc about just what the organization is, as well as information about the level of First Aid we could provide (BFA at the time), the size of Pennsic, and an invitation to join us early in the week at Pennsic 15 for a personalized tour of the War as well as a BBQ dinner. Copious “thank you's” for previous service to our populace, as well as “apologies” for any misunderstandings were also included in the letter.

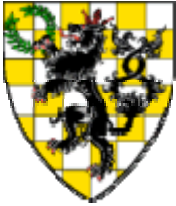
In the first week of March, I received a very courteous reply from the chief of the Portersville Fire Department QRS service! Despite mailing two more copies of the

letter to both Slipper Rock and Harmony, I received a negative response from both.

The Chief of Portersville's ORS Unit had a lot more questions about us, so I opened up a correspondence with him in the months leading up to Pennsic, in which I answered as many questions as I could about us, and also asked him a LOT of questions about EMS system in which his unit functioned. I learned a lot from this correspondence, and probably the most important thing I learned was the wild speculation amongst the locals about just “what goes on” at Coppers Lake every second week of August.

When I say “wild speculation”, I do mean “wild” - in all the time that Pennsic had been held out at Coopers Lake, no locals had ever been allowed in, and there was no SCA group in the area at the time, so it was easy for imagination to run amok. I was surprised to learn that we might be everything from a group of “devil worshippers” to a bunch of tree hugging nature lovers cavorting “nekked” through the woods having orgies every night! The situation hadn't been helped by a member of one of the “barbarian groups” invited to play with the SCA who went to local farmers in search of pork on the hoof, for “fresh BBQ.” The SCA had run headlong into small town, rural America. Soon it was time to leave for War again, and this time, after setting up the Point, in yet a new location and configuration, the arrangements were made with the autocrat to allow the Portersville QRS truck through the gate for their BBQ dinner with the Chirurgeons. When the truck rolled in, the Chief, Brian, got out, and asked for me, and there stood in front of me a tall, young man, who I learned later, was a 19 year old nursing student. Only 4 fit comfortably in the QRS truck at the time, and Brian asked if we would mind holding dinner as there were two more people he had to collect from the firehouse. Upon Brian's return, two more people got out of the truck, and dinner was served.

By the end of the communal meal, both groups were relaxed and fully engaged in conversation. Then, we sent a runner to inform the autocrat that it was time for our new friends to go on “the grand tour” of Pennsic, for which several golf carts were generously provided by the autocrat and royalty - we only had one at the time.



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The tour went very well. I had arranged stops at several camps, and visits with some of the Royalty, as well as our garden variety nobility, who I thought represented the best of the SCA. The Portersville squaddies received tours of pavilions, got to see and handle armor, see dancing, and also had a stop where a bard was entertaining a group by the fire with a song.

After the tour, there was an invitation issued for any of the EMTs who wished to return on a day later in the week to hang out with us at the Point, and see chirurgeons in action. Three of the EMTs were able to do this, and it went miles into improving relations and trust between us. We also arranged with the autocrat and the Coopers to allow those Portersville EMTs who wished, to return and watch the field battle.

Throughout the week, we did have some emergencies that required calling 911, and every time Portersville responded, it was a friendly experience, without tension. The situation with Slippery Rock however, was still dismal. After the first run-in with a Slippery Rock crew that year, we telephoned their building during the day, and extended an invitation to them in hopes that now they would accept - since the situation was immediately upon them - and we could start a rapport with them as we had with Portersville. No such luck - they still refused to have anything to do with us, and still had a bad attitude with most of the people they transported from Pennsic. I asked the Portersville Squad Chief if there was any advice he could give me about approaching Slippery Rock, and he said "Not really, they treat everybody, including us, like s**t..."

At the end of War that year, we gave Portersville a small donation that we had set aside, accompanied by a letter of "thanks and appreciation" that could be read at their next fire company meeting. We also all went home excited at the prospect of having made new friends.

Samirah al Mansur, AoA, SC, OP etc., etc.
Former "Old Bird of the Night" at Pennsic

Pictures from the Archives



From Left to Right: THL Robert Trinite, Dame Rowan O'Callaghan, THL Tvorimir Danilov, Lady Fjörleif Hrafnarsdóttir, and Krystene of Blatha an Oir

Web Page Update

Interested in talking with your fellow chirurgeons someplace other than at events? Do you have a question that you'd like to get others' opinions on? Need to recruit chirurgeons for your Baronies next big event? Log on to the An Tir Chirurgeons Guild's Web Forum at <http://antir.chirurgeonguild.org/phpbb2> and join the conversation!