



ESSAC NewsLetter

August 1999



Editorial

Yikes! What have I let myself in for. After deciding that someone else ought to be the club's Social Secretary for a change, I approached Nathalie with the crazy idea of doing a "swap". Her job for mine! We both seemed almost relieved giving up our committee positions, thinking that life will now return to normal. I can hear you laughing.....

After a few weeks of putting it off, I have now succumbed and so here it is: my first Newsletter. Please bear with me, I *will* get better! No actually, this newsletter is well worth a read, albeit consisting mostly of articles supplied by my own family! But hey, *what* articles! Read all about how to recognise having a ♥ problem and what to do about it and how to have fun at the Wassenaar pool with the Reddingsbrigade and learn some vital lifesaving tips on how to get out of a submerged car. Oh yes, and then there is that fabulous club trip being organised by Peter and some important information on medical certificates, Zeeland passes and membership renewals for all club members from Julia and Drusilla. And finally, I have included the minutes from the last AGM. I apologise for the size of this newsletter, but there was a lot of catching up to do.

I think the club owes a big *thank you* to Nathalie for dedicating much of her scarce free time to putting together the club's newsletter over the past months. She worked very hard to make the newsletter lively and fun, as well as informative. I'll do my best to keep up the standards that she set. Thanks Natalie!! And good luck with the Social Sec. job!

Another big *thank you*, and sadly a *goodbye*, goes to Diana Roeberding who is leaving sunny Holland to move to even sunnier Great Britain! She put a lot of time and effort into the club, holding such prestigious positions on the committee as Novice Rep and Swimming Officer. Diana, thanks for all the work you did, you'll be missed!

One change I would like to propose, is to change the newsletter from a monthly to a quarterly publication. It has proven quite difficult in the past for the previous editors to find the time and material to put together a newsletter every month, not to mention the logistics of getting it photocopied and distributed that often. Let me know what you think.

Please send any articles, information, news and jokes to my email address comccl@xs4all.nl. Don't forget to send me all those juicy holiday stories and photos! All **contributions** for the next newsletter need to be in by **15 September 1999**.

Next Newsletter will be **1 October 1999**.

Sharon

THANKS FOR THE FLOWERS

(or It Could Never Happen To Me)

Saturday 31 October 1998 - Rijnland Ziekenhuis (St. Elisabeth) Leiderdorp.

I awake to what has now become familiar surroundings. Each morning, I would peer across at the small table in the corner of my intensive care ward and note with satisfaction that the flowers in the several vases are still standing vertically and haven't, since the last time I closed my eyes, become circular floral tributes.

Heart problems are scary stuff to a beginner like myself. Pity that, because apart from the drip in my arm, a few censor pads attached to my chest, the monitor above my head and a total inability to fill the ergonomically designed urine bottle (my brain will not, cannot, ignore the fact that I am in a bed) I feel quite good.

Three days ago (*Wednesday*) soon after getting up at 07.30 after a good nights sleep, I started to notice that my left arm was aching slightly. Flexing and shaking the arm seemed to make it worse. I telephoned our doctors surgery where the receptionist offered an appointment for 11.15. I persuaded her to allow me to go over straight away.

At the surgery the waiting room was filled with many patients before me. It was at this point I learned a neat trick on how to get to the front of a busy queue. Clutch the left arm and ask if you can lie down somewhere. Do that and, within seconds, a doctor will come bursting out

of his consulting room, show you to a couch, squirt something tasting not at all unpleasant under the tongue with his right hand whilst telephoning for an ambulance with his left. Not for the first time in the coming days I was to find it highly reassuring the way that professional medicos deal so calmly with a crisis.

After a couple of minutes on the couch, having had the nitro-glycerine, I began to feel a great deal better confirming, what the doctor already knew, that I had had an attack of 'Angina Pectoris'. Such attacks normally respond well to the magic dose of nitro. More about that later.

Shortly afterwards in the ambulance on my way here, having already had a drip inserted in my arm and cardiac sensors stuck to my chest, I was sitting up and talking to my wife Ann on my mobile. She had heard an ambulance siren in the area and was clearly a bit upset. To reassure her and my mother who was also staying with us, I pointed out that we were travelling at normal speed in the traffic with no siren - simply because I was O.K.

I was received here at the hospital cardiac unit and placed on a bed. Predictable things happened, such as the removal of my clothes, the permanent installation of more cardiac sensors, blood pressure, pulse and temperature reading, blood samples taken etc. Then the cardiac specialist doctor arrived. Questions followed, such as:

'What's your medical insurance number Mr. Baker?'

I gave a number.

'What happened Mr. Baker?'

'My arm hurt'.
 'How do you feel now Mr. Baker?'
 'Much better thank you'.
 'Any history of heart problems in your family Mr. Baker?'
 'My grandmother had a pacemaker. Died when she was over eighty'.
 'Do you smoke Mr. baker?'
 'No'.
 'Do you drink alcohol Mr. Baker?'
 'Yes'.
 'How much alcohol Mr. Baker?'
 'Oh! Only with my meals – but I do eat a lot!'.
 'Hmm I see Mr. Baker'.
 etc.

Then the drip in my arm was modified to include a cocktail recommended by the specialist and I was given a cup of tea – with no milk. So there I was, less than three hours after the first attack sitting up in bed drinking tea and feeling quite comfortable, thank you.

Yesterday morning (*Friday*) after two days in *intensive care* the decision was made to remove the drip because it was assumed that tablets could now do the same job. This left me connected to a simplified heart monitoring radio transmitter and moved to the public ward. It had already been explained to me that on the following Tuesday I would be having a detailed examination of my heart and its surrounding pipe-work using a catheter inserted in my groin. Great! Sounds like fun!

Yesterday evening the pain in my arm returned. I pressed the 'assistance needed' button and the two attendant sisters responded. They calmly lowered their concerned patient flat, raised the feet, took my blood pressure (it was high), took my pulse (it was fast),

attached the full mobile heart monitor with all its extra sensors and ran a scan. One look at the read-out and *three* nitro-glycerine tablets were inserted under my tongue. Within minutes I was feeling fine again. The specialist doctor arrived and, after a short discussion with the sisters, I found myself on my own again, back in the intensive care ward, complete with all the drips and monitoring paraphernalia that I had so recently said goodbye to. Then I was given a cup of tea – this time with milk.
 Now I must wait for Tuesday.

Tuesday 3 November 1998 – Rijnland Ziekenhuis (St. Elisabeth) Leiderdorp.

The last three days have passed with no further incident. Plenty of visitors have kept me well supplied with reading material but the waiting has made the days none-the-less long. The nights have not been much fun either because the nitro element of the drip in my arm is intended to keep my veins and arteries dilated and, being non-discriminatory, the brain is also effected. This produces symptoms not unlike a permanent hangover headache, thus preventing comfortable sleep.

All shaved in the relevant area, the medicos arrived to trundle me along to the theatre specialising in the catheter examination of all things cardiac. The technique is straightforward enough. A spot of local anaesthetic (not quite enough as it turned out) in the right groin followed by the insertion of the catheter, the progress of which was visible on the monitors above our heads. The specialist doctor steered the catheter into each of the arteries around the heart in turn and, when he was satisfied that the

positioning was good, a flood of highlighting fluid was injected. The monitors clearly showed the blood flow, with any restrictions becoming glaringly obvious. The final and largest dose of fluid was injected into the heart chamber producing a really dramatic image. The catheter was then removed and so, after less than an hour, I found myself parked on my bed outside of the theatre, alongside the next candidate about to be wheeled in.

The specialist *catheter doctor* strolled out, pulling off his rubber gloves and poured himself a coffee from the machine in the corner. Turning to me he said "Looks like a triple-bypass Mr. Baker. Best of luck". And that was it – back to my ward.

The senior sister has told me that the results of catheter examination are being sent on CD-ROM to the heart department of the Academisch Ziekenhuis in Leiden where heart operations are carried out in this part of Holland and that I will hear what is to be done with me by Thursday.

Thursday 5 November 1998 – Rijnland Ziekenhuis (St. Elisabeth) Leiderdorp.

Now I know. A triple-bypass to be carried out next Wednesday. I will be prepared (whatever that means) on Monday and transferred to *the Academisch* on Tuesday. The only slightly unnerving thing is that each change of nursing shift, where the incoming sisters always read the clipboards hanging on the end of their patients beds, without exception brought the same (translated) comment "Next Wednesday! Bloody hell – that's quick!".

Tuesday 10 November 1998 – Academisch Ziekenhuis, Leiden (recently re-named to the Leidsch Universiteits Medisch Centrum or LUMC).

Yesterday back at the St. Elisabeth Ziekenhuis I discovered what '*being prepared*' meant. One of the sisters had the unenviable task of having to shave me from (almost) top-to-toe. It took the poor girl all of two hours, at least ten disposable razors, a complete bed sheet change and a thorough sweeping of the ward floor. Increase nurses pay – that's what I say.

A trip in the ambulance this morning has brought me here.

A visit this afternoon from an attractive doctor in her thirties, complete with stethoscope, soon revealed that *she is my surgeon*. She seemed to be more interested in my legs than much else, nodding approvingly at what she saw and said that she would be seeing more of me tomorrow. As she walked away I nodded approvingly at her legs.

Minutes later an older but equally pleasant lady introduced herself as my anaesthetist. She has explained to me that tomorrow morning I will be woken at 6 o'clock and that by 8 o'clock I would be in the operating theatre. Tonight, to ensure that I have a good nights sleep and that my mind doesn't dwell on tomorrow too much, she recommends that I take the sleeping pills the sister offers me. This I have done. Goodnight!

Thursday 12 November 1998 – Academisch Ziekenhuis, Leiden.

Whatever happened to Wednesday?

I slowly come round to a cool whiff of oxygen and a pleasant female voice saying "Welcome back Mr. Baker. It's all over!". It's all over? I then realise that I have pipes coming out of, or going into, everything – and I mean everything! Pipes designed to feed me, monitor me and relieve me. The only discomfort is a slightly sore right leg and a tight feeling at the front of my chest. It is now 2 o'clock in the morning and I am in the post-operative intensive care ward. So I never did come round again after taking the sleeping pills 29 hours ago. During that time however, Ann had been kept informed of my progress and had visited me, accompanied by our daughter Sharon. They were assured by the lovely lady surgeon that all was going well but were none-the-less disturbed by all the necessary, bristling pipes and cables.

This is not a 'solo' ward. Around me are other patients all looking thoroughly 'plumbed-in' and surrounded by masses of state-of-the-art monitoring equipment. To my left is a gentleman of about the same age as myself sleeping peacefully. I decided to do the same – after all, it is the middle of the night.

I awake to a commotion. The gentleman to my left is sitting bolt upright in his bed, calling out loudly He then flops back. Nursing staff appear from everywhere and curtains are drawn around the gentleman's bed. For some minutes there is furious activity. Through a crack in the curtains I could see aggressive heart massage being applied and then all is quiet. I doze off again under the effects of the drugs but later learn that the gentleman had not made it. The time was 7 o'clock and a fresh nursing shift had just taken over. Losing a patient is a

lousy way to begin a day! I increase *all* nurses pay – that's what I say!

Friday 13 November 1998 – Academisch Ziekenhuis, Leiden.

I was only 24 hours in intensive care before being transferred this morning to this, four patient, general ward with much of the monitoring equipment removed. My companions in the ward are an elderly lady (pacemaker), an elderly man (heart valve and pacemaker) and a young student (collapsed lung). No real appetite for food today but have been able to eat a little. Do feel quite comfortable though particularly as most of the remaining *plumbing* has been removed. I am now allowed to walk freely about the ward and wash myself etc. Not bad considering the date (Friday 13) and that my op was only two days ago.

Saturday 14 November 1998 – Academisch Ziekenhuis, Leiden.

Bad start to the day.

At about 7 o'clock whilst returning to my bed from the toilet, I fainted. Hit the floor and, on the way down, belted my head on the metalwork of my bed. Six stitches above my right eye and a cup of tea sorted things out but, little was I to know that, there was more to come!

Sunday 15 November 1998 – Academisch Ziekenhuis, Leiden.

I did it again – but this time in the shower with a sister in attendance.

The doctor was by now taking a pretty dim view of all this fainting and decided that further investigation was required. That is why I now find myself back in

intensive care with a lot of the monitoring equipment reconnected.

Monday 16 November 1998 – Academisch Ziekenhuis, Leiden.

After only twelve hours in intensive care I am back in exactly the same bed as yesterday in the general ward. It seems that I had lost just a bit too much blood recently to remain vertical for long and therefore a saline drip, good food and a few days resting horizontally is the answer.

Friday 20 November 1998 – Academisch Ziekenhuis, Leiden.

And now, four days later, I walk out of here and go home. Roll on 10 o'clock when my transport arrives. Normally a heart patient can expect to go home eight to ten days after surgery. I'd been worried that the fainting episode might have delayed matters but my recovery is good.

Amongst the paperwork I have been given are instructions regarding what I can and cannot do during the next few weeks. I *am* allowed to eat what I like and go for short walks – and that's about all. The *cannot* list is somewhat longer. I should neither *go to* or *lie in* bed late, drink alcohol, cycle, drive the car and so on

Christmas Day 1998 – At home.

It is now six weeks and two days since the *op*.

Today the only discomfort I have is my sternum (breastbone), a feeling not unlike broken ribs, but at least I am now able to cough or sneeze with impunity. The good news received on my first specialist check-up visit at week three was that I could drive the car again. I'd been told

originally that I would not be allowed to drive for six weeks. Freedom! At this point it needs to be said that, before then, the offers of chauffeur-driven transport gratefully taken up by both Ann and myself were of enormous help. A huge thank you is in order.

The one question I am often asked is "Did you have any idea that you had a heart problem developing?". My answer to that is no – or yes ... maybe! A year or so earlier I'd noticed an arm ache whilst swimming a couple of times, but put it down to muscle strain because it cleared itself as I swam on. After a lifetime of running and swimming on a regular basis I'd assumed that any drop-off in performance was due the *over-fifties* syndrome. In retrospect however, I realise there were indications such as slower times and not feeling as comfortable as I used to when exercising. I'm hyper-sensitive to such things now!

In conclusion.

When it comes to trauma in one's life such as a heart related problem, the drama seems to affect family and friends far more intensely than the patient. I don't believe that I have anything but ordinary qualities regarding mental or physical strength and therefore am surprised at how casually I was able to accept the sequence of events, along with the hiccups, as they occurred. All along an awareness of being in exactly the right place, surrounded by supreme professionals doing their 'day job' with confidence, existed. If they gave advice I followed it. The result is, I am told, an extremely healthy future. Amen to that!

Philip Baker

Have you been approved?

Can you hold up your hands and answer yes?

As your new Treasurer and BSAC membership secretaries, it has fallen to us to remind all divers amongst our midst that all enjoyment must be paid for!

Medical certificates:

For your safety, enjoyment and insurance it is essential that your medical certificate and approval to dive is current. As a reminder, all divers require medical certificates namely:

under 40	every five years
40+	every three years
50	every year

The branch is required to keep copies of all such certificates and the Diving Officer is obliged to ensure all members taking part in club dives have current medical approval. If the club does not have a current copy, you may be refused a dive. Diving medicals can be arranged via your general practitioner or at the Sports Medical Advice Centre, St. Elizabeth Ziekenhuis Rijnland in Leiderdorp (Simon Smitweg 1 Tel: 071 582 0663). They undertake medicals on Tuesday/Wednesday evenings, from 19.15 and Friday afternoons from 14.00. Costs is around £77.00 (they could not confirm!).

We hope to update all records in time for membership renewal in September. We hereby request all divers to please provide us with a copy of your certificates asap

Zeeland Diving permits

Have you paid your dues? You could face heavy fines if you can't produce your diving permit for diving in Zeeland and the authorities ensure the police carry out spot checks from time to time. Licences cost £ 47.75 and run for five years. Have you checked yours? Is it still valid? We can provide you with the necessary renewal or request forms.



Membership

We will be canvassing you again shortly for Membership renewals. Following discussion at the AGM some action points were raised which have not yet been completed regarding the possibility of becoming affiliated to another international diving organization and to consider family membership subscriptions for the ESTEC club. These actions have not yet been completed and we will keep you posted on this.

One of us will usually be at the pool on Saturdays or can be contacted direct if you need any forms, manuals or general information. [urmston.nl@yamanouchi-eu.com/ dwishart@estec.esa.nl](mailto:urmston.nl@yamanouchi-eu.com/dwishart@estec.esa.nl)



A Very wet car !

Question : Is it true that swimmers and divers are worse drivers than aquaphobes?

Answer : If Saturday 12th July was anything to go by, then I'm worried because a car driven by members of the ESSAC drove straight into the swimming pool over and over again !

For anyone who has been to the Wassenaar pool in the last few months, you must have noticed an old silver car sitting on a trailer next to the outside pool. To a collection of inquisitive swimmers and divers, this had to be played with! After making a serious of enquires, it became apparent that this car had a deadly serious purpose and was the property of the Wassenaar "Reddingsbrigade".

You may have noticed that the Netherlands has quite a lot of roads with canals next to them - in fact, if you haven't noticed - I suggest that you stop driving and take the bus! Tragically each year, accidents happen and leave cars plunging into water that is often icy cold and dark. Of course this isn't limited to canals but can happen in rivers, lakes and the sea. No one should ignore the fact that this is a very serious situation to find yourself in and a combination of the cold, the water, the feeling of being trapped and the general disorientation can easily lead to panic.

There is however some good news - it isn't actually that hard to get out of a car that has driven into the water - but you need to remain calm and just handle the

situation.

While there are some people who are level-headed enough to cope with this scenario, the prospect of being trapped in a car in the water, is pretty terrifying - speaking for myself - the whole idea of this had appalled me so much that I had tried to ignore the subject and hope that it would never happen to me.

As I said previously, the biggest problem with the car in the water scenario is trying to remain calm in a terrifying environment. As with all such things, the best way to help yourself is to plan, prepare and if possible practice so that if you ever needed it, you would have the knowledge to cope.

The ESSAC managed to arrange a morning with the Wassenaar Reddingsbrigade where they would teach us how to get out of a car in the water. We arrived nice and early at the pool (noticeably everyone was on time which made things much more relaxed from the start !) and after a brief registration procedure and a coffee, we had a short theory lesson. I should point out that the Reddingsbrigade staff had done a great job in preparing OHP slides in English and in fact the whole course was given in English. The theory lesson was presented in a nice interactive manner and culminated in a question and answer session.

Following the theory, we had a coffee/tea break and watched a short video showing the effect of cars going into the water in different ways and also the difference between wearing and not wearing seat belts when a car hits water. Although the dialogue on the video was in

Dutch, we had a rolling live commentary in English at the same time.

And now what we had all been waiting for: some with excitement and others (like myself) with quite a high degree of anxiety and trepidation: the car !

The organisation in and around the pool was very thorough. The basic idea was that two students (i.e. us!) went in the driver and passenger seats with a safety diver sitting on the back seat with a spare pair of DVs (the part of an aqua-lung that divers put in their mouths to breath from). In the pool, one diver was in front of the car plus at least one diver by each door of the car.

Basically you are allowed to wear what ever you want (remembering that this is still a public pool so swimming costumes were the minimum !), but most people opted for swimming costumes + T-shirt or shorty; at least for the initial exercises....

We each had 4 chances to go into the water:

- the recommended way of getting out of a car: remove your seat belt and climb out of the windows, gently synchronised with the other person in the car so that it doesn't rock around too much
- with the car mostly underwater - removing your seat belt and slowly opening the door and climbing out
- with the car mostly underwater - removing your seat belt and slowly opening the door and climbing out - but this time blindfolded (in most Dutch canals, it would be pretty dark

and murky and at night it would be completely dark of course)

- our suggestions !

The first scenario was remarkably easy (apart from one "victim" who attempted to exit the car window bottom first - no names mentioned CC). Apparently most modern cars will stay afloat for several minutes

The second scenario was more challenging and very well worth practising. You actually have to wait until a lot of water is in the car otherwise the doors won't open. Using the correct technique this is very do-able but I can really understand why panic would start as people tried to open the doors too early and found that they wouldn't open.

The third scenario was very valuable for me personally. This had been something which I was really dreading. Fortunately, the build-up to this exercise had been such that when combined with knowing that all of the safety divers were around, I was able to keep calm and go through the motions to release the seat belt, assess the level of the water in the car and then open the door and get out. To add to the reality of this exercise, like several other people, I also put on some other cloths (jeans, T-shirt, jumper, shoes) and this certainly added a new dimension to the situation.

The forth exercise while being more complex - was actually fun ! We arranged ourselves in groups of four and decided within our group what we were going to do. Before doing the exercise, each group ran through the scenario with the course organiser and all of the safety divers

were also briefed. For example, in our scenario, I was in the passenger seat in the front of the car but my window was stuck as were all of the doors so we had to wait until the car was completely under water, then the driver opened his window and climbed out and I had to go across the car and also out of his window - it worked and we all emerged from the car safely.

In fact, I should point out that no assistance was required from any of the safety divers during the day, however they continued to remain alert and attentive all morning.

The final part of the course was the debrief, certificate presentation and all course attendees were given a "seat belt cutting knife" - the importance of such a tool was emphasised throughout the course.

So what were the conclusions of the course. Almost everything was positive however some extremely important negative points were also brought up :

- the course was very well organised and run and all credit to the Wassenaar Reddingsbrigade for this
- getting out of a car in the water is not actually very difficult providing you remain calm
- in all of our scenarios, we were adults getting ourselves out of the car - this would definitely be more difficult if children had to be unstrapped from seat belts and helped out of the car
- practising and preparing for the "just in case" situation is definitely worth it - I hope that no one who did the course will ever need to use the knowledge in real life but if it was

needed, your chances are greatly enhanced by doing such a course

One major point that also emerged was this:

"The people who really need to do the course are the people who definitely don't want to do the course"

Unfortunately, to a large extent, this is probably true. If you are so terrified of this scenario that you don't even want to try this in a swimming pool with safety divers, then you really need to do the course.

You should also be aware that if you do the course but in the end you don't actually want to go into the car in the pool, then (I hope) people will respect this and you can just watch (please don't expect any money back however). At least you will have made the first step in improving your knowledge in the theory of what to do.

....and don't try that "oh well I would have done it but it's too late now anyway, I've missed the course" - the Reddingsbrigade are willing to organise another session for us in September. The cost of the last course was Hfl 100 per person which I think you will agree was an extremely good price given the number of people from the Reddingsbrigade who were involved and the equipment required for the course.

Safe driving everyone.
Bryan Tatman

Additional Information

In view of the positive experience and knowing that some members could not go

on the course we (Barrie & Peter) asked the Reddingsbrigade if they would run another course in the near future. They gave us one possible date; the 11th of September. It starts at 9.00 am, finishes at ~ 12.30 and costs dfl. 100. The course is limited to between 12 and 16 people and will be presented in English.

If you want to do this course and are available on the above date please let Barrie Henson or Peter de Maagt know asap and not later than 20 August. If insufficient members apply we will then invite some non members to make up the numbers.

Barrie Henson (bhenson@estec.esa.nl)
Peter de Maagt (pdemaagt@estec.esa.nl)

Club expeditions

Combined Diving holiday in Cozumel and Sightseeing in Yucatan (06/10-20/10).

After a period of relative rest, it is time to have an organised club-trip again. The basic idea is to go for two weeks, of which one week will be diving and one week sightseeing. However, it should also be possible to go for either the week diving or the week sight-seeing. This should allow non-diving members of the family to join in as well!!!!!!

The price for the Diving part is:
fl. 2050,- for a 2-pers.room
fl. 1980,- for a 3-pers.room
fl. 1950,- for a 4 pers room
fl. 1840,- for a 5-pers.room

This includes the following:

- * Return flight Amsterdam-Cancun with MartinAir
- * Accommodation in Safari Inn. The hotel is a 5 minutes walk from the main square.
- * 5 days boat diving incl. bottle, air, and weight (2 boat dives a day)

Not included are:

- * Airport Tax
- * Travel and luggage insurance (including dive gear) of fl. 4,50 per person per day
- * Cancellation insurance 4,5 % of the travel costs + 7 % ass. Tax on the insurance policy
- * Booking costs of fl. 30, per bill



The extra week travelling in Yucatan would be fly-drive, approximately fl. 435,- pp.

The car-rental would be approximately fl. 616 per car.

This part of the trip would include:

Day 1. After arrival in Cancun the car will be collected.

Day 2. This day is spent visiting Chichen-Itza, an important Maya city that has been completely renovated. The Kulkulkan pyramid is also not to be missed. After the visit you will continue to the old colonial village of Merida.

Day 3. Via the mystical Uxmal you drive to the fortress city of Campeche, one of the harbours through which gold and silver were transported to Spain from Mexico.

Day 4. Passing the plains of Campeche you continue on the road to Palenque, at the edge of a tropical rain-forest, where we will stay for two nights.

Day 5. Today you will visit the most beautiful Maya complex, the ruins of Palenque with the impressive temple of inscriptions. After this you will be able to relax at the waterfalls of Aqua Azul.

Day 6. Via a number of small, relatively unknown villages you go to Chetumal.

Day 7 The mountain lake " Cenote Azul " of Bacalar and the walled city of Tulum are very nice stops on the way to Cancun.

Day 8. Departure for sunny Holland.....

If you want to come the first week without the diving package, the price will be fl. 1580, pp.

If you want to book only the sight-seeing part, the price is fl. 1730, pp. (excl. car).

If you are interested, you are requested to fill in the form or send me an e-mail.

Regards,

Peter de Maagt
pdemaagt@estec.esa.nl

WEBSITE OF THE MONTH

Learn all about the mysterious Giant Squid on:

http://seawifs.gsfc.nasa.gov/OCEAN_PLANET/HTML/squid_opening.html

AGM minutes

Tuesday 31st May 1999

1. There being no objections the minutes of the last AGM were approved.

2. The committee reports were presented by the responsible officers.

The annual accounts, presented by the treasurer with an explanation of why the end of year balance is so high, the accounts were then approved

3. Election of the 1999/2000 Committee.

There being no nomination received before the meeting nominations were invited from the floor.

Chairman J.Noyes
J.Noyes was elected by a show of hands.

BSAC Secretary/Treasurer J.Ives
J.Ives was elected by a show of hands.

Diving officer

No nominations were received for diving officer.

J.Ives indicated that he was willing to stand as diving officer if some one else could be Treasurer and BSAC secretary.

D.Wishart indicated that she would be willing to stand as treasurer and BSAC secretary if she had an assistant, J.Urmston agreed to help so J.Ives resigned as treasurer and BSAC secretary, having been in post for approximately 10 minutes (is this a record?)

BSAC Secretary/Treasurer D. Wishart
Assistant Treasurer J.Urmston
 Both were elected by a show of hands.

Diving officer J.Ives
 J.Ives was elected by a show of hands.

Training officer R.Gesthorpe
 R.Gesthorpe was elected by a show of hands.

Equipment officer H.van der Plas
 H.van der Plas was elected by a show of hands.

Social officer N.Boisard
 N.Boisard was elected by a show of hands.

Expeditions officer P.de Maagt
 P.de Maagt was elected by a show of hands.

Swimming officer B.Henson
 W.Henson was elected by a show of hands.

Novice Representatives
 There being no novices present no representatives were elected.

The resulting committee for 99/00 is:
 Chairman J.Noyes
 BSAC secretary and Treasurer D.Wishart
 assistant J.Urmston
 Diving Officer J.Ives
 Training Officer R.V.Gelsthorpe
 Equipment Officer H.van der Plas
 Expeditions Officer P De Maagt
 Social Officer N.Boisard
 Swimming Officer B.Henson
 Novice Representatives None
 News Letter S.Tatman

4. Pool rules and use of Saturday pool after 11:15 by swimmers.
 It was agreed that during the summer the pool could be used till 12:00 for swimming if no diving was planned, both sides should be flexible, divers should try and let the swimmers know if there was any thing planned, and swimmers should not turn up at 11:15 expecting to be able to swim

5. Should the club become affiliated to a diving organisation that is a member of CMAS. It was felt that possibly one of the reasons that so few people came forward last year for dive training was that no CMAS equivalence to BSAC training could be given. The committee took the action to try and identify other organisations before the BSAC subscriptions were due in October.

6. Open Forum
 It was felt that the large positive balance in the clubs account may result in the SSCC not granting the same amount of money as last year, the solution was to spend it but how.
 J.Ives pointed out that over the years the club had always said we were saving so as to be able to replace the club boat and may be now was the time. Other suggestions were:-

a.) Reduce club subscriptions
 This would not reduce the balance quickly enough and since the SSCC grant is partly based on the club sub's any reduction would reduce the SSCC grant.

b.) Family membership
 Again this would not reduce the balance but was agreed to be a good idea that the committee should look at a vote was taken with 21 for and none against.

A proposal was made that the club look for a second hand boat with a target cost of 30,000Dfl. A vote was taken with 17 plus 3 proxy votes for, 1 against and 3 abstentions. It was therefore agreed that the committee should look for a second hand boat.

The meeting was closed there being no other business.