

# Mintcake



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Reg. Charity No. 1125680  
October 2010

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## Editor's Comment

Better late than never?

*DBH*

## Mintcake Nibbles



Log Books are due!



Following the AGM, congratulations are in order to:  
 Pauline Speak who steps down from being Team Secretary and steps up to Director  
 Ian Johnson, who steps down from Membership and was stitched up to Team Secretary  
 John Fitch who becomes the new Membership Secretary



### Wanted Page(r) Boy (or Girl)

With John Fitch's recent promotion to Membership Secretary, alongside his ongoing role as Webmaster, Assistant Radio Officer & chief bottle washer, He is wondering if any one wants to take on what he claims is the easiest of his many roles. Have a word with him, he doesn't bite



Remember, Remember, the **24 November** when amongst everything else will be the start of the quarterly inspection cycle for the new swiftwater kit, under the watchful eye of Tony W. It is hoped that some SRT's will come down to help carry these out.

## What's On?

**Wednesday 10 November 19:00**

Medical Teaching

**Friday 12 November**

Collection - Asda

**Saturday 13 November**

Climb for Kendal

**20 & 21 November**

Mountain Festival

**Wednesday 24 November 19:30**

Equipment Night, including Swiftwater kit inspection.

**Sunday 28 November 09:00 sharp**

Rescue and Evacuation

**Wednesday 1 December 19:30**

Ops & Membership Committee

**Sunday 5 December**

Cas Care exam.

**Wednesday 8 December 19:00**

Night Navigation

**Sunday 19 December 09:00**

Social

**Monday 20 December**

Father Christmas collection

**Wednesday 22 December 19:30**

Equipment Night

**Saturday 29 January**

Team Dinner



If anyone who went up to the mine in Longsleddale with the Police on 26 September finds they have a "new" black Magellan GPS, its Steve Kelley's and he would like it back!

## Callouts

### 09 October 15.20 hrs

The police paged the Team and asked us to attend a 73 year old male who had fallen on the top of Arnside Knott. He was found to have a nasty gash on his head and he was transported to the Royal Lancaster Infirmary in one of our Land Rovers.

### 10 October 12.35 hrs

The police were alerted by a member of a YMCA group staying at Reservoir Cottage (near the Kentmere Reservoir) after hearing what was thought to be shouts for help in the hills behind the cottage. There was no reply when our Team Leader tried contacting the informant so no further information could be gained. After several telephone calls to various local residents in the area, a team Land Rover with 2 personnel on board was despatched to have a look round and make enquiries. It seemed that there had been a lot of farmers rounding up sheep and it was decided that it may have been them calling their dogs. After several discussions, and with agreement with the police, the Team Leader decided that nothing further could be done. Later on the informant contacted the Team Leader as the group were on their way home to Blackburn. (Having pulled over to let the Land Rover by). It was interesting the group had a satellite phone but could get no signal in the Valley!!!

### 14 October 14.30 hrs

We were requested to assist the Langdale & Ambleside team with a male who was reported to have collapsed on Great Knott. We were stood down en-route when the casualty was reached by the Air Ambulance and air lifted to hospital.

### 16 October 08.30 hrs

The Team was asked to assist the Langdale & Ambleside team in a search in the Lowwood area for a male who had been missing for a significant period of time. This request followed further information being obtained by the police. Unfortunately, nothing was found to shed any further light on this mystery.

### 16 October 14.10 hrs

Just as we arrived back at base following the above search, we were asked by the police to assist the North West Ambulance Service with a female who had fallen while climbing on the crags on Hutton Roof. The casualty was taken off by the air ambulance shortly after team members arrived at the village.

### 21 October 17.50 hrs

The police paged the Team's Leader Group regarding a male who was walking in the Kentmere area and had been reported as significantly overdue. There was particular concern due to a known medical condition and approaching darkness. While further enquiries were being made the whole Team was put on standby for a search. Fortunately, the missing person turned up fit and well before anyone missed their dinner.

### 25 October 14.15 hrs

The Langdale & Ambleside team requested our assistance when they got a second job. We were asked to attend a casualty with a lower leg injury on Harrison Stickle. An air ambulance was also requested. The Great North Air Ambulance reached the casualty while we were on route and we were stood down.

### 26 October 14.00 hrs

We were again called to assist the Langdale & Ambleside team (must be Half Term!). This time it was a male with a lower leg injury at the bottom of the "Bad Step" on Crinkle Crag. L&A got another job while we were on our way up so we ended up pretty short-handed with lots of heavy kit. It got wetter and wetter, visibility was very poor then it went dark. Carry-offs don't get much longer than this. Anyway, job done and home by 9.30pm.

## Exercise Reports

### 13 October Medical Teaching

A busy evening with the medical training team saw us cover a variety of topics

Are you sitting comfortably, then I shall begin.

Once upon a time, on a fell, far far away there were two medical conditions, one was called HYPOTHERmia and the other HYPERthermia.

They both had a reputation of ruining many peoples enjoyment, even to the point that they would quite happily creep up and kill anyone who was not prepared nor equipped to take them on.

Although they sounded similar they were two entirely different beasts, and much to Dr Bills disdain many people in the world of media often confused them.

HYPOTHERMIA enjoys the cold, it waits until it sees its victim walking along by himself or with a group of friends. The ideal victim would be of any age (although it did prefer the elder generation) and even better if they were poorly dressed and lacking in appropriate food and drinks. Once it had set upon it's victim it would start attacking the senses and the body, making the victim lethargic, disorientated & nauseous. Often the victim will lag behind the rest of his group unnoticed and feeling sorry for himself.

The bodies core working temperature is 37dg C but hypothermia wants to bring that down and uses both the condition of the victim and the weather to achieve that.

Once the core temperature has reached 35dg C Symptoms of MILD hypothermia are shown, shivering is the bodies way of trying to exercise and generate warmth. Blood leaves the outer extremities and tries to keep the vital organs warm and functioning. Respiratory, BP & pulse rates increase.

At 33dg C we enter the world of SEVERE hypothermia. Respiratory, BP & pulse rates reduce until undetectable, the skin temp drops and you will feel that the skin is cold, this is a valuable sign to rescuers seeing as it is nearly impossible to measure a casualties core temp on the hill.

At 31dg C the casualty becomes unconscious but can respond to stimulation.

At 30dg C the casualty slips into a coma.

At 24dg C the casualty can die.

In cases of mild hypothermia we can respond by providing shelter (kisu), additional clothing layers & warm fluids.

Once the casualty has responded we can then bring them of the hill.

If severe hypothermia has set in then we must insulate the casualty (no external heat sources to be applied) & evacuate using a stretcher, this must be done with extreme care due to any additional stresses on the vital organs can lead to major problems. At present we do not use CPR on casualties with severe hypothermia.

HYPERTHERMIA is the total opposite in that it enjoys the heat and is better known as either Heat Exhaustion or Heat Stroke.

Heat exhaustion occurs when the core body temp rises and sits between 37dg C and 40dg C.

This can be brought on by over exertion or strenuous exercise (fell running for example). Plus lack of hydration.

Symptoms include, headache, fatigue and nausea. Casualty can be confused and irritable, they will have a fast but weak pulse and BP will be low.

Heat exhaustion can be treated by reduction of exertion, seeking shade and cooling the casualty by sponging. It is also very important to re-hydrate the casualty. The casualty must be escorted from the hill and advised to rest for at least 24hrs and take plenty of fluids.

Heat stroke occurs when the body temp exceeds 40dg C and becomes life threatening, casualty will have similar symptoms to that of heat exhaustion. Left untreated the casualty can suffer seizures and collapse into a coma.

Treatment, SCENE SAFETY (as in all cases) ABC then off the hill as quickly as possible.

### FROSTBITE

Although it is unlikely that we will be called out to a case of frostbite the training team felt that it was a good idea to recognise its symptoms so that we do not fall foul to it.

The onset of frostbite starts with pain in the affected area, this is followed by loss of feeling. The area takes on a pale and purplish appearance and is cold and wooden to the touch.

If able to, you should seek shelter and try to warm the affected area, using a buddy system is recommended whereby you can use your companions armpits or groin area for insulation and rewarming. This is were you discover who your pals really are!

After approx 10 mins replace clothing or boots over affected area, ideally replacing wet for dry. Administer 300mg of Aspirin to avoid any blood clots.

It is strongly advised that you turn back if possible and seek medical professional attention.

### FROSTNIP

Is more common and usually consists of a superficial mark on the skin where it has been in contact with a cold object such as a metal stretcher. The skin will become white and feel tender. Once covered and warm the skin will return to its normal colour.

Prevention of these ailments rely on good clothing giving good circulation.

### BURNS

Burns can be described in two ways, (1) A wet burn caused by boiling liquids, (2) A dry burn caused by naked flame. Mixed into that are the three types of burns.

(1) Superficial, outer layer of the skin, which will appear red and feel tender.

(2) Deep, blisters form and are very painful

(3) Full thickness, white and leathery in appearance, can be down to the bone. Not as painful due to damaged nerve endings.

Due to the very painful nature of burns casualties will soon show symptoms of shock.

Treatment

SCENE SAFETY - ABC -

Remove casualty from source of heat, administer pain relief, dress wounds using cling film or clean plastic bags for hands & feet.

Be aware that burns carry a higher risk of infection.

Very useful information for successful treatment is the time at which the burn actually occurred. This should be recorded to allow the reintroduction of fluids to be monitored.

### AIRWAY MANAGEMENT

Forms part of everything we do as cas carers.

To quote Dave W's slide "The airway is an OLE and it is dead important that it is kept OPEN." "ALWAYS."

No airway = No patient.

SCENE SAFETY - ABC -

If a casualty has an airway problem then they will normally try to compensate this by their posture. Standing in a tripod position (legs apart with one arm reaching down for support on either a rock or wall) or semi sitting on haunches.

As a rule of thumb, if you can see or hear a casualty putting effort into breathing then there is a problem.

Airways can be maintained by either the head tilt & chin lift or the jaw thrust. The jaw thrust is used when there is a possibility of C spine injury, remember once you have committed to this then the person holding the jaw remains at this position.

To assist in maintaining the airway we have at our disposal the following aids:

Oropharyngeal (Guedal) that is positioned into the airway via the casualties mouth.

Nasopharyngeal which is positioned into the airway via the casualties nose.

The bag and mask.

Once we have established an airway we then proceed with the remainder of our primary survey.

Many thanks to Jonathan, Dave H & Dave W for the entertaining and instructive way they put these lectures across.

Remember "The casualty is not dead 'till they are warm and dead"

***Tony Womack***

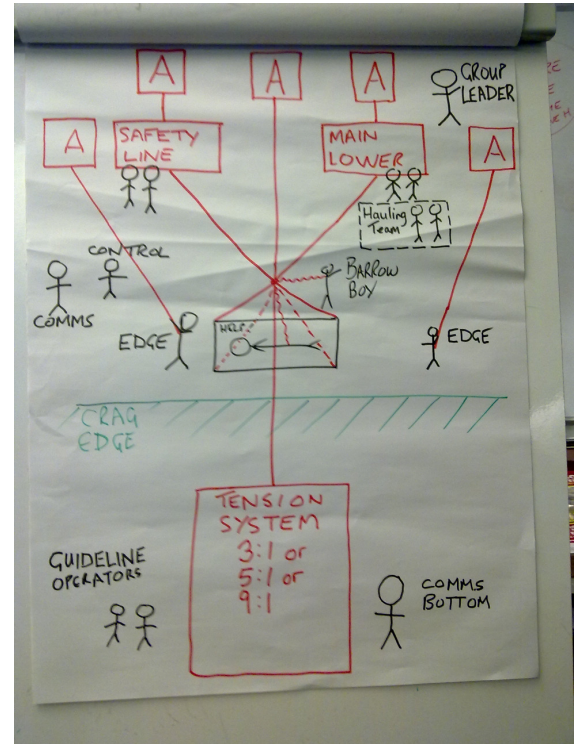
## Sunday 31<sup>st</sup> October 2010 Rescue & Evacuation (Kentmere) – Paul Astle & Dave “Cragrat” Howarth

Paul introduced the concept of an efficient crag evacuation of stretchered casualties with quick vectors and well-organized team work, whilst Dave double checked the venue up Kentmere.

The object of the new regime was for each team member to have a clearly defined role to be executed with no or little interference from others. These tasks were to be over seen and assisted by a Group Leader and once under way managed by a single Control.

The roles/teams were defined as;

- Group Leader – Overall supervision of site set-up and continued surveillance of team and gear in operation,
- Control – organization and co-ordination of teams during the operation,
- High Comms on crag – relay of info between Control and individual teams if necessary and also link with Guideline Ops via Low Comms at crag base,
- Main Lower – set-up anchors and operation of main lowering line system,
- Safety Line – set-up anchors and operation of safety line system,
- Hauling system – set-up anchors and pulley system to fix to Main Lower line



- Edge – set-up personal anchors and rope protection, assist Barrow Boy when close to the edge and Vector at crag edge,
- Barrow Boy – set-up stretcher anchors, personal attachment via main lower line and casualty attachment via safety line,
- Guideline Ops – set-up guideline anchors and tension system and operation of guideline,
- Low Comms at crag base – relay of info from crag base to Control if necessary via High Comms on crag

Two exercises were undertaken to give all a chance of being involved with differing tasks. The specific roles helped to speed up set-up as each team got on with their specific task; the Group Leader floating around to check all was okay. Once all teams were ready and the Group Leader was satisfied with all the set-ups, Control took over. Each team was instructed to give clear a 'stop' signal if they were unsure, unhappy or in need of assistance. Control requested confirmation from each team that they were ready before starting the lower. Each time a stop signal had been given Control went through all teams to check all were happy before resuming lowering operations. This got better as the exercise progressed.

The main line and the safety line were attached to the stretcher via an interlinked bowline with the Barrow Boy attached to the end of the main line and the casualty to the end of the safety line. The interlinking bowlines avoid 3-way loading of the mayon/carabiner supporting the stretcher. The Barrow Boy had a Purcell Prusik to allow adjustment of distance from the stretcher as they went over the crag edge. This appeared in both cases to fully extend leaving the Barrow Boy dangling ungainly whilst trying to grapple with it.

Both exercises worked well with quick vectors limiting the time span of the physical lifting phase to a bare minimum. Comms tended to be direct by Control to all on crag and direct with Guideline Ops at crag base with Comms taking a back step. Perhaps in poor conditions with little visibility Comms top and bottom would have come in to their own.

Issues arose with tension in the safety line, which was hard to assess by the Safety Line team and difficult to control with the two prusiks. It became clear that the Edge team were usefully placed to feed back visual information to Control once the Barrow Boy and stretcher had gone over the edge.

Guideline Ops noticed the tension required through the 3:1 pulley system was sometimes in excess of what is reasonable for a set-up with prusik loops. This became noticeable when all Guideline Ops team members were pulling hard to increase tension for hauling the stretcher up the crag. This situation was created due to topography of lower ground and trying to keep the stretcher elevated above crag base rocks. A potentially dangerous situation that needed a 9:1 system to release the

pressure. Ouch. The suggested answer was either an anchor point further away from the crag base to give a better line angle, although no such anchor was possible at the exercise location or releasing the stretcher at an early stage.

The pulley systems as used in the guideline tension and for hauling were discussed at a previous session.

Considered a good session by all, both those who have done previous labour intensive manhandling crag sessions and those have never done this before. Thanks Paul, and thanks Dave for an excellent venue. (*Excellent photos in the gallery on the website – Ed*)

**Paul Crosby**

## East Cumbria Search Panel Exercise – 26 September 2010

### The View from the Hill

For most of the team the call went out around 6.45am. Some had been up and out a lot earlier than that. And if the pager message had included a warning that there was an ITV film crew checking out the exercise it might have taken some Team members a little longer to get to Base!

The initial call out for the Kendal Team was an ambulance assist not far from the road at the Cross Keys Inn, Cautley Spout. Ian H was first on the scene, the rest of us arriving a few minutes later. The symptoms of that casualty were the clue to what was about to unfold, the large scale exercise that has already been described in the last Mintcake. After completion of that part of the exercise the Team was held at the Cross Keys waiting potential deployment as the scale of the situation unfolded. Kendal MRT played its part at all levels of exercise control and on the ground, although for a range of good reasons, not least a real call out at the same time as the exercise, the hill-going strength of the team was a bit low. This meant that by the time we were re-deployed (to a sheepfold at the top of the Spout) there were six team members available.

Once we were all with the casualty Stan, Ian H and Jo were tasked to go and do some searching while Tom, Steve and Ian R were left to sunbathe in the sheepfold practising measurement of pulses and respiration rate. At one point the casualty staged a remarkable recovery in order to move to a sunnier part of the sheepfold.

Given the inability of the casualty to walk off, the lack of helicopter and small number of team members, we were joined by ten members of the Duddon Team to arrange the carry. This was going ok along tricky ground above the Spout when the casualty staged a second remarkable recovery. Either she'd been told not to make us do the full carry or she had second thoughts about how long she would be in the stretcher given how far we had to go!

We got down to the road around 2.30 and then back to base for debrief. As a provisional it is interesting to realise how little you know of what is going on elsewhere in the exercise - you are part of and to some extent blissfully unaware of the much bigger operation. For everyone it had been at least a ten hour day, for some twelve. Finally it's worth recording that both volunteer casualties said they had been well looked after.

**Ian Rodham**

### Next Ex.

The Team exercise on **Sunday 28<sup>th</sup> November** will be held in a popular mountainous area of the Lake District National Park; the intention is that we will be assisted in the exercise by people from outside MR. We will be out on the fells whatever the weather: rain, sun or snow will make no difference to what we have to do on the day! However, two things are important:

- Firstly the exercise will be more beneficial to all involved if there is a good turn-out in terms of numbers of Team members.
- Secondly we will be **leaving Base just after 09.00**. So please all be in Base BEFORE 09.00 - 'booted, suited' (and 'coffee-ed' or 'tea-ed') and ready for a quick exercise brief and then departure.

**Keith Pittman**

## Keep those important bits warm!

In an attempt to keep the Base heating costs as low as possible (whilst keeping the bits warm that need to be kept warm); it is important that all the internal doors at Base are closed when it is not being used. If you do not close them all when you are the last person to leave Base, then not only will our electricity bill go up, but various things can go wrong - such as the water pipes in the toilets freezing up and possibly bursting (and sometimes you won't be able to set the intruder alarm). For some reason the frequency of doors being left open at Base has increased over the past couple of months, so will you all please make an extra effort and check that all doors are left closed. Thank you.

**Base & Vehicles Working Group.**

## New Years Resolution?

Discussions are in hand with Cumbria Fire & Rescue and Cumbria Police to make membership of the gym at Kendal Fire Station available to all members of Kendal Mountain Search & Rescue Team. The gym has a wide range of equipment: 2 treadmills, spinning cycle, ergociser, cross trainer, rower, stair climber and multi-gym and is available to use 7 days a week from early morning to early evening. Currently we expect that anyone who wants to use it will just need to:

- Complete a very short medical questionnaire
- Undertake a short induction on the gym equipment
- Have personal insurance cover in place (if you don't already have a suitable policy, a suggested one costs ~£31 a year)
- Pay the gym membership (~ £25 for 6 months)

The offer of gym membership will be open to ALL Team Members - Supporters, Ops Support, Provisional and Hill-going (but not other members of their family I am afraid). The aim is to complete negotiations so we can make the gym membership available from the start of January - final details should be in the next edition of Mintcake.

It would help negotiations if I had an indication of the level of interest amongst Team Members; so, with no commitment at all, please let me know (in the next week or so) if you might be interested in taking out gym membership (e-mail [keith.pittman@hse.gsi.gov.uk](mailto:keith.pittman@hse.gsi.gov.uk) or phone Kendal 721901) - thanks.

**Keith Pittman**

## Fund Raising News

### Bucket Collections

A couple of collections to report:

<b>Saturday 18<sup>th</sup> September, Asda</b>	<b>£777.77</b>
<b>Saturday 23<sup>rd</sup> October, Booths Kendal</b>	<b>£713.90</b>

This was a good day at Asda and the best day ever at Booths. Thanks very much to everyone who held a bucket, and particularly those with dogs!

### Other Activities and Donations

Early September was really hectic. We were at the Westmorland County Show on Thursday 9<sup>th</sup> where we collected **£79.31** from donations and the sale of mugs and **£66** from raffle tickets. Made in Cumbria again had our boxes on the counter at their 'food creche', collecting **£233.70**.

We had a collection at Morrisons on **Friday 10<sup>th</sup>**, arranged for us by the Torchlight Carnival Committee which collected **£415.04** and again we were one of the charities collecting during the procession, with a total of **£1,486.26**. 20% of this went to the Committee towards next year's event, leaving us with a total of **£1,521.04** for the day. This was a great result although down on last year's £1,837.86.

We then spent the **weekend of 11<sup>th</sup> and 12<sup>th</sup>** running a raffle up at Kendal Golf Club's Pro-Am tournament, including providing refreshments at the 9<sup>th</sup> Hole on the Sunday, where we had the shelter and a Land Rover. Donations at the shelter raised **£103.81** and we sold **£233** of raffle tickets. We were fortunate to have a beautiful hand-made quilt donated by Mrs

Wenzel as our first prize, but still had to find other prizes. In view of the amount of time from both Hill-going and Support Team members and the value of prizes donated, I'm afraid I can't recommend doing this again next year,

*Peter Clarkson*

## Future Fund Raising Activities

We've a couple of busy weekends coming up:

**Friday 12<sup>th</sup> November** we've got the year's last collection at Asda.

**Saturday 13<sup>th</sup> November** is the Mayor's Climb for Kendal. As well as being one of the chosen charities, we also have the opportunity to collect donations at our Land Rover at the Birdcage and our shelter up at Beast Banks. At around 11.00 am we expect to be walking up (i.e. doing 'an ascent of Everest') and stretching the mayor back down again.

During Kendal Mountain Festival (**19<sup>th</sup> – 21<sup>st</sup> November**) we have been given a place in the main marquee again. For encouragement I can now confirm that we'll be next to Bowmore whisky again this year. This is more of a PR exercise than a fund-raising event, which needs the attendance of hill-going members to respond to the mountaineering public's questions. *(It has been confirmed that we in the prime position again by the Bowmore Stand! –Ed)*

On **Monday, 20<sup>th</sup> December** we've been invited to support Kendal Lions Father Christmas collection.

**Please check your diaries and let me know if you can spare a couple of hours at any of the above.**

*Peter Clarkson*

## Reminder Direction of Swiftwater Rescue

Following the course run a couple of weeks back and the new kit, there was some discussion of what extras might make the kit a bit better or that the instructor recommended. Some of the requests have proved to be controversial. Consequently there will be a specific agenda item on the next Operations and Membership Committee (1 December). If you have an opinion, come along and make your views known.

## More MREW Conference Dublin 2010

Following on from Eddie's notes last month I continue to honour our pledge to "share the learning" made at the MREW conference 2010 plenary session. I learnt lots, including how easily lead our team leader can be and what the words "plenary" and "paradigm" mean! But hopefully of more use to the team are my lecture notes, starting with an insight into aspects of trauma and casualty care as given by **Simon Steer of the Cairngorm team...**

Simon presented his thoughts on the treatment and evacuation of casualties with particular regard to observations during the hard winter of 2009/10. Some of the consequences of the conditions were that casualties could be reached more quickly (by skis and snowmobile) and that some big falls resulted in relatively minor injuries. The Cairngorm team had also been forced to admit that the frequency of avalanche search and rescue training was not adequate and, given the winter the lakes saw, this most definitely applies to the lakes teams too!!

Other notes relevant to KMSRT and general cas care:

**Hypothermia** is generally under reported and recorded and many trauma cases are likely to be Category I or II.

**To walk or to carry?** Dramatic improvements and increase in temperature had been observed when casualties with Cat I and II had been helped to walk off. Factors in making the choice to do this include level of consciousness, age, fitness, ability to take on food and drink, morale, level of involvement and ataxia (lack of co-ordination).

**Trauma/limb injuries** deserve good pain relief; use of (dia)morphine, reduction of fractures and dislocations, early and well executed splinting and ensuring distal perfusion. All of this demands competence and confidence in these basic techniques!

**Spinal care** should be complete and not overlook lumbar and thoracic injuries as well as cervical spine. Several big fall victims walked themselves out of gullies. The mechanism of injury demands assessment and the decision... do you make them lie down and put a collar and vac mat on?!

Simon summed up his entertaining presentation by emphasising **simplicity and speed**. Being able to do the basics well and decide on an efficient evacuation is most often more effective on the hillside than “stay and play” tactics and advanced techniques.

On a related topic **Mark Diggins**, who replaces the late Blyth Wright as director of **SAIS**, lectured on avalanche prevention and rescue. It was all a bit scary really as he pointed out just how complex all the factors leading to avalanche actually are, even on one seemingly even slope. As well as the relatively familiar learning about aspect, snowpack, weather, history and human triggers Mark also investigated heuristic traps; the behaviours which lead even trained and experienced practitioners getting avalanched. These include familiarity (“it was safe last time”) and social proof (“it must be ok, others are doing it”). It’s a fascinating area and if you want to read more Mark referenced “*Evidence of heuristic traps in recreational avalanche accidents*”, a paper presented at the 2002 International Snow Science Workshop by Ian McCammon.

The Dublin series is “to be continued”....

**Kathy**

## 100 Club

Peter’s Balls were not in evidence at the Committee Meeting, so he will get them out twice in December

## Internet News

For those that could not see the link Eddie sent round of the “World’s Scariest Climb” a bit of digging turned this up. A case where health and safety should go mad..

<http://www.artifacting.com/blog/2010/09/15/climbing-a-1768-foot-transmission-tower/>

Everyone gets those round robin emails, (usually twice) and I must admit that I normally delete them straight off, but a particularly good one of “Church Bulletins” dropped into my inbox, with the following gem.

“The sermon this morning: ‘Jesus Walks on the Water.’ The sermon tonight: ‘Searching for Jesus.’”

**Tim Ternet**

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**Copy deadline for next issue: 25 November 2010**