substudy examining preoperative NT-proBNP as a predictor of major perioperative vascular events will shed more light on NT-proBNP thresholds.

Declaration of interest

None declared.

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Female anaesthetists: lean in

Editor—I applaud the editorial board on the superbly timed publication of Galley and Colvin's editorial[1] on gender inequality, dramatically coinciding with this week's media furore that accompanied legal firm Slater and Gordon's report on related issues.[2] Of the 1975 women questioned in their survey, one-third felt that it was impossible to climb the career ladder, with a further one-quarter of mothers feeling discriminated at work, prompting England's Employment Minister to say, 'The government is committed to making sure that more businesses make the best use of women's talents throughout the organisation, from boardroom to the shop floor'.[3] As the husband of a wife employed in the City of London, I can attest that the NHS (and Anaesthesia) is certainly better than many private sector employers in managing maternity leave and re-integrating mothers on return to work (whether full time/part-time/job sharing) and demonstrates a far fairer attitude towards females with respect to recruitment, career opportunities, and career progression. Nevertheless, as Galley and Colvin comprehensively suggest, there is some way to go before we achieve a level playing field. To further this process, and in addition to the 30% Club[4] framework suggested by the authors, may I recommend that all my colleagues read the Cranfield report[5] (the annual female FTSE bench-marking report), the Davies report[6] (10 ideas proposed to increase female representation in board positions), and if nothing else, *Lean in: Women, Work and the Will to Lead*[7] (essential reading for all those determined to right inequality, including male colleagues keen to do their part, and lean in too).

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None declared.

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Gender differences in academia

Editor—Galley and Colvin[1] note the gender differences that still exist in some areas of the anaesthesia community. We agree that women lag behind their men colleagues in other specific areas of academic anaesthesia.

On behalf of several members, the Australian Society of Anaesthetists (ASA) conducted a survey investigating the gender differences in the professional lives of its members. The original survey was conducted in 1993, with a follow-up survey conducted in early 2010. Over this 17 yr period, the proportion of female members of the ASA increased from 17% to 24%, with similar increases in the proportion of College fellows and trainees. One section of the survey asked questions related to academic issues including the holding of an academic appointment and membership of professional committees.

Results from the surveys showed that not much had changed. In 2010, women were less likely than men to hold academic appointments, although the difference was not statistically significant (13% *vs* 23%, $P=0.25$) and this had not changed between the two surveys. In both surveys, fewer women than men were serving on professional committees, and this proportion had also not changed over time. However, women in 2010 were significantly more likely than women in 1993 to have been asked to sit on such committees but refused (27% *vs* 8%, $P=0.002$). Comments from this section included the following quotes: (from a female) 'Too busy, was approached to be on local ASA committee several years ago but after attending one meeting realized I would not be able to devote the time or energy needed'; (from a male) 'No spare time to do the job properly and still be able to maintain existing family and professional commitments'.

Gender disparity is still an issue—but many of us, whether male or female—may struggle to maintain an academic interest in our busy professional and personal lives.

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1 Galley HF, Colvin LA. Next on the agenda: gender. *Br J Anaesth* 2013; **111**: 139–42

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Women at the table

Reply from the authors to Dr Ward

Editor—Thank you for giving us the opportunity to respond to the letter from Dr Ward—we thank him for his comments.

While we applaud the messages in the most recent Davies report[1] to which Dr Ward refers, his reference to Sheryl Sandberg's new book, *Lean in: Women, work and the will to lead*[2] deserves further discussion. In our editorial,[3] we referred to Sheryl Sandberg's TED Talk from 2010 where she described how women must take some ownership for (unintentionally) holding themselves back when it came to their careers. This talk, which has been viewed more than 2 million times, encouraged women to 'sit at the table'—in other words, put themselves forward. The book goes a bit further and gives the feeling that somehow Sheryl is putting the blame on women's own shoulders just a little more than we find comfortable.

We commend Sheryl Sandberg for all she is doing for women. But this book has its issues. A quick look at the multitude of book reviews will reveal that we are not the only people who feel uneasy about her message. Although this book is billed as giving practical advice on how to mix professional accomplishments with more personal goals, it is not really like that. The anecdotes are a bit cheesy and the whole book is superficial and is targeted almost exclusively at women with a partner and children.

The anecdotes ARE funny but then a comedy writer wrote it—not Sheryl. It was actually written by a ghost-writer, Nell Scovell, who incidentally, wrote 'Sabrina the Teenage Witch' and other TV screenplays. We suggest that perhaps this book should be just part of the conversation about women.

Read the Davies report to which Dr Ward refers[1]—it has well-thought-out strategies which can be applied to Boards whether professional or business based. Women can help themselves too of course, but actually everyone can make a difference. The *Lean in* book has a lot of Sheryl Sandberg's own experiences in it, but it has little of her soul. Perhaps it would have struck a better note if she had actually written it herself.

Declaration of interest

Both authors are editors of the *BJA* and members of the *BJA* Board of Management, and both authors are women.

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Anticipation of the difficult airway

Editor—We have with great interest read the article by Cattano and colleagues[1] on anticipation of the difficult airway (DA). We would like to thank the authors for addressing this pivotal area of our profession. However, we have some major concerns regarding the used study methodology. We find the trial at risk of (1) systematic errors (bias), (2) random errors, and (3) other design errors.

(1) The study is presented as an individually patient-randomized trial, but is in fact randomized in clusters, each population managed by a resident being a cluster. As the study is conducted on one department, how did the authors control for a potential spillover effect from the experimental to the control group? Residents constituting the control group must inevitably have gained information about trial intervention in the experimental group thus influencing their performance. It opens up for huge bias in comparison of the two groups of patients (should have been analysed in clusters).

(2) The reader is not presented with a sample size or a power estimation, which should have been based on a clearly stated outcome measure and adjusted for intra-cluster correlation because of cluster randomization. The number of patients needed in a cluster-randomization is highly dependant on both intra- and inter-cluster correlation and may exceed the number of patients needed for an individual randomization substantially.[2] This may induce huge risks of random errors.

(3) We would like to suggest an alternative primary outcome measure as the difference in correct prediction rate of DA between the two groups, hypothesizing superior prediction accuracy using the ASA guideline. It is unclear whether the authors employed intention to treat- or per protocol analyses. The flow diagram (Fig. 2) and the numbers in the text are inconsistent. Also, we find the definition 'Accuracy of DA prediction' (Table 2) somewhat misleading. The presented figures are the number of preoperative airway assessments that are in agreement with the actual airway management. Fortunately, DA is a rare situation, also documented by the authors' result of 11.97% DA corresponding