Written and edited by master clinicians, this book has a uniform tone—a difficult achievement with more than 62 contributors. As stated in the preface, the editors' guide was Paul Wood's text which "combined lucidity with erudition". The objective seems to have been realised because "Diseases of the Heart" is readable but still learned. Some are so coldly objective that they might have been written by non-clinical scientists; not so "Diseases of the Heart". It is obvious that the contributors are clinicians with considerable experience and clinical acumen. The text for the most part is not overburdened with reference numbers though the density of references is variable. The impression is of a well considered and balanced viewpoint rather than just a review of published reports. The chapter on chronic heart failure by Professor Philip Poole-Wilson is a particularly good example of this. The chapter on angioplasty is another example of the approach of the experienced teacher-clinician—Dr M F Shiu has been there. He may even have introduced a new word—disobilitation.

There is a great deal more drug information in "Diseases of the Heart" than is usual for standard textbooks. That is a plus. It is somewhat distracting, however, to read quite so frequently to the Appendix, where a brief and useful description of some commonly used cardiovascular drugs is tabulated. Perhaps too much effort was made to avoid repetitiveness by reference to the Appendix rather than by including the material in the relevant chapter. For example, when the use of verapamil in atrial flutter is described it would be useful to read (on the same page) the contraindications, precautions, and drug interactions that should come to mind. Though some cautions are given later when the drug's use for supraventricular tachycardias is discussed, the presentation of drug information in the text is somewhat lacking.

The chapters on non-invasive diagnostic and evaluative technologies are excellent. Magnetic resonance imaging and computed tomography are made as readily understand-
able as possible. Other technologies are also well covered. The chapter on exercise testing is particularly well done in terms of the usefulness of the test in clinical decision-making. Once again, it is the teaching approach that makes the difference.

To assess the usefulness of "Diseases of the Heart" as a practical clinical reference book, I used it on general cardiology teaching rounds for one month, looking up every patient problem as it presented. In almost all cases the material contained in "Diseases of the Heart" was relevant to the management of the patient in question and provided practical guidance. Relevant information about conditions that are encountered less frequently could also be found in most cases. The scope of the text is comprehensive without being overwhelming.

The illustrations are generally good, the print easy to read, and the indexing adequate. Some of the electrocardiograms have been " touched up". For the purist this is somewhat distracting. But if the teaching points are made clearer, the end may justify the means.

"Diseases of the Heart" is a good and useful text with a strong clinical orientation. The editors achieved all their goals except for one. It is still a heavy book and not exactly "easier to handle". But there is a lot of material to cover, probably more than when Paul Wood's "Diseases of the Heart and Circulation" was written; some might question whether essential and clinically relevant knowledge has increased to the same degree as the size of our texts. Paul Wood compressed large amounts of information to achieve clinical relevance and readability. "Diseases of the Heart" comes as close to replicating his style as any currently available text. Medical students, house officers, and practitioners should all benefit by the experience and insight of the authors of this text.

SUZANNE B KNOEBEL

NOTICES

British Cardiac Society page

The British Cardiac Society has become progressively more active in recent years under the guidance of its council and of successive presidents. I am sure this trend will continue. We have much to do. The problems that face us in 1990 are manifold and impinge on all of us.

The revision of the National Health Service under the terms of the white paper is taking us into uncharted territory which we may regard with apprehension but cannot avoid. Technological advances offer increased prospects of reducing the mortality and morbidity of heart disease, but many patients do not benefit from new treatments because we have too few cardiologists struggling to maintain a service with resources that increasingly fail to match demand. The pattern of training for our registrars is being revised, with disagreement between those who want faster progression to consultant status and others of us who believe that training programmes must offer sufficient experience in cardiology to produce specialists regarded as competent both here and throughout Europe. The momentous changes in our continent will provide opportunities and challenges that we must be able to meet. But closer liaison in the political arena is accompanied by more diversity professionally, with the risk of fragmentation of interest, as we are all driven to increasing specialisation. Finally, in our country more than most, academic cardiology—and academic medicine in general—feels under siege and must be supported.

In these difficult and exciting times the Cardiac Society must become a more important focus for our activities. From within the society we must learn to communicate more effectively. The officers and the council will want to keep members well informed of their activities and to be responsive to the opinions of all our colleagues in the specialty. We will explore ways of achieving these twin goals, but I hope that one method will be by making more use of our own journal. The editor has agreed to a British Cardiac Society page.

As your president I want to be responsive as well: to new ideas from members, to criticisms, and to requests for help or advice which I can direct appropriately when I cannot address them myself. I hope members will feel free to contact me as often as they feel the urge to do so. The path, I recognise, will not always be smooth. There is a great recipe for avoiding trouble—called inactivity. Neither I nor the council will follow it, and I do not think that you would want us to do so.

DOUGLAS CHAMBERLAIN
President, British Cardiac Society

British Cardiac Society
The Annual Meeting will take place at the Scottish Exhibition Centre, Glasgow, on 30 April to 3 May 1991.

Cardiopulmonary emergencies
The 6th International Symposium on Cardiopulmonary Emergencies will take place in Rotterdam on 26 to 29 November 1990. Inquiries to Dr Omar Prakash, Thorax Centre, Erasmus University, PO Box 1738, 3000 DR Rotterdam, The Netherlands. Telephone: 31-10-463 5230. Fax: 31-10-463 5240.

Coronary arteriography
The 4th International Symposium on Coronary Arteriography will take place in Rotterdam on 23 to 25 June 1991. Further information from H. van der Hoeven, Congress Organisation, Erasmus University Rotterdam, PO Box 1738, 3000 DR Rotterdam, The Netherlands. Telephone: 31-10-408 7881/2. Fax: 31-10-436 7271.

Echocardiography
The 9th Symposium on Echocardiography will take place in Rotterdam on 26 to 28 June 1991. Further information from Holten Congress Organisation, Erasmus University Rotterdam, PO Box 1738, 3000 DR Rotterdam, The Netherlands. Telephone: 31-10-408 7881/2. Fax: 31-10-436 7271.