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BRITISH CARDIAC SOCIETY NEWSLETTER

The British Cardiac Society is moving, but not far. Number 7 St Andrew's Place has been our home for five years. It is convenient for the college, and the proximity has become increasingly appreciated as we have made joint cause to resist inappropriate changes in numbers and programmes for our trainees. But the premises became too small, a problem that has been exacerbated by the increasing activities of the society. We have been offered and accepted space that is contiguous at the top of numbers 1 and 2 in the same attractive regency terrace. This change will give us about twice as much room. Health conscious cardiologists will be spared the corrupting temptation of a lift and can continue to combine business with the pleasure of exercise as they visit the new offices. We will be able to hold council and other important meetings on our own premises instead of accepting the kind hospitality of the college whenever we have gatherings of more than five or six people. We will change our address sometime in January. Our telephone and fax numbers remain the same.

Members of the society understand that we must become more active if we are to play an appropriate role in these times of change and challenge. Most of the new work can best be undertaken by committees. Already four have been set up (data management, training and manpower, publications and journals, and audit) and a fifth is being created (technicians). We will meet the immediate objectives for our reorganisation with the addition of two more that have now been approved by council. A medical practice committee will be concerned primarily with guiding members on matters of good medical practice. We have already been asked by members to provide advice on whether certain management policies that have aroused some controversy could be supported if they were to be challenged in this litigious age. We should be able to provide a consensus view that will carry weight, and thereby a measure of protection. Sometimes the committee could take the initiative and offer advice if difficulties can be foreseen. We also envisage the possibility that the committee could coordinate clinical research under the aegis of the society, particularly of a nature that may not bring support from grant giving bodies or the pharmaceutical industry. Kim Fox will be chairman, and he will be supported by Julian, Hubner, Cobbe, Camm, and the President.

The second new committee will operate in a more sensitive area. We hope that members will appreciate the need for an Ethical and Legal Committee, and will support its aims. We believe on the one hand that the profession has an obligation to help patients obtain a

fair outcome in any claims relating to treatment, and on the other that colleagues should be protected against mischievous claims supported by spurious or ill advised medical evidence. Lawyers often find difficulty in obtaining objective help from experienced and respected members of our speciality. As a result they sometimes turn to those whose knowledge may not be relevant to the matter in question, and rarely may even be driven to seeking help from the tiny minority whose motives may not be based purely on justice.

The committee will encourage members of the society to allow their names to be sent to the Law Society as a panel that would be available to give advice on matters within their areas of competence. The scheme has not been finalised and more discussions and more advice are needed before we have firm proposals. Members of the panel could avoid the inappropriate fear of opprobrium from their colleagues because all will be aware of the society's endorsement of their tasks. None of us feels comfortable in this role, and no doubt service on the panel would be for a limited period only. This proposition has been discussed previously, but was shelved on the advice of the General Medical Council which sought clarification on some matters of detail. We now have approval from the council subject only to caveats that we would in any case wish to follow. The Chairman of the Council's Standards Committee "... is of the opinion that no exception could be taken on ethical ground to the sending of a list of senior cardiologists, prepared to undertake medico-legal work, to the Law Society, or indeed to the Bar Council or to individual barristers or firms of solicitors ... your society will take steps to ensure that the list contained only the names of doctors who were fully qualified to undertake this kind of work, and ... that no list should be presented in such a way as to imply exclusivity ...". The full text of the letter can be obtained from the society's office. Initially the committee will comprise Keith Fox (chairman), Kim Fox, Michael Petch, Raphael Balcon, Stewart Hunter, and Roger Hall together with the President. This group will prepare detailed proposals for endorsement by the society. The Royal College of Obstetricians and Gynaecologists announced a similar scheme a few months ago. Though the Cardiac Society may have been the first to discuss this development we will not now be the first to implement it.

This is not quite all. Cardiologists in Britain have tended not to espouse the cause of so-called prevention. We cannot then complain if the arena is left to those in other disciplines who may seem less critical of strategies than we would wish to be. Perhaps the name itself has been a disincentive because it suggests an aim that seems to us unrealistic. We will take a more active interest. The council have approved the creation of an epidemiology and risk reduction advisory group to be chaired by David Wood, joined by Hugh Tunstall-Pedoe, Michael Scott, and the President. More names may be added later. Finally, council warmly endorsed a request from the new British Paediatric Cardiac Group to be affiliated to the British Cardiac Society. This is the fifth affiliated group and it joins those for pacing and

electrophysiology, interventionalist cardiology, nuclear cardiology, and echocardiography. The officers are Hunter (president), Tynan (vice president), Qureshi (secretary), and Anderson (treasurer), with Deanfield, Sethia, Keeton, and Duff as committee members.

We have much more to write but we have used our allotted space. No doubt you will await eagerly the February newsletter which will contain more news and views that you will not want to miss.

DOUGLAS CHAMBERLAIN
President, British Cardiac Society
PAUL OLDERSHAW
Secretary, British Cardiac Society,
7 St Andrew's Place,
London NW1 4LB

NOTICES

British Cardiac Society

The Annual Meeting will take place at the Scottish Exhibition Centre, Glasgow, on 30 April to 3 May 1991. The closing date for receipt of abstracts was 10 December 1990.

Training of paramedic ambulance staff

A one day Seminar for Trainers and Potential Trainers of Paramedic Ambulance staff will be held by the College of Anaesthetists in the Royal College of Surgeons on 7 February 1991. The subjects to be covered are multi-disciplinary and include the present situation, candidate selection, the syllabus, problems and logistics, medico-legal aspects, audit, and relationships with general and hospital practitioners. Registration fee to include coffee, lunch, and tea—£20. Applications to Mr Stanley Alan, College of Anaesthetists at the Royal College of Surgeons, Lincoln's Inn Fields, London WC2A 3PN.

Arrhythmias and valvular heart diseases

A meeting of the European Society of Cardiology Working Group on Valvular Heart Diseases entitled "Arrhythmias and Valvular Heart Diseases" will be held in Namur on 24 and 25 May 1991. For information write to Professor R Krémer, Meeting ESC, Arrhythmias and Valvular Diseases, University Hospital de Mont-Godinne, B-5530 Yvoir, Belgium.

Echocardiography and Doppler in cardiac surgery

The Fourth International Symposium on Echocardiography and Doppler in Cardiac Surgery will take place in Innsbruck on 27 to 29 May 1991. Further information from Dr G Maurer or Dr W Mohl, c/o Interconvention, A-1450 Vienna, Austria.

CHECKLIST

Please make a photocopy of this checklist, complete, and send with all manuscripts submitted for publication.

General

- Three complete sets of the manuscript (with 3 sets of figures) are submitted (this also applies to amended versions).
- The manuscript is typed double spaced throughout on one side only on A4 opaque white bond paper with wide margins all around.
- The manuscript is arranged as follows: (1) title page, (2) abstract, (3) text, (4) references, (5) legends, (6) tables. Pages are numbered consecutively, beginning with the title page as page 1.
- The last name of the first author is typed at the top right corner of each page.
- A covering letter is signed by all authors stating that they have seen and approved the paper and that the work has not been, and will not be, published elsewhere.

Title page

- The title and authors' names are typed on the title page.
- Case reports have only three authors.
- The address(es) of the institutions from which the work originated with the authors' names are listed underneath. (If there is more than one address several authors' names can be grouped under each appropriate address; strict order of authors' names is not necessary here.)
- The full name, exact *postal* address with postal code, and telephone number of the author to whom communications and proofs should be sent are typed at the bottom, and the editorial office must be told of any subsequent changes of address.

Abstract

- An abstract is typed double spaced on a separate page.
- The abstract is organised according to the framework described on page 1 of the January 1991 issue. In exceptional cases this may not be necessary—for example, case reports.
- Abbreviations other than standard SI units of measurement are not used.

Text

- Appropriate headings and subheadings are provided.
- Every reference, figure, and table is cited in the text in numerical order. (Order of mention in text determines the number given to each.)
- Acknowledgments and details of support in the form of grants, equipment, or drugs are typed at the end of the text, before references.

References

- References are identified in the text by arabic numerals; no more than three references are cited for any one statement.
- References are typed double spaced on sheets separate from the text (*numbered consecutively in the order in which they are mentioned in the text*) in the Vancouver style.
- Journal references contain *inclusive* page numbers; book references contain *specific* page numbers.
- Citations of abstracts and letters should be indicated in parentheses.
- Personal communications, manuscripts in preparation, and other unpublished data are not cited in the reference list but are mentioned in the text in parentheses.
- Abbreviations of journals conform to those used in *Index Medicus*, US National Library of Medicine. The style and punctuation of the references follow the format illustrated in the following examples:
- Journal*: (list *all* authors if six or less; otherwise list first three and add *et al*; do not use full stops after authors' initials)
- 31 Balcon R, Brooks N, Layton C. Correlation of heart rate/ST slope and coronary angiographic findings. *Br Heart J* 1984;52:304-8.
- Chapter in book*:
- 28 Schiebler GL, Van Mierop LHS, Krovetz LJ. Diseases of the tricuspid valve. In: Moss AJ, Adams F, eds. *Heart disease in infants, children and adolescents*. Baltimore: Williams and Wilkins, 1968:134-9.
- Book (personal author or authors)*: (all book references should have specific page numbers)
- 36 Feigenbaum H. *Echocardiography*. 3rd ed. Philadelphia: Lea and Febiger, 1981:549-63.

Figure legends

- Figure legends are typed double spaced on sheets separate from the text, and figure numbers correspond with the order in which figures are presented in the text.
-
- All abbreviations appearing on the figures are identified at the end of each legend.
-
- Written permission from the publisher and author to reproduce any previously published figures is included.
-

Figures

- Three sets of unmounted glossy prints (not originals) of each photograph and drawing are submitted in three separate envelopes.
-
- Figures, particularly half tones and electrocardiographic tracings, have been submitted with the following guidelines in mind: the detail on the figure is sufficiently clear to withstand reduction and special features are designated by arrows.
-
- Black ink is used for all line drawings. Decimals, lines, etc *must* be strong enough for reproduction.
-
- The first author's last name, figure number, and "top" are indicated on the back of each illustration in light black pencil, preferably on a gummed label.
-
- Figure title and caption material appear in the legend not on the figure.
-
- Figures are limited to the number necessary for clarity and do not duplicate data given in the tables or text. (Estimates for colour work will be provided on acceptance of the manuscript for publication. Some of the cost of colour printing will be charged to the author(s).)
-

Tables

- Tables are typed double spaced on separate sheets with the table number and title above the table and explanatory notes below. The table numbers are arabic and correspond with the order in which the tables are presented in the text.
-
- A footnote to each table identifying all abbreviations used is given in alphabetical order.
-
- Tables are self-explanatory, and the data are not duplicated in the text or figures.
-
- Written permission from the publisher and author to reproduce any previously published tables is included.
-

Ethical standards

- The study complies with the Declaration of Helsinki.
-
- The research protocol has been approved by the locally appointed ethics committee and the informed consent of the subjects (or their parents) has been obtained.
-

Measurements and abbreviations

- Measurements are given in SI units.
-
- Abbreviations or acronyms are always written out in full (for example, ECG, electrocardiogram; LVH, left ventricular hypertrophy; CAD, coronary artery disease, MI, myocardial infarction).
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- Only units of measurement and mathematical formulas and calculations are abbreviated and they follow the form recommended in *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* (*Br Heart J* 1984;51:1-6).
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Statistics

- If the same variable is measured by two different methods the agreement between the methods has been assessed according to the guidelines published in the *British Heart Journal* (1988;60:177-80).
-
- Statistical measures of variation, such as SD or SEM, are specified and given in parentheses.
-

Papers that do not adhere to these instructions will be returned for revision before assessment.