patients with congenital heart disease in the country. The Department of Health does not recognise adolescence (12-19 years), so we define adult GUCH as 16 years and over. The working party is to make recommendations on the ideal organisation within the country for this increasing population of patients who, for many different reasons, are not receiving optimal specialist care. The working party has wide geographical representation from both paediatric and adult cardiology and from cardiac surgery, which is needed in 20% of admissions. The working party is to be chaired by Jane Somerville with Stuart Hillis as secretary. Other members are Roger Hall, Paul Oldershaw, Stewart Hunter, Tohn Deanfield, and Darryl Shore. The first meeting to establish the aims of the working party took place in February and the next meeting will be at the Wemblev conference. The working party will try to identify current provisions for GUCH throughout the nation, identify the size of the problem, stress the importance of the training of a GUCH cardiologist, and set out ideals for surgical management of this special group. Jane Somerville would like to know of any problems that members have encountered with the care and management of GUCH patients. A standard questionnaire will be circulated through the BCS office about clinical practice. Despite recommendation, in the Fourth Report of the Joint Cardiology Committee of the Royal Colleges and by the Working Party on the Future of Paediatric Cardiology, that care for the GUCH should be provided by supraregional centres, the Supraregional Services Advisory Group of the NHS Executive has rejected an application for supraregional designation (and funding) for this purpose on the grounds that the service is "fairly widely available". We find this remarkable. It is timely and appropriate that the British Cardiac Society has taken responsibility for the solution of GUCH problems.'

The Wembley meeting

This is almost upon us. The Society will decide in due course whether it wishes to use a London venue again or not. The plans for Torquay in 1994 are already under way. Each year sees some changes in the organisation of the meetings: some are successful and retained, while others are tried once and dropped. One change this year is the adoption of camera ready abstracts. These will have come to members as a supplement to this copy of the British Heart Journal. Remember to bring the supplement to Wembley with you. . .

News from Europe

Philip Poole-Wilson writes as follows. "Arrangements are proceeding well for the XV Congress of the European Society of Cardiology which will take place from 29 August to 2 September 1993 in Nice. Over 6000 abstracts have been received. The largest number are from Germany (17%), followed by Italy (13%) and the United Kingdom (12%). The number sent from the United Kingdom has continued to increase each year. The largest clinical areas are arrhythmias, echocardiography, interventional cardiology, and myocardial infarction. Basic science including molecular biology, cardiovascular physiology, cellular biology, and the biology of the vessel wall are well represented. Plans for the Congress in 1994 are developing. As most readers will already know, this will be a joint meeting. It will be the XII World Congress of Cardiology and the XVI Congress of the European Society of Cardiology. That meeting is expected to be larger than usual. The dates are 10 to 14 September 1994. One major change is that the last date for the receipt of abstracts will be 1 December 1993. Please do make a note of that date.

News of colleagues

We have been saddened to learn of the death of John McMichael. John Goodwin has written a tribute. "Sir John McMichael died on 3 March 1993 after a long illness most bravely borne. He was born in Gatehouse of Fleet, Kirkcudbrightshire in 1904. He studied medicine in Edinburgh and soon emerged as one of the brightest students of his era. At the age of 29 he won the Gold Medal for his MD thesis during his tenure of a Beit Memorial Fellowship. His early researches were into respiratory disease and diseases of the spleen and liver. But he soon became interested in the cardiovascular system, and was quick to appreciate the great possibilities for research offered by cardiac catheterisation. He joined the staff of the Royal Postgraduate Medical School (then the British Postgraduate Medical School) as reader in medicine and succeeded Sir Francis Fraser as Director of the Department of Medicine in 1946. He pioneered cardiac catheterisation with colleagues Peter Sharpey Schafer and Sheila Howarth. Despite dire warnings of disaster, he pressed on courageously and established catheterisation firmly in Britain. He went on to establish the Royal Postgraduate Medical School at Hammersmith Hospital as a centre of excellence for training talented young people in research, emphasising always the importance of departmental cooperation and of considering the whole of the patient, not only individual organs. As a result of his inspired leadership, advances were made during the second world war by distinguished younger colleagues in liver disease, the crush syndrome, and renal failure. But McMichael's enduring love was for the cardiovascular system. He pointed out the limitations of digitalis in the treatment of heart failure, and the importance of "high output failure". His monograph "The Pharmacology of the Failing Human Heart" was a classic of its kind. He was closely involved in the development of the coronary care unit at Hammersmith Hospital by John Shillingford. Later, he became interested in hypertension and pioneered the use of ganglion blocking agents in the early days of effective pharmacological treatment of high blood pressure. McMichael was instrumental in enlarging the buildings and facilities of the Royal Postgraduate Medical School in an extensive way, but his work was not confined to the school. He played a leading part in the development of the British Heart Foundation, was President of the British Cardiac Society from 1968 to 1972, and was President of the Fifth World Congress of Cardiology in London in 1970. He was a member of the Medical Research Council, a Wellcome Trustee, and Vice President of the Royal Society. He succeeded Sir James Patterson Ross as Director of the British Postgraduate Medical Federation. Many honours came to him. He was knighted in 1965 and elected as fellow of many colleges and medical societies, but the honour that he valued most was his Fellowship of the Royal Society. He lived to see the same honour bestowed on his son Andrew. When I saw John McMichael shortly before his death, he was delighted when I pointed out the unique (probably) distinction of two Fellows of the Royal Society in the same family! John McMichael was a great man in many ways; great in caring for patients and colleagues interests, great in courage and imagination, great in determination, great in maintaining the best interests of medicine. The sight of his tall figure striding down the main corridor at Hammersmith was always reassuring, as was his talent for inspiring loyalty and affection in his colleagues. He will be sadly missed, but his memory and his message will never die."

British Cardiac Society Newsletter

We have news of new appointments. Alastair McCance has been appointed cardiologist at Derby City Hospital. Nilesh Samani has become senior lecturer/honorary consultant cardiologist and Cliff Garratt has become senior lecturer in cardiology—both in Leicester.

And finally

This is the final signing off for the present partnership in the production of the newsletter. By the time the next one appears the Society will have a new president and the other new signatory will be that of the assistant secretary. One of us has been involved with the newsletter since its inception in August 1990. We believe it has proved a useful way of keeping members informed about developments related to the Society. The British Heart Journal is not a newspaper and is not geared to rapid dissemination of hot news. But the technical editor and the printers have been tolerant beyond any reasonable expectation by giving us last minute copy dates. We are grateful to them and to two Editors for their cooperation over the past three years. Our very last message is to remind our members that news or views for possible inclusion in the newsletter are always welcome.

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CORRECTION

The details given in the review of *Percutaneous* balloon valvuloplasty that appeared in the January 1993 issue (1993;69:94-5) are incorrect. This book was published by Igaku-Shoin Medical Publishers, New York and Tokyo.

NOTICE

The 1993 Annual Meeting of the **British Cardiac Society** will take place at the
Wembley Conference Centre from 18 to 21
May.