BRITISH CARDIAC SOCIETY NEWSLETTER

Unusually we are starting this newsletter with a correction, but it is coupled with welcome news. In the October *British Heart Journal* we announced the start of a new programme of "teach-ins" for members of the society, intended to provide an introduction for practising clinicians to important new areas of relevance to our specialty. The first is to be on molecular biology, and the provisional date was 18 February. To our great delight, Professor Sir David Weatherall has agreed to inaugurate the series, but he is not able to come in mid-February. The new date will be 31 March. We want these meetings to be small so that all will feel able to participate fully. With only about 20 places available we suggest early booking as soon as the date is known: we promise to keep a waiting list for those who do not read the newsletter promptly, but we do not promise a place! Application should be made to the British Cardiac Society. A contribution towards travel is available for those coming from a long distance.

Our increasing level of activity is forcing us to seek even more space than we now have available in our new rented office at 1 St Andrew's Place. We believe the time has come to consider buying our own premises—and this is as good a time as most. With the full and unanimous approval of council we have made a provisional offer for an elegant property in Fitzroy Square, close to Great Portland Street underground station—still close to the Royal College of Physicians which is important to us. At the time of writing we are awaiting the result of a structural survey—more news will follow next month.

And now news (almost apologetically) of another committee. We are reassured by the knowledge, however, that many active societies of cardiology have experienced the same needs as ourselves and remain well ahead in terms of numbers of committees. We are not trying to compete. Andrew Henderson is the chairman, and has written the note that follows.

"The British Cardiac Society has good cause to be grateful to respective secretaries who—with local organisers—have carried the major responsibility for arranging the society's biennial, and now annual, meetings over the years. The society has, however, been growing, as evidenced by its increasing membership, the responsibilities it now carries in these changing times, and the widening content and coverage of its meetings. Council consider that the time has come to share the responsibility more widely for organising its annual meetings by appointing a Programme Committee. This will comprise three members appointed by council (at present Andrew Henderson, Ronald Campbell, and Andrew McLeod), together with the president and secretary (ex officio), working with local meeting organiser, under the strategic guidance of council.

The success of the annual meeting is determined by many factors and there are many competing claims on the limited time available, so compromises are always necessary. Among proposals being considered is the further uprating of the poster presentations, possibly with scheduled discussion on site, or—when practical at future meetings—at open session. An award may be made for the best poster. Standardising guidelines will be provided. Selection of free abstracts will continue to be done with the help of independent panels of experts and coordinated by the members of council assigned to each subject category. The wide popularity of "teach-in" sessions is recognised. The Young Investigators Awards are to remain an important feature of the annual meeting, but with a smaller number of finalists, each given adequate time, and in future each to receive a prize. The question of whether abstracts may be updated between the time of submission and presentation has been raised: This is generally accepted practice with respect to minor detail but clearly raises problems if the conclusion is thereby influenced, in which event this should be acknowledged and publication will accordingly be amended or withdrawn. Criticisms and (we hope) plaudits will continue. The programme committee will welcome comments and suggestions."

Council has suggested a change in the constitution of the society, relating to the duration of the office of president. At present it is for three years, but the term may become arduous as the demands on time continue to grow. The new proposal would increase the number of officers to five at all times. A president-elect would serve for two years before succeeding to the office of president which would also run for two years. The president-elect would have an active role in the Society, thus spreading the workload to an important degree. These posts would inter-digitate with those of honorary secretary and assistant secretary to provide the best possible continuity of officers.

The society responded to the government's consultative document on the Health of the Nation after extensive discussion by council and comments by members. The targeting of coronary disease as a principal health problem was welcomed. Stronger action was urged to increase the motivation of individuals to stop smoking. Better education and information on nutrition, and encouragement of physical activity were given high priority. Services in cardiology at district level should be improved: a community needs at least one cardiologist for every 250 000 population if adequate provision is to be made for investigation, treatment, prevention, and rehabilitation. Waiting lists for angiography and intervention should be shortened, but this will be possible only if the scale of provision is made more realistic. Revascularisation procedures should be in the region of 900 to 1000 per million population per year. The need for permanent pacemakers is widely agreed throughout the world at 300 per million per year, and this figure was endorsed. Approximately half of these should offer the haemodynamic advantages of DDD units. A considerable investment is required for the availability of implantable defibrillators—a provision of 40 per million population was suggested, though this is less than most estimates of requirement. The 30% target by the year 2000 for reduction in mortality under 65 years of age was considered unambitious, and likely to be achieved even without further

intervention. A 50% reduction is attainable and offers a more appropriate target.

The Cardiology Committee of the Royal College of Physicians recently considered a proposal to increase the number of arrhythmology units—aiming at one in every region—by a system of temporary supra-regional designation that would gradually be extended. The suggestion was not approved, though members thought that the objective had merit and warranted further discussion. The society will help arrange further debate if members in the field agree it is worthwhile.

Finally, members may wish to be reminded that Abstracts for the Harrogate meeting must be received by 3 January.

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NOTICE

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The Annual Meeting of the **British Cardiac Society** will take place at the Harrogate International Centre on 26 to 29 May. The closing date for receipt of abstracts will be 3 January.