The Scottish contribution: the importance of the National Cardiac Societies and the Royal Colleges and their 100-year association with BCS

Frank G Dunn 1, Ross Lorimer 1,2

We are honoured to be contributing an editorial to this edition of Heart in celebration of the centenary of the Cardiac Club/British Cardiac Society/British Cardiovascular Society (BCS). A theme relating to the Scottish contribution is appropriate as it recognises the fundamental role played by Scots in the Society’s early days, their contribution throughout the past hundred years and the benefit that Scottish cardiologists at all stages of their career have derived from the BCS.

John Marshall Cowan (1870–1948), who was from Glasgow, will forever be linked with the birth of the Cardiac Club. He was an advisor to the military on post-World War 1 cardiac disabilities and was approached by William Hume (1879–1960), who although from Newcastle, also had impeccable Scottish ancestry. Hume (whose son became the Cardinal Archbishop of Westminster) suggested that they invite colleagues with an interest in cardiology, to share knowledge on a regular basis, and exchange ideas. It was following this meeting that the Cardiac Club was formed. There were similarities between Cowan and Hume, being Cambridge Graduates, pioneers in cardiology innovation and proponents of the importance of General Medicine. Indeed, Cowan saw himself as a physician first and cardiologist second. He was the perfect choice as honorary secretary having demonstrated exemplary clinical attributes, a formidable research record and excellent organisational skills. Hume wrote a fitting tribute in 1948 after Cowan’s death: ‘The original Cardiac Club owed much to Cowan’s enthusiasm. As a physician he was already ripe in wisdom and experience, and had the youthful enthusiasm to practise and master the newer methods of cardiovascular investigation.’

The founding members included William Ritchie from Edinburgh and Sir James Mackenzie from St Andrews, the Club’s first honorary member. Mackenzie, who was born in Perthshire, had a seminal role in the refinement of the polygraph and he is regarded as the first descriptor of atrial fibrillation. His reputation as the founding father of cardiology extended well beyond the UK. He is recognised by the BCS through the Mackenzie Medal and at St Andrews University by the Mackenzie Institute of Clinical Research.

The Club expanded rapidly and was renamed the Cardiac Society of Great Britain and Ireland in 1937 with Edinburgh being chosen for the inaugural meeting under the chairmanship of Dr J R Gilchrist who wrote the 50th anniversary editorial. Dr J H Wright, who was one of the early pivotal and innovative cardiologists in Scotland and a president of the Royal College of Physicians and Surgeons of Glasgow (RCPSG), was a staunch supporter of the BCS. His staff were encouraged to present at the scientific meetings and remarkably presented four papers at one meeting. Dr Wright chaired both Glasgow and London meetings in 1951 and his successor, Professor T D V Lawrie chaired the London meeting in 1981. Dr J D Olaf Kerr was instrumental in developing cardiology in Glasgow’s Western Infirmary and chaired the Glasgow meeting of 1973. His son, later Lord Kerr of Kinlochard, was the British Ambassador to the USA during the presidency of Bill Clinton. There have been a total of 17 BCS meetings in Scotland: 10 in Glasgow, 4 in Edinburgh and 1 each in St Andrews, Aberdeen and Dundee. Our group was delighted to have contributed to the 50th anniversary meeting in London.

There have been two Scottish presidents of the Society—the late Ronnie Campbell, who died while in office and Iain Simpson. We Scots would happily also claim Nick Boon, Keith Fox, Michael Oliver and Desmond Julian who all spent many productive and happy years as cardiologists in Edinburgh. Eugene Braunwald at a lecture delivered some years ago in Boston included Desmond Julian’s innovation of Coronary Care Units while in Edinburgh, as 1 of the 10 seminal contributions in the history of cardiology. The immediate past president of the BCS, Simon Ray, spent a significant part of his training and formative research in Glasgow.

Scotland has had its own Cardiac Society (SCS) since 1992. It arose through a merger of the Cardiology Advisory Groups of the Scottish Royal Colleges. This merger proved successful giving a post-devolution voice for Scottish cardiology to Scotland’s Health Service. The first three presidents were Sandy Muir, Ross Lorimer and Hugh Miller. The SCS has welcomed many members of the BCS to their annual meeting and Ronnie Campbell was a regular attendee including the year of his untimely death. It was fitting that a 5-year lectureship be named in his memory.

The Scottish Royal Colleges have been supportive of the BCS in its training and educational activities. One example is the St Valentine’s Symposium at the RCPSG, held in partnership with the BCS. This is now into its 8th year and is constantly a sell out. The strengths are its interactive nature, the breadth of speakers from the Royal Colleges and the BCS and an outstanding symposium director in Professor Hany Eteiba. The training and education of doctors is a core commitment of the Royal Colleges and the BCS. Cardiologists in Scotland provide major input to assessment, curriculum development, training and education. They have very much been part of the running and development of the Joint Royal Colleges of Physicians Training Board and the debate on single versus dual accreditation. Cowan and Hume would have been supporters of dual accreditation.

In summary, Scottish cardiologists, their Royal Colleges and the SCS have contributed substantially to the development, running and scientific strength of the BCS—now a respected global leader in cardiovascular training, education and research.

Contributors FD wrote the early drafts of the editorial and undertook background research. Thereafter RL

1 Cardiovascular Sciences, University of Glasgow, Glasgow, Scotland, UK
2 Retired, Glasgow, Scotland, UK

Correspondence to Prof Frank G Dunn, Cardiovascular Sciences, University of Glasgow, Glasgow, G12 8QE, UK; fgdunn@sky.com
contributed additional information in a number of areas which were incorporated into the final version.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient and public involvement** Patients and/or the public were not involved in the design, conduct, or reporting, or dissemination plans of this research.

**Patient consent for publication** Not required.

**Ethics approval** This study does not involve human participants.

**Provenance and peer review** Commissioned; internally peer reviewed.

© Author(s) (or their employer(s)) 2022. No commercial re-use. See rights and permissions. Published by BMJ.

To cite Dunn FG, Lorimer AR. Heart 2022;108:753–754.

Heart 2022;108:753–754.

doi:10.1136/heartjnl-2021-320142

**ORCID iD**

Frank G Dunn http://orcid.org/0000-0002-0235-0085

**REFERENCES**


