magnetic resonance velocity mapping). Only gross turbulence can thus be detected by the technique. It is therefore very probable that turbulence accounting for less than 0·5% of the total kinetic energy would not be detected unless it was of large magnitude and consistently localised to a few adjacent voxels.

Within these small limitations, we feel that the convenience of magnetic resonance velocity mapping, particularly its non-invasiveness, opens the way to making practical a more complete understanding of the patterns of human blood flow, both normal and abnormal.

R H Klipstein,
Magnetic Resonance Unit,
National Heart and Chest Hospitals,
30 Britten Street, London SW3 6NN.

# Prediction of outcome in dilated cardiomyopathy

Sir,

A recent publication has prompted me to write concerning the diagnosis of myocarditis on endomyocardial biopsy. Diaz *et al* stated that they were "perplexed by the great increase in biopsy diagnosis of myocarditis since 1982" quoting that 21 of 39 cardiac biopsy specimens since March 1983 demonstrated "active myocarditis" or "healing" myocarditis.[1] The Dallas criteria as quoted in Dr Billingham's editorial on acute myocarditis[2] clearly state that the diagnosis of ongoing (persistent) myocarditis, resolving myocarditis, and resolved myocarditis can only be made after a previous biopsy specimen has shown active myocarditis. Thus it seems evident that an initial, diagnostic biopsy specimen cannot be classified as "healing" myocarditis in the absence of earlier information. The changes may have causes other than myocarditis and these could account for the apparent increase in the diagnosis of myocarditis.

When considering myocarditis and dilated cardiomyopathy and the question of whether the former may cause the latter, it is vital that statements about biopsy specimens are accurate and that precise labels such as "healing myocarditis" are not attached to imprecise data.

Patricia J Lowry,
Department of Cardiovascular Medicine,
Queen Elizabeth Hospital,
Edgbaston, Birmingham B15 2TH.

**References**

1 Diaz RA, Obasohan A, Oakley CM. Prediction of outcome in dilated cardiomyopathy. *Br Heart J* 1987;58:393–9.
2 Billingham M. Acute myocarditis: a diagnostic dilemma. *Br Heart J* 1987;58:6–8.

# *Notice*

**British Cardiac Society**

The Autumn Meeting will be held at the Wembley Conference Centre, London, on 22 to 24 November 1988. The closing date for receipt of abstracts was 24 June 1988.

The Annual General Meeting for 1989 will take place in Oxford on 6 and 7 April 1989, and the closing date for receipt of abstracts will be 6 January 1989.