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 endeavoured 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 college. We will continue to hold council and committee meetings in the premises 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. This means giving both staff and students the comfort and security of a professional body. We have already 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 specialty. As a result they sometimes turn to those whose knowledge may be less 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 formalised and more advice is 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 agreement with the qualms of some of its members to feel 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 medicolegal work, to the Law Society, or indeed to the Bar Council or their names to be sent to 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 medicolegal 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), Quah (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 we 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 at 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 K Krémer, Meeting ESC, Arrhythmias and Valvular Diseases, University Hospital de Mont-Godinne, B-5330 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.