*Br Heart J* 1991;65:298

# BRITISH CARDIAC SOCIETY NEWSLETTER

We have news from the European Society of Cardiology that will by now be known to most of our members. After the untimely death in January of Attilio Reale, Michel Bertrand (who was President Elect) has been appointed Acting President until his own term of office is due to begin in 1994. Professor Bertrand is well known in Britain as in the rest of Europe. We wish him well. We are also delighted to report that in 1995 the European Society of Cardiology will almost certainly be coming to Birmingham, so that the British Cardiac Society will have the privilege of being hosts to a major European meeting for the first time.

Readers may remember that the joint British Cardiac Society/Royal College of Physicians Audit Committee has at present three major projects. The visits between district general hospitals, the national confidential enquiry into cardiac catheter complications (CECCC), and the survey of delays to treatment in acute myocardial infarction are all going well and their scope is being widened as had previously been planned. Nick Brooks who is chairman of the committee is now requesting that members of the society should let him know of other initiatives that are felt to be important. Some suggestions have been made, but before new priorities are decided we are anxious to consider as many appropriate ideas as possible. Please write either direct to Nick Brooks or to us at the society.

David de Bono has written about the confidential enquiry on catheter complications. Cardiac catheterisation and coronary angiography are fundamental to modern cardiology: good equipment and skilled operators have made them safe procedures, but complications do sometimes occur. In August 1990 the Joint Audit Committee of the British Cardiac Society and the Royal College of Physicians of London set up a pilot study of five cardiac centres with the aim of pooling information about catheter laboratory complications, so that the lessons learned could be shared and common factors, in particular complications, would be recognised. This initiative was reported briefly in the newsletter of December 1990. The pilot study has been very successful and it is now intended to extend the scheme to all United Kingdom catheter laboratories. The scheme is being coordinated from the Department of Cardiology in the University of Leicester, and individual units will have been approached by the time this newsletter appears. The data required from each centre are very modest, and a monthly newsletter from Leicester will keep participants informed of progress. David de Bono is anxious to stress that all information will be treated as strictly confidential. We hope that every centre will respond with enthusiasm.

We also wish to draw attention to another important survey coming from Leicester, this one organised by Peter Hubner. Since 1988, the British Cardiovascular Intervention Society has undertaken a survey of all adult and paediatric intervention procedures (angiography and balloon dilatations). The report on the second survey from 1989 is soon to be published, and the third enquiry was sent out for completion by the end of January. By the time of writing (mid-March), 21 adult National Health Service units, two private units, and 10 paediatric units had replied. A total of 34 units had not. In these days of audit, information technology, and competitive costings, this type of information should be readily available to support a department's activities and budgets. The replies from all units are needed before the 1990 audit can be analysed. By now perhaps the response will be complete. If not, we hear a threat to publish a list of non-responders. . .

Peter Hubner has agreed to extend the scope of his survey on behalf of the British Cardiac Society, though the additional scheme will be serviced for us by the British Cardiovascular Intervention Society. We wish to give every trainee cardiologist the opportunity to register all procedures he or she undertakes—angiography, pacemaker implants, electrophysiology studies, as well as intervention procedures. The British Pacing and Electrophysiology Group have indicated their approval. This will be a voluntary scheme, but registration on a monthly basis will aid accurate counting, and will lend credence to claims relating to practical experience—particularly in connection with applications for posts. Will this be supported? Our surgical colleagues have long had a similar scheme and find it helpful.

We have news on the composition of the Cardiac Technicians Committee which is being set up under the chairmanship of Duncan Dymond. The committee will consist of one nominated council member from each of the five affiliated working groups. So far individuals have been nominated from three of the groups; those from echocardiography and pacing and electrophysiology are awaited. The vice chairman of the Society of Cardiological Technicians will also be on the committee as will the President of the British Cardiac Society. Duncan Dymond will represent the British Cardiovascular Intervention Society, Shakeel Qureshi will represent the Paediatric Cardiology Group, and Jane Flint will represent the Nuclear Cardiology Group. Although the final composition of the committee has not been formulated, the principal aims of the committee will be to seek ways of improving the training and of raising the entry standards of cardiological technicians in the United Kingdom (which should result in further improvements in their status), and to forge closer links with the Society of Cardiological Technicians. These have not been as strong as many would wish, and much of the responsibility for this must rest with the cardiologists.

We will end on a lighter note. Do all consultant cardiologists in district hospitals now have a fax machine within their homes? Students of Latin will feel this question should begin with the word "num" (and those not well versed in the classics can contact us in confidence for an explanation). The advantages are considerable. We have all agonised on whether a telephone description of an electrocardiogram represents ventricular tachycardia or something more benign, and perhaps more recently we have hoped for inspiration when the telephone evidence seems inadequate on whether or not thrombolysis is indicated. Should we go in to the hospital at 4 am knowing that it will not then be worth returning home for breakfast? Is it not better to have an electrocardiogram waiting by the telephone when we wake up? The cost of a fax machine is now less than that of a single ampoule of one of the thrombolytic agents. Is it not worth it for the sake of better patient care and more confident and better rested consultants?

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# NOTICES

**1991**

A course on the use of **New Devices for the Cardiac and Peripheral Vascular Laboratories** will be held in Orlando, Florida, on 1 to 3 July: Shadyside Hospital, New Devices Technology Workshop, 5230 Centre Avenue, Pittsburgh, PA 15232, USA (412 623-1051).

**Angioplasty 1991: A Live Demonstration Course** presented by the San Francisco Heart Institute will be held in San Francisco on 12 to 15 August: Steve Lugon, Course Coordinator, San Francisco Heart Institute at Seton Medical Center, 1900 Sullivan Avenue, Daly City, CA 94015, USA (Fax: 415-755-7315; Tel: 415-991-6355).

**1992**

The Annual Meeting of the **British Cardiac Society** will take place at the Harrogate International Centre on 26 to 29 May.

**1993**

**The XVII World Congress on Diseases of the Chest** sponsored by the International Academy of Chest Physicians and Surgeons will be held in Amsterdam on 13 to 18 June: ACCP, Division of Education, 3300 Dundee Road, Northbrook, IL 60062-2348, USA (Fax 708-498-5460; Tel: 708-498-1400).

# CORRECTION

St Cyres lecture. Endothelium in control *A H Henderson* (March issue, volume 65: pages 116–25)—The author has asked us to point out that reference 142 should have read: Zeiher AM, Drexler H, Wollschläger H, Just H. Modulation of coronary vasomotor tone in humans. *Circulation* 1991;**83**:391–401.