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Interest is at too low a level, and so the formula is not yet correct. New ideas are being debated. We will let you know the outcome, but more experiments are needed. Meanwhile, we welcome your views.

One of the disadvantages of travelling a long way for a meeting is the extra expense. The society awards travelling scholarships to help overcome this problem, with priority given to those in training grades and to those who are presenting papers or posters. Even now many of our younger cardiologists seem unaware of this opportunity. Up to 25 travel grants of £400 will be available for the European meeting in Amsterdam (forms to be returned by 11 July), and 40 grants of £150 will be made when the society visits Harrogate next year. Cost has to be a consideration: none of us welcomes spending large sums of money to attend meetings, even those who can undoubtedly afford to do so. It was salutary to have been sitting next to a visitor from an eastern European country at a recent meeting in Montreal on disaster medicine. He had spent almost eight months salary to attend. Perhaps we have too many meetings so that we do not value them quite to this degree?

Does the society contribute enough to the campaign against smoking? We are a non-smoking society, but that in itself may not make the tobacco industry tremble. Some—particularly the ex-smokers among us—have a certain proselytising zeal. The industry may even survive that. We write each year to offer advice to the Chancellor of the Exchequer on taxation policy, but he may not always pay close attention to our wisdom, and the industry continues to prosper. But now more: the British Thoracic Society has taken the initiative in organising a combined approach by medical colleges and associations to launch a campaign to reduce smoking. It has the specific aim of putting pressure on the government to ban the promotion of smoking by advertising, promotion, and sponsorship. Sadly the government has been lukewarm to a similar proposal from within the European Community. We will participate in the new joint initiative. Council have nominated Andrew McLeod to be our representative. The first joint meeting took place on 23 May. Perhaps the tobacco industry will now at least shudder, and we should offer no words of comfort.

The recent Annual Meeting marked the retirement from council of three members who have each contributed much to the society: Andrew Henderson, Ian Hutton, and Stewart Hunter. The three replacements are Roger Hall, Andrew McLeod, and David

Ward. The constitution of the society permits one more member to be coopted, and this will be the President of the British Paediatric Cardiac Association. We are proposing that the constitution be amended to allow two other additions to council—the Postgraduate Cardiology Advisor (at present Howard Swanton) and the Chairman of the College Cardiology Committee (now Brian Pentecost). In the meantime, these will be invited to attend council meetings.

We will soon be sending all members of the society up to date lists showing the officers, the council members, the membership of the committees, and contacts for the affiliated groups. The society has evolved in many ways in the past 12 months, and in particular we have developed a committee structure with membership selected by council. We have heard whisper that this is not sufficiently democratic. But could we be equally effective with any other structure? We live in a world that seems increasingly hostile to many precepts that are needed for the continued provision of good cardiological care. We must have an organisation that can respond quickly and effectively—within the constraints of our charitable status—to challenges that come from many directions. But it is not enough to be defensive. We also need a structure that will encourage improvement of established practices and the development of new ones. Inevitably, day to day decisions must be left to a few. But committees are accountable to council, and council is accountable to the membership. It is understandable that such major changes arouse some anxieties, and they are important because we must maintain a strong consensus in the new paths that we tread. Perhaps we allow insufficient time for debate at our annual meeting. Should we change slightly the balance in the emphasis on organisational and academic matters? We were disappointed, however, that relatively few attended the special session in Glasgow on the contentious matter of training. As always, we need the views of the society. Write to us if you believe that wide debate through the newsletter may be helpful—we are constrained by space but are not averse to contrary views . . . Alternatively, write to a council member. Only by continuing exchange of views can we ensure that the society does reflect the opinions and intentions of its members.

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NOTICES

1991

An **International Conference "Look After Your Heart"** will be held in London on 19 and 20 September: Judy Berry, Conference Organiser, Look After Your Heart, Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX (Fax: 071 387 0550; Tel: 071 383 3833).

A **Symposium on Alcohol and Cardiovascular Diseases** will be held in Scheveningen on 1 and 2 October: Ms Fl de Vrijer, Secretariat Alcohol Symposium, c/o TNO Food and Nutrition Research, PO Box 360, 3700 AJ Zeist, The Netherlands (Fax: +31 3404 57224; Tel: +31 3404 44218).

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The **2èmes Journées Européennes de la Société Française de Cardiologie** will take place in Paris on 16 to 18 January (deadline for submission of abstracts is 15 July 1991): SFC, 15 rue de Madrid, 75008 Paris, France (Fax: (33) 1 43 87 17 14; Tel: (33) 1 43 87 95 14).

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

The **XI International Symposium on "Drugs Affecting Lipid Metabolism"** will be held in Florence on 13 to 16 May: Organising Secretariat, XI DALM, Fondazione Giovanni Lorenzini, Via Monte Napoleone 23, 20121 Milan, Italy (Fax: (02) 781511; Tel: (02) 76002267-783868) and for USA: Organising Secretariat, XI DALM, Giovanni Lorenzini Medical Foundation (Fax: 713 796 8853; Tel: 713 797 0401).