
BRITISH HEART JOURNAL

In association with the British Cardiac Society

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BRITISH CARDIAC SOCIETY NEWSLETTER

We start this newsletter with the sadness of saying farewell to Dennis Krikler as editor of the *British Heart Journal*. There are many tributes to him in this issue, but we are very anxious to add our own words of thanks to Dennis who has been a very good friend and we owe him a great debt, and he will know that the continuing excellence of the journal is an enduring tribute to his work. It should also be noted in this column that it was Dennis who had the happy idea of a monthly newsletter from the British Cardiac Society, and we believe this provides a valuable service.

Plans are now well advanced for the society to acquire its own offices. Agreement has been reached to acquire a Georgian office building on the east side of Fitzroy Square, W1. The appropriate legal process is underway and the purchase should be completed by late November.* The society, which is buying the freehold of the property, has been advised by two international property consultants.

Fitzroy Square is situated about 400 metres from the Royal College of Physicians, just south of Euston Road and close to Warren Street and Great Portland Street tube stations. The square is pleasant and partly pedestrianised. The building has a total floor area of approximately 4000 square feet with four floors and a basement. It was refurbished three years ago and many period features are present throughout the building. The society will be moving into the new offices early in 1992. Although we are sorry to be leaving the facilities of the Royal College of Physicians, we are not moving very far away and our close links will continue.

The new premises will provide the society with good office accommodation and the ability to host small meetings. It is hoped to accommodate the editorial offices of the *British Heart Journal* in the building. It will also provide the society with an opportunity to offer increased support to affiliated groups. Initially there will be spare office facilities which we propose to offer to a friendly medical society. It is comforting for the society to have a substantial permanent home.

This month we have contributions to our newsletter from several of our members. This is a society newsletter, and we welcome its use by those who have relevant information they wish to pass on.

Keith Fox has written with two items: first, medico-legal representation and secondly, information on the British Society for Cardiovascular Research.

"The ethical and legal committee of the British Cardiac Society proposed that members of the Society who are willing to serve on the specialist medico-legal panel of the society should submit their names and the outline of the area of their expertise so that a list of such individuals could be compiled for the law societies of England and Wales and Scotland. Clearly, no obligation is implied and there is no question of exclusivity. The legal profession would be free to seek specialist advice, whether or not such an individual had volunteered to serve on the panel.

We are pleased to see that, so far, 85 cardiologists have put forward their names for inclusion in this list and we believe that this will permit a more comprehensive and representative basis for seeking specialist cardiac opinion. If any further members wish to be included on the medico-legal panel, further forms are available from the Secretary of the British Cardiac Society. Clearly, the ethical and legal committee does not think that it is appropriate for the committee to determine or monitor the areas, or indeed the degree, of specialist expertise of individual members. Furthermore, a member would be free to withdraw from the advisory panel at any time. The corollary is that opinions expressed by individual members of the panel cannot necessarily be interpreted as representing the views of the committee or the society.

In response to a proposal from the British Society for Cardiovascular Research, the council of the British Cardiac Society has agreed to support a lectureship at each of the biannual meetings of the British Society for Cardiovascular Research. In return, the British Society for Cardiovascular Research would allow members of the British Cardiac Society to attend these meetings without payment of the registration fees. Information about the biannual meetings is included in the mailing from the British Cardiac Society.

After the introduction of only one annual meeting of the British Cardiac Society, concern has been expressed that there may be insufficient opportunity for younger investigators to participate in academic meeting at which original material is presented and discussed. The proposals allow just such participation in meetings at which high quality basic and applied cardiovascular research material is presented. The meetings of the British Society for Cardiovascular Research and the workshops have been well attended and have provoked active discussion. We would like to draw your attention to the opportunities presented to participate in and to submit material for presentation to the meetings."

Peter Hubner passes on a suggestion for a practice that has worked well in his area. The Leicester cardiologists have produced small stickers that are sent to the general practitioners of patients with valvar or congenital heart disease. The stickers can be put on the patient's folder. They state only: "Endocarditis alert! Blood cultures before antibiotics for unexplained fever". Its simple, easy, and cheap. It may also save a lot of anguish in some instances. We ourselves believe that in time, we would have had the same idea...

John Goodwin, Chairman of the National Forum for Coronary Heart Disease Prevention writes: "Readers of the newsletter may like to have up to date news about the forum which was set up (as the National Co-ordinating Committee) after the Canterbury conference in 1983 with the title Action to prevent Coronary Heart Disease. The purpose of the forum is to co-ordinate and facilitate the activities of organisations and individuals concerned with all aspects of coronary heart disease prevention. It has over 30 member organisations including the British Cardiac Society, the British Heart Foundation, the Coronary Prevention Group, Action on Smoking and Health, the Coronary Artery Disease Research Organisation (CORDA), the Chest, Heart and Stroke Association, and the British Medical Association. The Royal Colleges are fully represented, as are nursing, pharmaceutical, dietetic, primary health care organisations; the Health

Education Authority; the Health Promotion Authority for Wales; the Health Education Board for Scotland; and the Health Promotion Agency of Northern Ireland. Non-medical organisations, such as the Sports Council and the Trades Union Congress are also members.

Each organisation sends a representative to the biannual forum meeting. In addition to co-ordinating the activities of its members, the forum (which is independent and free to express the wishes of its membership) responds to their initiatives and suggestions, identifies areas of agreement and controversy, and surveys the need for action. The forum advises the Health Education Authority's Look After Your Heart programme, government, and industry. In addition to the core activities, the forum undertakes special projects such as workshops, as agreed by the membership and the executive committee. So far, these have included projects on school meals, undergraduate medical education in coronary heart disease prevention (in which the British Cardiac Society and the British Heart Foundation took leading roles), cardiovascular health in the workplace, and coronary heart disease in women. Appropriate member organisations were heavily involved in their planning and execution.

Interest and awareness of coronary heart disease prevention is steadily increasing among general practitioners and primary health care workers in all fields. So far cardiologists have not always been noted for their interest. This is understandable because of their heavy load of clinical and research responsibilities. But it is vital that they fulfil their role, including secondary prevention. Further information can be requested and suggestions sent to the Forum's Co-ordinator, Ms Imogen Sharp, MSc, National Forum for Coronary Heart Disease Prevention, Hamilton House, Mabledon Place, London WC1 H9TX (tel: 071 383 7638)."

DOUGLAS CHAMBERLAIN
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*Please note, we have completed our move. Our new address is 9 Fitzroy Square, London W1P 5AH. Telephone: 071 383 3887; Fax: 071 388 0903.

NOTICE

1992

The Annual Meeting of the **British Cardiac Society** will take place at the Harrogate International Centre on 26 to 29 May. The closing date for receipt of abstracts was 3 January.

CHECKLIST

Please make a photocopy of this checklist, complete, and send with all manuscripts submitted for publication.

General

- Three complete sets of the manuscript (with 3 sets of figures) are submitted (this also applies to amended versions).
- The manuscript is typed double spaced throughout on one side only on A4 opaque white bond paper with wide margins all around.
- The manuscript is arranged as follows: (1) title page, (2) abstract, (3) text, (4) references, (5) legends, (6) tables. Pages are numbered consecutively, beginning with the title page as page 1.
- The last name of the first author is typed at the top right corner of each page.
- A covering letter is signed by all authors stating that they have seen and approved the paper and that the work has not been, and will not be, published elsewhere.

Title page

- The title and authors' names are typed on the title page.
- Case reports have only three authors.
- The address(es) of the institutions from which the work originated with the authors' names are listed underneath. (If there is more than one address several authors' names can be grouped under each appropriate address; strict order of authors' names is not necessary here.)
- The full name, exact *postal* address with postal code, and telephone number of the author to whom communications and proofs should be sent are typed at the bottom, and the editorial office must be told of any subsequent changes of address.

Abstract

- An abstract is typed double spaced on a separate page.
- The abstract is organised according to the framework described on page 1 of the January 1991 issue. In exceptional cases this may not be necessary—for example, case reports.
- Abbreviations other than standard SI units of measurement are not used.

Text

- Appropriate headings and subheadings are provided.
- Every reference, figure, and table is cited in the text in numerical order. (Order of mention in text determines the number given to each.)
- Acknowledgments and details of support in the form of grants, equipment, or drugs are typed at the end of the text, before references.

References

- References are identified in the text by arabic numerals; no more than three references are cited for any one statement.
- References are typed double spaced on sheets separate from the text (*numbered consecutively in the order in which they are mentioned in the text*) in the Vancouver style.
- Journal references contain *inclusive* page numbers; book references contain *specific* page numbers.
- Citations of abstracts and letters should be indicated in parentheses.
- Personal communications, manuscripts in preparation, and other unpublished data are not cited in the reference list but are mentioned in the text in parentheses.
- Abbreviations of journals conform to those used in *Index Medicus*, US National Library of Medicine. The style and punctuation of the references follow the format illustrated in the following examples:
- Journal*: (list *all* authors if six or less; otherwise list first six and add *et al*; do not use full stops after authors' initials)
- 31 Balcon R, Brooks N, Layton C. Correlation of heart rate/ST slope and coronary angiographic findings. *Br Heart J* 1984;52:304-8.
- Chapter in book*:
- 28 Schiebler GL, Van Mierop LHS, Krovetz LJ. Diseases of the tricuspid valve. In: Moss AJ, Adams F, eds. *Heart disease in infants, children and adolescents*. Baltimore: Williams and Wilkins, 1968:134-9.
- Book (personal author or authors)*: (all book references should have specific page numbers)
- 36 Feigenbaum H. *Echocardiography*. 3rd ed. Philadelphia: Lea and Febiger, 1981:549-63.

Figure legends

Figure legends are typed double spaced on sheets separate from the text, and figure numbers correspond with the order in which figures are presented in the text.

All abbreviations appearing on the figures are identified at the end of each legend.

Written permission from the publisher and author to reproduce any previously published figures is included.

Figures

Three sets of unmounted glossy prints (not originals) of each photograph and drawing are submitted in three separate envelopes.

Figures, particularly half tones and electrocardiographic tracings, have been submitted with the following guidelines in mind: the detail on the figure is sufficiently clear to withstand reduction and special features are designated by arrows.

Black ink is used for all line drawings. Decimals, lines, etc *must* be strong enough for reproduction.

The first author's last name, figure number, and "top" are indicated on the back of each illustration in light black pencil, preferably on a gummed label.

Figure title and caption material appear in the legend not on the figure.

Figures are limited to the number necessary for clarity and do not duplicate data given in the tables or text. (Estimates for colour work will be provided on acceptance of the manuscript for publication. Some of the cost of colour printing will be charged to the author(s).)

Tables

Tables are typed double spaced on separate sheets with the table number and title above the table and explanatory notes below. The table numbers are arabic and correspond with the order in which the tables are presented in the text.

A footnote to each table identifies all abbreviations used and gives them in alphabetical order.

Tables are self-explanatory, and the data are not duplicated in the text or figures.

Written permission from the publisher and author to reproduce any previously published tables is included.

Ethical standards

The study complies with the Declaration of Helsinki.

The research protocol has been approved by the locally appointed ethics committee and the informed consent of the subjects (or their parents) has been obtained.

Measurements and abbreviations

Measurements are given in SI units.

Abbreviations or acronyms are always written out in full (for example, ECG, electrocardiogram; LVH, left ventricular hypertrophy; CAD, coronary artery disease, MI, myocardial infarction).

Only units of measurement and mathematical formulas and calculations are abbreviated and they follow the form recommended in *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* (*Br Heart J* 1984;51:1-6).

Statistics

If the same variable is measured by two different methods the agreement between the methods has been assessed according to the guidelines published in the *British Heart Journal* (1988;60:177-80).

Statistical measures of variation, such as SD or SEM, are specified and given in parentheses.

Papers that do not adhere to these instructions will be returned for revision before assessment.