News from Europe: The Barcelona Meeting

Cardiologists from the United Kingdom played a part in the fourteenth meeting of the European Society of Cardiology that was held this year in Barcelona from 30 August to 3 September. There were over 500 medically qualified registrants from Britain. We gave 120 of the 733 oral presentations, second only to Germany. We achieved the highest score for poster presentations with 180 of 1068. Of 435 invited presentations—including symposia and working group sessions—the total for Europe was 86. We also contributed 66 of the 469 Chairmen and 54 of the 474 reviewers of abstracts.

The meeting was generally judged to be a great success. The scientific content was excellent, and the social arrangements were always near faultless, and the venue was spectacular. Many found time between sessions to visit the Olympic stadium, which was close to the convention centre. The Paralympics (the word is derived from paraplegic Olympics) began the day the meeting ended and so there was still considerable activity. The distant scenery, the old and modern architecture of the town itself, the museums, the parks, and the wider area all helped to make for a memorable week. Few would not want to return to Barcelona.

News from Europe: structure of the European Society of Cardiology

Philip Poole-Wilson writes “The organisational structure of the European Society of Cardiology is not well known. There will be some change. The Administrative and Financial arrangements when the headquarters move in 1993 or 1994 from its current site Nyon in Switzerland, to Nice in France. At present the society is run by a board of 11 voting members—two ex-officio members, namely the Editor in Chief of the European Heart Journal and the Chairman of the Executive Scientific Committee. The board has final responsibility for the activities of the society. The Executive Scientific Committee is made up of nine members, one of whom is the board member in charge of the working groups. The President and the President-Elect are ex-officio members of the Executive Scientific Committee and have responsibility for organising the scientific programme of the annual congress. The members of the much larger Scientific Committee have the task of judging the abstracts submitted for the congress. This is an important task. The rejection rate in 1992 was no less than 73%: perhaps that is rather too high. A nominating committee exists to put forward names for future members of the board. Elections are held at the time of the general assembly. The function, membership, and method for election to these committees are described in the statutes and bylaws that were last modified in August 1991. The procedures are followed very strictly.

In addition to these major committees there are numerous other small ones that include a Research Committee (awarding research grants), a Research Fellowship and Training Fellowship Committee (awarding 12 fellowship grants each year), a Credential Committee (for Fellowship of the European Society of Cardiology, FESC), an Audio Visual Committee, and a Press Committee. From time to time task forces are established to deal with cardiaciological matters of European interest.

At present the European Society of Cardiology is a trading company and ECCO (European Cardiology Congress Organisation) is a charitable concern. ECCO is controlled by the European Society of Cardiology, and is the arm of the organisation that is responsible for the practical organisation of the congress. The Board of Directors of ECCO are the President of the European Society of Cardiology, the president of the annual congress, and the executive director. There is an Advisory board to ECCO that consists of a representative of the national societies, a representative of the working groups, a lawyer, a representative of industry, and one additional person.

News from Europe: practice and training

Michael Petch, one of the two United Kingdom representatives for cardiology on the European Monospeciality Board, has written on the implications of the new regulations on training in cardiology. From 1993 doctors will be free to move throughout the European Community. At present, cardiologists undertake many different types of work, enjoy a very varied training, and are unevenly distributed. Yet we face similar problems, undertake investigations using identical equipment, prescribe the same treatments, and share a rich scientific enterprise. Individual cardiologists from recognised centres could, and probably will, exchange jobs. The nations of Europe now have to recognise each other’s specialist qualifications.

The Union of European Monospecialists (UEMS) comprises representatives from 41 disciplines and is concerned with many aspects of medical practice, including training. The Cardiology Committee has existed since 1975 but met rarely until 1989, since when it has become more active. The aim is the production of draft guidelines for training which owe much to the United Kingdom document. The current Chairman is Paul Hugenholztz (Netherlands) and the Secretary is Pierre Block (Belgium). Each country has two representatives, one from the national cardiac society and one from the professional union (in the United Kingdom the British Medical Association in consultation with the Royal Colleges). The representatives from the United Kingdom are Michael Petch and John Martin, while those for Ireland are Brian Mauher and Michael Scott.

UEMS is quite separate from the scientific organisations such as the European Society of Cardiology. This has created confusion where there is overlap of interest, for example in the task force to review the composition of the medical profession. The representatives of the United Kingdom are Michael Petch and John Martin, while those for Ireland are Brian Mauher and Michael Scott.

UEMS is quite separate from the scientific organisations such as the European Society of Cardiology. This has created confusion where there is overlap of interest, for example in the task force to review the composition of the medical profession. The representatives of the United Kingdom are Michael Petch and John Martin, while those for Ireland are Brian Mauher and Michael Scott.

News of the Society

Ronald (“Ronnie”) to nearly all Campbell was elected to be the new Treasurer in place of John Parker who resigned from this post when he became President-Elect. There were four candidates, and all attracted good support from among the 222 members who voted. Arthur Hollman has been appointed Archivist to the society. The officers did not feel the need for an election for this new post, but they will feel sure they will have the support of the Council and members. Arthur Hollman’s monograph on Plants in Cardiology (published by the British Medical Association) is already being reprinted. We now look forward to some exciting revelations about our society.

The Medical Practice Committee has co-opted two more district cardiologists: Mark Dancy will become secretary of the committee and Andrew McLeod will provide a link with the working party on cardiology in the district hospital (of which he is chairman).

Andrew McLeod also takes responsibility for any involvement of the Society in anti-smoking measures. The committee is considering a new procedure that will allow smoking to be entered on the death certificate as a contributory cause of death could permit this measure to be taken for a person who had died of coronary disease. Coronary disease is a multifactorial condition. We believe that the evidence should be strong and therefore irrelevant.

The Medical Practice Committee has issued a notice that will be of interest to some readers. “Applications are invited for funding for projects for pilot studies and other studies unlikely to be supported by major funding bodies or the pharmaceutical industry. Priority will be given to pilot studies that are likely to lead to major studies that will be

Sudden death without overt heart disease: a registry

Hein Wellens has written to us from Maasstricht: “Sudden cardiac arrest in the absence of overt heart disease, which is young, is a dramatic and puzzling event. To become better informed about such patients—with the objective of improving management—a European Registry has been initiated by the Working Group on Arrhythmias of the European Society of Cardiology. It is to be called UCARE (Unexplained Cardiac Arrest Registry Europe). The Steering Committee (M. B. Camm, Richard Hauner, Helmut Klein, Karl-Heinz Kuck, Silvia Priori, Peter Schwartz, Paul Toubel, and Hein Wellens) invite European cardiologists to contribute to the registry. The registry will also help in making management decisions about patients: these continue to be the responsibility of the attending physician. Entry criteria and enrolment forms will be provided by Dr Silvia Priori, Centro di Pneumologia Clinica e Iperzione, Clinica Medica II, Policlinico di Milano, Via Sforza 35, 20122 Milano, Italy.”

News from Europe: Practice and Training

Michael Petch, one of the two United Kingdom representatives for cardiology on the European Monospeciality Board, has written on the implications of the new regulations on training in cardiology. From 1993 doctors will be free to move throughout the European Community. At present, cardiologists undertake many different types of work, enjoy a very varied training, and are unevenly distributed. Yet we face similar problems, undertake investigations using identical equipment, prescribe the same treatments, and share a rich scientific enterprise. Individual cardiologists from recognised centres could, and probably will, exchange jobs. The nations of Europe now have to recognise each other’s specialist qualifications.

The Union of European Monospecialists (UEMS) comprises representatives from 41 disciplines and is concerned with many aspects of medical practice, including training. The Cardiology Committee has existed since 1975 but met rarely until 1989, since when it has become more active. The aim is the production of draft guidelines for training which owe much to the United Kingdom document. The current Chairman is Paul Hugenholztz (Netherlands) and the Secretary is Pierre Block (Belgium). Each country has two representatives, one from the national cardiac society and one from the professional union (in the United Kingdom the British Medical Association in consultation with the Royal Colleges). The representatives from the United Kingdom are Michael Petch and John Martin, while those for Ireland are Brian Mauher and Michael Scott.

UEMS is quite separate from the scientific organisations such as the European Society of Cardiology. This has created confusion where there is overlap of interest, for example in the task force to review the composition of the medical profession. The representatives of the United Kingdom are Michael Petch and John Martin, while those for Ireland are Brian Mauher and Michael Scott.

UEMS is quite separate from the scientific organisations such as the European Society of Cardiology. This has created confusion where there is overlap of interest, for example in the task force to review the composition of the medical profession. The representatives of the United Kingdom are Michael Petch and John Martin, while those for Ireland are Brian Mauher and Michael Scott.

News of the Society

Ronald (“Ronnie”) to nearly all Campbell was elected to be the new Treasurer in place of John Parker who resigned from this post when he became President-Elect. There were four candidates, and all attracted good support from among the 222 members who voted. Arthur Hollman has been appointed Archivist to the society. The officers did not feel the need for an election for this new post, but they will feel sure they will have the support of the Council and members. Arthur Hollman’s monograph on Plants in Cardiology (published by the British Medical Association) is already being reprinted. We now look forward to some exciting revelations about our society.

The Medical Practice Committee has co-opted two more district cardiologists: Mark Dancy will become secretary of the committee and Andrew McLeod will provide a link with the working party on cardiology in the district hospital (of which he is chairman).

Andrew McLeod also takes responsibility for any involvement of the Society in anti-smoking measures. The committee is considering a new procedure that will allow smoking to be entered on the death certificate as a contributory cause of death could permit this measure to be taken for a person who had died of coronary disease. Coronary disease is a multifactorial condition. We believe that the evidence should be strong and therefore irrelevant.

The Medical Practice Committee has issued a notice that will be of interest to some readers. “Applications are invited for funding for projects for pilot studies and other studies unlikely to be supported by major funding bodies or the pharmaceutical industry. Priority will be given to pilot studies that are likely to lead to major studies that will be
funded by outside bodies. Applications should be sent to the Secretary of the Medical Practice Committee at Fitzroy Square. Final date for the receipt of applications is 20 November.

We have information relating to the Wembley meeting in 1993. The programme committee write as follows: “At the next meeting of the Society, abstracts will be printed by photographic reproduction of the original abstract forms. Photocopies of the original form or facsimiles are not suitable. Additional copies of original forms can be obtained from the Society offices. New abstract categories have been introduced. For each abstract submitted, two suggested categories should be circled (with a preference double circled) to help the programme committee produce the final programme. Authors may submit an abstract both for the general scientific meeting and for the Young Research Workers Prize. Details in abstracts must not be changed between submission and presentation. Submissions for the Young Research Workers Prize will have the same closing date as that for abstracts for the meeting—18 December.

News of another society
Nick Boon and Alan Rae have provided some unusual information for the newsletter. They write “A Scottish Cardiac Society has been formed and it held its inaugural meeting at Crieff Hydro Hotel on 11 and 12 September. The president for the meeting was Sandy Muir (Edinburgh), and the guest lecture was given by Douglas Chamberlain (Brighton). More than 60 members attended the scientific meeting and the abstracts will be published in the Scottish Medical Journal. The society already has more than 130 members including physicians, surgeons, and scientists. Anyone with Scottish connections wishing to join the society should contact the secretary, Alan Rae at Glasgow Royal Infirmary. We are assured that colleagues in Scotland are happy to wear two hats and that the new society has nothing to do with devolution. Those of us who attended the inaugural meeting enjoyed it immensely and are convinced the society will have a long future. We wish it well.

News of colleagues
We have news from two Advisory Appointments Committees in recent weeks. Katherine Carey has been appointed to Torbay and David Lythall to Canterbury.

We also have to record the death of a member who was a familiar figure in the society over many years. Stuart Shaw writes from Edinburgh: “RWD (Dick) Turner, one of the Society’s leading figures in the post war period died on 1 September at the age of 83. After his service with the Royal Army Medical Corps in Africa and in the Middle East, he began developing the cardiac department at Edinburgh’s Western General Hospital where his enthusiasm and drive were sustained throughout his career. With Andrew Logan in the 1950s he demonstrated the value of closed mitral valvotomy for the many patients so disabled by mitral stenosis. For their follow up he held clinics throughout east Scotland and the north of England, and in those pre-echo days developed the recording of physical signs into a precise art. For the first 200 valvotomies he joined his surgical colleagues in the operating theatre and used the sterile stethoscope so that he could note the change in signs throughout the procedure. His carefully described observations in patients with heart disease made a valuable contribution during the introduction of valve replacement surgery and in the development of drug treatment for hypertension. Latterly his interests focused on ways in which coronary patients could reduce their risk factors. He became convinced of the late adverse vascular effects of cows’ milk for infant feeding. His positive approach fitted well with what came to be the triumph of cardiac surgery and he was a physician who earned the deep respect of his surgical colleagues. His zest, sociability, and sense of adventure in and out of the hospital provided an example of how best to enjoy life.”

Stop Press
The data on strut fractures in Björk-Shiley convexo-concave (cc) heart valves in the September newsletter were supplied by Shiley, but are slightly different in certain details from the recent “Dear Doctor” letter from the Department of Health. The correction followed a re-analysis of the Shiley data at the instigation of the FDA. The Department of Heath are aware of the re-analysis of the Shiley database and the re-definition of the risk group categories. Now that information regarding the characteristics of all Björk-Shiley cc valves supplied to the United Kingdom has become available from Shiley, the Department of Health has commissioned an independent statistical analysis of all United Kingdom data on strut fractures. Should this analysis reveal any trends different from or additional to the Shiley data the Department will notify the profession. We are concerned, however, that the United Kingdom data may be incomplete and underestimate the risk.

Douglas Chamberlain
President, British Cardiac Society
Duncan Dymond
Secretary, British Cardiac Society
9 Fitzroy Square
London W1P 5AH

NOTICES

The 1993 Annual Meeting of the British Cardiac Society will take place at the Wembley Conference Centre from 18 to 21 May.

The 14th European Section Meeting of the International Society for Heart Research will take place in Jerusalem on 9–13 May 1993. For information contact Dr Arie Pinson, Laboratory for Myocardial Research, The Hebrew University/Hadasah Medical School, PO Box 1172, Jerusalem 91010, Israel. (Fax: 972-2-784010).

The XXth International Congress on Electrocardiology will be held in Edmonton, Alberta on 29 to 31 July 1993. This will be preceded by a satellite symposium on Milestones in Modern Electrocardiography to be held in the Canadian Rockies on 26 to 27 July 1993. For details and abstract forms contact Professor Peter W Macfarlane, University Department of Medical Cardiology, Royal Infirmary, 10 Alexandra Parade, Glasgow G31 2ER.

The 13th International Symposium on Intensive Care and Emergency Medicine will be held at the Brussels Congress Center on 23 to 26 March 1993. The 14th Symposium will take place in Brussels on 15 to 18 March 1994. For details contact Professor J L Vincent, Department of Intensive Care, Erasme University Hospital, Route de Lennik 808, B-1070 Bruxelles, Belgium (Tel: 32-2-555 32 15; Fax: 32-2-555 45 55).

The 11th Biennial Asian Congress on Thoracic and Cardiovascular Surgery will be held from 21 to 25 November 1993 in Kuala Lumpur. It is organised by the Malaysian Thoracic and Cardiovascular Surgical Association. For details contact 11th BACTCS Secretariat, Room 3, 5th Floor, MMA House, 124 Jalan Pahang, 5300 Kuala Lumpur, Malaysia (Tel: 03-4429662; Fax: 03-4421618).

The next meeting of the British Paediatric Cardiac Association will be held at the International Convention Centre in Birmingham on 27 November 1992 followed by a day meeting on ablation therapy for paediatric arrhythmias. Further information from Dr J V de Giovanni, The Children’s Hospital, Ladywood Middleway, Ladywood, Birmingham B16 8ET (Tel: 021-454 4851).