enables one to pick out relevant parts of illustrations more easily.

Once again, Braunwald and his contributors have provided us with a standard reference book on cardiology superior to its competitors and essential for those who want up to date information properly presented and well argued. The size of the book cannot be criticised because it reflects the scope of the specialty. I have previously found the two volume version easier to handle and suspect that others will also find this so with the fourth edition. My minor caveats do not detract from my conclusion that the fourth edition is excellent and up to date.

DENNIS M KRIKLER

**Atrial fibrillation: mechanisms and management.** Edited by Rodney H Falk and Philip J Podrid. (Pp 448; $119.) New York: Raven Press, 1991. ISBN 0-88167-831-7.

The strength of this contribution lies in the fact that the editors have invited and collected contributions rarely published together, so that we have in one modest volume a comprehensive account of the subject. Those looking for definitive answers may not find them, however. There are for example two separate chapters dealing with pathology, from slightly different aspects, where one single and authoritative chapter would have suited most readers.

Clinicians not already aware of the way in which the multiple wavelet theory has been refined and illustrated will find the chapter by Janse and Allessie illuminating. The various causes for atrial fibrillation, the way in which it can express itself under different circumstances, and the range of medications available as well as newer techniques for ablating the atrioventricular node all receive extensive discussion.

Among the chapters worthy of special consideration is that by Coumel on the neural aspect of paroxysmal fibrillation, a consideration not widely discussed in publications in English language journals; epitomised, perhaps, by the fact that the chapter preceding his, on idiopathic atrial fibrillation, does not cite his work. The final chapter, by the editors, is described as an overview of the management of atrial fibrillation but in essence it is a brief account of all aspects of the subject, in what seems to be an attempt to correlate aetiology with specific forms of treatment under various circumstances.

Whatever the authors had done they were bound to run into difficulties with regard to atrial flutter, which does not receive separate consideration or correlation except in passing.

If consulted with care and with knowledge of the approach adopted by the editors, there are many facets of atrial fibrillation covered here that will be of interest to all, and, with this proviso, this has potential value for a wide range of readers.

DENNIS M KRIKLER

*The titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the UK and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (MasterCard, VISA, or American Express) stating card number, expiry date, and your full name.*

# BRITISH CARDIAC SOCIETY NEWSLETTER

## Annual Meeting at Harrogate

The Harrogate meeting was judged a success. Over 900 physicians and surgeons attended over the three days. In addition 350 cardiac nurses came to the part of the meeting arranged for them. There were 100 at the technicians programme. The 150 oral presentations were generally of a high standard, and the 120 posters were well received. Overall we were able to accept 39% of the abstracts that were submitted, but the figure could well have been higher if more time had been available. We were delighted to welcome Dr Eugene Braunwald for the Thomas Lewis Lecture, and Raphael Balcon's St Cyres Lecture was another highlight. John Parker arranged a very informative and somewhat worrying session on the internal market that was well attended though it had to be scheduled at the end of the sessions originally planned for the day. The presentations for the Young Investigators Award were of a high standard. The judges—who included Professor Lars Rydén from Gothenburg—awarded first prize to Hugh Watkins for his paper on the Clinical Application of Molecular Genetic Analysis in Familial Hypertrophic Cardiomyopathy, but found it impossible to separate the remaining three finalists. The position of runner up was therefore shared by Stematis Adamopoulos, Guy Haywood, and Nicholas Peters. The dedicated session for district hospital cardiologists proved a very popular innovation, and is likely to remain a feature in subsequent meetings. It would be unrealistic to expect that nothing could be criticised, however, and as always we have noted some areas that will require more attention next year. We will be glad to receive comments—especially constructive adverse ones.

We welcomed Professor Robert Slama as President of the French Cardiac Society and Professor Rudolf Juchems representing the German Cardiac Society.

We intend to maintain and develop such relationships that have been established in recent years—to a degree that we already enjoy with our Irish colleagues. Council has expressed a wish to invite representatives from additional European societies in future years, a development that accords well with the trend to increasing European cooperation.

## Future Annual Meetings

Torquay, Glasgow, and then Harrogate . . . These successive venues for the British Cardiac Society annual meeting have convinced members that venturing outside London has considerable advantages. We see parts of the United Kingdom that many of us do not know well, and those of us who work in the south east can more easily resist the temptation to put in a little time at the hospital. Because we are more confined, we have more opportunities for formal and informal gatherings, and the meetings therefore feel more cohesive. We are committed to Wembley next year and to Torquay in 1994. But members at the recent annual general meeting decided by a unanimous show of hands that we forego the option of returning to Wembley in 1995 in favour of Harrogate. An additional factor that may have influenced opinion was the increased cost to the Society of meetings in London. We have to face much higher expenditure these days because of the expansion in the activities of the Society: a fall in income could force us to reduce our financial reserves that we are anxious to keep at a prudent level. These considerations do not preclude maintaining Wembley in a rotation of venues, and indeed many members from other parts of the country have expressed a wish that we do so. We would prefer to introduce more variety than a four-way rotation between Wembley, Glasgow, Torquay, and Harrogate but we are constrained by the size of the site we require for sessions plus exhibition. Other possibilities are Birmingham (which is expensive), Belfast, Edinburgh, and Bournemouth. No decisions have yet been taken for beyond 1996 when we will be in Glasgow again, but they must be made soon because of the pressure on bookings at the major conference centres. Our recent meeting had to coincide with half term—an unpopular piece of timing. We hope to avoid this in future, but we need good planning—plus inside reliable information from the education authorities.

## Developments within the Society

Our premises in Fitzroy Square have five levels. The basement is now equipped as a seminar room that we hope will be well used. In addition to our own teach-ins and workshops as well as the requirements of the affiliated groups, the Officers would be prepared to consider applications from members who are seeking a venue for small cardiac meetings of up to 35 people. The criteria that would be applied in judging suitability would be based on the current philosophy of the society, and no doubt these can be codified as experience increases. The ground floor is used for a reception area and administration. When our resources permit more expenditure, this area will be decorated in a manner appropriate to a Georgian house: at present it is acceptable but uninspiring. On the first floor we have a board room and the principal office. The second floor houses the editorial offices of the *British Heart Journal*, and the joint offices for the affiliated groups—now in the process of moving in. On the third floor we have the new premises of the Resuscitation Council of the United Kingdom—an organisation that will be playing an increasing role in maintaining standards and providing instructor courses in basic and advanced cardiac life support. One large room remains unoccupied, but one of our sister societies is interested in the possibility of moving in, and negotiations are in progress.

We have already mentioned our need to increase the number of permanent staff in the house. Tribute should be paid to Elaine Brown and Jennie Lodge who have faced a huge expansion in the commitments of the Society. We have had an overwhelming response in our quest to fill the new post of Executive Secretary. The task of drawing up a short list has been formidable, but an appointment should be made on 2 July. Suitable staffing arrangements must also be agreed with the affiliated groups and for the Resuscitation Council. We will give more news next month.