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 Allesie 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.

Research and audit

We gave the hot news last month of final arrangements for funding the RITA 2 (Randomised Intervention for Treatment of Angina 2), trial with the principal contributions from the British Heart Foundation and the Medical Research Council. The Society had supported the feasibility and pilot studies. We now have more information on successful applications for two other projects that involve the British Cardiac Society; these are related to our audit activities. Funding is coming from the Department of Health through the research unit of the Royal College of Physicians that is directed by Dr Anthony Hopkins. (Our own committee is managed jointly with the Cardiology Committee of the College). The scrutiny of delays from the onset of symptoms to receipt of thrombolysis has been managed very successfully by John Birkhead. The results of the pilot study involving six hospitals will be published in the *British Medical Journal*, and the audit committee now intends to expand it to 25 centres. These may change from time to time depending on the total duration of the project. The purpose of the audit—mentioned in a recent newsletter—is to allow hospitals to make anonymous comparisons of their own performance in the utilisation of thrombolytic therapy with that of other centres. The pilot study showed that this can be a powerful stimulus to improvement. The observations are relatively simple and will have little impact on the work load of nurses and junior medical staff, but they add interest to routine work. Several hospitals have already applied to join the scheme. Application can be made directly to John Birkhead at the General Hospital, Billing Road, Northampton NN1 5BD. The second project that will be funded is the valuable Confidential Enquiry into Complications of Cardiac Catheterisation (CECCC), which has already expanded its activity under the direction of David de Bono.

Plants in Cardiology

How many members at Harrogate saw the elegant monograph based on the series in the *British Heart Journal* by Arthur Hollman on *Plants in Cardiology*? It was on the Journal stand as a new BMJ publication, but perhaps not prominently displayed because we at least missed it... There can be few members of the Society who would not wish to have a copy. The author is known to most of us, but it seems appropriate to reproduce part of what is written on the back cover. "Dr Hollman is a cardiologist who is also a keen amateur botanist, a Fellow of the Linnean Society, and a member of the Committee of Management of the Chelsea Physic Garden. He has woven medical and botanical information into suc-

cinct and elegantly written articles. Written primarily for cardiologist, his book will also be valued by everyone interested in nature's contribution to medicine, including doctors, pharmacists, botanist, herbalists, and medical historians. A glossary explains the most commonly occurring drug names and medical conditions for the non-technical reader. With its full page illustrations of plants reproduced from original sources such as Gerard's seventeenth century *Herball* and Bentley's and Trimen's nineteenth century *Medicinal Plants*, this is a beautiful record of cardiological discovery." Indeed it is. Copies (ISBN 0-7279-0744-1) can be obtained from the BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR, or from all medical bookshops including the BMJ bookshop at BMA House (071 383 6185). The price of £5.95 includes postage. Publication may not have gone ahead without modest support from the Society, but we are confident that the book will be popular and that our investment will be justly rewarded.

Cardiology in Europe

This is the first of regular news items concerning cardiology in Europe from Philip-Poole-Wilson. "Links, exchanges, and friendships have increased substantially over the last two decades between cardiologists in Europe and Britain. These interactions will become more common with the greater freedom of movement for doctors that will begin in 1993.

The rapid expansion of the European Society of Cardiology began in the 1970s but accelerated when the Congresses became an annual event after the Vienna meeting of 1988. Previously they had been held every four years. The European Society is made up of the National Societies of 32 countries that stretch from the Atlantic to the Urals, and from Northern Norway to the Mediterranean. All members of national societies are members of the European Society through their links with a Working Group. The British Cardiac Society is well represented within the Working Groups and other committees of the European Society of Cardiology.

This year the annual congress takes place in Barcelona from 30 August to 3 September. Almost 7000 abstracts were received, an increase of 25% on the figure for 1991. In future, attempts will be made to increase the acceptance rate to more than 30%. The United Kingdom was third, behind Germany and Italy, in the number of abstracts submitted; second, behind Germany, in the number accepted; and first in the proportion that were accepted. This gratifying position is not one that we have always achieved in past years.

The dates and venues of future congresses of the European Society of Cardiology are:

1993 Nice, 29 August to 2 September; 1994 Berlin, 10 to 14 September (a World congress, in conjunction with the International Society and Federation of Cardiology (ISFC)); 1995 Amsterdam, 20 to 24 August; 1996 Birmingham, 25 to 29 August; 1997 Stockholm, 24 to 28 August.

The closing date for abstracts is always 14 February except for 1994 when the closing date will be 1 December 1993. Attempts are being made to avoid the last two weeks of August. But the congress is now so large that the availability of venues for the congress has become a major problem. The goal is for the congress to take place during the first half of September, but this will not be achieved for several years."

News of colleagues

New appointments to consultant posts include Oliver Ormerod at the John Radcliffe Hospital, Christopher Travill at the Luton and Dunstable, and Adeniyi Molajo at Leigh Hospital in Wigan. We have heard with regret of the death on 4 April of Professor Albrecht Fleckenstein.

Reminders for diaries

The first in the series of the Society's Workshops will be on Preventive Cardiology on 14 October, organised by David Wood, and the teach-in on "Emerging Concepts in Atherogenesis" on 10 November is being arranged by Michael Davies. These will both be at Fitzroy Square. Finally, the British Cardiac Society and the Resuscitation Council of the United Kingdom (now more closely associated with us at 9 Fitzroy Square) both have an interest in "Resuscitation 92" in Brighton Conference Centre on 20 and 21 November. Application for all three can be made to the Society.

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NOTICE

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