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include the credential committee which is responsible for awarding the title of FESC (Fellow of the European Society of Cardiology), a committee for awarding Research and Training Fellowships, a research committee, an ethics committee, a European Heart House Committee, an audio-visual Committee, and also representatives for various task forces and for the European Resuscitation Council. As Michael Petch wrote last month, a new organisation has been established relating to UEMS (European Union of Medical Specialists). This includes a European Board for the specialty of Cardiology and an Executive Committee which has ten members. This will be an important Committee. The representatives appointed by the European Society of Cardiology are Bayes de Luna (Barcelona), Breithardt (Germany), and Rehnqvist (Sweden). Michael Petch is on this Committee as a representative of the UEMS. Andrew Henderson is on the task force for the creation of a basic science cardiology journal. John Camm, Michael Joy, and Michael Petch are on the task force on cardiac fitness for professional driving, Raphael Balcon is a member of the Advisory Board of ECCO as a representative of the Working Groups. Peter Sever is on the Executive Scientific Committee. Desmond Julian is on the Gruntzig Award committee. Philip Poole-Wilson as the President-elect is on several committees, and is happy to receive comments from members of the Society or requests for information."

News of the European and UK Resuscitation Councils

The first major meeting of the European Resuscitation Council, hosted by the Resuscitation Council of the United Kingdom, took place in Brighton in November. Over 1600 individuals from 31 countries attended. The programme included the introduction of new European guidelines for basic and advanced life support, already endorsed by the Resuscitation Council of the United Kingdom and by the voluntary aid societies. The changes in basic life support are minor. For advanced life support there is greater emphasis on the need for rapid defibrillation and less emphasis on drug therapy for few interventions apart from electrical ones are of proven value. The guidelines have been

published in *Resuscitation* (1992;24:103-10, 111-21) and will appear in due course on wall charts that are being produced by a major manufacturer of resuscitation equipment. Other publications are expected later in 1993.

The Laerdal Foundation for Acute Medicine

Members of the Society who seek funds for research from time to time may like to know of The Laerdal Foundation which was established in 1980 with the objective of providing financial support to research and development projects in the field of acute medicine, particularly those with a practical orientation. The board consists of five members, with one each elected by The Society of Critical Care Medicine, The Scandinavian Society of Anaesthesiologists, The University of Oslo Medical School, Laerdal, and by the board itself. At least 50% of the grants are reserved for projects in the Nordic countries, but all are welcome to apply, and several from the United Kingdom have been successful in recent years. Suitable projects should relate to experimental or clinical research in acute medicine, with preference given to studies in the pre hospital care of victims of life threatening disease or trauma. Application forms and further details are available on request from the Administrator of the Foundation, Mrs Å Henrichsen, PO Box 377, 4001 Stavanger, Norway. Deadlines are 1 April and 1 October each year.

News of colleagues

Dennis Krikler has told us of the death last year of Arthur Selzer who was one of our distinguished honorary members. "Arthur Selzer was born in Poland and spent two years from 1936 to 1938 at the Hammersmith Hospital just a year after the establishment of the Postgraduate Medical School of London: he worked with the late Paul Wood. With the impending war clearly coming, he decided to emigrate to the United States, and settled in San Francisco, becoming a most distinguished cardiologist who wrote with authority on a wide range of clinical topics. He is probably best known for having characterised quinidine syncope more completely than those who had first recognised it. One of his sabbatical visits to Europe was spent at the Hammersmith in 1977, when he also attended the joint meet-

ing with the French Society in Paris. He was also co-author, with Paul Wood, of two articles that appeared in the first volume of the *British Heart Journal* in 1939."

We have news from Advisory Appointment Committees. Paul Mullins has been appointed to a new post as consultant cardiologist at Royal Liverpool University Hospital, Richard Levy to a new post as consultant cardiologist with an interest in heart transplantation at Wythenshawe Hospital, and Walter Rhoden to replace Gerald Sandler as physician with an interest in cardiology at Barnsley District General Hospital. A committee set up to make an appointment to a new post in another district general hospital was unable to make any recommendation and a new advertisement will appear in due course. These four posts attracted a total of 35 applications. We apologise for being slow to mention the appointments from October 1991 of Gianni Angelini to a British Heart Foundation Personal Chair of Cardiac Surgery at the University of Bristol and Lindsey Allan as Professor of Fetal Cardiology at Guy's Hospital (United Medical and Dental Schools of Guy's and St Thomas' Hospitals).

DOUGLAS CHAMBERLAIN

President, British Cardiac Society

DUNCAN DYMOND

Secretary, British Cardiac Society

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NOTICE

The **First International Congress of Nuclear Cardiology** will be held in Cannes, France, from 25 to 28 April 1993. Topics covered are—myocardial viability, prognosis, cardiac function, image display/analysis, detection of coronary artery disease, thrombolysis and acute myocardial infarction, multicentre trials, monoclonal antibodies, cardiomyopathy, echo *v* nuclear techniques, modes of stress testing, and choice of perfusion agents. Further information from Mr Martyn Parry, Secretariat, Adelphi Communications Ltd, Adelphi Mill, Bollington, Cheshire SK10 5JB, United Kingdom (Tel: 44 625 575500; Fax: 44 625 575853).

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.

Three suitable reviewers are nominated.

Title page

The title and authors' names are typed on the title page and in the journal style.

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, telephone number, and **fax 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 change of address.

Abstract

An abstract is typed double spaced on a separate page.

The abstract (ideally 250 words) is structured according to the framework described on page 1 of the January 1991 issue. This may not always 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.)

Acknowledgements 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 of 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. Blood pressure should be given in mm Hg.

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* 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.