

ity are technicians, radiographers, nurses, and those from industry. Peter Hubner and Alan Mackintosh have recently stood down as council members of BCIS, having held the posts of honorary secretary and honorary treasurer since the start of BCIS in 1987, and the Society owes a great debt of gratitude to them for all their hard work over the formative years. With the additional retirement of John Dyet from Council, three new Council members were required. After a ballot of the membership, Mark de Belder, Tony Gershlick, and Mike Norrell were elected to council.

In other European countries some angioplasty equipment is resterilised and used more than once. This obviously reduces costs but, after correspondence with Dr Susanne Ludgate at the Department of Health, it was clear that such a practice cannot be supported in the United Kingdom. The Department of Health have made it clear that any piece of equipment marked "for single use only" must be used once only.

BCIS has been in correspondence with the medical representatives on the Department of Transport's Advisory Panel about the issue of how soon patients may drive after coronary angioplasty. BCIS had suggested that this be left to the discretion of the physician, but the Department of Transport thought that patients should be advised to wait for one week after angioplasty before they drive. It was stressed that this is a guideline rather than a legal requirement, but nevertheless all those involved with angioplasty should appreciate the existence of this guideline.

The issue of funding the audit of interventional procedures is being pursued with representatives of the Department of Health to see whether additional funding can be secured. The existing audit process will continue in the meantime, but it is hoped that it may be possible to introduce a more sophisticated system, allowing for risk stratification and more accurate data returns. Although the data are incomplete the total number of angioplasty procedures undertaken in the United Kingdom is likely to be a true reflection of activity and in 1992 stood at 11 575 procedures, representing 203 angioplasties per million population. 1993 data are currently being collated.

BCIS continues to thrive and recent developments, such as the increasing use of intracoronary stents, make interventional cardiology a subspecialty of great interest—at least to its enthusiasts"

Epidemiology and Prevention Committee: Action on Secondary Prevention by Intervention to Reduce Events (ASPIRE)

David Wood writes: "The Epidemiology and Prevention Committee is undertaking a national survey of specialist cardiac centres and district general hospitals to estimate the potential for reducing the risk of a further major ischaemic event in patients with coronary heart disease.

A sample of 12 specialist cardiac centres, one from each of the eight new regions in England, together with two centres in Scotland and one each in Wales and Northern Ireland has been identified. At the same time, one district general hospital served by each of the specialist centres has also been identified to complete the sampling frame of 24 hospitals to be included in the survey.

In the specialist cardiac centres two groups of patients will be surveyed: those who have just had their first elective percutaneous transluminal coronary angioplasty (PTCA), and those who have just had their first elective coronary artery bypass graft operation (CABG). In the district general hospitals the two groups of patients will consist of those admitted with a first acute myocardial infarction and patients admitted to the coronary care unit with acute coronary ischaemia but no evidence of infarction. Consecutive patients (≤ 70 years) will be identified retrospectively from the relevant procedure and admission records for the period 1 January 1993 onwards. The sample will consist of a total of 100 patients in each hospital, weighted to give equal numbers of patients in each of the two eligible diagnostic groups as well as equal numbers of men and women.

A trained nurse at each of the centres will be responsible for data collection from hospital records, which will be supplemented with information recorded on general practitioner records for the same period to give a clinical picture of recorded care. The patients will also be invited for an interview at the hospital to establish the extent to which the identified modifiable risk factors are being managed in terms of lifestyle and medication.

The survey is being coordinated by the Department of Clinical Epidemiology (David Wood) at the National Heart and Lung Institute in collaboration with the Department of Medical Statistics (Simon Thompson) at the London School of Hygiene and Tropical Medicine with fund-

ing provided by the British Cardiac Society from an educational grant received from Merck Sharp and Dohme."

European Society of Cardiology

Philip Poole-Wilson writes: "By the time you read this item the Berlin Congress will be upon us. This is a joint congress between the European Society of Cardiology and the International Society and Federation of Cardiology. Members of the British Cardiac Society have made a substantial contribution to the programme and to the organisation of the meeting. Voting will take place on the formation of a new Board, on some changes to the statutes, and on the creation of a new working group on heart failure. Maarten Simoons from Rotterdam is the new chairman of the Executive Scientific Committee. Suggestions for the congress in Amsterdam in August 1995 should be sent to him or to the chairman of a working group."

Notice of meetings

The Fifth European Meeting of the French Cardiac Society is being held in Paris on 12 to 14 January 1995. This meeting, at which both English and French are official languages, always attracts a significant attendance from the United Kingdom. Details, including abstract forms, may be obtained from the Société Française de Cardiologie, 15 rue de Madrid, 75008 Paris.

The American College of Cardiology is sponsoring the Eighth Annual International Workshop on "Future directions in interventional cardiology" in Santa Barbara from 23 to 24 September 1994. Details from the American College of Cardiology (fax: 0101 301 897 9745).

An international conference on intrinsic adaptive mechanisms during ischaemia and reperfusion is being organised at European Heart House in Nice from 6 to 8 October 1994. Details from Dr G Heyndricks, Universite Catholique de Louvain, Avenue Hypocrate 10, 1200 Brussels.

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NOTICE

The 1995 Annual Meeting of the **British Cardiac Society** will take place at the Conference Centre, Harrogate, West Yorkshire from 23 to 25 May.