

BRITISH CARDIAC SOCIETY NEWSLETTER

Edgar Sowton

Edgar Sowton's premature death on 30 July 1994 has robbed British cardiology of one of its outstanding leaders over the past 30 years. Qualifying simultaneously in medicine and physics from Cambridge University in 1957 he soon began a career integrating his knowledge from physics and medicine. He trained in cardiology at St George's Hospital and the National Heart Hospital, with a period at the Karolinska Institute in Stockholm. His outstanding MD thesis on pacing resulted in the award of the Horton-Smith Prize in 1964. Early on he showed that with fixed rate pacemakers the cardiac output increased substantially on exercise, and he went on to coauthor with Harold Siddons in 1966 a classic textbook *Cardiac Pacing*. His first appointment as a consultant cardiologist was to the National Heart Hospital, London, and with it came the post of Assistant Director of the Institute of Cardiology. In 1970 he became a consultant cardiologist at Guy's Hospital and Director of Cardiac Services. His interest in coronary disease, combined with his surgical dexterity led him to become among the first in Britain to undertake coronary angioplasty. His work soon became internationally recognised and he led the development of angioplasty in the United Kingdom, and was responsible for establishing the RITA randomised study to compare angioplasty with coronary artery bypass surgery.

As well as developing a strong department at Guy's Hospital, he won national and international recognition. He was Secretary of the British Cardiac Society in 1972 and President from 1987 to 1990 and was also President of the British Pacing and Electrophysiology Group and Chairman of the European Working Group on Cardiac Pacing.

He was popular with his patients and his colleagues and he enjoyed clinical practice just as much as he enjoyed his scientific contributions to cardiology. His leisure time—such as it was—was spent happily with his family. It was no surprise that early on he introduced high-tech equipment into his hobby of off-shore sailing. Our sympathies go to his wife, Pat—whom many members will know—and their four children.

Björk-Shiley Convexo-Concave heart valves

Further developments are taking place and more follow up information on these valves is becoming available. The Bowling Class Settlement in the United States benefits all patients alive worldwide with a Björk-Shiley Convexo-Concave (BSCC) heart valve

implanted as of the 23 January 1992, together with their spouses. The Bowling settlement can be divided into three categories:

PATIENT BENEFIT FUND

The purpose of this fund is to support research to develop diagnostic techniques to identify BSCC heart valves at a significant risk of fracture. One such study is the x ray diagnostics and acoustics programme at the Western Infirmary in Glasgow under Dr J Kennedy. The primary aim of this programme is to screen patients with high risk BSCC valves (that is, $\geq 0.46\%$ per year) to detect a possible single-leg separation in situ—that is, when one leg of the outlet strut separates from the flange.

MEDICAL AND PSYCHOLOGICAL CONSULTANT FUND

This fund is designed to provide patients with BSCC valves and their spouses with a payment of money to be used for medical and psychological consultation. Class members may, however, use the money as they choose. The size of the payment will depend upon the number of class members who participate in the fund. It is expected that claim forms will be mailed to patients and their families soon.

FRACTURE COMPENSATION

In the event of a strut fracture, guaranteed compensation will be paid, irrespective of the patient's outcome. Shiley will require proof of fracture and, if possible, the return of the explanted BSCC valve for analysis, which is a valuable part of the research programme. The company lawyers will negotiate the compensation formula with the patient, spouse, or relatives.

Under the 1992 Bowling worldwide Class Action Settlement a supervisory panel was set up and has been appointed recently. The Shiley Heart Valve Research Centre will pay the cost of surgery to replace valves that qualify under the guidelines from the supervisory panel. Meanwhile, Shiley are currently paying for the replacement of the following BSCC valves in accordance with their medical advisory panel's guidelines:

- All large size (29, 31, 33 mm) 70° BSCC valves.
- Any small size (21, 23, 25, 27 mm) 70° BSCC valves that are replaced concomitantly with other cardiac surgery.
- 33 mm 60° BSCC valves implanted in the mitral position that were manufactured between January 1981 and June 1982.
- 60° BSCC valves with an estimated annual fracture rate of $\geq 1\%$ that are replaced concomitantly with other cardiac surgery.

Furthermore, Shiley will pay for prophylactic surgery to replace any BSCC valves that are found to have single-leg separation.

It is important to recognise that the results of monitoring these valves will continue to be evaluated, and that further advice will be issued from time to time.

News from Europe

Philip Poole-Wilson writes: "The prevention of coronary heart disease and its

sequelae is the objective of many cardiovascular physicians. Although the subject has high priority within the United Kingdom as stated in *Health of the Nation*, the situation has been rather different in Europe. The prevention of cardiovascular disease has not been among the public health priorities of the Directorates of the European Commission. That has changed. On 2 June 1994 a resolution on cardiovascular diseases was approved by the European Council of Ministers for Health. The resolution "recognises that prevention, investigation and combating of the causes of cardiovascular disease constitute a priority in efforts to achieve the goal of promoting health and securing a high level of health protection" and "agrees that in developing cooperation and coordination of member states' efforts in community action to prevent diseases in accordance with the powers conferred upon the Community by the Treaty and in an overall public health context it is necessary to examine and indicate . . . ways of developing community action . . . ways of developing cooperation and coordination mechanisms for member state's policies and programs . . . ways of developing special health education and information programs for the public". The resolution invited the Commission "to examine in the overall context of community action in the field of public health incentive measures for the prevention of cardiovascular disease and further investigation into the risk factors for these diseases, taking into account the above guidelines and to take in close contact with the member states, any useful initiative to promote the coordination of their policies and programs in this area". This is a welcome change of policy."

Forthcoming meetings

Research, Public Health and Policy—Action for the Next Century: This meeting is being held to celebrate the opening of the Centre for Health and Society at the University College Medical School, London on 9 and 10 December. Professor Michael Marmot, the Director of the Centre, is the opening speaker. The two-day international conference brings together an impressive array of speakers. Details from Paula Barkay, Conference Secretary, Health Section, Philips House, UCL, Gower Street, London WC1E 6BT.

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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.