Dear Colleagues,

It is a pleasure to greet you in this new and exciting first issue of the British Society for Cardiovascular Research Bulletin. I feel sure that this will offer us all the chance to communicate our research ideas more successfully and I would like to thank Drs Kempsford, Avkiran and Curtis for their labours in getting this bulletin off the ground.

Our major meetings for 1988 are already well in hand. Drs Drake-Holland, Seed and Noble have organised the Spring meeting to be held on Wednesday April 27th in Guildford entitled "Bowditch Revisited: The Force - Interval Relationship". Further details will be circulated in early February. Dr Alan Higgins of Pfizer is busy arranging the Winter meeting in London entitled "Genes, Peptides and the Heart".

As we all work in rapidly developing areas of cardiovascular research, there is also the need for smaller more specific meetings in the form of workshops. So far members have been very lax in organising these. Can I encourage you all to think about your own area of research and the value of discussing ideas in a small informal meeting. The Society is prepared to contribute up to £200 to help people organise official workshops.

Can I remind members that subscriptions are now £10/year (£6/year for registered research students) or £25/year for joint membership with the International Society for Heart Research. Please do encourage colleagues to join and participate in our meetings.

Yours sincerely

Dr Anne-Marie L Seymour
Secretary, British Society for Cardiovascular Research

Metin Avkiran
Michael J Curtis
Rodger D Kempsford
THE LAMBETH CONVENTIONS

In the Spring of 1987, a group of 'basic' and clinical investigators met in the splendid confines of Lambeth Palace in London, in order to discuss the possibility of establishing a set of guidelines for research on arrhythmias in myocardial ischaemia, infarction and reperfusion. The meeting was principally a UK effort, with nineteen of the twenty participants currently working in the British Isles, and was organised by MJA Walker, MJ Curtis, DJ Hearse and DMYellon.

The organising committee had prepared, beforehand, a set of key questions relating to experimental design and the classification, quantification and analysis of arrhythmias. It was the task of the participants, in answering these questions, to construct a set of conventions suitable for practical application. A 'workshop' format was used, and discipline was maintained by the tough chairmanship of RWF Campbell and MJ Janse.

After many hours of heated discussion, agreement was reached and a set of 21 conventions were drawn up. The outcome of the meeting can be determined from a document (which has recently been submitted for publication), entitled 'The Lambeth Conventions: Guidelines for the study of arrhythmias in myocardial ischaemia, infarction and reperfusion'. The value of the conventions depends upon the cooperation of investigators in the field; we hope that their adoption will improve uniformity and facilitate the comparison of results between laboratories. It is the intention of the organisers to hold a second meeting, with wider participation, in order to examine the conventions in the light of recent investigations.

The participants were: RWF Campbell; SM Cobbe; SJ Coker; MJ Curtis; JB Harness; DWG Harron; DJ Hearse; AJ Higgins; MJ Janse; DG Julian; MJ Lab; AS Manning; BJ Northover; JR Parratt; RA Riemersma; E Riva; DC Russell; DJ Sheridan; MJA Walker; E Winslow and B Woodward.

MJ Curtis

BRITISH HEART FOUNDATION RESEARCH FUNDS COMMITTEE

Applications for funding are assessed by an external referee as well as a member of the committee who is an expert in the discipline. The applications are then scrutinised by all the members and awards are based upon the scientific quality of the application.

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NEW BHF GRANTS

LETTER FROM THE CHAIRMAN

Dear Members,

Since founding the Cardiac Muscle Research Group with Keith Gibson in 1973 it has been a great pleasure for me to observe its membership grow from less than 20 to more than 350 and to see the calibre and success of its meetings go from strength to strength.

In returning to the Committee after a 10 year absence, and assuming the Chairmanship of the Group, it seemed an appropriate time to reassess the Group, its direction and the best way in which it could serve the needs of its membership.

The first thing which was apparent is that the word "Group" rather underestimated our strength, and as you all know, the membership has overwhelmingly voted for a change of name to the British Society for Cardiovascular Research.

In looking for any weaknesses in our organisation, it appeared that communication between different research groups was still very limited; how many of us really know what is happening in other departments in the UK and the rest of Europe? Our twice yearly meetings may be the only opportunity to find out what is happening elsewhere, who has got which grant and what job? Even then, the scientific programmes are so full there is little time to talk informally. I see the improvement in communication as a high priority for the Society, and to this end I am delighted to be able to contact you through this, the first issue of the Bulletin of the British Society for Cardiovascular Research. The Editors plan to make this a regular quarterly publication, which will be sent to all members. As you will see, it will contain profiles of research groups, valuable information relating to grants and grant giving bodies, national and international meetings, selected bibliographies, and a variety of other items. I would like to acknowledge Drs Avkiran, Curtis and Kempsford, who have kindly volunteered to get the Bulletin going and have done a superb job on this first issue.

Another new departure for the Society will be two-day Winter meetings. Again, this should allow us a greater chance to meet each other informally, and also cover more of the many subjects that have been suggested for meetings. The Committee is also keen to encourage more of the small specialist workshops which have been so successful in the past.

One further innovation is that, as of next January, members will have the option of subscribing to the membership of our Society alone (£10) or taking out a joint membership with the International Society for Heart Research (£25). Surprisingly, few of our members are also members of the International Society for Heart Research, despite the excellence of its national and international meetings. In addition to saving members a considerable amount, the joint subscription makes us eligible for a major reduction in the price of the Journal of Molecular and Cellular Cardiology (£55 instead of £240). On the subject of subscriptions, the Treasurer is currently applying to the Inland Revenue to have the British Society for Cardiovascular Research listed as a Society, eligible for personal tax deduction.

Other changes may lie ahead. The Society must decide whether it wishes to incorporate abstract presentation sessions into its meetings (possibly the two-day Winter meetings?) and whether it wishes to publish abstracts. As members, your comments on these and other issues would be welcome and this Bulletin should provide an ideal forum for the exchange of such views.

Yours faithfully,

Professor D J Hearse
Chairman,
British Society for Cardiovascular Research

BRITISH SOCIETY FOR CARDIOVASCULAR RESEARCH COMMITTEE MEMBERS:

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David J Hearse

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Allan S Manning

Alan J Williams
Andrew C Newby
George Hart
Alan Higgins
*Max Lab
*Gillian Bullock

Co-opted members
Stig Haunso
Stuart Cobbe

*to retire from the Committee in December 1987
Dear Sir,

I wonder whether you would be prepared to circulate my views on two topics concerning our society, namely the issues of free communications and publication.

I think that there is a case for some time during one of our meetings each year, or every other year, to be devoted to free communications. At the moment the average member of the Society tends to submit communications on his work to the Medical Research Society. Of course, we also embrace clinicians who present to the Cardiac Society, pure physiologists who submit to the Physiological Society and biochemists who submit to the Biochemical Society. In my opinion the British Cardiac Society does not cater for the more basic scientific analyses of cardiovascular pathology and its manifestations. I think that the Physiological Society is excellent, but limited to pure physiology. Thus, those of us who are working mainly on cardiovascular pathophysiology have the Medical Research Society as our main source of preliminary communication of results. In my opinion this Society has failed us because, due to various factors, they now have a selection system which is quite arbitrary and therefore submitting there is very much of a lottery. If one is lucky enough to get a paper accepted it will be presented in a Forum where there is enormous dilution and very little real appreciation by people within the field, even in the so called specialized cardiovascular sessions. I think that we need a forum where every person doing work in cardiovascular research can be reasonably sure of having the opportunity to present work to his peers and get the necessary preliminary feedback on early results that is helpful. This can ideally be achieved in the sort of informal discussions that can be achieved in the intimate meetings of our Society.

At the moment the format of our meetings is for subject orientation and invited speakers. I think that this is very useful and should continue, but it may mean that somebody working in a particular subject may not have an opportunity to contribute for a period of several years until that subject happens to be chosen for a meeting, and there is always the possibility that they may not be chosen anyway. I think that everybody who really wants to communicate their early results should have an opportunity and I think it would be good for the Society to provide that opportunity by having occasional free communication sessions.

With respect to publication, I would be totally opposed to publication of abstracts of free communications, if indeed the Society does adopt that idea. I think that the publication of abstracts by the Medical Research Society is one of the main reasons why that has become an unsatisfactory forum. There are groups who submit every six months up to 10 abstracts to the Medical Research Society. The meetings are flooded with a whole lot of repetitious matter. The motivation for the authors is simply to pile up a bibliography of abstracts published in Clinical Science for the purposes of boosting their CVs and their university departmental publication record. The effect of this is to completely ruin the meetings. We should rigidly refuse to publish free communications if we are to avoid this problem. The only motivation for submitting a free communication must be the wish to discuss results with colleagues and there must be no element at all of boosting any sort of publication list.

I am less rigid in my ideas about publication of the subject symposia. Nevertheless, I still think that publication of abstracts is on the whole likely to reduce the quality of the meetings. I think that any requirement of the speakers to supply an abstract or manuscript is likely to inhibit them, particularly as journals are becoming more and more strict about refusing to publish original papers if the material has appeared beforehand in some meeting publication. However, I think that if there has been a particularly important meeting on a subject, it may be an idea to produce some kind of publication in which the subject is covered by a series of review articles by the participants in the meeting and also other contributors who may not have been able to attend or who may not have been invited due to lack of time. This might result in some rather valuable little books summarising the state of the art in particular subjects. However, I am not at all sure that the Society should formally undertake this: I think it would depend on the keenness of the organizer of the meeting to carry out such an exercise, but the Society could perhaps give such collections of reviews its blessing and perhaps assistance in obtaining a suitable publisher, or perhaps the Society could arrange for them to be published as supplements to the Journal of Molecular and Cellular Cardiology or Cardiovascular Research.

Yours sincerely

MIM Noble
Consultant Physician
King Edward VII Hospital, West Sussex

Editors' Address: Cardiovascular Research, The Rayne Institute, St Thomas' Hospital, London SE1 7EH.
LABORATORY PROFILE
Cardiovascular Research at the University of Wales College of Medicine

From left to right: Dr MA Mir, Dr MJ Lewis, Prof AH Henderson, Dr KAA Fox, Dr AC Newby and Dr TM Griffith

The Department of Cardiology led by Professor AH Henderson provides a focal point for the College's diverse activities in this field. The department is best known for studies into the nature and physiological importance of the endothelium derived relaxing factor (EDRF). This work was given initial impetus by Dr TM Griffith whose continuing research into the role of EDRF in microvessels is now being carried out in the Department of Radiology; exciting applications of microangiographic and magnetic resonance imaging techniques are being made to study flow regulation in intact vascular beds.

Important insights into the mechanisms of EDRF-induced vascular relaxation and in particular its regulation of the availability of intracellular calcium have been gained from collaborative studies guided by Dr MJ Lewis (Pharmacology). His work has also established a role for EDRF in inhibiting platelet aggregation and has uncovered variations in EDRF activity in different parts of the vascular tree and in experimental models of atherosclerosis.

The molecular mechanisms of EDRF action are being further investigated by Dr AC Newby (Cardiology) who is applying measurements of intracellular calcium in platelets and of calcium movements in subcellular fractions from platelets and smooth muscle. Dr Newby is better known for his work with another endogenous vasodilator, adenosine. His hypothesis that adenosine is a signal of energy imbalance in the cardiac myocytes which triggers compensatory responses in the vascular and neuronal cells continues to be a focus for basic research and for clinical studies carried on by Drs AH Watt, PA Routledge (Pharmacology), AG Fraser and WJ Penny (Cardiology). The use of ATP breakdown as a marker of vascular as well as myocardial injury has spawned further collaborative studies with Mr GD Angelini and Mr IM Breckenridge (Cardiac Surgery) into the importance of better tissue preservation during surgical preparation of saphenous vein used for coronary bypass operations. A pig model of arteriovenous bypass and organ culture of human saphenous vein are being used to investigate the underlying mechanisms of myointimal hyperplasia which is responsible for most late graft occlusions, and may be relevant to atherogenesis.

The mechanism of release of the endothelium derived vasodilators EDRF and prostacyclin formed the thrust of studies by Dr W Martin (Cardiology). This work continues despite Dr Martin's recent appointment to the Department of Pharmacology of Glasgow University. A successor to Dr Martin with similar interests is being actively sought.

Dr KAA Fox (Cardiology) is internationally known for his basic studies (carried out in the USA) into novel thrombolytic agents. His return to Britain greatly strengthens expertise in the clinical application of tissue plasminogen activators. He is also establishing basic research relating to this endothelial product.

Dr MA Mir (Medicine) continues his pioneering investigations into the structure and, with Dr Lewis (Pharmacology), activity of an active sodium transport inhibitor (ASTI) which may have a role in essential hypertension. He is also responsible together with Dr S Campbell (Medical Biochemistry) in providing an up-to-date lipid clinic. Dr Campbell's studies continue into a neutrophil derived oxidase which may cause
tissue injury after myocardial infarction and this area has been strengthened by the recent appointment of Dr S Hutchison (Cardiology).

The strength of cardiovascular research in the college thus depends on its breadth and on the wealth of different expertise which can be brought to bear. The success of past ventures and the vitality of current research owes much to the commitment to a multidisciplinary approach and to the far-sighted manner in which this has been coordinated.

Andrew Newby

Cardiovascular Research
Pharmacology Department
School of Pharmacy
Leicester Polytechnic

Basil Northover, Zurladah Yusoff, Hemant Mehta, Johnson Li and Ann Northover

Cardiovascular Research at Leicester Polytechnic is a small group of scientists under the general supervision of Dr B.J. Northover. The group have been investigating various aspects of the ischaemic myocardium for the past 10 years and are particularly interested in ischaemia-induced arrhythmogenesis and its pharmacological modification (1).

Previous work has concentrated on studies in the rat and rabbit and has included microelectrode recordings in isolated tissue as well as in vivo studies with extracellular wire electrodes. Studies have included investigations into the antiarrhythmic and protective effects of lignocaine during myocardial ischaemia, combining assessment of high energy phosphates and ionic disturbances. Other investigations have included measurement of mechanical changes during ischaemia. The group is particularly interested in alterations in refractory periods during ischaemia which it believes are crucial to arrhythmogenesis.

More recently the group has investigated the mechanisms of thyroxine-induced inotropism (2) together with studies of the effects of non-steriodal anti-inflammatory drugs during ischaemia. Surprisingly, recent results suggest that some agents (e.g. sulphipyrazone) have protective effects (3) while others (e.g. flutenamate) may actually worsen ischaemia.

Possible mechanisms for these disparate effects are currently being investigated.

Long-term plans for the group include investigations into the involvement of calcium in the myocardial response to ischaemia. The group is embarking on a systematic evaluation of the mechanisms by which diltiazem protects the ischaemic myocardium. Previous results have led the group to the conclusion that calcium is one mediator of some of the consequences of ischaemia.


Basil Northover

FORTHCOMING MEETINGS


Jan 31-Feb 6, Marilleva, Italy: New Frontiers of Arrhythmias (OIC Congressi, Via G. Modena 19, 50121 Florence, Italy)

Feb 11-12, Basel, Switzerland: 25th Anniversary International Symposium: Calcium Antagonists in Hypertension (ewtcc, PO Box, CH-4021 Basel)

Feb 18-20, San Diego, CA, USA: 13th International Joint Conference on Stroke and Cerebral Circulation (AHA)

Mar 16-19, Santa Fe, MT, USA: 28th Annual Conference on Cardiovascular Disease Epidemiology (AHA)

Mar 27-31, Atlanta, GA, USA: Annual Scientific Sessions of the American College of Cardiology (ACC)

Apr 6-8, Liverpool, England: British Pharmacology Society (University of Liverpool)

Apr 27, Guildford, England: Bowditch Revisited: The Force-Interval Relationship (BSCR)

May 22-26, Kyoto, Japan: 12th Scientific Meeting of the International Society of Hypertension (Secretariat, CPO Box 199, Tokyo 100-91, Japan)
June 1-3, London, England: European-American Cardiology in London (ACC)

July 13-15, Dublin, Ireland: British Pharmacology Society (University College)


SEMINARS

Heart Research Lecture Series
Cardiovascular Research, The Rayne Institute, St Thomas' Hospital, London SE1 7EH.

Jan 22, Prof MF Oliver: Essential Fatty Acids and Coronary Heart Disease.

Feb 26, Prof AH Henderson: Endothelium and the Vascular System.

March 18, Dr D Eisner: 'O' Level Arrhythmogenesis.

All lectures start at 3.00 pm. Further details from Dr M Avkiran at above address.

JOB VACANCIES

POST-DOCTORAL RESEARCH POSITIONS

Huntington Medical Research Institutes, Pasadena, USA

The Huntington Medical Research Institutes (HMRI) has a post-doctoral position available in its division of magnetic resonance spectroscopy. Applicants should have experience in NMR spectroscopy and a PhD in one of the following areas: biochemistry, physiology, pharmacology or chemistry. The research group has interests in cancer, kidney and heart research as studied by NMR spectroscopy and high-field (NMR) imaging; equipment available includes a 4.7T, 33 cm bore General Electric "CSI" spectrometer / imager, an 180 MHz Nicolet spectrometer, access to other high field (360, 500 MHz) spectrometers and a Diasonics 0.35T whole-body imager. Extensive surgical, physiological and workshop facilities are also available.

The appointment is for two years, $21,000 per annum plus benefits, starting as soon as possible. Please send a curriculum vitae and the names and addresses of three referees.

Applications to:
Dr Peter B Barker,
Huntington Medical Research Institutes,
10 Pico Street,
Pasadena, CA 91105,
U.S.A.
OR: Telephone Dr Brian Ross on Oxford 880629 for further details.

Department of Physiology, University of Manitoba, Canada

The Division of Cardiovascular Sciences, Faculty of Medicine, University of Manitoba is being located into its new quarters at the St Boniface General Hospital Research Centre. At present there are five faculty members namely Drs PK Singal (Pathophysiology), V Panagia (Phospholipid Metabolism), GN Pierce (Membrane Transport), E Kardami (Cell Biology) and NS Dhalla (Myocardial Metabolism), who are actively engaged in studying diverse problems in experimental cardiology. In addition, there are 14 graduate students and 7 postdoctoral fellows in the Division. It is intended to recruit 5 additional faculty members over the coming two years in order to develop a multidisciplinary program in cardiovascular biology.

Applicants should possess 2 to 4 years of Post Doctoral training in any field of Cardiovascular Sciences (Electrophsiology, Molecular Biology, Membrane receptors / channels, hemodynamics, atherosclerosis, etc). Successful candidates will be expected to develop independent research programmes and participate in teaching undergraduate (Medical Students) and graduate students (total 10-20 hours/year). Research funding is available from grant awarding bodies such as the MRC, Manitoba Heart Foundation and several local foundations on a competitive basis. However, some start up funds will be provided.

Applications to:
Naranjan S Dhalla, PhD, FACC,
Professor of Physiology and Head of Division of Cardiovascular Sciences,
Department of Physiology,
Faculty of Medicine,
University of Manitoba,
770 Bannatyne Avenue,
Winnipeg, Manitoba, Canada R3E 0W3
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