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THE BRITISH SOCIETY FOR CARDIOVASCULAR RESEARCH
Quarterly Bulletin

Edited by:
Dr Michael J Curtis
Dr Metin Avkiran

BSCR Quarterly Bulletin
Cardiovascular Research
The Rayne Institute
St Thomas' Hospital
London SE1 7EH

Tel: 071-928 9292 ext 3375
Fax: 071-928 0658

THE BRITISH SOCIETY FOR CARDIOVASCULAR RESEARCH
Committee Members

Chairman:
Dr George Hart
Cardiac Department
John Radcliffe Hospital
Headington
Oxford OX3 9DU
E-mail: GHART@UK.AC.OXFORD.VAX
Tel: 0865-220 257
Fax: 0865-688 44

Secretary:
Dr Andrew C Newby
Department of Cardiology
University of Wales College of Medicine
Heath Park
Cardiff CF4 4XN
Tel: 0222-742 338
Fax: 0222-761 442

Treasurer:
Dr Mark Boyett
Department of Physiology
University of Leeds
Worsley Building
Leeds LS2 9JT
Telephone: 0532-334 265
Fax: 0532-334 381

Sponsorship Secretary:
Dr Paul J England
Smith Kline & French Research Ltd
The Frythe
Welwyn
Hertfordshire AL6 9AR
Tel: 0707-325 111
Fax: 0707-7482

Committee:
Mr Gianni D Angelini
Department of Cardiac Surgery
Northern General Hospital
Sheffield S5 7AU
tel: 0742-434 343
Fax: 0742-560 472

Dr Susan Coker
Department of Pharmacology & Therapeutics
University of Liverpool
PO Box 147
Liverpool L69 3BX
Tel: 051-794 5550
Fax: 051-794 5540

Dr Peter Cummins
Department of Physiology
The Medical School
The University of Birmingham
Vincent Drive
Birmingham B15 2TJ
Tel: 021-414 6906
Fax: 021-414 6924

Dr Trevor Powell
Department of Physiology
Oxford University
South Parks Road
Oxford
Telephone: 0865-272 467
Fax: 0865-272 469

Dr Derek M Yellon
Cardiovascular Research
22 Chanctonbury Way
Woodside Park
London N1
Telephone: 071-380 9888
Fax: 071-388 5095
LETTER FROM THE SECRETARY

Breaking New Ground

The British Society for Cardiovascular Research can hardly be accused of being "stuck in the mud". Quite the reverse; the number of youthful experiments and innovations (e.g. name changes, bulletin, two day meetings, meeting dinners) over the last years have left this participant breathless. The following are selected minutes from the AGM which touch on other innovations:

British Cardiac Society Lectureships. The chairman reported that the BCS had agreed to fund approximately 2 of these per year at a total cost of approximately £2000. The lectureships would support the attendance of internationally-recognised speakers at the BSCR main meetings. Dr Hart proposed a vote of thanks to Profs Cobbe and Fox who had energetically steered this proposal through the Council of the BCS.

Proposal to seek charitable status. The position of the Society with regards to income tax and VAT meant that the question of Charitable Status now needed to be considered. Perhaps regrettably, this meant that the minimal rules of the Society would need to be replaced by a formal constitution. The Chairman with the meeting's approval agreed to investigate the need for charitable status and carry through any necessary changes.

The Treasurer presented a statement of accounts. This showed a healthy balance of receipts over expenditure for the year largely resulting from income generated by the Main Meetings. While it has never been the intention of the Society to gain income from meetings, it demonstrates that funding for meetings has been relatively easy to obtain and some of this might now be spent in new ways. One proposal which met with warm approval was for travel grants to younger members of the Society to attend meetings. The treasurer proposed, to general approval, that the accounts should be audited, for the first time.

Implementation of an in-house disk for membership. A computerised database for membership, subscription and research interest information was being established. This would be used primarily for mailing but might be made available to others. After consultation with the Committee, members and some discussion from the AGM, the following guidelines were set down for disclosure of information. 1) Members would have the opportunity to specify total confidentiality. 2) Work, but not home, addresses might otherwise be disclosed, at cost, to bona fide members of the BSCR, or for a reasonable payment to other commercial or scientific institutions to be used for a purpose related to members' professional activities.

Finally, a word about the membership itself. We currently have 540 names on the membership list, as many as 60 of which have been recruited as a result of the spring meeting on Endothelium and Atherogenesis. The fact that we can mount a meeting with an attendance of approximately 150 in this area outside the traditional bounds of the old Cardiac Muscle Research Group is a decisive development. Clearly the membership is now shifting to reflect the wider audience and ambitions anticipated by our change of name.

Andrew Newby
EDITORIAL

We, the Editors, are planning to retire from the heady world of desk-top publishing in the near future. We have enjoyed our stint in charge of the BSCR Quarterly Bulletin. Unfortunately we now find that our research and teaching obligations are leaving us with insufficient time to do justice to our commitment to the bulletin. We will continue to hold the tiller until our replacement is ready to take the helm; we cannot yet tell you who he or she will be, but we can promise you that it won't be Cap'n Bob.

MJC & MA

A PERSONAL VIEW

This week: Maj. J. Leadereneson MD

In my hospital we are looking at solutions for many problems. And there are many problems indeed. Oh yes. Let me tell you about them, if I may. This is a tale of arrhythmias, blood loss, batteries, bacon and plumbing.

Some of our patients have been suffering for years from tachycardia (indeed, my own family is no stranger to circus movement). Their heart rates have been very high. We have been giving careful consideration to this problem. A few years ago we had a very good idea indeed. We decided to remove the heart and replace the high rates with no rates at all. To maintain the circulation we decided to replace the heart with a pump powered by a rechargable battery. Of course, we envisaged that some individuals would find themselves unable to meet the demands of recharging their own batteries. Therefore we introduced a surcharge to make other members of the community work twice as hard to keep the batteries charged. Furthermore, some doctors from another hospital claimed that the pools of blood spilled during surgery were unfairly taxing on those lower paid members of the community whose job it was to clean the operating theatre. Our rival hospital said that the community was better off before, with some patients having high rates.

Despite these criticisms we were convinced that high rates had to be removed. After all, in some patients rates were so high that they had become uncountable.

At this time, we had a separate problem (in our canteen) involving potential loss of large quantities of food (particularly bacon). In order to deal with this, we decided to have a reshuffle in our departmental hierarchy, with me becoming Chief.

Following the reshuffle, we decided to introduce a new technique for dealing with tachycardia. We had also experienced some problems with disposal of discarded tissue after surgery, with some material blocking our sewerage system. We decided, therefore, to introduce a partial replacement of the heart with a pump. The most brilliant idea, however, is the introduction of a safety net (to collect any tissue discarded during surgery and thus reduce clogging of the drains). We also believe that the safety net may have additional uses in the canteen (to prevent bacon loss).

As a result of our plumber's initiatives, we are thus planning to modify the community charge, to partially restore rates, and save our bacon.
CHAIRMAN'S COLUMN

**Society Meetings:** Comparisons may be odious but I think that the meeting at the Royal Pharmaceutical Society last December will be hard to beat. Our thanks are due to Drs Shattock, Williams and Collins for organising such a successful meeting. We look forward to the Spring meeting in Cardiff organised by the secretary on the subject of "Endothelium and Atherogenesis". The Winter meeting of the Society will take place on 5/6 December at the Royal Pharmaceutical Society, London. Professor Desmond Sheridan (St. Mary's Hospital) is the organiser and the subject of the meeting will be "Regulation of Coronary and Systemic Blood Flow". Two workshops are planned. "Coronary Surgery: Clinical and Basic Perspectives" is to be held on 17 May 1991 in Sheffield. Registration is through Mr Angelini whose address is on page 2. There are no details available as yet on a workshop on "Measurement of Intracellular Ions" to be organised by Professor Eisner and Dr Cobbold (Liverpool).

**British Cardiac Society Lectureships:** Through the good offices of Professors Fox and Cobbe the Society has been awarded a sum of money by the British Cardiac Society to fund two British Cardiac Society lectureships each year. The lectures will be given at the regular meetings of the Society and the Cardiac Society (for that is how it is commonly known) has left the choice of lecturer and the subject to our discretion. These will clearly be prestigious lectureships and I should like to thank the Cardiac Society on behalf of all our members for their generous support. The first lecturer will be Dr AG Herman of the University of Antwerp who will speak on 11 April at the Spring meeting in Cardiff. His lecture is entitled "Endothelial function in atherosclerotic arteries". We are encouraged by this co-operation between the two British Societies and are pleased that the Cardiac Society is to include listings of our meetings with their mailings to members.

**Open oral communications:** One item which has caught my eye in the past minutes of the Society (not that these take very long to read!) was that at the AGM in 1988, the members present turned out to be "greatly in favour of oral communications at future meetings of the society". Poster communications have been successfully introduced and are a welcome feature of our meetings. It appears that the issue of oral communications was discussed in the AGM at the same time as that of publication of abstracts which may explain why it got put on the back burner! Nevertheless I think that it is time we gave this a go and there will be a session for free, oral communications at the December meeting at the Royal Pharmaceutical Society.

**Committee matters:** We are grateful to professors Cobbe and Hearse, Committee members who retired at the end of last year, for their work on behalf of the Society. We welcome three members in their place, Drs Yellon and Powell and Mr Angelini. It is possible that Mr Angelini is the first practising surgeon to be elected to the Committee. The treasurer tells me that the Society's accounts have now been formally audited for the first time and are deemed in order. I hope that the Secretary is bearing up as he is organising the Spring meeting and also dealing with the first mailing (yes!) from the Society's computer database.

**The Bulletin:** Our editors (the "Two Ems") have now given birth to the 13th issue of the Bulletin. We are indebted to them for their willingness to set aside the necessary time and we admire the quality of their work. May I make a plea for members to help them? The Bulletin really belongs to the members of the Society, and contributions from members are greatly encouraged. Please send them your lab profile. Or spend a bit of time writing a short (<1,500 words) and pithy review article summarizing the latest developments in your field and setting them in perspective. Send them details of meetings. Letters. Anything that you feel could enhance the Bulletin in its role, so well set out in the first editorial...." a new publication which is aimed at improving communication between members of the Society and providing a range of information that may be useful to them".

George Hart
BOOK REVIEW

CARDIAC HYPERTROPHY AND FAILURE
pp. xv - 696. £65.00 rrp. ISBN 2 86196 234 6

Multi-author review books often fail to achieve their stated aims of providing a comprehensive treatise which is both integrated and readable. In large part this is the responsibility of the editor despite pleas to contributing authors which may fall on deaf ears. Bernard Swynghedauw in this splendid volume has certainly risen to the challenge. The author is well known on the international 'basic heart research' scene, not least because of the seminal meetings he has organised in Paris at Jouy-en Josas on the Hypertrophied and Hypertensive heart. This volume is a natural outlet for the progress made since the first meeting.

Many of the contributors not unnaturally come from France, largely as a result of the enormous strides made by INSERM units which have covered this area in some depth. There is however also a strong wider European flavour to the volume. An attempt has been made to cover all cellular aspects and ranging from basic metabolic and biochemical aspects to physiological pump function in the normal and failing heart. The book is divided into seven main sections on Metabolic Aspects, the Cardiac Contractile Apparatus, the Cardiac Membranes, Morphology, the Heart as a Pump, Peripheral and Coronary Circulations - Neuroendocrine Control and Pharmacology. There are introductory and concluding sections on Epidemiology and Heart Failure - a Disease of Adaption respectively.

The editor has set out with a number of aims. Provision of a volume that is not purely reference in nature but one which provides diverse and contradictory views is achieved while keeping a comprehensive and up to date bibliography for each chapter. An intention to further the dialogue between basic scientists and clinicians is also well served. As the editor rightly points out, clinicians tend to have a global view of the disease or patient while the basic scientist "dissects the processes and parameters to try to understand the mechanism of adaption". In this latter respect the reader is well served by the inclusion of results achieved using modern cellular physiological and molecular biological techniques. This is perhaps best illustrated in the Chapters on the Contractile Apparatus and Morphology - a subject in which the editor established his reputation.

Perhaps the most illuminating contribution to the book is the last one in which the author teams up with his long time collaborators in Paris, L Rappaport and K Schwartz. Here is set out the major thesis which all those who have listened to Bernard Swynghedauw throughout the years cannot have failed to digest, namely that heart failure is just the end stage in what starts out as a normal compensatory process to increased workload.

Despite the vast literature in the field, there are relatively few volumes that cover the area of cardiac hypertrophy and failure as well as this one. The volume should be a must for all current researchers and potential new entrants to the field.

Peter Cummins

AN APOLOGY

This issue of the BSCR Quarterly Bulletin arrives later than usual for several reasons.

First, during the chilly winter, there were unavoidable delays owing to heavy teaching commitments. We were unable to decide whether to postpone lectures or the bulletin. In other words, we blame the weather.

Second, the gulf between our backlog of personal commitments and our ability to wage war on them began to interfere with our editorial duties. In other words, we blame the Gulf War. Finally, one of us developed a major bladder infection during a trip to America as a consequence of the insanitary condition of the hotel's bathroom facilities. In other words, we blame John Major.

MJC & MA

• • •
WORKSHOP ANNOUNCEMENT

STRAIN-GAUGE, SOUND-WAVE OR SQUEEZE?

A one day workshop to develop a consensus on the assessment of contractile function in isolated small mammalian hearts.
To be held in London on 13th May, 1991

Discussants: Carl Apstein (Boston)
Dirk Brutseart (Antwerp)
Jim Downey (Alabama)
Andrew Henderson (Cardiff)

For further information please contact: Clive Lawson
Cardiovascular Research
St Thomas' Hospital
Lambeth Palace Road
London SE1 7EH
Telephone 071 922 8122

Strictly limited places available

BSCR WORKSHOP REPORT

CORONARY BLOODFLOW REGULATION
London, 12th October 1990

The day began with two papers detailing the efficacy of MRI in studying arterial and left ventricular mechanics and blood velocity profiles (Professor D Longmore and Dr PJ Pennell, National Heart and Lung Institute, London). Dr Ann Tweddle described clinical studies of coronary reserve using radionuclide techniques and Dr DJ O'Gorman and Professor M Noble presented results of experimental studies in which coronary flow reserve and regulation were investigated in hypertrophied and normal hearts. Clinical studies of proximal and distal coronary responsiveness to a variety of autonomic and neuropeptide stimuli were described by Drs Kaski and Crea (RPMS, London). Dr S Thom (St Mary’s, London) described the pharmacological properties of isolated coronary resistance vessels. Dr P Collins (London) described the use of Doppler flow probes for measurement of coronary blood flow in man. DS Fort (Cardiff) described experiments which have provided evidence that coronary endothelium may influence myocardial contractility in ferret myocardium. There were 39 participants for the meeting who provided a lively discussion and a most interesting day.

Desmond J Sheridan
BSCR CALENDAR OF EVENTS

10-11 April   Spring Meeting: "Endothelium and Atherogenesis"
17 May        Spring Workshop: "Coronary Surgery: Clinical and Basic Perspectives".
1 July        Last date for submitting copy for the July Bulletin.
15 July       Last date for submitting inclusions with the July Bulletin.
5-6 Dec       Winter Meeting: "Regulation of Coronary and Systemic Blood Flow"

EMPLOYMENT OPPORTUNITIES

UNITED MEDICAL AND DENTAL SCHOOLS OF GUY'S AND ST THOMAS'S

'New Blood' Career Awards in Cardiovascular Biochemistry, Physiology or Pharmacology

Appointment at the level of Lecturer or Senior Lecturer

Applications are invited for a newly created research post in Cardiovascular Research (Division of Biochemistry), under the Directorship of Professor D J Hearse. The Department specialises in the biochemistry, physiology, pharmacology, electropharmacology and electrophysiology of the heart. Applicants should be strongly motivated, have a track record of high calibre creative research, be able to conceive and direct new work and demonstrate a high standard of writing and speaking skills. Successful applicants would be provided with research staff and extensive resources but would also be expected to expand their work through grant applications. Experience in cardiac or vascular research or membrane and protein biochemistry could be an advantage, but it is not a prerequisite.

The Career Awards will be for 5 years in the first instance, renewable for a minimum of 15 years. The individuals would be eligible for academic appointments within the School. Remuneration will reflect age, experience and excellence. Relocation assistance and other special allowances are available. For further details please send a Curriculum Vitae and a hand written letter providing any additional information you consider relevant to: Professor D J Hearse, Cardiovascular Research, The Department of Biochemistry, United Medical and Dental Schools of Guy's and St Thomas's, The Rayne Institute, St Thomas' Hospital, London SE1 7EH, Great Britain. Closing date: April 30th 1991.