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SIR,—Gerlis *et al* (*Br Heart J* 1993;69: 142–50) tried to achieve a more precise definition of the entity(ies) in which the myocardium of the right ventricle is absent or scarce. This is an important aim because it could improve our understanding of the processes and have an impact on genetic counselling, early diagnosis, and treatment of the diseases. This goal is hindered by the rarity of the diseases and by the absence of a good correlation between clinical and morphological findings. Some patients that fulfil the clinical and electrophysiological criteria for the diagnosis of right ventricular dysplasia do not have fat replacing the right ventricular myocardium: on the other hand, some patients with this morphology present with congestive heart failure rather than arrhythmia or have atypical electrophysiological findings.

As well as the cases reviewed by Gerlis *et al* others are reported by American groups that use a descriptive name—partial absence of the myocardium of the right ventricle.[1] I and colleagues described such a patient in whom the right third of the septum was replaced by fat, but not the left two thirds.[2]

We reported an important morphological feature also mentioned by Fontaine *et al*[3] but not by Gerlis *et al*[2]—medial thickening and partial destruction of the elastic fibres of the intramural coronary vessels. This finding should be helpful in the characterisation of right ventricular dysplasia and also could give additional clues about its pathogenesis.

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*This letter was shown to the authors, who reply as follows:*

SIR,—We concur with the additional points raised by Dr Gutierrez.

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# BOOK REVIEW

**Organ transplantation: long-term results. Edited by Leendert C Paul and Kim Solez.** (Pp 413; $145). New York: Marcel Dekker, 1992. ISBN 0-8247-8599-1.

This book brings together the long-term complications of transplantation of the various solid organ allografts. The editors are well respected experts on transplantation, as are the authors of the individual chapters. The book is very well referenced throughout. The strongest chapters are those of more general relevance to all allografts and concern immunology, general features of chronic rejection, malignancy, and skin changes.

Inevitably, in a multiauthor book there is some repetition particularly in relation to graft vascular disease. Chapters on chronic rejection changes in individual allografts are generally the least inspiring in that the information is readily obtainable elsewhere. Nevertheless it is useful to have chapters on the various grafts within one book—particularly as a good source of references.

There is a chapter on cardiac graft atherosclerosis and one on chronic heart graft rejection in the clinical setting. Both of these adequately cover the relevant topics and problem areas. It is surprising that in the chapter on heart/lung and lung transplantation the authors concentrate on obliterative bronchiolitis. Chronic graft vascular disease certainly occurs in the transplanted lung and furthermore graft vascular disease in hearts in combined heart/lung transplantation is worthy of discussion. Though obliterative bronchiolitis in these transplants at present is the principal factor limiting long-term survival, as strategies develop to curtail this, graft vascular disease both in the lung and in the heart may become more important. That occurring in the heart is particularly interesting as it seems to be less common than in orthotopic heart transplants and this provides useful information concerning possible aetiological factors—for example, quality of donor organ, organ preservation, and cytomegalovirus infection.

N R B CARY

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# BRITISH CARDIAC SOCIETY NEWSLETTER

**News from Council**

The Council of the British Cardiac Society at its meeting on the 7 July reviewed recommendations from the Programme Committee concerning the Annual Meeting in Torquay next year. It was decided to confine the meeting to three days from the 17 to 19 May inclusive (Tuesday to Thursday). The Annual Business Meeting and the Annual Dinner will be held on the evening of Wednesday 18 May. To facilitate the full review of abstracts, the abstract submission date has been brought forward to 1 December (from 15 December). The Young Research Workers Prize, which is attracting an increasing number of submissions, has been reviewed by Council and it has been decided that submissions for the prize will be limited to 3000 words excluding references. The closing date for submission is being brought forward to 1 November 1993. Moderated poster sessions are now to be held on each of the three days during a longer morning coffee break. This follows the successful trial session of moderated posters at Wembley.

Council has decided to broaden the membership of the Society by encouraging applications from registrars who are committed to training in cardiology. Previously, with a few exceptions, only senior registrars and consultants were considered for membership. Applications for membership are required by 1 December 1993 for consideration for enrolment next year and