tolerance of obese diabetics who achieved adequate loss of weight; such treatment-induced remission is familiar to most doctors. But to bedevil the assessment of therapy in diabetes it is now clear that spontaneous remission may occur not uncommonly. J. B. O’Sullivan and D. Hurwitz studied 83 women found to have glucose tolerance tests diagnostic of diabetes (by the stringent criteria of the U.S. Public Health Service) who were followed for several years without specific treatment, though they were advised of the benefits of normal treatment. Spontaneous remissions to normal glucose tolerance were frequent, both in obese and non-obese subjects, and two-thirds of the patients with remissions had had no change in weight or had actually gained weight. So it seemed unlikely that dietary restriction could be invoked as responsible for the remissions. O’Sullivan and Hurwitz thought it probable that the patients they were observing did have abnormal glucose tolerance (or diabetes) and not fluctuations within the normal range and that use of the term remission was appropriate. The physiology of the remission is unexplained. The clinical lesson, though, is clear—that the assessment of the effects of treatment in diabetes of this nature requires rigorous controls.

**The Heart in London**

This coming week the Sixth World Congress of Cardiology is to be held at the Festival Hall in London under the patronage of the Queen. Five and a half days of discussions and lectures, many going on simultaneously, will give a thorough prospectus of research into the cardiovascular diseases. Though the range and complexity of the subjects to be discussed are remarkable, the fact remains that this group of diseases is the commonest cause of death in all the developed countries of the world. It is fast becoming so in other countries as they conquer those old infectious scourges of mankind: tuberculosis, malaria, smallpox, and cholera. The conquest of the heart’s ailments is only beginning.

The British Cardiac Society and the British Heart Foundation are the hosts and organizers of the congress. Its president is Sir John McMichael, whose pioneering work at the Royal Postgraduate Medical School in London until he retired in 1966 attracted to that institution visitors and research students from all over the world. Distinguished cardiologists form the organizing committee—namely, Professor J. Shillingford (chairman), Professor J. F. Goodwin (deputy chairman), Professor C. T. Dollery (chairman of scientific programme committee), and Dr. W. Somerville (chairman of social events committee).

The sponsor of the congress is the International Society of Cardiology, a body initiated in 1946 at a meeting of cardiologists held in Mexico City. It now has over 60 national societies and promotes a world congress every four years in different capital cities. Thus as well as giving cardiologists an excuse to see the sights of the world these meetings bring them to countries where at least some of the pathological problems will be unfamiliar or receive a different emphasis from what they are accustomed to in their homeland.

Great Britain itself has long enjoyed a reputation for vitality in cardiovascular research and for a sense of proportion in the management of patients. Evidence of lively research is to be found in the papers appearing in the *British Heart Journal*, one of the specialist journals published in association with the *B.M.J.*, and now also in *Cardiovascular Research*, started in 1967 to accommodate the more technical papers in basic research. These journals are to publish abstracts of some of the congress papers.

At the congress, as in published papers, the emphasis is naturally enough on haemodynamics, electronics, and biochemistry. If the British contributions to this congress succeed also in communicating a hint of the care taken in this country to manage patients as individuals they will have imparted something worthwhile from a trusted tradition.

**Control of Waste**

Paradoxically, the present wave of public concern about environmental pollution comes at the end of a decade of real improvement in the quality of the atmosphere in Britain. Visible air pollution has been greatly reduced by the introduction of smokeless zones, while sulphur dioxide concentrations at ground level have fallen by an average of 40% in the last ten years. Adverse comments by the Chief Inspector in the Annual Report on Alkali &c. Works on “exaggerated claims” and “gloomy prophecies” made by conservationists have been widely reported. His reaction is understandable in view of the success of his inspectorate in controlling industrial waste.

Nevertheless, the report correctly states that “the problems of air pollution control are mainly economic.” Only if there is enough pressure of public opinion will standards of industrial pollution be raised and will adequate means be found for the innocuous disposal of plastic refuse, old motor tires, and the other garbage of an affluent society. Doctors have a particular interest in clean air because of its importance in preventing the “English disease,” chronic bronchiectasis, yet some local authorities still resist smokeless zones.

Those responsible for controlling pollution may find the present fashionable interest inconvenient and time consuming. But in the long term increased public awareness can lead only to better standards of cleanliness in our environment.

**Bath Meeting**

The Annual Clinical Meeting of the B.M.A. at Bath next month has been arranged in conjunction with the Royal College of Physicians of London and the Heberden Society. Rheumatic disorders are historically associated with Bath, and a substantial part of the programme, printed this week in the *Supplement*, is made up of sessions on polynymalgia rheumatica, complications of rheumatoid disease, and total hip replacement. More general subjects include coronary care, abdominal pain in childhood, and a session on “Drugs for the Individual,” and informal discussion sessions have been arranged on common problems such as the ischaemic leg and hypertension in pregnancy. The opening address on space medicine is to be given by Wing-Commander D. I. Fryer, of the R.A.F. Institute of Aviation Medicine.

Bath’s eighteenth century elegance has been preserved nearly intact, and among the attractions of the surrounding country are Glastonbury and the lions of Longleat. With its 2,000-year association with medicine a better setting than Bath for a Clinical Meeting is hard to imagine.

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