Diamond anniversary greetings from Winnipeg, Manitoba

T Edward Cuddy MD

It does not seem long ago since I served as President of our Society, when, in fact, we were only into our third decade of activity. Several of you who currently read *The Canadian Journal of Cardiology* were working with me at that time. Others were just dreaming about a career in medicine. And yes, some readers had not even seen the light of day. Whatever your experience, I would like to turn back the pages and share memories from some of the most rewarding years in my career.

When I served as president in 1974 to 1976, the notion of simpler, calmer and gentler times applied to our world of cardiology. We had not yet been overwhelmed by the array of technological advances on the horizon. When a new research tool or piece of equipment hit the market, it did not become obsolete once the wrapping was removed. Practices and policies changed from year to year, certainly, but it was not yet an era of relentless upheaval in virtually every aspect of work with patients, hospitals and associates from other fields. Nor were we able to benefit from up-to-the-minute news of our colleagues' activities across Canada, given that the launch of the *Journal* was still several years away. All the same, we did make encouraging inroads in cardiac care during the 1970s and maintained Canada's respected profile throughout the world.

During my term, I was fortunate to be part of a talented, hard working and resourceful council. It included nationwide representation from Nova Scotia to British Columbia, and the members pursued a full agenda of timely issues. One of our most significant challenges was to sell our synopsis of standards with respect to coronary care units and cardiac surgical intensive care units to the federal government. Dr Claude Labrosse of the Sherbrooke University Hospital Centre in Sherbrooke, Quebec, chaired the task force. He obtained input from a broad range of cardiologists and cardiac surgeons across Canada and then presented a brief in Ottawa. It may well have been the first official submission to recommend combined or adjacent coronary and cardiac surgical units.

Another matter on our action list concerned the granting of affiliate status to groups such as the Canadian Stroke Network and the Canadian Council of Cardiovascular Nurses (both had representatives on our council, but were not fully affiliated in any formal sense). The Canadian Society of Clinical Perfusion also expressed interest in joining the Canadian Cardiovascular Society (CCS). Personally, I was in favour of these societies becoming our affiliates, with full

voting rights and active representation at the scientific annual meetings. On the other hand, our by-laws did not permit such a degree of amalgamation and would have had to be amended. Although the council and I had different opinions as to how quickly we should evolve in concert with other colleagues, the issue was eventually resolved after my tenure. We did not exactly get the ball rolling, but at least the ball got placed squarely on the field!

One can never underestimate the important role that the province of Quebec has played in the history of the CCS. Our Society's very existence is rooted in talks that originated in Montreal, and during the 1970s, the Quebec Heart Foundation kindly offered to accommodate the CCS in Montreal, so we could finally boast of having a 'head office'.

Despite the changes that have taken place in our profession, there remains a constant factor that bridges the generations, in terms of both time and people; that is the role that trainees and newly certified cardiologists can play in making the CCS a strong advocate for professionals involved in treating and preventing heart disease. It goes without saying that their energy and talent are crucial in clinics, hospitals and laboratories. However, we also need their collective voice backing our efforts to lobby governments to remain onside in creating a world-class cardiac care system. Our Society can only be as effective and relevant as the sum of its individual members, be they the young or the young-at-heart.

When I attend our next annual conference in Quebec City, Quebec, I will pay particular attention to the contributions of our newest members. Although I am retired from the practice of cardiology, I still do some research. I look forward to hearing of innovations in research and practice from the future leaders in our field. I have always regarded the teacher-student relationship to be a privilege and a rewarding experience.

Happy anniversary to one and all.

Last year, Dr Cuddy received the Lifetime Achievement Award from the Heart and Stroke Foundation of Manitoba. Since 1950, he has been involved (both full- and part-time) in the Manitoba follow-up study of the cardiac health of second World War airmen – one of the world's longest-running medical research ventures. Dr Cuddy and his wife, Margaret, are actively involved with Westminster United Church (Winnipeg, Manitoba) and its International HOPE Canada humanitarian activities.

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