

The society is coming of age*

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In 1986 it was 20 years since the European Society for Clinical Respiratory Physiology (SEPCR) was founded. At that time the Society met jointly with the SEP in Paris and it did not seem appropriate to celebrate the anniversary then. However, on the occasion of the Society's 21st congress and at the start of the life of its new journal it is appropriate and opportune to review the past, the present and the future of the Society. Let us first briefly go back 21 years.

The European Society was founded in Prague in 1966, by Professors Daum, Ourednik and Sadoul. The founders of the Society put into effect the dream of one scientific society for the whole of Europe, without political, linguistic or other barriers, a Society to further the level of respiratory medicine with obvious benefits to patients. The founding fathers were all scientists involved in everyday medicine, often encountering questions for which no answers were yet available. This concept is imprinted on our Society; to promote research of the highest level which not only satisfies our curiosity into the nature of biological riddles but also provides answers to problems in everyday life. The practical way in which the founding fathers achieved their goals has been a cornerstone of the success of the Society. They created working groups led by respected scholars functioning under the umbrella of the Society. Groups of scientists with a common interest met in relative seclusion, with sufficient time for both in-depth discussions and personal contact, often leading to longlasting friendships. The SEPCR functions as a Society of clinical and basic specialists regardless of political and other barriers. This is an asset to our Society which we treasure, nurture and will defend. The founding fathers had the vision and drive to achieve all of this, and Europe owes them a great debt.

Apart from cofounding the Society, Professor Sadoul has contributed in a different, extremely important and practical way. In order that scientific research bears fruit in clinical application and further research, the results need to be accessible: 'one should not hide one's light under a bushel'. With great

foresight he founded, and for years managed and edited the 'Bulletin de Physiopathologie Respiratoire', shortly afterwards renamed the 'Bulletin Européen de Physiopathologie Respiratoire', but commonly known as the Bulletin. It became a leading European journal on respiratory pathophysiology, and attracted an ever increasing flow of original manuscripts and review articles. The proceedings of the 'Entretiens de Physiopathologie Respiratoire' which Professor Sadoul organised so successfully at Nancy were reported. The Bulletin was the unofficial journal of the Society for many years through publication of work presented at meetings of the Society and its working groups, by printing abstracts of congresses, and by providing space for agendas and announcements. When time came, he entrusted his Society with the care of his Bulletin, to become the official journal of the Society.

When we started 21 years ago with a few working groups, these met separately at various places and times. Members who participated in more than one working group attended several meetings, at great cost well beyond the means of, in particular, young scientists. The profile of the Society as a whole and of ongoing work was not sufficiently clear to the membership at large. Hence the Society now convenes once a year with usually all, or almost all, of the 17 working groups presenting their work. The working groups are the backbone of our Society. They convene on the basis of a theme, with invited lectures, free communications and poster discussions, but some have done extra work. The Society cooperated with the World Health Organization in issuing definitions and recommendations on the terminology of respiratory disease [1]. Similarly, we issued recommendations on symbols, abbreviations and units in respiratory pathophysiology which are now widely adopted in Europe [2-5]. Subsequently, the European Community for Coal and Steel and the Society jointly issued a report on standardised lung function testing [6]. The Bronchial Hyperreactivity group issued recommendations on nonspecific bronchial hyperreactivity testing [7]. Shortly the Paediatrics working group will publish a detailed document on recommendations for standardised lung function testing in neonates, infants and children. The Society has become a world leader in respiratory pathophysiology.

The Society has evolved through many contributors, good ideas and hard work. The process of

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change is a continuous one. Congresses now comprise working group meetings with other scientific sessions organized by a committee appointed by the Executive Committee. There is more emphasis on topics relevant to clinical specialists. Mini-symposia, some sponsored by pharmaceutical firms add to the programme. Seminars aim to transfer knowledge and technical method. At the recent congress in Antwerp this concept was successfully extended by devoting a whole day to postgraduate teaching.

Is the Society at the present time healthy and viable? The answer must be in the affirmative. 1300 members of the Society and working groups contribute actively. Highquality congresses attract increasing numbers from Europe and afar, but the large attendance does not interfere with the scientific level. The Society co-sponsors many meetings [8-13] and has started a Learning Resources Centre. There is cooperation with various European Societies. Achievement of young talent is recognised. Once every two years an outstanding young scientist is awarded the honour of delivering the Cournaud lecture. Funds have been secured for research fellowships for young research workers [14]. Sponsored workshops are organised on specific topics [15].

Let us now turn to the future by first looking back. In 1979, in Basel, the Society decided to adopt changes to be more attractive for individuals engaged in clinical research. However, independently from our Society the SEP was founded, so that respiratory specialists in Europe now have divided loyalties. This does not alter the longer term aims of the Society, to create an open house for all basic and clinical specialists interested in a high standard of respiratory research and medical care, a house not divided by national boundaries and political divisions nor one in which personal ambitions override these aims. Hence the Society has sought, and will continue to seek ways and means of coming to an agreement with the newly formed group. Following the joint meeting with the SEP in Paris in 1986, representatives of the two societies evaluated the meeting and prospects for further cooperation. A common ground is gradually being found.

The Executive Committee believes that scientific division in Europe is undesirable. There is much talent and the quality of European research meets with the highest standards available. A platform is needed for Europe which attracts the best work and ideas, and offers opportunities and incentives for young scientists. United we stand, divided Europe falters, and young talent will continue to look across the oceans with longing eyes. We shall further develop the Society into one which is devoted to quality and progress, open to both basic and clinical specialists, with an open mind for the limited financial resources available in particular to young members, a society which is financially independent and capable of exploiting to the full the great potentials of Europe. In the end this Society and the SEP must come, and I sincerely believe will come, to terms. Indeed, at the

meeting in Antwerp the Executive Committee of the SEP and SEPCR agreed that there should be a common agenda for forthcoming meetings, and that the organisation of joint meetings should not be hindered by historical differences including those in the respective statutes. There is every reason to believe that the present negotiations between the SEPCR and the SEP towards a confederation, a merger or a new society will in the end be successfully concluded and put to the membership of the two societies for approval.

In another field the Society is looking to achieve further goals in the spirit of the founding fathers, and in particular those of Paul Sadoul. Europe would be well served by a top level respiratory journal with physiological, pathophysiological and clinical communications. The transformation of an existing journal is not achieved overnight, so a merger with a more clinically oriented journal was sought. An agreement to merge with the 'European Journal of Respiratory Diseases' was signed on 24 April, 1987 by the Society and by Munksgaard International Publishers Ltd. As a result, starting with this first issue, a new clinical and pathophysiological journal named 'The European Respiratory Journal' has arrived with Jean-Claude Yernault and Erik Berglund as Editors-in-Chief. There will be 10 issues a year, and the Editorial Board hopes the new incentive will encourage all workers to submit their best work to the Journal.

This overview of the activities of the Society is not complete, but I wish to return to its founders, to pay tribute to their foresight, and to their ideas and idealism. The Executive Committee hopes it is clear from this overview that it seeks to follow in their footsteps in a changing world. We have to expand and continually renew our Society. Among the founders, Professor Sadoul has been the most important: His influence on the Society has been immeasurable. He was a man of vision, of international stature, wholly dedicated to the just and lofty cause. He was a source of inspiration to many, as in spite of all his achievements he remained human, accessible and friendly, with an open and quick analytical mind. He has been awarded the highest honour available in our Society, namely that of Honorary President. In his honour the Executive Committee of the European Society for Clinical Respiratory Physiology, has created the Paul Sadoul Lecture and will invite a respected scientist in the field of clinical research to describe his work biannually, alternating with the Cournaud lecture.

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- 6. Quanjer PhH (ed.). - Standardized lung function testing. *Bull Europ Physiopath Respir*, 1983, 19, suppl. 5, 1-95.
- 7. Eiser NM, Kerrebijn KF, Quanjer PhH. - Guidelines for standardization of bronchial challenges with (nonspecific) bronchoconstricting agents. *Bull Eur Physiopath Respir*, 1983, 19, 495-514.
- 8. Fifth international symposium on 'Pulmonary circulation'. Prague, 5-7 July 1989. Local organiser: J. Widimsky.
- 9. International congress on 'Interaction between heart and lung'. Munich, 9-11 April 1987. Local organiser: S. Daum.
- 10. Second international meeting on 'Pulmonary mechanics and chest physiotherapy'. Brussels, 31 May 1986. Local organiser: A. de Coster.
- 11. International symposium on 'Surfactant replacement therapy'. Rotterdam, 11-15 November 1987. Local organiser: B. Lachmann.
- 12. International conference on 'Advances in pulmonary rehabilitation and management of chronic respiratory failure'. Veruno (It), 15-17 October 1987. Local organiser: C.F. Donner.
- 13. International symposium on 'Control of breathing during sleep and anaesthesia'. Warsaw, 10-11 September 1987. Local organiser: P. Gutkowski.
- 14. Euthérapie-SEPCR research scholarship.
- 15. SEPCR Conferences, sponsored by Boehringer Ingelheim. Moderator: D. Hughes.