hospitalisation (figure 5), and only 12% of patients were deemed suitable for direct discharge from the HEC.

The majority of referrals (49%) occurred via patient-initiated emergency 999 calls (figure 3). Despite this, our results would appear to indicate that most of these referrals to the HEC were appropriate in terms of patient symptoms (figure 2). This probably occurred as a result of the detailed guidelines provided to paramedical ambulance staff.

The opening of the HEC resulted in a major improvement in the 'door to needle' time for thrombolysis with 90.7% of patients having a 'door to needle' time of under 90 minutes and the average 'door to needle' time decreasing from 111 minutes to 38 minutes (table).

The efficient usage of HEC beds seen in our series probably reflects the extensive interaction that took place between the different disciplines during the planning stages, resulting in detailed guidelines for referral. As well as highlighting the importance of appropriate referrals, our series also demonstrates the importance of having sufficient District General Hospital beds for the onward referral of patients in order to maximise the use of beds in the HEC. In our series 254 of the 1695 patients (15%) were admitted directly from the HEC to District General Hospital beds. This problem with onward referral of patients is one of the major concerns associated with the setting up of a HEC centre linked to a pre-existing coronary care unit.

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PROFESSOR BILL WHIMSTER

1934–1997

An Appreciation

Bill Whimster who died earlier this year aged 63 has had his life and work properly commemorated by the Royal College of Pathologists (by the dedication of the 100th number of *The College Bulletin*), King's College Hospital Medical School and the Association of Clinical Pathologists (of which he was President). He joined the Fellowship in 1988 and with his medical writing skills and warm friendly personality, contributed greatly to the work of the Fellowship, the Editorial Board and the general direction of the *Postgraduate Medical Journal* through his membership of the Council.

Bill joined in the debate upon the future of the Fellowship and will be remembered for his light touch and almost mischievous sense of humour which he combined with an innocent informality; he would arrive with crash helmet and weatherproof clothes by motorcycle from deepest South London. His review of a year's journal contents and audit of the quality and relevance which he performed for the Editorial Board meeting of 1996 – which was to be his last – was an object lesson to all of us privileged to hear his carefully crafted and detailed dissection of the series and individual articles. His incisive, constructive analysis which was delivered as always with a gentle humour and a self deprecating style, was reminiscent of an artist building a portrait.

His work and teaching at King's College Hospital as Professor of Histopathology and his untiring efforts to promote communication in medicine, as well as high quality research in pathology, will not be forgotten. His work for The Fellowship of Postgraduate Medicine was, I like to think, a memorable jewel in his professorial crown and we shall miss him, professionally and personally.

Michael Nicholls
President
The Fellowship of Postgraduate Medicine