

# *Curriculum Vitae*

JS Gill, MA, MD, MRCP, FACC

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## Curriculum Vitae

### Personal details

<b>Name</b>	Jaswinder Singh Gill
<b>Sex</b>	Male
<b>Date of Birth</b>	20th January 1955
<b>Marital status</b>	Married, three sons
<b>Address</b>	"Rosewood", 62 Melbury Avenue, Norwood Green, Middlesex UB2 4HT.
<b>Nationality</b>	British,
<b>GMC Number</b>	2488675
<b>MDU Number</b>	143901C
<b>JCHMT Number</b>	8/172
<b>General Education</b>	Norman Gordino School, Kampala, Uganda  Handsworth Grammar School, Birmingham.  Nine 'O' levels, Four 'A' levels, One 'S' level
<b>Medical Education</b>	Cambridge University (Jesus College) (1973-1976) St Thomas' Hospital Medical School, London (1976-1979)
<b>Qualifications</b>	BA, 1976 (Cambridge University)  MA, 1979 (Cambridge University)  MB BChir, 1979/1980 (Cambridge University)  MRCP, 1982 (Royal College of Physicians, UK)  MD, 1991 (Cambridge University)

**Distinctions and Awards**

Guest and Smart Prize in Science, 1972  
University - Top first in anatomy, 1973  
Duckworth Travelling Scholarship, 1976  
Pathology Honours Viva, 1979

**Fellowships**

Fellow to the International Society and  
Federation of Cardiology, 1983

West Midlands Regional Health Authority  
Research Fellowship, 1983-1984.

Faculty Member, North American Society  
of Pacing and Electrophysiology (NASPE),  
1993, San Diego, USA.

Fellow of the American College of Cardiology  
1993

Faculty Member and Abstract Reviewer,  
North American Society of Pacing and  
Electrophysiology (NASPE)  
1995, Boston, USA.

**Grants Obtained**

British Heart Foundation

£42,022 1990-4

(amount increased to £57,022 by  
salary increments)

For: Role of peptide neurotransmitters in the  
regulation of the isolated myocyte

British Heart Foundation

£16,792 1989-1990

For: Effects of neuropeptides on transmembrane  
currents in enzymatically isolated myocytes

St George's Hospital Medical School Grants  
Committee

£8,150 1989-1992

For: Equipment grants

Peel Medical Trust

£1,690 1989-1990

For: Effects of neuropeptides upon  
electrophysiology of cardiac cells

West Midlands Regional Research Fellowship  
(Sheldon Fellowship)

£10,000 1983-1984.

For: Premature Cerebrovascular Disease:  
A study of risk factors, prognosis and prevention

## **Appointments**

### **Present Appointment**

Lecturer in Clinical Cardiology to  
 Prof AJ Camm, Dr Rowland and Dr McKenna  
 Senior Registrar to St George's Hospital  
 Speciality: Cardiology  
 Department of Cardiological Sciences,  
 St George's Hospital Medical School,  
 Cranmer Terrace,  
 London SW17 0RE.

### **Past Appointments**

Research Fellow and Honorary Registrar to  
 Prof SR Bloom  
 Speciality: Endocrinology (Neuropeptides)  
 Royal Postgraduate Medical School,  
 Hammersmith Hospital,  
 Ducane Road,  
 London W12 0HS.  
 June 1986 to March 1988 (20 months)

Lecturer and Senior Registrar  
 to Prof Sir Raymond Hoffenberg  
 Speciality: General Medicine  
 University of Birmingham,  
 Queen Elizabeth Hospital,  
 Edgbaston,  
 Birmingham  
 January 1985 to June 1986 (18 months)

Research Fellow and Honorary Registrar  
 to Prof DG Beevers,  
 Speciality: General Medicine, Hypertension  
 University of Birmingham,  
 Dudley Road Hospital,  
 Birmingham B18 7QH.  
 January 1983 to January 1985 (2 years)

Registrar to Dr J Sharkey, Dr TN Miller  
 and Dr PM Howells  
 Speciality: General Medicine, Cardiology,  
 Gastroenterology, Diabetes  
 Burton General Hospital,  
 Burton-on-Trent,  
 Staffs.  
 August 1981 to January 1983 (18 months)

SHO to Dr J Sharkey, Dr TN Miller and  
Dr PM Howells  
Speciality: General Medicine, Cardiology,  
Gastroenterology , Diabetes  
Burton General Hospital,  
Burton-on Trent,  
Staffs.  
August 1980 to July 1981 (12 months)

House Physician to Dr P Golding  
Speciality: General Medicine, Oncology  
Derby City Hospital,  
Derby,  
Staffs.  
February 1980 to July 1980 (6 months)

House Surgeon to Mr I Smith  
Speciality: General Surgery, Urology  
Burton General Hospital,  
Burton-on-Trent,  
Staffs.  
August 1979 to January 1980 (6 months)

## **Medical Experience**

### **House Officer**

After graduating from Cambridge University and St Thomas' Hospital Medical School, my initial aim was to obtain posts with intensive 'front line' experience to get a sound and thorough training. I therefore started my postgraduate training with a St Thomas' Hospital linked post at Burton General Hospital as a house surgeon. Burton General Hospital is a busy district general hospital with 60 acute general surgical beds. The main interests of the surgeons were gastro-intestinal surgery, peripheral vascular surgery and urology. I was on take 1 in 3 and had weekly commitments to the clinics and obtained experience in the management of most types of acute and chronic surgical problems. I was fortunate in being able to perform, as first operator, 25 appendicectomies, 8 inguinal hernia repairs and innumerable drainages of abscesses in various regions (mainly ischio-rectal) during my post. I went on to my house physicians post at Derby City Hospital. This is again a busy district general hospital with 80 acute medical beds. The main interests of the physicians were respiratory medicine, gastroenterology and oncology. I was on take 1 in 3 with my main commitments being to the ward but with once weekly cover for the general medical clinic. During my time at Derby, I was aware of the quality of experience offered by the SHO posts in medicine at Burton General Hospital and applied for one and was appointed to this.

### **Senior House Officer**

The great advantage of the post at Burton General was that the hospital had an admitting room to which all medical referrals were brought and acted as the medical casualty. These patients were seen by the SHO and then admitted or discharged according to the nature of the problem. This permitted the development of the skills of rapidly assessing and initiating treatment in acutely ill patients. The main interests of the physicians were cardiology, gastroenterology and diabetes and endocrinology. I was on take 1 in 3 rota and gained experience in the management of most acute and chronic medical admissions. There were 3 clinics per week involving the specialities of the consultants and commitment to at least one general medical clinic. This busy and varied experience helped me to get part 1 of the MRCP and this was shortly followed by part 2. Soon after I had got the MRCP, the post of registrar at Burton General Hospital became vacant and to which I was appointed.

### **Registrar**

As registrar at Burton General Hospital, my main responsibilities were to rotate through the consultant specialities, assisting in the clinics, having a 1 in 3 commitment to the take and overseeing the work of the other two pre-MRCP SHO's. During this time I was able to get more experience in the specialities and was required to perform most of the practical procedures on the patients. I had a major commitment to the 8 bed coronary care unit and was responsible for the management of the acute emergencies on the unit, including the management of arrhythmias and temporary pacing. Towards the end of my time as a registrar, I felt that my major interest was in the cardiovascular system and began to seek a post in this field. Having obtained advice from Sir Raymond Hoffenberg, the Professor of Medicine at Birmingham University, I took up the position of Research Fellow to Dr Gareth Beevers, Reader in Medicine at the University of Birmingham.

### **Research Fellow, DRH**

Dudley Road Hospital is a large teaching hospital with 1,200 beds devoted to the major specialities and a further 500 beds for psychiatry and geriatric medicine. The hypertension unit at Dudley Road Hospital, Birmingham has a national reputation for its research and at that time had made the observation that alcohol consumption acutely raised blood pressure. I initiated a project examining the hypothesis that alcohol consumption may be involved in the pathogenesis of the end organ damage of hypertension, in particular, stroke. This project performed in conjunction with the Midland Centre for Neurosurgery and Neurology was supported by the West Midlands Regional Health Authority (Sheldon Fellowships) and produced several publications (Major Publications, Nos 5, 6, 9, 10, 12, 17, 20, 21, 22, 29, 35). During that time I was also conducting drug studies and was involved in the departmental projects (Major Publications, Nos 3, 4, 8, 13, 14, 15, 16, 18, 19, 25, 32, 36, 57). At Dudley Road Hospital, there were regular clinical commitments to the general medical take (1/month) and the general medical (1/week) and hypertension (1/week) clinics. Towards the end of my 2 years, a post as a Lecturer became available at the Queen Elizabeth Hospital, the University of Birmingham teaching hospital, to which I was appointed.

### **Lecturer and Senior Registrar in General Medicine**

The Queen Elizabeth Hospital is the major teaching hospital in Birmingham, with over 800 acute beds and houses the major regional specialities. This was a temporary post which offered several advantages to me. It allowed me to complete my general medical training and accredited me in general medicine at Senior Registrar level. It also allowed follow-up of the cohort of patients with stroke which I had collected and to complete that work. During that time my major clinical responsibilities were the management of a large medical firm with specialisation in endocrinology and respiratory medicine. I was involved a 1 in 4 rota as resident medical officer and had regular commitments to the general medical, respiratory and endocrine outpatients. During this time, the biochemical aspects of endocrine disease made me more interested in the advantages of the laboratory-based approach to research and I applied for a post as a research fellow to Professor Bloom at the Royal Postgraduate Medical School, Hammersmith Hospital, to work in the area of neuropeptide transmitters.

### **Research Fellow and Honorary Registrar, RPMS**

Professor Bloom's laboratory is internationally reputed for its research on neuropeptide transmitters. During this time I learned the methods of radio-immunoassay, gel chromatography, high performance liquid chromatography and isolation and purification of peptides. I attempted to concentrate on peptides which could potentially be active in the cardiovascular system, though because of the broad nature of the research in the unit, this was not always possible. I completed several studies in this post (Major Publications, Nos 23, 24, 26, 27, 28, 30, 31) and had regular commitments to a diabetic clinic and rarely to the on take rota. Since my major interest was in the cardiovascular system and I had obtained a considerable amount of experience in general medicine, my next move was to seek a position in a speciality and I applied for the Lecturer post in the Department of Cardiological Sciences, St George's Hospital Medical School, under Professor Camm.

### **Lecturer and Senior Registrar in Clinical Cardiology**

The unit at St George's Hospital is the regional cardiothoracic centre with 75 beds and the academic department is one of the foremost centres for electrophysiology in Britain and is of international repute. I came to St Georges Hospital, with a solid training in general medicine and research with the specific aim of obtaining specialist training in regional centre cardiology and using my research abilities to further my interest in the cardio-vascular system. As Lecturer in Cardiology, my duties have involved training in general cardiology and electrophysiology, the conduct of research, raising of research grants, teaching and organisation and coordination of activities in the department.

**General Cardiology:** I have acquired a thorough training in invasive and non-invasive cardiology in the past 5 years. I regularly supervise exercise tests (over 300), fit and analyse Holter tapes and perform and review echocardiograms. I have had a commitment to 2 catheter sessions per week for 5 years and am trained to catheterise via the femoral and brachial route. I have performed over 1500 catheters as first operator, of which more than 200 have been by the brachial route and am confident of being able to conduct a catheter session independently. I have experience in 'baling out' less experienced operators who have run into problems. I have been involved in over 200 angioplasties, and 6 valvuloplasties. I am currently performing first operator angioplasty. As part of the transplant program in progress at St George's Hospital, I have performed over 300 endomyocardial cardiac biopsy procedures, and frequently I am the operator for biopsies in patients for assessment of cardiomyopathy and ventricular tachycardia associated with 'clinically normal' hearts. I am experienced in the assessment of ischaemic, valvular and cardiomyopathic heart disease and have worked for all 3 of the consultant cardiologists, Dr Charles Pumphrey, Dr David Ward and Dr David Redwood in the cardiac catheter laboratory. Commitments to the clinics have involved the general cardiology clinic for 3 years. In these years, I have had responsibility for the management of the inpatients under Professor Camm's, Dr Rowland's and Dr McKenna's care. I am on the cardiology on call rota (1 in 4) and have experience in the management of acute cardiological emergencies transferred to a regional cardiothoracic centre.

**Electrophysiology:** I taken the opportunity to become competent at diagnostic electrophysiology during my appointment at St George's Hospital, and am one of the first operators at these studies. I have performed over 200 electrophysiological studies as a first operator, which have ranged in difficulty from the diagnosis and mapping of atrioventricular re-entrant and atrioventricular nodal re-entrant tachycardia to Mahim pathways, atrial tachycardias and fascicular tachycardias. I regularly perform studies and help other operators in the interpretation of studies, particularly during the procedures. For the management of ischaemic and non-ischaemic ventricular tachycardia, I have performed over 300 programmed ventricular stimulation studies. I regularly teach diagnostic electrophysiology to the more junior members of the department. I am trained in the implantation and follow-up of pacemakers, including VVI, AAI and DDD(R) systems. I have currently performed over 300 single chamber pacemakers and over 70 dual chamber pacemakers. More recently, I have been involved in interventional electrophysiology, including ablation of accessory pathways and junctional tachycardias using both radiofrequency and low energy DC shocks and the implantation of ICD devices. I have been involved with over 100 acesyory pathway

ablations and the implantation of 20 ICD's. I have performed 4 ablations of ventricular tachycardia. I am currently involved in the performance of 2 ablations per week. I also currently manage the assessment and followup of all patients for ICD's, and am currently implantating some of the devices. I am accustomed to the management of acute and chronic rhythm problems varying from the simple to the complex which have been under Prof Camm's, Dr Ward's and Dr Rowland's care. I have been fortunate to be elected as a Faculty member of the North American Society of Pacing and Electrophysiology and a Fellow of the American College of Cardiology during this period.

**Research:** The research currently in progress is based on 3 areas concerning aspects of basic and clinical electrophysiology:

1. Use of the whole -cell clamp technique in the study of transmembrane currents in the isolated myocyte

A considerable amount of time and effort has been devoted to the setting up of the whole-cell clamp method for isolated cardiac myocytes in the Department of Cardiological Sciences, St George's Hospital Medical School. This technique has been used to examine the action of anti-arrhythmic drugs and agonists upon membrane currents. In particular, we have demonstrated the inhibition of the calcium current by propafenone, and the effect of free radicals upon the calcium current. This work has produced a short refereed paper (Short Refereed Papers, No 1) and 2 manuscripts one of which has been published and the other is currently in press (Major Publications, Nos 51 and 57). Experiments are currently being performed to study the effects of neuropeptide transmitters upon the electrophysiology of single atrial and ventricular cardiac cells. There is currently over £30,000 of apparatus in the department which is concerned with this project, and which has been accumulated by myself.

2. The regulation of intracellular free calcium levels in the isolated myocyte

Isolated cardiac myocytes are also used for studies of intracellular free calcium levels using the calcium sensitive dye Fura 2/AM and the technique of microspectro-fluorimetry. The area of interest has been the regulation of calcium overload (which may be the mechanism for both arrhythmogenesis and cell death in cardiac ischaemia) in partially depolarised myocytes. This work has resulted in a short refereed paper (Short Refereed Papers, No 2) and 1 formal published manuscript (Major Publications, No 46) and one which is currently submitted (Major Publications, No 64). I am currently submitting a grant application to the British Heart Foundation to get our own microspectrofluorimeter apparatus in the Department of Cardiological Sciences. The combination of the whole-cell clamp method and microspectrofluorimetry simultaneously in single cardiac cells will result in an extremely powerful tool with which to examine the regulation of calcium levels.

3. Studies of Idiopathic Ventricular Tachycardia

Patients with ventricular tachycardia and no evidence of underlying myocardial disease represent an important group of patients admitted to hospital for investigation of their arrhythmia. A group of patients with this form of ventricular tachycardia (numbering over 100 patients currently) has been collected and current studies are based upon examining the mechanisms of tachycardia. We have used the spectral and nonspectral analysis of heart rate variability and autonomic tests to examine the influence of the sympathetic/parasympathetic

systems in the genesis of this form of ventricular tachycardia (Major Publications, No 39, 44, 47, 48, and 55). The role of the signal averaged electrocardiogram in the detection of the arrhythmogenic substrate in these patients has been examined (Major Publications, No 61). The response of this form of tachycardia to drugs (Major Publications, No 43, 45 and 54) and ablation (Major Publication 53) is being studied. This activity has been productive and led to the publication of over 30 peer review papers in the last 5 years and over 50 abstracts (detailed in Publications).

**Raising Grants:** In order to fund my research activity, particularly those involved with cellular electrophysiology, I have had to be active in raising research grants from grant giving bodies and local funds. This has been reasonably successful and the details of the monies raised are given in Grants Obtained.

**Teaching:** In my role as a Lecturer, I have had a major commitment to teaching medical students (2 sessions per week), regular lectures and the organisation of students examinations. I have also had to teach junior members of the staff cardiac catheterisation and diagnostic electrophysiology.

**Organisation:** I have had to arrange rotas for the clinical research fellows for clinical duties, including cardiac catheterisation, clinics and electrophysiology. I have been involved in the program of research meetings held within the Department of Cardiological Sciences and the Medical School. The clinical experience at St George's Hospital has been varied and extensive, has prepared me for a senior position in cardiology.

### **General Practical Experience**

I am experienced in pleural aspiration/biopsy, central venous line insertion, cardiac pacing, liver biopsy, lumbar puncture, paracentesis and peritoneal dialysis.

### **Practical Cardiac Experience**

Catheters as first operator	1548 (238 via brachial route)
Angioplasties (first and second operator)	244
Valvuloplasties as second operator	6
Cardiac biopsies	344
Simple pacing	329
Complex pacing (dual chamber)	76
Diagnostic electrophysiological studies	
- as first operator	228
Programmed ventricular stimulation studies	
- as first operator	395
Accessory pathway ablations	
- (first and second operator)	143
AV nodal ablations as first operator	22
Ablation of ventricular tachycardias	
- as first operator	4
Implantation of ICD	28

## **Career Aims**

My aim is to obtain a Consultancy / Senior Lecturship in cardiology, with a special interest in clinical electrophysiology. My research interests would centre on basic and clinical electrophysiology. I offer a wide range of clinical and research skills. On the clinical front, I am well trained in general cardiology, and offer the subspeciality of electrophysiology. I have trained in electrophysiology at one of the best centres in the country and have performed a large number of diagnostic studies and am currently performing a considerable amount of interventional electrophysiology. On the research front I have a sound knowledge of the setup and running of controlled clinical trials and clinically orientated projects. In basic sciences, I can organise and run radioimmunoassay and work with peptides and proteins. My recent interests have been based on cellular electrophysiology, examining currents through membrane channels in voltage clamped isolated cardiac cells and the regulation of intracellular calcium levels. Few would be able to offer such expertise in electrophysiology spanning from the cell membrane of the isolated myocyte to the patient in the clinical investigative laboratory.

## **Publications**

### **MD Thesis**

Premature cerebrovascular disease: Risk factors, prognosis and prevention. University of Cambridge, 1991.

### **Major Refereed Publications**

1. **Gill JS, Beevers DG.**  
Hypertension and well-being. (Editorial).  
*Brit Med J* 1983; 287:1409-1411.  
Also translated and published as Utile trattare l'ipertensione lieve?  
*Medico & Paziente* 1984; 4:714-5.
2. **Gill JS, Al-Hussary N, Atkins TW, Taylor KG Beevers DG.**  
Possible role for insulin receptors in thiazide-induced glucose intolerance.  
*Journal of Hypertension* 1984; 2 (Suppl 3):573-6.
3. **Gill JS, Beevers DG.**  
Bucindolol: Effects on blood pressure, airways resistance and serum creatinine phosphokinase.  
*European Journal of Clinical Pharmacology* 1984; 27:265-8.
4. **Gill JS, Zezulka AV, Beevers DG, Davies P.**  
Relation between blood pressure and the fall with treatment.  
*Lancet* 1985; 1:567-9.
5. **Tsementzis SA, Gill JS, Hitchcock ER, Gill SK, Beevers DG.**  
Stroke: Diurnal variation and activity during onset.  
*Neurosurgery* 1985; 17:901-4.
6. **Tsementzis, SA, Hitchcock ER, DeCothi A, Gill JS.**  
Comparitive studies of the diagnostic value of cerebrospinal fluid spectrophotometry and computed tomographic scanning in subarachnoid haemorrhage.  
*Neurosurgery* 1985; 17:908-12.
7. **Gill JS, Beevers DG.**  
The relationship of hypertension and its treatment with stress and well-being.  
*Stress Medicine* 1986; 1:279-86.
8. **Gill JS, Zezulka AV, Beevers M, Beevers DG.**  
An audit of nifedipine in a hospital hypertension clinic.  
*Journal of Clinical and Hospital Pharmacology* 1986; 11:107-16.

9. Tsementzis SA, Chao SW, Hitchcock ER, **Gill JS**, Beevers DG.  
Oligoclonal immunoglobulin G in acute subarachnoid haemorrhage and stroke.  
*Neurology 1986; 36:395-7.*
10. Tsementzis SA, **Gill JS**, Hitchcock ER, Hartley JR, Gill SK, Beevers DG.  
Reduced platelet function in subarachnoid haemorrhage.  
*Journal of Neurosurgery 1986; 64:907-10.*
11. **Gill JS**, Zezulka AV, Horrocks PM.  
Rupture of a cerebral aneurysm associated with nifedipine treatment.  
*Postgraduate Medical Journal 1986;62:1029-30.*
12. **Gill JS**, Zezulka AV, Shipley MJ, Gill SK, Beevers DG.  
Stroke and alcohol consumption.  
*New England Journal of Medicine 1986; 315:1041-6.*
13. Zezulka AV, **Gill JS**, Beevers DG.  
The effect of bendroflumethiazide added to nifedipine in patients with hypertension.  
*Journal of Clinical Pharmacology 1987; 27:41-45.*
14. Zezulka AV, **Gill JS**, Beevers DG.  
"Neutropenia" in black West Indians.  
*Postgraduate Medical Journal 1987; 63:257-61.*
15. Zezulka AV, **Gill JS**, Dews I, Joy MD, Beevers DG.  
Comparison of enalapril and bendrofluazide for treatment of systemic hypertension.  
*American Journal of Cardiology 1987; 59:630-3.*
16. Beevers DG, Zezulka AV, Potter JF, Bannan LT, Maheswaran R, **Gill JS**.  
The clinical relevance of alcohol in the blood pressure clinic.  
*European Heart Journal 1987; 8:27-9.*
17. Shinton RG, **Gill JS**, Zezulka AV, Beevers DG.  
The frequency of epilepsy preceding stroke - case control study in 230 patients.  
*Lancet 1987; 1:11-3.*
18. **Gill JS**, Al-Hussary, Zezulka AV, Pasi J, Atkins TW, Beevers DG.  
Effect of nifedipine on glucose tolerance, serum insulin and serum fructosamine in diabetic and non-diabetic patients.  
*Clinical Therapeutics 1987; 9:304-10.*
19. Maheswaran R, Zezulka AV, **Gill JS**, Beevers DG.  
Clinical evaluation of the Spacelabs Model 5200 ambulatory blood pressure monitor.  
*Journal of Ambulatory Monitoring 1988;1:33-7.*

20. **Gill JS, Davies P, Gill SK, Beevers DG.**  
Wind-chill and the seasonal variation of cerebrovascular disease.  
*Journal of Clinical Epidemiology 1988; 41:225-30.*
21. **Gill JS, Shipley MJ, Hornby RH, Gill SK, Beevers DG.**  
A community case control study of alcohol consumption in stroke.  
*International Journal of Epidemiology 1988;17:542-7.*
22. **Shinton RG, Gill JS, Zezulka AV, Melnick RN, Beevers DG.**  
The frequency, characteristics and prognosis of epileptic seizures at the onset of stroke.  
*Journal of Neurology, Neurosurgery and Psychiatry 1988;51:273-6.*
23. **Williams G, Gill JS, Aber V, Mather HM.**  
Variability in vibration perception threshold among sites: a potential source of error in biothesiometry.  
*British Medical Journal 1988;37:763-72.*
24. **Williams G, Steel JM, Cardoso HM, Ghatei MA, Lee YC, Gill JS, Burrin JM, Polak JM, Bloom SR.**  
Increased hypothalamic neuropeptide Y in the streptozotocin diabetic rat.  
*Diabetes 1988;37:763-72.*
25. **Maheswaran R, Zezulka AV, Gill JS, Davies P, Beevers M, Beevers DG.**  
Clinical evaluation of the Copal-UA-251 and the Dinamap-1848 automatic blood pressure monitors.  
*Journal of Medical Engineering and Technology 1988;12:160-3.*
26. **Yiangou Y, Gill JS, Chrysanthou BJ, Burrin J, Bloom SR.**  
Infusion of prepro-VIP derived peptides in man - effect on secretion of prolactin.  
*Neuroendocrinology 1988;48:615-8.*
27. **Gill JS, Ghatei MA, Domin J, Bloom SR.**  
The generation of valosin-like peptides from a precursor protein in vitro as an extraction artifact.  
*Life Sciences 1989;44:483-91.*
28. **Williams G, Gill JS, Lee YC, Cardoso HM, Okpere BO, Bloom SR.**  
Increased neuropeptide Y concentrations in specific regions of the streptozocin-induced diabetic rat.  
*Diabetes 1989;38:321-7.*
29. **Gill JS, Shipley MJ, Tsementzis SA, Hornby R, Gill SK, Hitchcock ER, Beevers DG.**  
Cigarette smoking: a risk factor for haemorrhagic and non-haemorrhagic stroke.  
*Archives of Internal Medicine 1989;149:2053-7.*

30. Gill JS, Yiangou Y, Webb DJ, Meleagros L, Benjamin N, Chrysanthou BJ, Cockcroft JR, Causon RC, Camm AJ, Bloom SR.  
Peptide histidine valine: its haemodynamic actions and pharmacokinetics in man differ from those of vasoactive intestinal peptide and peptide histidine valine.  
*Clinical Science* 1990;78:487-92.
31. Gill JS, Williams G, Hetreed AH, Mather HM, Bloom SR.  
Effect of the aldose reductase inhibitor, ponalrestat, on diabetic neuropathy.  
*Diabete et Metabolisme* 1990;16:296-302.
32. Gill JS, Al-Hussary N, Atkins TW, Taylor KG, Beevers DG.  
Effect of thiazide diuretics upon glucose tolerance is due to a post-receptor defect. *Journal of Drug Development* 1990;3:5-11.
33. Gill JS, Camm AJ.  
Ventricular tachycardia and the normal heart.  
*New Trends in Arrhythmias* 1990;6:3-6.
34. Malik M, Poloniecki J, Gill J, Camm AJ.  
Problems of comparing the distributions of ventricular beats - considerations for a technical support system for antiarrhythmia therapy.  
*Pathfinder* 1991;2:2-8.
35. Gill JS, Shipley MJ, Tsementzis SA, Hornby RS, Gill SK, Hitchcock ER, Beevers DG.  
Alcohol consumption - a risk factor for haemorrhagic and non-haemorrhagic stroke.  
*American Journal of Medicine* 1991;90:489-97.  
Also translated and published as:  
アルコール摂取：出血性および  
非出血性脳卒中中の危険因子  
*Geriatrics International* 1992;3:2-4.
36. Maheswaran R, Gill JS, Davies P, Beevers DG.  
High blood pressure due to alcohol - a rapidly reversible effect.  
*Hypertension* 1991;17:787-92.
37. Paul V, Farrell, T, Gill JS, Davies DW, Camm AJ.  
Automatic recognition of ventricular arrhythmias using temporal electrogram analysis.  
*Pacing and Clinical Electrophysiology* 1991;14:1265-73.
38. Carforio ALP, Wagner R, Gill JS, Bonifacio E, Bosi E, Miles. McKenna WJ, Bottazzo GF.  
Organ-specific cardiac antibodies: New serological markers for systemic hypertension in autoimmune polyendocrinopathy.  
*Lancet* 1991;1:1111-5.

39. **Gill JS, Farrell T, Baszko A, Ward DE, Camm AJ.**  
RR variability and baro-reflex sensitivity in patients with ventricular tachycardia associated with normal heart and patients with ischaemic heart disease.  
*Pacing and Clinical Electrophysiology 1991;14:2016-21.*
40. **Menzies SA, Hartley JA, Hitchcock ER, Rorke E, Gill JS.**  
The effect of tranexamic acid on bleeding time and haemostasis.  
*Neurochirurgia (Stuttg) 1991;34:141-5.*
41. **O'Nunain S, Garratt CJ, Linker NJ, Gill J, Ward DE, Camm AJ.**  
A comparison of intravenous propafenone and flecainide in the treatment of tachycardias associated with Wolff-Parkinson-White syndrome.  
*Pacing and Clinical Electrophysiology 1991;14:1265-73.*
42. **Saumarez RC, Camm AJ, Panagos A, Gill JS, Stewart JT, de Belder MA, Simpson IA, McKenna WJ.**  
Ventricular fibrillation in hypertrophic cardiomyopathy is associated with increased fractionation of paced right ventricular electrograms.  
*Circulation 1992;86:467-74.*
43. **Gill JS, Mehta D, Ward DE, Camm AJ.**  
Efficacy of flecainide, sotalol and verapamil in the treatment of LBBB-like morphology ventricular tachycardia in patients without overt cardiac abnormality.  
*British Heart Journal 1992;68:392-7.*
44. **Gill JS, Lu F, Ward DE, Camm AJ.**  
Relationship between spectral measures of heart rate variability and ventricular ectopic activity in patients with idiopathic ventricular tachycardia.  
*Pacing and Clinical Electrophysiology 1992;15:2206-10.*
45. **Gill JS, Ward DE, Camm AJ.**  
Comparison of verapamil and diltiazem in the suppression of idiopathic ventricular tachycardia.  
*Pacing and Clinical Electrophysiology 1992;15:2122-6.*
46. **Gill JS, Moonga BS, Huang CL-H, Lu F, Zaidi M, Camm AJ.**  
Voltage-sensitive elevation of cytosolic  $[Ca^{2+}]$  elicited by calcitonin gene-related peptide.  
*Experimental Physiology 1992;77:925-8.*
47. **Gill JS, Hunter GJ, Gane J, Ward DE, Camm AJ.**  
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52. Gill JS, Hunter G, Gane J, Camm AJ.  
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53. Gill JS, de Belder M, Ward DE.  
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57. Gill JS, McKenna WJ, Camm AJ.  
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#### **Manuscripts currently being considered for publication**

61. Gill JS, Kulakowski, Malik M, Blaszyk K, Davies MJ, Ward DE, Camm AJ.  
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62. Gill JS, Stewart JT, Pumphrey CW, Redwood D, Ward DE, McKenna WJ, Camm AJ.  
Changes in atrial natriuretic peptide, lactate and IGF-1 levels during angioplasty.  
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63. Gill JS, Gill SK, Beevers DG.  
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64. Gill JS, Moonga BS, Shankar VS, Huang CL-H, Zaidi M, Camm AJ.  
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## Short Refereed Papers

1. **Gill JS, Lu F, McKenna WJ, Camm AJ.**  
Effect of propafenone on the calcium current in isolated guinea-pig ventricular myocytes.  
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## Invited Reviews

1. **Gill JS, Beevers DG.**  
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2. **Gill JS, Beevers DG.**  
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3. **Beevers DG, Gill JS.**  
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4. **Gill JS, Beevers DG.**  
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5. **Gill JS.**  
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## Case Reports

1. Gill JS, Dunn PJS, Horrocks PM.  
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2. Montgomery HE, Gill J, Pumphrey CW.  
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## Book Chapters

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2. Kulakowski P, Gill JS, Camm AJ.  
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3. Gill JS, Camm AJ.  
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*In Calcium regulating hormones and bone metabolism*  
*Eds. DV Cohn, C Gennari, J Tashjian Jr., Elsevier Press, Amsterdam, 1992 pps 170-4.*
5. Xia R, Odemuyiwa, F Murgatroyd, Gill J, Malik M, Camm AJ.  
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*Eds A Murray, R Arzbaeher, IEEE Computer Society Press, Los Alamitos, California, 1992.*

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### **Abstracts and Letters containing data (over last 3 years)**

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64. **Gill JS, Millane TA, Ward DE, Camm AJ.** Electrocardiographic waves following the T wave in patients with idiopathic ventricular tachycardia - a surface manifestation of afterdepolarisations? *Brit Heart J* 1992;68:100.
65. **Gill JS, Lu F, Ward DE, Camm AJ.** Relationship of ventricular ectopic activity to spectral measures of heart rate variability in patients with idiopathic ventricular tachycardia. *Brit Heart J* 1992;68:101.
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82. **Lu F, Gill JS, Katritsis D, Camm AJ.** Effects of free radicals on calcium currents in single guinea-pig ventricular myocytes. *Clin Sci* 1992;83:10P.
83. **Gill JS, Beevers DG, Clough C, Kritzinger E, Dodson P.** Cerebral infarction - an arterial or partially venous occlusive disease? *Clin Sci* 1992;83:.
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85. **Gill JS, Keeling PJ, Ward DE, Camm AJ.** Prognosis in patients with idiopathic ventricular tachycardia. *J Am Coll Cardiol* 1993;21:23A.
86. **Gill JS, Blaszyk K, Ward DE, Camm AJ.** Verapamil for the suppression of idiopathic ventricular tachycardia. *J Am Coll Cardiol* 1993;21:172A.
87. **Kulakowski P, Gill JS, Blaszyk K, Davies MJ, Ward DE, Camm AJ.** Signal-averaged electrocardiograms in patients with idiopathic ventricular tachycardia. *J Am Coll Cardiol* 1993;21:24A.
88. **Bashir Y, Sneddon JF, Heald SC, Gill JS, Haywood GA, Camm AJ.** Changes in ventricular excitability during pharmacological unloading of the failing heart: Contrasting effects of nitroprusside and captopril. *J Am Coll Cardiol* 1993;21:245A.
89. **Gill JS, Rowland E, de Belder M, Morgado F, Rees S, Ward DE, Underwood R, Camm AJ.** Magnetic resonance imaging detects cardiac abnormalities not visualised by echocardiography and angiography in patients with idiopathic ventricular tachycardia. *PACE* 1993;16:872.
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91. **Gill JS, Keeling PJ, Ward DE, Camm AJ.** Long-term prognosis in patients with idiopathic ventricular tachycardia. *Brit Heart J* 1993;69:27.
92. **Gill JS, Rowland E, de Belder M, Morgado F, Rees S, Ward DE, Underwood R, Camm AJ.** Magnetic resonance imaging detects cardiac abnormalities not visualised by echocardiography and angiography in patients with idiopathic ventricular tachycardia. *Brit Heart J* 1993;69:26.

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94. **Gill JS**, Blaszyk K, Ward DE, Camm AJ. Verapamil for the suppression of idiopathic ventricular tachycardia. *Brit Heart J* 1993;69:65.
95. **Gill JS**, Blaszyk K, Ward DE, Camm AJ. Initiating sequences in exercise-induced idiopathic ventricular tachycardia. *Brit Heart J* 1993;69:65.
96. **Gill JS**, Stewart JT, Pumphrey CW, Redwood D, Holt DW, Camm AJ. Changes in insulin-like growth factor-1 levels during angioplasty. *Brit Heart J* 1993;69:48.
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98. Saggarr-Malik AK, Missouriis CG, **Gill J**, Markandu ND, Singer DRJ, Leech G, Johnston D, MacGregor GA. Unexplained left ventricular hypertrophy in normotensive patients with autosomal dominant polycystic kidney disease. *Brit Heart J* 1993;69:32.
99. **Gill JS**, Blaszyk K, Ward DE, Camm AJ. Efficacy of verapamil in the suppression of idiopathic ventricular tachycardia of left bundle branch block-like morphology. *Eur Heart J* 1993;14:152.
100. **Gill JS**, Lu F, McKenna WJ, Camm AJ. Free radicals do not increase calcium entry via sarcolemmal voltage gated calcium channels. *Eur Heart J* 1993;14:36.
101. **Gill JS**, Rowland E, de Belder M, Morgado F, Rees S, Ward DE, Underwood R, Camm AJ. Cardiac abnormalities not visualised by echocardiography and angiography are detected by magnetic resonance imaging in patients with idiopathic ventricular tachycardia. *Eur Heart J* 1993;14:7.
102. **Gill JS**, Anttonen O, Ward DE, Camm AJ. Increased QT dispersion in patients with idiopathic ventricular tachycardia associated with syncope. *Eur Heart J* 1993;14:254
103. Kulakowski P, **Gill J**, Blaszyk K, Malik M, Davies MJ, Ward DE, Camm AJ. The value of signal-averaged ECG for prediction of results of endomyocardial biopsy in patients with ventricular tachycardia and no obvious cardiac abnormality. *Eur Heart J* 1993;14:448.
104. Bashir Y, Sneddon JF, Heald SC, **Gill JS**, Haywood GA, Camm AJ. Changes in ventricular excitability during pharmacological unloading of the failing heart: contrasting effects of sodium nitroprusside and captopril. *Eur Heart J* 1993;14:479.

105. Fei L, Keeling PJ, **Gill JS**, Statters D, McKenna WJ, Camm AJ. Heart rate variability in relation to ventricular arrhythmias in congestive heart failure. *J Am Coll Cardiol* 1994;392A..
106. **Gill JS**, Poloniecki J, Ward DE, Rowland R, Camm AJ. Survival and cardiac status in patients presenting with idiopathic ventricular tachycardia on long term follow-up. *PACE* 1994;17:766.
107. **Gill JS**, Anttonen O, Ward DE, Camm AJ. Increased QT dispersion relates to syncope in patients with idiopathic ventricular tachycardia. *PACE* 1994;17:856.
108. **Gill JS**, Poloniecki J, Ward DE, Rowland R, Camm AJ. Survival and cardiac status in patients presenting with idiopathic ventricular tachycardia on long term follow-up. *Brit Heart J* 1994;71:75.
109. **Gill JS**, Anttonen O, Ward DE, Camm AJ. Increased QT dispersion relates to syncope in patients with idiopathic ventricular tachycardia. *Brit Heart J* 1994;71:30.
110. **Gill JS**, Blaszyk K, Kishore R, Ward DE, Camm AJ. Initiation of exercise-induced arrhythmia in patients with idiopathic ventricular tachycardia. *Brit Heart J* 1994;71:31.
111. **Gill JS**, Blaszyk K, Kishore R, Ward DE, Camm AJ. Initiation of exercise-induced arrhythmia in patients with idiopathic ventricular tachycardia. *Eur Heart J* 1994;15:184.
112. **Gill JS**, Poloniecki J, Ward DE, Rowland E, Camm AJ. Survival and cardiac status in patients presenting with idiopathic ventricular tachycardia. *Eur Heart J* 1994;15:543.
113. **Gill JS**, Davies MJ, Wared DE, Rowland E, Camm AJ. The anatomic basis of late potentials in patients with 'idiopathic' right ventricular tachycardia. *Am J Cardiol* (in press).

## **Presentations to Learned Societies**

- 1 International Society for Hypertension, Interlaken, 1984.
- 2 Medical Research Society, Oxford, 1984.
- 3 Society for Endocrinology, Leeds, 1984.
- 4 British Hypertension Society, Oxford, 1984.
- 5 Medical Research Society, London, 1984.
- 6 Association of Physicians, Birmingham, 1985.
- 7 Medical Research Society, Newcastle, 1985.
- 8 British Diabetic Association, Belfast, 1985.
- 9 Medical Research Society, London, 1985.
- 10 European Congress of Endocrinology, 1987.
- 11 Medical Research Society, Guilford, 1987.
- 12 British Diabetic Association, Cardiff, 1987.
- 13 British Society for Gastroenterology, Leeds, 1987.
- 14 Bayliss and Starling Society, Belfast, 1987.
- 15 Medical Research Society, London, 1987.
- 16 Medical Research Society, Leicester, 1988.
- 17 Medical Research Society, Kings College Hospital,  
London 1988.
- 18 11th European Cardiology Congress, Nice, 1989.
- 19 American Heart Association, New Orleans, 1989.
- 20 North American Society for Pacing and  
Electrophysiology, San Diego, 1990.
- 21 American College of Cardiology, Atlanta, 1991.
- 22 British Cardiac Society, Glasgow, 1991.

23. World Symposium on Pacing and Electrophysiology, Washington, 1991.
24. European Society of Cardiology, Amsterdam, 1991.
25. The Physiological Society, Imperial College, London 1991.
26. Medical Research Society, St George's Hospital Medical School, 1991.
27. American College of Cardiology, Dallas, 1992.
28. North American Society for Pacing and Electrophysiology, Chicago, 1992.
29. British Cardiac Society, Harrogate, 1992.
30. Cardiostim, Nice, 1992.
31. European Society of Cardiology, Barcelona, 1992.
32. Medical Research Society, Royal College of Physicians, London, 1992.
33. American College of Cardiology, Anaheim 1993.
34. North American Society for Pacing and Electrophysiology, San Diego 1993.
35. British Cardiac Society, Wembly 1993.
36. European Society of Cardiology, Nice 1993.
37. North American Society of Pacing and Electrophysiology, Nashville, USA 1994.
38. British Cardiac Society, Torquay 1994.
39. European Society of Cardiology, Berlin 1994.
40. American College of Cardiology, New Orleans 1995.

## **Membership of Learned Societies**

1. British Cardiac Society.
2. Medical Research Society.
3. The Hypertension Society.

## **Referee to Learned Journals**

I have refereed papers to the following journals:

British Medical Journal, Hypertension, Journal of Human Hypertension, Annals of Internal Medicine, Biochem Biophys Acta, Journal of Pharmacy and Pharmacology, British Heart Journal, European Heart Journal, American Journal of Cardiology, Circulation, Epidemiology

## **Teaching Experience**

Bedside teaching, tutorials and lectures to Birmingham, Nottingham and Leicester medical students on attachment or elective to Burton and Derby Hospitals. Teaching of University of Birmingham medical students at Dudley Road Hospital and Queen Elizabeth Hospital. Teaching of undergraduate students and MRCP candidates at St George's Hospital Medical School. Recognised teacher of the University of London. Postgraduate teaching to junior doctors and nurses. I have been teaching the new members of the department to catheterise and perform electrophysiological studies.

## **Additional Experience**

Elective: All India Institute of Medical Sciences, Delhi, 1976 - experience in general medicine in the Third World.

## **Other Activities and Interests**

School House Captain and Senior Prefect  
 Jesus College Medical Society Secretary  
 London Medical Group, Executive Member.

Burton General Hospital - Mess secretary, member of Christmas Show Committee,

Junior Doctors' representative on the Consultants Committee

Music - Violinist in the Jesus College and St Thomas' Hospital orchestras Grade 7 violin and piano.

Sport - Squash, Badminton, Hockey, Chess (various teams)

Others - Sikh religious literature, Advanced Motorist

## **Referees**

Professor AJ Camm, QHP, MD, FRCP, FACC, FESC,  
Professor of Clinical Cardiology,  
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Dr DE Ward, MD, FRCP,  
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## **Additional Supporting Referees**

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President,  
Wolfson College,  
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London SW17 0QT.

Professor SR Bloom, MD, DSc, FRCP,  
Royal Postgraduate Medical School,  
Hammersmith Hospital,  
Ducane Road,  
London W12 0HS.

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University of Birmingham,  
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Dudley Road,  
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