

From the editors

News and comments

Robert H. Anderson, G. William Henry and Giancarlo Crupi

HAPPY NEW YEAR! IT BECOMES INCREASINGLY EVIDENT that it is a truism that years go past quicker as we become older. Ironically, as time goes by faster, we must devote more of our attention to the future. For readers of *Cardiology in the Young*, as we enter our fifth year of publication, the future is indeed bright. As of this issue you join readers on six continents and scores of countries. As editors, we are most grateful for your continued support. You will notice changes that we are incorporating into this volume, beginning with a complete redesign of our cover and minor changes in the size of the journal. Further substantive editorial changes will be incorporated throughout the year, and we will keep you fully informed as we go. Exciting changes will occur as we augment participation from colleagues in Japan, China and throughout Asia. Please share with us your ideas, as we are amenable to any change or addition that will further improve the quality of *Cardiology in the Young*.

We have a considerable amount of excellent material in the pipeline for publication. In this respect, we are also pleased to have worked through a backlog of manuscripts recently. We owe a debt of gratitude to those authors whose work has been delayed for their patience and support. Readers are well aware that our avowed intent is to keep delays to a minimum. We can assure readers that we are doing all in our power to match our promises. The table of contents for this issue, as has now become customary, reflects our truly international flavor. Our snapshot on international health care focuses in this issue on The Netherlands, with a thoughtful review by John Hess. This segment continues to be coordinated by Tim Garson, and we know he is interested to hear from any reader who wishes to contribute manuscripts on issues of health policy. The original articles in this issue show a heavy bias towards centers in Japan. One of us (RHA) has just returned from an outstanding international symposium organized in Osaka by Yasunaru Kawashima and his colleagues at the National Cardiovascular Center. The faculty was largely

made up from the membership of our editorial board. The meeting was attended by over 400 physicians and surgeons. The material presented was truly first class, and none of higher quality than presented either by the "home team," or else by their colleagues from other centers in Tokyo, Kobe and Fukuoka. In subsequent travels in Japan, the impressions gained of the superlative standards achieved were amply confirmed. All this points to the need for those wishing to become acquainted with recent advances in our field to look towards the Rising Sun.

They will have ample opportunity to achieve this since, in October of this year, Hiromi Kurosawa will organize *The Tokyo Symposium on Pediatric Cardiology and Pediatric Cardiac Surgery*. This meeting is designed to amplify the good features approved by all of us at the Osaka meeting. Thus, the centers of excellence from Japan will provide the core of the meeting, supplemented again by the editorial team and board members of *Cardiology in the Young*. Extensive use will be made of video demonstrations, trying to build on the excellent rapport between morphologist and surgeon which proved a success in Osaka. We are confident that the Tokyo Symposium will communicate the very latest developments in the diagnosis and treatment of congenital cardiac malformations. The Tokyo Symposium will be supplemented by a satellite meeting in Manila which will concentrate much more on teaching. Most of the faculty from Tokyo will move to Manila where, coordinated and organized by Edgardo Ortiz and his colleagues, they will discuss established facts concerning cardiology in the young. All of these activities, as advertised in this and subsequent issues, will take place from October 30th through November 5th. An integral part of the Manila meeting will be sessions made up of free communications. We hope therefore that all of you with something to say will submit your abstracts and join us in Manila so as to make our postgraduate teaching symposium a huge success. And do not forget, if you miss this opportunity to visit Japan, the next *World Congress of Pediatric Cardiology and Pediatric Cardiac Surgery* will be held in Kobe, from 11-15 May 1997.

Accepted for publication 31 December 1994

Now that the new Kansai airport is open, reaching Kobe is very straightforward. The Kobe Congress promises to be an exciting event.

Finally, one of the topics highlighted in the current issue is of particular importance both to the clinician and the morphologist. Critical aortic stenosis, or aortic stenosis presenting in the neonatal period, is discussed from the stance of follow-up (page 9) and balloon valvoplasty (page 31). The criteria for selection proposed by the group from Bologna point to the increasing trend to treat the lesion by interventional catheterization as opposed to conventional surgery. A similar study by Giusti and her colleagues in Massa will appear in the next issue. The proof of the pudding is always in the eating, and the results of most recent studies using balloon dilation appear to be excellent. Having studied

these diseased valves in detail morphologically, however, one is left with wonderment as to how the balloon “corrects” the gross anatomic deformities. Are the cases successfully dilated identical to those submitted for surgical repair? And are all these cases representative of the material seen by the pathologist? It is doubtful if any one center will ever gain enough experience to answer completely these questions—hence the need for collaborative studies, and ideally for randomized protocols.

*National Heart & Lung Institute
London, United Kingdom*

*The University of North Carolina
Chapel Hill, United States of America*

*Ospedali Riuniti
Bergamo, Italy*