

From the Editor

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THERE IS A DISTINCTLY HISTORICAL FLAVOUR TO this edition of *Cardiology in the Young*. We tend to think of our speciality as a young discipline, but as the review by Evans and colleagues¹ amply demonstrates, the study of the congenitally malformed heart is not new. I am particularly pleased to see the prominence given in their review to John Farre, like me a member of the staff of Guy's Hospital, to Thomas Peacock a physician at St Thomas' Hospital in London, and to George Carpenter, a physician in the early days of the Evelina Children's Hospital, now part of St Thomas', and where I now work. Looking back to their descriptions of congenital cardiac malformations, and those of the other distinguished pioneers they cite, makes it clear that many of the controversies and insights we believe are uniquely of our time are, in fact, of a much greater vintage.

We are also publishing an historical vignette, also by Bill Evans,² about Clifford Leech. Leech was one of the early leaders of our specialty in the 20th century, building the foundations of the department that would later be the fertile ground in which Alfred Blalock and Helen Taussig would in turn build their own innovations, providing the basis of much of our practice today. As with history generally, the history of our subject is often portrayed as one created by a few heroes. In truth, history and human development is much more complex than that, and depend on contributions of many individuals rather than just the famous few. It is good that we are able to recognise this wider contribution by paying tribute to some of the less well-known leaders of our specialty.

But we cannot just look back. We must also look forward, and in this respect you will also find a miscellany of articles on the aetiology, medical and surgical treatment, and the long-term outcome of congenital cardiac disease. The article by Vaideeswar and colleagues³ continues our commitment to morphological description supported by excellent illustrations, in this case of an unusual abnormality. Their experience of so-called "supravalvar" mitral stenosis must be unique in its scope. It seems that, as in the 19th century, despite our advances, the analysis of the morphology of congenital malformations of the heart is not yet complete. Bob Anderson, whilst appreciating their interpretation, suggests that more illustrations could provide still further clarification of their important findings.⁴ We will give the authors an opportunity to respond to his editorial comment in future issues.

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References

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