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From the editor

News and comments

As you read this issue of the Journal, the '2nd World Congress of Pediatric Cardiology and Cardiac Surgery' will have been completed. As we write this note, however, we are preparing to leave for Hawaii, where *Cardiology in the Young* will be well represented at the meeting. Yasuharu Imai and his team deserve our warmest congratulations for preparing what will, without doubt, have turned out to be an outstanding meeting. The programme is truly formidable, and our Japanese colleagues warrant even further respect and congratulations for having re-set their goals and ambitions following the disastrous earthquake which devastated Kobe, the site chosen initially for the meeting. While our condolences must continue for those working and living in Kobe, which continues to rehabilitate itself after the catastrophe, we must also admit that every cloud has a silver lining, and Hawaii certainly has advantages! The World Congress will give the advisory editorial board of the Journal the opportunity to meet with the new editorial and publishing team, and give everyone the chance to offer advice on how to improve the Journal. The contents of the current issue, nonetheless, attest to the strength of our continuing growth, with a bumper content of original articles, led by an outstanding review of the problems in diagnosing splenic status submitted by Colin Phoon (pp. 347). As is well known, this is a topic of considerable interest to the Executive Editor, and Colin has done a splendid job in distilling the various evidence concerning complex congenital cardiac malformations and splenic function. This particular article was submitted directly to the Journal, and it is our pleasure and privilege to publish. We encourage all of you to submit similar reviews for inclusion in our ongoing series concerned with Continuing Medical Education.

Also in this issue, we carry an equally innovative report concerned with implantation of the Amplatzer device for catheter closure of atrial defects within the oval fossa (pp. 277). The team from Oslo described their experimental studies in the April issue. Interventional closure of interatrial communications has had a chequered history, and debate on the optimal device will certainly continue. It does seem, nonetheless, that from technical and morphological stances, the Amplatzer nitinol double disc has much to commend it. We also direct your attention to another important study from Norway (pp. 248). For some time now, the Norwegian government has made it possible for all babies born with hypoplastic left heart syndrome to be treated surgically by Bill Norwood and his colleagues, initially in Philadelphia and now at Genolier. With commendable efficiency, the Norwegian physicians have reviewed the results in this overall cohort of patients, not only from the stance of the heart but also in terms of other crucial factors such as cognitive development and impact on the family environment. The resulting paper makes compelling reading, and we are pleased to publish it together with commentaries from a surgeon and two paediatric cardiologists from the United Kingdom with especial interests in the syndrome (pp. 242, 245).

Finally, we publish in this issue two important papers highlighting the huge advances made in cardiac surgery throughout the world. Two teams, one from Israel (pp. 254) and the other from India (pp. 258), show how supposedly complex lesions like tetralogy can now be treated worldwide with mortality rates close to zero. Increasingly we must focus our attention to ensure that the long-term outcome is as encouraging and optimal as the initial surgical results.

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