

From the Editor and Publisher

IF ALL PROCEEDS ACCORDING TO PLAN, THIS WILL be the first issue of the Journal which you receive two months after having read the last one! Despite our best efforts, we continue to be frustrated in our attempts to have the Journal on your desk on the first day of the appointed month, but we hope we are getting better. The Christmas shut-down at our printers conspired to prevent the January issue reaching you on time. We have no excuse this time! It is interesting that more and more Journals are increasing their issues in each volume. Within the cardiological field, *Circulation* led the way with two issues each month, and the *European Heart Journal* has now followed this lead. *Cardiovascular Research*, also appearing under the auspices of the European Society of Cardiology, is assessing the need for it to appear twice rather than once each month. We are clearly well behind, having only just achieved our aspirations to publish every other month. The ideal schedule for our needs would be to appear monthly, since that would enable us certainly to publish the manuscripts received in timely fashion. We might then court the danger of not receiving sufficient works to fill a monthly issue with material of suitable quality. Obviously we will be looking very carefully at the effect that publication every other month has on our lag time between acceptance of a manuscript and its appearance in print, and equally assessing the input of articles. We would be interested to hear from all of you concerning your opinions on the optimal schedule, as well as receiving your original studies.

Perhaps the most significant item to appear in this issue is the Newsletter from the European Association. Otto Dániels has reviewed the various issues concerning the assessment of quality within the profession. As he rightly says, this item is not going to go away. As Otto also points out, the acceptance of the need to assess the delivery of health care will place even more tasks upon the overworked paediatric cardiologists and surgeons. Part and parcel of this assessment should be to establish the workloads involved. This is a debate which deserves the attention of all, and is clearly not confined to the European scene.

There must be up to one hundred or more meetings each year which offer the opportunity to

debate these issues concerning Cardiology in the Young. Some of them are huge, such as the blockbuster gatherings organised by the American Heart Association, the American College of Cardiology, and now the European Society of Cardiology. In these meetings, of course, items concerning Paediatric Cardiology are but a small part of the overall programme. The meeting organised by the European Association for Paediatric Cardiology is, in the view of the Executive Editor, the ideal size for a meaningful forum. As Otto Dániels describes, the strength of the European Association is that it also permits committees to be assembled to provide ancillary but necessary items such as a coding system. But the European Association, self-evidently, addresses issues concerned primarily with Europe. Some national societies in themselves, however, can now organise meetings which attract large numbers of delegates, and which can obviously assess national needs. The Brazilian Society of Paediatric Cardiology, for example, is due to meet in Belo Horizonte at the end of next year, and will host two to three hundred attendees, with several distinguished guests invited from outside Brasil. Other countries are so small that their own National society meets as part of the Cardiological community. The Executive editor has just returned from such a meeting, where he was the guest of the Chilean Society of Cardiology and Cardiac Surgery. The hospitality provided at this meeting was truly spectacular, yet the number of those attending sessions devoted to paediatric aspects was relatively small – no more than thirty or forty at most. The sessions, nonetheless, did not lack for enthusiasm and excellent discussion. Nor was there any shortage of experts, since in addition to the Editor both Norman Silverman, from San Francisco, and Pedro del Nido, from Boston, were in attendance. This concentration of experts in congenital heart disease undoubtedly reflected the fact that the President for the overall meeting, Raul Zilleruelo, is himself a paediatric cardiologist. In this setting, the experts learnt just as much as their hosts. The executive editor, for example, was surprised to learn that catheterisation of children was first introduced to Chile by a cardiac surgeon! He was also surprised, although he probably should not have been, at the great

strides reported in the overall success for paediatric cardiac surgery, with the latest figures achieved in Santiago for treatment of tetralogy of Fallot and complete transposition being more than acceptable in any setting. Our point in stressing these activities is to emphasise that there must be many such happenings throughout the World which are of interest to the readership of the Journal. We cannot disseminate all the activities, but we would be delighted to be asked! We could then select the best. Already we publish abstracts from some

National meetings, such as the British Paediatric Cardiac Association. We are hoping to encourage our Chilean friends and colleagues to report their own experiences. We know comparable experiences exist in the Far East and elsewhere. If we are to achieve the assurance of quality discussed by Otto Dániels, then we need truly International comparisons. It is our ambition to provide the forum for such much-needed debates.

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