SESSION IV

Chairman: PROFESSOR JOHN GOODWIN

Introduction

WE will make a start with apologies from me, because owing to a conflict of responsibilities, I am afraid I cannot stay until the end. So I would like at this point just to make one or two comments on what has gone before. I think it has been an extraordinarily useful day, mainly because it has exposed the enormous areas of ignorance that we still have in this particular field. I would like particularly to congratulate Celia Oakley and Eckhardt Olsen for organizing the meeting in this way. It is the first attempt to study cardiac biopsy and to look at the problem of cardiomyopathy in a co-ordinated and not isolated way by merely gathering a great deal of data which, unless linked with something practical, are of very little value. We are in the position that Braunwald quoted a little time ago at a similar meeting—like a number of blind men trying to diagnose an elephant. We all go around looking at it, and we all pull its trunk and its tail and some say 'Ah! this thing is obviously absolutely uniform; it has two similar organs at each end and they are the same', and others say 'Nonsense, it is clearly a thing which has a front and a back'. Until we get some sort of overall view, we will go on in this state. This is the situation that cardiomyopathy is in at the moment, but the biopsy and the modifications of technique that will follow will give us a much better idea in the future. The biopsy technique is comparable in a way to the development of the sphygmomanometer or

the ophthalmoscope. We are at a stage of evolution, just beginning to get some idea of what may be going on, and we want to look at as many things as we can. I take Dr Rona's point very well, that there may be considerable abnormalities without any obvious visual disturbance, and we certainly ought to look at virology, immunology, enzymology and the factors that produce a functional disturbance, and not merely the 'tombstone' that George Burch has described. There is no question but that endomyocardial biopsy ought to continue. It is absolutely vital to the further study of this group of diseases, but it must be applied with discretion. There are obvious ethical problems involved; for instance, at the present time we cannot say to a patient, with absolute certainty, that this investigation is going to help us to treat his particular disease. Therefore, I think endomyocardial biopsy ought to be done as part of a co-ordinated research programme into cardiomyopathies, combined with other methods of investigation, and as part of a full diagnostic regime. If you look at it in this way and not as an occasional recourse, we have got a tremendously exciting time ahead.

The next paper is going to be very exciting too, and that is cardiomyopathy associated with methylsalicylate (which I must say is a new one on me!) by Hillary Ojiambo.