Opening remarks

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WHEN we originally set up the multicentre research project on endomyocardial disease, late in 1978, we held a small workshop, attended by only three of the six participating centres, designed to discuss how best to tackle this problem. We decided not to publish the proceedings of that meeting. This was regretted by many and so, on this occasion, I suggested we rectify our initial omission and publish the proceedings of this workshop, attended by representatives of all but one of the participating centres.

It was particularly relevant to hold this meeting at this time because the International Society and Federation of Cardiology, in collaboration with the World Health Organization, declared 1982 the Year of Tropical Cardiology. Endomyocardial disease, which includes endomyocardial fibrosis, is especially prominent in several areas of the tropics but we now know, of course, that it is not confined to those regions. Cardiomyopathy, defined as heart muscle disease of unknown causes, includes endomyocardial

disease constituting the restrictive type on which we are concentrating on this occasion. As with all forms of cardiomyopathies, our aims are directed to define the pathogenetic mechanisms and aetiological agents, so that not only can early diagnosis of the disease be achieved, but also effective therapy can be initiated.

Many exciting developments have taken place since our meeting in 1978 and these will now be highlighted, both by formal presentations and by extensive, searching discussion. The many changes that have taken place in the intervening period include the recognition of early lesions by means of many special investigatory procedures, including endomyocardial biopsy and the changes in the eosinophil, in the study of which much has been accomplished, in man and the experimental animal. Rational therapy including surgery will also be discussed. The following pages are the proceedings of this workshop which is an up-to-date account of what is known on this fascinating and puzzling topic.