

## Letters

### To the Editor

I am sure that your readers will agree that a sound knowledge of the anatomy of the heart, and of the structural changes involved in various pathological conditions, is a prerequisite for the successful interpretation of the modern methods of cardiac imaging. This is especially so when using the three-dimensional techniques which are now in an advanced state of development.

Mounted museum specimens have been a traditional form of medical teaching for over two centuries, and I believe that they now have an enhanced role to play in the field of cardiology. Ironically, the older specimens are often of greater teaching value than more recent ones. This is particularly the case with congenital cardiac malformations, as pathologists now seldom see a heart, with significant anomalies, which has not been subjected to surgical intervention. Furthermore, the clinical progression of these cases generally is no longer a "natural history."

Individual museums have a limited range of material. I have recently completed a survey of over 2000 cardiac specimens in the museums of 17 medical schools and teaching institutions in the London area. The resultant catalogue contains a vast array of cardiac disease conditions, from the mundane to the rare, and includes many examples of historic or exotic interest.

I feel that there is a great need for similar ventures to be undertaken elsewhere. The material is there just waiting to be used. The cost is low. The value is beyond price. How about your area?

The catalogue *Cardiac Museum Specimens in London* is published by

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from whom it can be obtained in printed format or as a 3.5 inch floppy disk (IBM Compatible Word Perfect 5.1), either at a cost of £10.

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### To the Editor

In the April 1995 issue of *Cardiology in the Young*, Birk et al<sup>1</sup> reported on a neonate who presented with aortic atresia, a hypoplastic left ventricle and aorto-left ventricular tunnel and stated that this complex had not been described before.

In 1982, we reported three cases of "Aortico-left ventricular tunnel"<sup>2</sup> including a newborn, who died one hour after birth owing to respiratory failure. Autopsy revealed almost identical findings as reported in Birk's case. In our study the aortic orifice of the tunnel was typically situated above the right sinus of Valsalva from which the right coronary artery arose. Apart from the findings described by Birk et al, endocardial and severe coarctation of the aorta were found.

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### References

1. Birk E, Silverman NH, Vidne BA. Aorto-left ventricular tunnel in association with hypoplastic left heart syndrome—recognition by transesophageal and transthoracic echocardiography. *Cardiol Young* 1995; 5:190-193.
2. Lang D, Hofstetter R, Kupferschmid C, Quintenz R, Messmer BJ, Von Bernuth G. Aortico-linksventrikulärer Tunnel—Bericht über drei Fälle und Literaturübersicht. *Z Kardiol* 1982; 71: 695-704.

### Reply

Thank you for bringing these cases to our attention. They are interesting, and highlight work published previously.

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