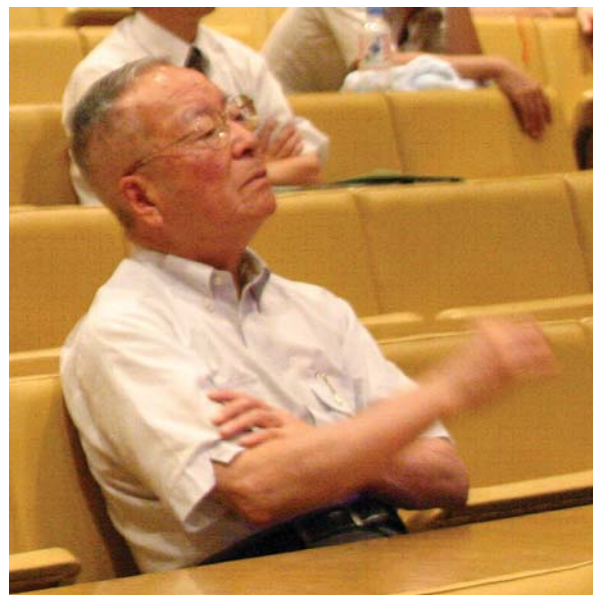


Obituary

Atsuyoshi Takao 1925–2006 – The father of Paediatric Cardiology in Japan

ON AUGUST 8, 2006, WE LOST OUR GREAT mentor, Atsuyoshi Takao, rightly known as “the father of paediatric cardiology in Japan”. He was a mentor for so many fellows like myself who had studied the discipline at his feet. As fellows, we learned many things from him, including how to create promising perspectives for the future, with the potential to improve and extend the quality of life, not only for patients, but also for a large number of people in the world, including ourselves.

He was born on February 22, 1925. After graduating from Nagasaki University School of Medicine, he trained for seven years in Japan and six years in the United States of America, working and learning at New York University, the Department of Paediatrics at Baylor College of Medicine, and the Department of Paediatric Cardiology at Texas Children’s Hospital. When he returned to Japan in 1958, he initiated and developed paediatric cardiology in Japan, working at the Heart Institute of Japan, based at Tokyo Women’s Medical College. He also started, in 1978, the first international symposium held in Japan on the Aetiology and Morphogenesis of Congenital Heart Disease. The symposiums that followed, which he also organized, became known worldwide as “The Takao Meetings”. Since 1978, the Takao Meeting has been held every five years over a period of 25 years. He is also well known for discovering and naming the so-called “conotruncal anomaly face syndrome”. Subsequent to his initial findings, he continued studying the aetiology and morphogenesis of this syndrome for more than 30 years. In 2003, haploinsufficiency of *TBX1* was identified as being responsible for a substantial subset of syndromes involving deletion of 22q11.2, including the conotruncal anomaly face syndrome.



He often regaled us with many personal anecdotes. One of his sayings, which I always remember, is that “there are three important things which you should keep in mind. Firstly, you should preserve your own originality. Secondly, if another person discovers something new, you should accept this new discovery with modesty, and the third, which is the most important and the most difficult thing to carry out, is not to thwart the aspirations of others.”

Recently, he told us “We really need to establish a novel molecular genetic medical care system. The aim of this system would be to clarify the molecular genetic pathogenesis of congenital and hereditary disease, as well as diseases caused by interaction with environmental factors, in line with the stages of gamete, zygote, embryo, childhood, adult and the aged, using a molecular cytogenetic procedure based on molecular genetic information.” We now call this system “integrated medical sciences”. He also said “Progress in medicine based on this system would accelerate advances in psycho-cardiology, psycho-immunology, social ecological welfare medicine, and

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studies on environmental risk factors. It would allow investigation of the prevention of crises based on molecular genetic diagnosis in the early phase, the therapeutic phase, and the presymptomatic stage. Progress in preventive and welfare medicine should lead to a significant system of medical care in the 21st century”.

We are now endeavoring to develop his ideas and philosophy. Last year, our aim became reality, and the International Research and Educational Institute for Integrated Medical Sciences was created at Tokyo Women's Medical University, under the sponsorship of the Ministry of Education, Culture, Sports, Science and Technology of Japan, to foster an integrative philosophy of medical sciences. The research arm of the Institute is focused in particular on the identification of genetic traits that either cause or predispose an individual to disease. In keeping with the aspirations of Dr Takao, the Institute will take advantage of its location in a technologically highly advanced society in the Far East to undertake a scientific comparison

of the effectiveness of therapeutic modalities of traditional, alternative, and modern medicine.

On July 31, the day before he suffered a heart attack, Dr Takao and I had a long telephone conversation about the Second Open Symposium organized by the Institute, entitled “Challenge for Integrated Medical Sciences”, which was held from December 3 through 5, 2006. He suggested several areas for progress, such as the need for several research projects, the updating of developmental cardiology textbooks, and the need to continue holding international meetings, such as the ones he instituted, known by all as “The Takao Meetings”. I promised him that my colleagues and I would do our utmost to fulfill his wishes.

Dr Takao, we all appreciate your great work for the world!!

We miss you deeply, but you will live forever in our hearts and minds.

Please sleep and rest now.