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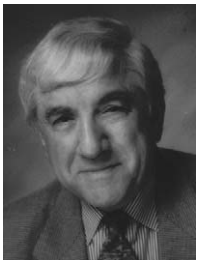
Preface

Advanced 12-Lead Electrocardiography



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Guest Editor

The electrocardiogram (ECG) is the oldest and the most commonly used cardiology procedure. The year 2002 marked the centennial of Willem Einthoven's first recording of the ECG in a clinically applicable fashion with a string galvanometer of his design. The ECG is noninvasive, simple to record, and its cost is minimal. Possibly no other medical invention has had greater impact or is so universally used all over the world. Despite competition from many new procedures, it has remained in continuous use for 104 years. Electrocardiography obviously has strengths and weaknesses, but it remains a well-established, indispensable diagnostic tool. The clinical applicability and importance of the 12-lead ECG continue to grow in patients with all kinds of heart disease, as outlined in this issue of *Cardiology Clinics*. In this context it is important to know what the ECG can do better than other diagnostic methods.

Many relatively recent advances in electrocardiography have increased its complexity, creating a shortage of properly trained electrocardiographers. Charles Fisch, a renowned electrocardiographer, has repeatedly emphasized this problem, and has reminded us that this issue dates back to the early days of electrocardiography as indicated by Carl Wiggers in the preface of *Principles and Practice of Electrocardiography* in 1929. Wiggers stated that "unfortunately, the training of medical manpower in the use of such apparatus and the intelligent interpretation of the electrocardiogram has not kept pace with the increased demand. Few courses in electrocardiography are included in undergraduate and postgraduate curricula in medical schools, so that opportunity for systematic instruction is decidedly restricted." Fisch was correct in stating that the issue of manpower addressed by Wiggers 87 years ago is still with us today. At the beginning of the twenty-first century there is also a loss of interest in "low-tech" electrocardiography by younger physicians and scientists. For this reason, in the United States, specialty board certification in cardiology (American Board of Internal Medicine) requires passing a separate portion of the certification examination

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in cardiology that deals only with ECG interpretation.

The contributions to this issue of *Cardiology Clinics* are reminiscent of Fisch's 1980 statement that "He who maintains new knowledge in electrocardiography is no longer possible or contributive ignores history." The new information in this volume confirms that knowledge related to the "simple" 12-lead ECG continues to grow and assume more and more importance in daily clinical practice.

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