
CORRESPONDENCE

Who Assisted Whom?

To the Editor:

I have read, with interest, Dr. Jordan Haller's letter in the December issue of the *Texas Heart Institute Journal*¹ refuting Mehta and Khan's claim that Vasili Kol-essov was the first to perform successful coronary artery bypass surgery.² I trust that it is not too late to enter my comments.

In 1959, I was a 3rd-year surgical resident at Jacobi Hospital, having emigrated from England a year earlier. Dr. David State, then professor of surgery at the Albert Einstein College of Medicine, required each 3rd-year resident to spend 1 year in the laboratory before completing his or her final 2 years of residency. I was assigned to work with Dr. Goetz in a team of 4, consisting of Dr. Goetz, Dr. Michael Rohman, Dr. Haller, and myself.

The project, initiated by Dr. Goetz, was to assess the feasibility of internal mammary–coronary artery anastomoses in dogs. It was my lot to perform the surgery. We initially ligated and bypassed 1 coronary artery, and subsequently both. The anastomoses were performed very rapidly, using Rosenak (tantalum) rings. Virtually all the dogs survived.

Having demonstrated the feasibility of the procedure, Dr. Goetz and Dr. Rohman had to persuade the cardiologists to allow us to perform the operation on a human being. They at last acquiesced and referred a male patient, a New York City taxi driver, whose coronary vessels were both severely compromised. We agreed that only the right coronary artery would be bypassed.

Dr. Rohman, the only board-certified thoracic surgeon in our group, performed the operation on 2 May 1960, with Dr. Goetz, Dr. Haller, and me assisting. As Dr. Haller stated, the anastomosis was performed in 17 seconds. We all participated in the actual anastomosis: after the sutures were placed loosely around the coronary artery, Dr. Rohman performed the arteriotomy, Dr. Goetz inserted the ring with the internal mammary artery attached, and Dr. Haller and I each tied a previously placed suture around the artery. What Dr. Haller forgot to mention in his letter was that the anastomosis was inadvertently pulled apart, and it took another minute and a half to reinsert it! Apparently no harm was done, as the patient survived. I chatted with Dr. Rohman shortly before his untimely death a few months ago, and we reminisced about the case. He told me an amusing anecdote, which I would like to pass on to you.

Dr. Rohman interviewed the patient at the patient's home after his discharge, and asked him if he still took nitroglycerin when resting. The patient admitted that he did. Disappointed, Dr. Rohman asked if his pain was any less than before the operation. The patient replied that he never had pain when resting. "Why then do you take the nitroglycerin?" asked Dr. Rohman. "Because I like the feeling," the patient replied.

This somewhat humorous ending does not detract from the fact that Dr. Goetz inspired and initiated the project, and assisted Dr. Rohman in performing the 1st recorded human coronary artery bypass. Dr. Haller and I both participated.

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References

1. Haller JD, Olearchik AS. Cardiology's 10 greatest discoveries [letter]. *Tex Heart Inst J* 2002;29:342-4.
2. Mehta NJ, Khan IA. Cardiology's 10 greatest discoveries of the 20th century. *Tex Heart Inst J* 2002;29:164-71.

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