

Letters

LOBAR PNEUMONIA TREATED BY MUSGRAVE PARK PHYSICIANS.

Editor,

In the excellent historical article by John Hedley-Whyte¹, I saw the photograph of Sir Alexander Fleming with Professor William Thomson on the doorsteps of Number 25 University Square and I remembered that in my grandfathers visitors book there were the signatures of Sir Alexander and Lady Fleming not only at number 12 University square (figure 1), but also at Greenlawn in Donaghadee (figure 2). The exact date is not clear but I suspect about April 1942.

NAME	ADDRESS
Rosa Blaine & Thurs.	4 Leinster St. Salford -
Anna Keir	Lennoxvale House Belfast
Frank P. Thomson	36 Osborne Park, Belfast.
Josephine H. Thomson	
Alastair Macafee	Glaspas
D. Lindsay Keir	Lennoxvale House Belfast
Novata Beach	28 Merrion Belfast
W.D. Thomson	Fairlie Drive The Square
Frank Byrne	Northern Bank House Coleraine
Ally Byrne	do
Sarae Fleming	75 Shepherd's Hill Highgate London W. 6
Alexander Fleming	8 Mansel Street London W. 2.
Josephine H. Thomson	25 University Square, Belfast.
W.D. Thomson	" " " "
Wilson F. Cullough	London
W. Maxim H. Mc Cullough	Campbell College, Belfast.
George Pickney	St Marys Hospital London.

Fig 1. Visitors book from 12 University Square.

Professor CG Lowry (known as CG) and Professor Thomson (known as WWD) were close friends, colleagues and neighbours both in University Square, CG at number 12, and WWD at Number 25, and also next door at Donaghadee, and hence this accounts for the above records of those events.

Alastair L Macafee, (Retired Consultant Orthopaedic Surgeon).

Stramore Lodge, 142 Warren Road, Donaghadee, Co Down. United Kingdom

REFERENCE:

- Hedley Whyte J, Milamed D. Lobar Pneumonia treated by Musgrave park physicians. *Ulster Med J* 2009;78(2):119-28,

CORONARY ARTERY DISEASE: ANATOMY AND PRESENTATION IN IDENTICAL TWINS

Editor,

A 47 year old man (twin 1) was admitted electively for coronary angiography following an acute myocardial

NAME	ADDRESS
Greenlawn, Ballywilliam, Donaghadee.	
Sarae Fleming	
Alexander Fleming	20 th Avenue, London SW 3
Maud. A. Calwell	169, Holland Park Ave. W. 11
Josephine H. Thomson	Seven Tides.
W.D. Thomson	also a lodger in Seven Tides.
W. K. Calwell	a constant visitor at Seven Tides.
Sybil Lynd	5, Sea View, Seven Tides, London W. 11
Rosie Ford	
Alice C. Pemberton	Greenlawn Terrace, Donaghadee.
Miss J. Stewart	46 Chiff Rd., Leeds 6.
Clara Mac	
Samuel M. W. Lee	580 Clarendon Ave. Westminster.
Rachel P. Weston	

Fig 2. Visitors book from Greenlawn, Donaghadee

infarction (MI) one month previously. His risk factor profile included smoking, a positive family history, hypertension and hypercholesterolaemia. On the day of admission, it was discovered that his identical twin brother (twin 2) was an elective inpatient for coronary angiography. His history included acute MI aged 42 years, with subsequent percutaneous coronary intervention to the circumflex. His risk factor profile included previous MI, a positive family history, hypertension and hypercholesterolaemia.

Coronary angiograms were performed on consecutive days. Coronary arterial anatomy was discordant between the twins. Angiographic images from twin 1 are shown in figure 1 (panels 1a-1c), beside matched images from twin 2 (panels 2a-2c). In twin 1 the left main stem bifurcates into left anterior descending (LAD) and circumflex (CX) branches (panel 1a), while in twin 2 it trifurcates into an LAD, CX and ramus intermedius branch (panel 2a). The first obtuse marginal branch (OM1) arises and bifurcates proximally in twin 1 (panels 1a and 1b) but arises and bifurcates more distally in twin 2 (panels 2a and 2b). The right coronary artery supplies a prominent sinus node branch in twin 1 (SA node, panel 1c) which is not apparent in twin 2 (panel 2c).

Coronary artery disease distribution was also discordant between the twins. Twin 1 was found to have a normal left main stem, with a long area of moderate to severe disease in the mid part of the LAD. A large diagonal branch had a 90% ostial lesion. There was a 50% lesion in the main CX and a 90% lesion in its first marginal branch. The right coronary artery was diffusely diseased. Twin 2 had a normal left main stem, with an angiographically near-normal LAD. The CX was diffusely diseased. The right coronary artery was diffusely diseased but with no significant stenosis.

Our observation of discordant coronary artery distribution and coronary atherosclerosis in identical twins supports the findings of previous observational studies^{1,2}. Furthermore age at first cardiac event, type of cardiac event and risk factor profile show concordance in this pair of identical twins, also consistent with previous observations².