

CORRESPONDENCE

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25 years of coronary angioplasty: almost a fairy tale

Sir—On Friday Sept 16, 1977, Andreas Grüntzig personally wheeled his age-mate of 38 years (author DB) into the catheterisation laboratory in Zurich, Switzerland, and was about to make medical history.¹

In view of a discrete stenosis of the left anterior descending coronary artery, Grüntzig had informed the patient about the option of coronary angioplasty, as patient number one. Having shared a room with someone recuperating from bypass surgery, the patient was intrigued by the possibility of avoiding sternotomy, and so gave his consent.

The surgeon, Marco Turina, provided what was henceforth called surgical standby during the intervention, which took place in a calm atmosphere. People came and went, the cardiac surgeons' faces difficult to read. Only to the eyes of friends was Grüntzig tenser than usual. He inserted the balloon catheter into the stenosis with ease that surprised even himself. The conscious patient tolerated the balloon inflation well, and the angiogram showed a good result, as it did at 1 month, 10 years, and 23 years.

The story would be less of a fairy tale were there no bad people in it. Grüntzig outshone his superiors. Difficult working conditions, retarded promotions, and harsh reprimands for not-so-successful cases were the results. At the end of 1980, he left Zurich for Emory University in Atlanta, GA, USA, where the procedure enjoyed the attention it deserved at last.

Although many subsequently pushed the limits of coronary angioplasty, Grüntzig preserved a humble and realistic attitude towards the potential of the procedure. It took 9 years (1 year after Grüntzig's fatal plane crash) to see the first major improvement in the technique, in the shape of the coronary stent. Another 14 years passed before the next significant breakthrough took place, the drug-eluting stent drastically reducing the risk of restenosis.

The technique has changed in 25 years, and then again it has not. In the beginning, it took gifted and highly experienced operators to place the bulky and poorly steerable balloon in the stenosis. Nowadays, dexterity and

manual training are less important. However, early coronary artery disease or isolated stenoses after coronary artery bypass surgery still constitute the typical indications, since only 10–20% of coronary angioplasty procedures worldwide deal with more than one vessel in a single session.

Coronary angioplasty transformed one of the authors from a seriously ill to a healthy man within minutes, and this for 25 years and counting. The two others enjoyed the transformation of cardiology from an investigational, drug-oriented discipline to a hybrid between internal medicine and surgery. Interventional cardiology grew to become the leading medical subspecialty with the highest number of important interventions, making cardiology a mature and comprehensive specialty efficiently dealing with western societies' worst curse: coronary artery disease. Grüntzig's coronary angioplasty paved the way for other non-surgical interventions such as electrophysiology, carotid angioplasty, and gastrointestinal catheter procedures. Had he only lived to take credit for it.

*Bernhard Meier, Dölf Bachmann,
Thomas F Lüscher

Swiss Cardiovascular Center Bern, University
Hospital, 3010 Bern, Switzerland
(e-mail: bernhard.meier@insel.ch)

1 Grüntzig A. Transluminal dilatation of coronary-artery stenosis. *Lancet* 1978; **1**: 263.

Keeping scientific advice non-partisan

Sir—Since you do not defend your Editorial against the misguided accusations of Pennie Marchetti (Dec 14, p 1971),¹ I feel compelled to react in your defence. Marchetti fails to understand much of the correct reasoning of your Editorial, which in my view is the epitome of scientific and political correctness.

First, excluding people from an advisory panel because of their affiliations might not be correct, but if the large majority of such a panel has affiliations with one group, this is at least suspicious.

Second, I agree with Marchetti's argument that abortion and its relation with breast cancer does not interest most practising physicians. However, removing a web page from a scientific site because of political comments, rather than leaving it and stimulating discussion, also seems wrong.

Concerning W David Hager, the Editorial does not cite his religious beliefs, but rather his lack of publications as a suggestion that scientific merit is not the issue. Time will tell if he will be as impartial as one of his predecessors, C Everett Koop. If mifepristone becomes the subject of discussion, Marchetti will be proven wrong.

Finally, "seizing control" is a common expression for parties winning democratic elections. Marchetti reads intentions where there are none. Furthermore, her explanation of the American government and elections shows her lack of understanding of the principles of democracy. The House and Senate do not govern, they control government. Their election is a matter of "big money", which is supplied in large part by industry. The proportion of people who actually vote in US elections usually approaches 50%. Marchetti's statement that the Republican party is closest to articulating the views shared by most Americans is therefore valid only for the proportion who actually voted. So being "given the privilege of governing by the American people" is a limited translation of the facts.

The Lancet did not debase itself and was not political in its Editorial. Rather, Marchetti tries to involve *The Lancet* in the ideological and political circus that governs the USA throughout all of its institutions, including those that are called scientific.

Please keep up these frank and open discussions in *The Lancet*.

Bert van Leeuwen

Branco 100, 3315 WS Dordrecht, Netherlands
(e-mail: bertvleeuwen@planet.nl)

1 Marchetti P. Keeping scientific advice non-partisan. *Lancet* 2002; **360**: 1971.