Let us now praise famous men

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'N THIS ISSUE OF THE JOURNAL, BILL EVANS OFFERS US another of his insightful historical vignettes. In this instance, he discusses the evolution of the so-called Blalock-Taussig shunt. Purely by chance, immediately in advance of being asked to review Bill's excellent contribution on behalf of the Journal, I had been given a videotape by my good friend Joe Amato, now retired from active pediatric cardiac surgery, but still involved with teaching at Rush University in Chicago. Joe had been enthralled by the Hollywood film, produced by Home Box Office in 2004, which was entitled "Something the Lord Made". On watching the film, I could understand precisely why Joe was so taken by the film, since it centres on the struggle of Vivien Thomas to achieve his ambitions as a putative cardiac surgeon. As is well explained by Bill in his vignette, Thomas was the essential third man involved in the evolution of the systemic-topulmonary arterial shunt, but receives no credit nowadays in the frequently used eponym.

I do not think for one moment that, in the future, we will begin to describe the Thomas-Taussig shunt. Those reading Bill's vignette may wonder, nonetheless, why those debating the worthiness of those honoured by this eponym should be concerned only with the merits of Alfred Blalock and Helen Taussig. Both are justly famous. In this light, Bill has discussed previously in our pages the interactions between the young Helen Taussig and Maude Abbott,² and is currently working on an account, together with Marie Beland, concerning the struggle of Maude Abbott to achieve recognition in a society dominated by males. We hope to see

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this account appearing in the near future, permitting Maude to be enshrined in our "Paediatric Cardiology Hall of Fame".

Vivien Thomas was fighting an equally difficult battle when seeking to establish himself as a doctor in an era of racial discrimination. The relationship between Thomas and Blalock has also been covered in a public television documentary entitled "Partners of the Heart", which was screened in 2003. In the summary that now gives details of this film on Google, it is stated "But though Blalock came to treat Thomas with tremendous respect in the lab, the two men were rarely treated as equals in the outside world." In the Hollywood film, which is based on an article written by Katie McCabe, and published in "The Washingtonian" in 1989, Thomas, so as to make extra money, is shown as manning the bar in parties thrown by Blalock. The film also shows Blalock and his assistants being feted at a ball organised in Baltimore subsequent to the initial success of the systemic-to-pulmonary shunt, with Thomas creeping in clandestinely at the back to see Blalock take the credit for a development that would likely have been impossible without his own innovations. These scenes may well be artistic licence on behalf of those making the film. In the summary for "Partners of the Heart", nonetheless, it is stated that the title of the film produced by Home Box Office was prompted by a remark allegedly made by Blalock after he had seen the results of Thomas's experimental surgery for atrial septectomy, when he commented, according to the summary "Vivien, this looks like something the Lord made". The outcome of the studies on atrial septectomy, of course, was the socalled Blalock-Hanlon shunt, so it may well have been that Thomas was largely responsible for the

success of the other procedure now remembered in the name of Alfred Blalock.

Irrespective of whether or not we recognise Vivien Thomas in the eponym for the systemic-topulmonary arterial shunt, therefore, we should all remember his contributions to the development of paediatric cardiac surgery. Those who read Bill's article, or watch "Something the Lord Made", will know that, to their immense credit, the authorities of Johns Hopkins University did recognise his huge achievements. Even in his middle age, Thomas had retained thoughts of taking time out to qualify as a doctor. None who knew him doubted his ability to make this change. By then, however, he was firmly established as a key figure in experimental cardiac surgery at Johns Hopkins, becoming director of the laboratories for experimental surgery. Before he retired, he was then the richly deserving recipient of an honorary doctorate from Johns Hopkins. Eventually, therefore, Vivien became a doctor, but sadly not a doctor of medicine. I wonder how much he had suffered secretly along the way?

Most people I know with an interest in the history of paediatric cardiac surgery are fully aware of the contributions of Vivien Thomas. Marshall Jacobs, when preparing his article on the evolution of surgical treatment for tetralogy of Fallot,³ pointed out to me that one of the pictures allegedly showing the first construction of the systemic-to-pulmonary arterial shunt could not have been correct, since Vivien Thomas was not standing at the shoulder of Blalock, offering advice on how and where to place the sutures.

We can continue to ponder on the appropriateness of eponyms. When I was training as an anatomist,

my Professor argued vehemently against the use of eponyms, perhaps because he had not himself been thus favoured, despite his acknowledged expertise in the mysteries of the anatomy of the autonomic nervous system. Nowadays, we continuously remember some of the giants in our specialty as we use their names when describing procedures and syndromes. Our specialty is still young, so many of these famous people are still hale and hearty, and richly deserving of their fame. I am fortunate to count several as personal friends. It is also likely, however, that others honoured in such eponymous fashion are unknown to those using the names. When I describe the Damus-Stansell-Kaye procedure, for example, I am well aware of the achievements of Paul Damus, since I met him on several occasions. I am ignorant, however, of the background of Doctors Stansell and Kave. It is a splendid thing, therefore, that Bill Evans, in his immaculately researched studies, reminds us of the history of the early stages of our young specialty, filling in the details of those honoured in eponymous fashion, and reminding us of the contributions of those less well recognised. It is still shameful, nonetheless, that we do not describe the Thomas-Blalock-Taussig shunt!

References

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