Priority issue: Who is on first base?

Francis Robicsek, MD, PhD

We have always been infatuated with *firsts*. The *first* to circumnavigate the Earth, the *first* to fly, the *first* to run the four-minute mile, the *first* to reach the North Pole—whatever. However, besides athletics, there is no other profession than medicine—surgery leading—that has been so deeply involved with the question, “Who did it *first*?”

Although some of our *firsts* occurred in the 19th and the early 20th centuries, the real quest for *firsts* in cardiac surgery began in the early 1930s. Most, if not all, of our professional publications on clinical subjects began with the magic words: “first described” or “first performed.” Everybody scurried to be recognized pioneering in this or that, preferably to have a disease or a procedure named after them. The reasons for this are not entirely clear. Why would anybody want his or her name connected with a condition in which a child looks like an elf, has no fingers, is missing a left ear, has situs inversus, and expectorates pus?

Soon, however, new diseases and new procedures were getting scarce. So, we established different “grades” of firsts: *First* described, *first* one operated on, *first* survival, *first long time* survival, *first* published, *first* published in the English literature, and so on. Debates as to who *first* did this or that filled the “Letters to the Editor” pages of our specialty journals. Finally, by a silent consensus, most, if not all, of our dismayed editors refused to accept any more pieces of literature that did nothing but challenge alleged priorities.

Anybody who believes that this measure has resolved the “priority race” is mistaken. Those who thought that their claim to priority had been violated invented ingenious ways to make their point. A hypothetical example: “I read with great interest the article, ‘The first case of transplantation of the appendix: A case report,’ which appeared in the July 2001 issue of this Journal. Their findings support our own observations published 10 years ago, according to which. . . .” This was a neat trick. I also pulled it myself once on the greatest editor of all times, Tom Ferguson. My favorite word in this “quest for priority” is the expression *popularized*, used occasionally in the introductory paragraph of professional publications. What does the term “popularized by Dr Doe” mean? It means that (A) Dr Doe claims to be the *first*, (B) the real *first* was not Dr Doe, but probably Hank Bahnson or Harris Shumacker fifty years ago, (C) Dr Doe knows this very well but he *still* claims priority.

What is the situation with literary priority today? As it stands, anybody can claim priority to anything if he or she has the sense to stay within reason. You could not say, for example, that you did the first coronary bypass operation because everybody knows it was David Sabiston (or was it Kolesov or Garrett?).

That our journals are reluctant to get involved in controversies involving priority is understandable, but is it right? The matter of priority is not simply an issue of vanity but also a matter of history and heritage. If we are supposed to know who was the *first* to go around the world in a hot-air balloon, it is also worthwhile to know who was *first* to use a pump-oxygenator. I believe the latter did more for the human race. Admittedly, the quest for priority sometimes led to odd, or even counterproductive situations, but more often than not, it fueled progress through surgical ambition.

“Who did it first?” is a fact. If an author is not *absolutely* certain of facts of priority, he or she should not state so. Ambiguous statements such as, “according to

From Carolinas Heart Institute, Department of Thoracic & Cardiovascular Surgery, Charlotte, NC.

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Address for reprints: Francis Robicsek, MD, PhD, Carolinas Heart Institute, Department of Thoracic & Cardiovascular Surgery, 1001 Blythe Blvd, Suite 30, Charlotte, NC 28203 (E-mail: tjohn@sanger-clinic.com).

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our review of the literature” or “so far as we know” are not enough. In our age of computerized search, it is not difficult to be sure.

Our reviewers should increase attention to matters of priority. That would prevent most of the controversy. Also, if a reader submits an appropriate documented challenge on such issues, the editor may find it proper to request that the author of a particular article clarify the matter or even issue an erratum.

Issues of priority are taunted by streaks of vanity, but they also represent milestones of an individual surgeon’s career and are sometimes symbols of lifetime achievements. Claims to priority or even references to priority are factual statements. Our professional journals request that all facts presented should be true and accurate. Why should issues of priority be exceptions?

This—so far as I can tell—is the *first* such editorial in a surgical journal. I hope it transcends into history.

The Editor Responds

How could any editor not acknowledge the durable wisdom of Francis Robicsek, a genius surgeon whose intel-

lectual breadth most of us can only contemplate in awe? But, is it really important who or what was “first” or is it more important who “scores?” The latter is something of which we can keep track. The great surgeon Henry Souttar was probably the first to do a successful mitral valvotomy. But, did his operation benefit patients during the 20 years that it took before Charles Bailey and Dwight Harken popularized the operations? The Editors of the Journal are interested in “who is on first,” but mainly in retrospect, when contemporary events are examined through the eyes of the historian trying to create an impetus to thought or progress. Those firsts have earned their place in history. The “first” of today may, in fact, be at the leading edge of infamy absent the wisdom of history, that most perfect of judges. So, we are happy to publish great ideas and operations for which there is no apparent prior report (that, of course, would represent “duplicate publication”). We simply prefer not to allow authors to claim primacy. For the best of ideas and procedures, we will allow history to be the judge of who was “first” and who “scored.”

Andrew Wechsler, MD