Authors have nothing to disclose with regard to commercial support.

DO NOT FORGET OTHER FATHERS OF CORONARY ARTERY BYPASS GRAFTING!

To the Editor:

We have read with great interest the article by Bakaeen and colleagues¹ dedicated to coronary artery bypass grafting history. We congratulate the authors for the masterful way they managed to summarize fabulous events that have marked milestones in the history of one of the most exciting surgeries.

However, we want to briefly comment on some aspects we believe have not always been addressed with sufficient precision, in relation to the contribution of William Polk Longmire Jr, to the history of cardiac surgery.

In 1990, Longmire confessed to Shumacker that in early 1958, while practicing his technique of direct-vision coronary endarterectomy, he found, in 2 patients, that it was not possible to repair an extremely calcified coronary artery. In desperation, he anastomosed the internal thoracic artery to the right coronary artery beyond the endarterectomized segment. The surgery was successful.^{2,3}

Perhaps because of ethical issues, he decided not to report a too experimental procedure for its time.⁴ For that reason, in its landmark 1958 article, it is impossible to determine exactly the 2 patients who benefited from the technique. It was probably the last 2 operated on, in which curiously no procedure was reported on the right coronary artery. His evolution was favorable; at the time of writing the article, the patients were asymptomatic and without electrocardiographic alterations.⁵

It is usually said that victory has a thousand fathers, but defeat is an orphan.

We consider Favaloro's decision not to credit himself the moniker of "father" of coronary artery bypass surgery very wise. Men such as Arthur Vineberg, William Longmire,

Robert Goetz, and Dudley Johnson also deserve to share that honor.

Yoandy López-de la Cruz, MD, MSc
Yolepis F. Quintero Fleites, MD, MSc
Department of Cardiovascular Surgery
Santa Clara Cardiac Center
Santa Clara, Cuba

References

1. Bakaeen FG, Blackstone EH, Pettersson GB, Gillinov AM, Svensson LG. The father of coronary artery bypass grafting: René Favaloro and the 50th anniversary of coronary artery bypass grafting. *J Thorac Cardiovasc Surg.* 2018;155:2324-8.
2. Stoney WS. Bill Longmire and the blue baby operation. *J Am Coll Surg.* 2004;198:653-9.
3. Shumacker HB. *The Evolution of Cardiac Surgery.* Indianapolis: Indiana University Press; 1992.
4. López-de la Cruz Y. William Polk Longmire Jr. and the first 60 years of coronary artery bypass graft surgery. *CorSalud.* 2018;10:158-63.
5. Longmire WP, Cannon JA, Kattus AA. Direct-vision coronary endarterectomy for angina pectoris. *N Engl J Med.* 1958;259:993-9.

<https://doi.org/10.1016/j.jtcvs.2019.06.093>

REPLY FROM THE AUTHORS: CORONARY ARTERY BYPASS GRAFTING MAY HAVE MANY FATHERS, BUT ONE STANDS OUT

Reply to the Editor:

We appreciate the letter by López-de la Cruz and Quintero Fleites¹ in this issue of the *Journal* in which they highlight the important contributions of Dr William Polk Longmire Jr, to the evolution of coronary artery bypass grafting (CABG). They argue that Dr Longmire and other surgeons who contributed to the evolution of CABG should also share the father of CABG honor with Dr Favaloro.¹ As we mentioned in our history of CABG review,² this honor was bestowed on Dr Favaloro by none other than Dr Denton Cooley,³ a surgical statesman who was a vital player and a firsthand witness to the cardiovascular surgical revolution of the second half of the last century that brought us CABG.

Yes, there were others, including Dr Longmire, whom we mention and credit in our review for performing anecdotal venous or arterial CABG in a laboratory or clinical setting,² but it was the seminal publication of the first few hundred patients who underwent CABG with good results and systematic angiographic and clinical follow-up by Sheldon and colleagues⁴ that caught the attention of the world. This was the defining moment for CABG as a safe and reproducible procedure that became the standard of care for coronary artery disease treatment around the globe. It is this intimate association between the work of Dr Favaloro and the rise of CABG that explains and supports

The Editor welcomes submissions for possible publication in the Letters to the Editor section that consist of commentary on an article published in the *Journal* or other relevant issues. Authors should: • Include no more than 500 words of text, three authors, and five references. • Type with double-spacing. • See <http://jtcvs.ctsnetjournals.org/misc/fora.shtml> for detailed submission instructions. • Submit the letter electronically via jtcvs.editorialmanager.com. Letters commenting on an article published in the JTCVS will be considered if they are received within 6 weeks of the time the article was published. Authors of the article being commented on will be given an opportunity to offer a timely response (2 weeks) to the letter. Authors of letters will be notified that the letter has been received. Unpublished letters cannot be returned.