Memorial

Cardiology 1986;73:191-192

As I Knew Him

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Andreas Grüntzig was a dreamer, but, unlike most, he dared to act on his dreams. He acted when others would not dare.

Physicians who now work inside the coronary arteries to relieve obstructions may feel comfortable doing this work. I can never forget what an uncomfortable and daring step this was. The year was 1976 – the American Heart Association meeting. I was presenting a poster next to an exhibit from the University of Zurich. Paul Lichtlen called me over to meet a strikingly dashing young man wearing an ascot. The experiment he was demonstrating involved inflating a rigid balloon inside a dog's coronary artery thereby breaking a silk ligature which had been tied around it. A deceptively simple but necessary experiment to demonstrate that obstructed flow could be restored safely and that the balloon could exert adequate force to open the artery. The comments from those gathered around were consistent with our preconceived notions about coronary atherosclerosis. 'That would not work in human coronary arteries', 'The plaque would shatter and embolize', 'All the arteries would clot'. Encouragement from his own university was equally pessimistic. To give up and go on to other things would have been normal. Andreas was not a 'normal' man. Less than 1 year later he had performed the first percutaneous transluminal coronary angioplasty in man. What was his reaction to the first success? To hide it? To protect his territory? To try to perfect it himself

1 Presented at the funeral of Andreas and Margaret Ann Grüntzig in Macon, Ga., USA, on November 1, 1985, at the memorial service at Emory University on November 3, 1985, and at the memorial service at the American Heart Association on November 12, 1985.

and keep it to himself? No! He gave it away. He developed studies to examine whether the technique could stand the rigors of scientific investigation. He invited other physicians to come and see and duplicate what he had done. And he began to teach. He taught his discovery like no other scientist had taught before. His honesty and openness at inviting all who would come to watch as he performed the technique insured his success. As he found better equipment and techniques for performing percutaneous transluminal coronary angioplasty, he gave his secrets away; at his courses, both success and failure brought applause.

But in his giving he never forgot what he had received. In January 1980, he brought 3 men on whose shoulders he stood to his demonstration course. Mason Sones, the father of coronary arteriography; Charles Dotter, who first dared transluminal dilatation, and Melvin Judkins, who collaborated with Dotter and developed percutaneous coronary arteriography. At the completion of the course, we all hiked to the top of a small mountain overlooking the Lake of

Zurich for a spaghetti and wine dinner. Andreas honored these men who paved the way for his ideas. It was a cold night, and Andreas had built a bonfire. We ended that evening walking together down the mountain in the dark, each carrying a torch lit from Andreas' bonfire. Little did we know that 1985 would take all these men. Now Andreas has joined them -what a cath lab they must have in heaven!

He could be gentle and kind. One had only to see him at his cabin in the Swiss alps playing with his 3-year-old daughter or playing the flute and singing late at night with old people to understand his need for family.

Sure he was a hard negotiator and demanding of others as he was of himself, but when he perceived

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that others would be hurt, he was very sensitive. Once while looking for office space, I obtained a convenient suite of rooms for him near the cath lab. Everything was set, but when he discovered the feelings of the people who would be displaced, he refused the space. Dr. Hurst came forward with alternative accommodations.

In this year of the comet, we are reminded that he came into our lives like a comet and burned briefly but brightly. Oh, how this light has ignited the imagination of others throughout the world. He changed forever the face of Cardiology and the treatment of heart disease. All future therapies for treatment of obstructive coronary artery and peripheral arterial disease will be built on the foundation he laid. He was a rebel, but not one without a cause. The light he emitted on those too short 46 years was not enough – we wanted more. It is our responsibility that the light continue to burn with new ideas which undoubtedly would have come sooner had he stayed longer.

Memorial Tribute to Andreas R. Grüntzig

Given at the American Heart Association Annual Scientific Sessions in Washington, D.C., November 12, 1985

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As a representative of Europe, I bring the condolences of many friends of Andreas Grüntzig in the Old World.

I was asked to say a few words about the first period of Andreas Grüntzig's life in Germany and Switzerland. His youth was not an easy one. Andreas was born in Dresden in 1939.

When he was 5 years old, he lost his father in the war. Having gone to college in Leipzig, Andreas – by decision of the socialist regime – was supposed to do bricklaying. Instead, with his courageous mother and brother, he fled to West Germany, before the wall was built.

Andreas studied medicine in Heidelberg, but the post of assistant in social and preventive medicine did not satisfy him.

We met first in 1969 when he came to Zurich to do general internal medicine. Later he began as a fellow in angiology. He was an industrious scholar and a very good observer. Studying the Achilles tendon reflex after treadmill exercise, he showed that patients with intermittent claudication had a slowed relaxation of the calf muscles. These results prompted our early studies of negative dp/dt in the heart during ischemia.

He discussed the papers of Dotter and Judkins, whose method he went to see applied in practice by Zeitler and Schoop in Engelskirchen, Germany. It was obvious that two or more

concentrically sliding catheters of increasing dimensions, with a large hole at the point of insertion in the artery, but especially with mainly longitudinal forces on the endothelium, were not the best solution to attack stenoses. Instead, a non-compliant balloon, passed empty into the stenosis, would exert radial forces when expanded, and could be mounted on a small catheter. Basically a very simple idea!