

Angiography for research

The last reason for performing surveillance angiography is as a research tool. Without it our knowledge of the appearance and natural history of CAV would undoubtedly have been much poorer. If we stop doing it we may miss a change in the pattern of CAV attributable to some change in practice. However, such uncontrolled retrospective research has very limited power to answer important questions, and it is no longer reasonable to subject patients to angiography for such doubtful and speculative reasons without their explicit consent and without the approval of local ethical committees.

Conclusions

What then of routine coronary angiography after heart transplantation? In patients who are well the benefit is dubious. Treatment is unlikely to make the patient feel better or to improve the prognosis.

We believe that the practice of surveillance coronary angiography following heart transplantation answers few clinical questions and leads to a low rate of revascularisation, much of which may be inappropriate. It is costly and exposes the patient to risk, both from the procedure and from repeated radiation exposure. We have abandoned the practice and believe that coronary angiography should

be used when clinical questions need to be answered and in well designed clinical trials (which will include the use of intracoronary ultrasound) directed at the important problem of transplant coronary artery disease.

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- 1 Hosenpud JD, Shipley GD, Wagner CR. Cardiac allograft vasculopathy: current concepts, recent developments, and future directions. *J Heart Lung Transpl* 1992;11:9-23.
- 2 Scott CD, Dark JH. Coronary artery disease after heart transplantation: Clinical aspects. *Br Heart J* 1992;68:225-6.
- 3 St Goar FD, Pinto FJ, Alderman EL, Valentine HA, Schroeder JS, Gao S-Z, et al. Intracoronary ultrasound in cardiac transplant recipients: in vivo evidence of angiographically silent intimal thickening. *Circulation* 1992;85:979-87.
- 4 Grant SCD, Elgamel A, Brooks NH, Levy RD. Routine coronary angiography after heart transplantation: time to stop [abstract]. *Heart* 1996;75(suppl 1):P66.
- 5 Halle AA, DiSciascio G, Massin EK, Wilson RF, Johnson MR, Sullivan HJ, et al. Coronary angioplasty, atherectomy and bypass surgery in cardiac transplant recipients. *J Am Coll Cardiol* 1995;26:120-8.
- 6 March RJ, Guynn T. Cardiac allograft vasculopathy: the potential role for transmural laser revascularisation. *J Heart Lung Transpl* 1995;14(part 2):S242-5.
- 7 Mehra MR, Ventura HO, Stapleton DD, Smart FW, Collins TC, Ramee SR. Presence of severe intimal thickening by intravascular ultrasonography predicts cardiac events in cardiac allograft vasculopathy. *J Heart Lung Transpl* 1995;14:632-9.
- 8 Johnson JA, Kobashiwaga JA. Quantitative analysis of transplant coronary artery disease with the use of intracoronary ultrasound. *J Heart Lung Transpl* 1995;14(part 2):S198-201.

STAMPS IN CARDIOLOGY

Joseph Leopold Auenbrugger (1722-1809)

This Austrian stamp is part of the Welfare Funds issue from 1937 featuring famous Austrian doctors. The stamps, in addition to the postal rate, bear a surcharge for the charity. Other stamps in the set of nine feature among others Rokitansky, Skoda, van Swieten, and Billroth.

The publication of Joseph Leopold Auenbrugger's *Inventum Novum ex Percussione Thoracis Humani* in 1761 (devoted entirely to immediate percussion), and the promotion of his work 47 years later by Jean Nicholas Corvisart with the translation of his treatise, brought the art of percussion into clinical diagnostic use. He was the son of an innkeeper and used to tapping barrels to estimate how much wine they contained. He described the dull note over the position of the heart in the thorax (sonus carnis) and the findings on percussion in pericardial effusion and in cardiac enlargement. He studied in Vienna and was assistant physician at the Spanish Hospital. He was also an accomplished musician, which perhaps enabled him to appreciate percussion note abnormalities in patients with pulmonary and cardiac disease. He wrote the libretto for Antonio Salieri's comic opera *The Chimney Sweep*.

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