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PERSPECTIVE

To describe the historical development of a specific era in the medical field is ultimately a personal view of that era. This chapter is no different. Having been present at the very beginning of cardiac arrhythmia surgery on May 2, 1968, and having been a witness (1964–2024) of focused interest and active participation in the evolution of surgery for cardiac arrhythmias, this chapter describes a personal journey and is not meant to be the definitive history of cardiac arrhythmia surgery. Many of the great electrophysiologists and surgeons who contributed to the basic knowledge and skills that allowed us and others to devise surgical procedures to cure almost all cardiac arrhythmias are not mentioned. If they were given their full due, it would take a book, not a book chapter, to describe the complete history of cardiac arrhythmia surgery. Hence, this chapter is presented as “A History,” not “The History.”

FOUNDATIONS OF CARDIAC ARRHYTHMIA SURGERY

The renowned Boston cardiologist Paul Dudley White visited the renowned London physician John Parkinson so they could discuss together on the latest developments in the world of medicine. In the customary in those days, White brought along one of his assistants, Louis Wolff, to assist him on the long trans-Atlantic journey. White was anxious to show Parkinson a few electrocardiograms (ECGs) he had recorded from several healthy young patients who had recurrent bouts of sudden unexplained syncope. White had noted that when these patients were in normal sinus rhythm (i.e., between episodes of tachycardia), their ECGs showed a long P-R interval, an early deflection off the baseline immediately preceding the QRS complex (later termed the “delta wave”), and a narrow QRS complex. The tachycardia, however, was characterized by a rapid, narrow QRS complex rate of 240 beats/min with no delta wave.

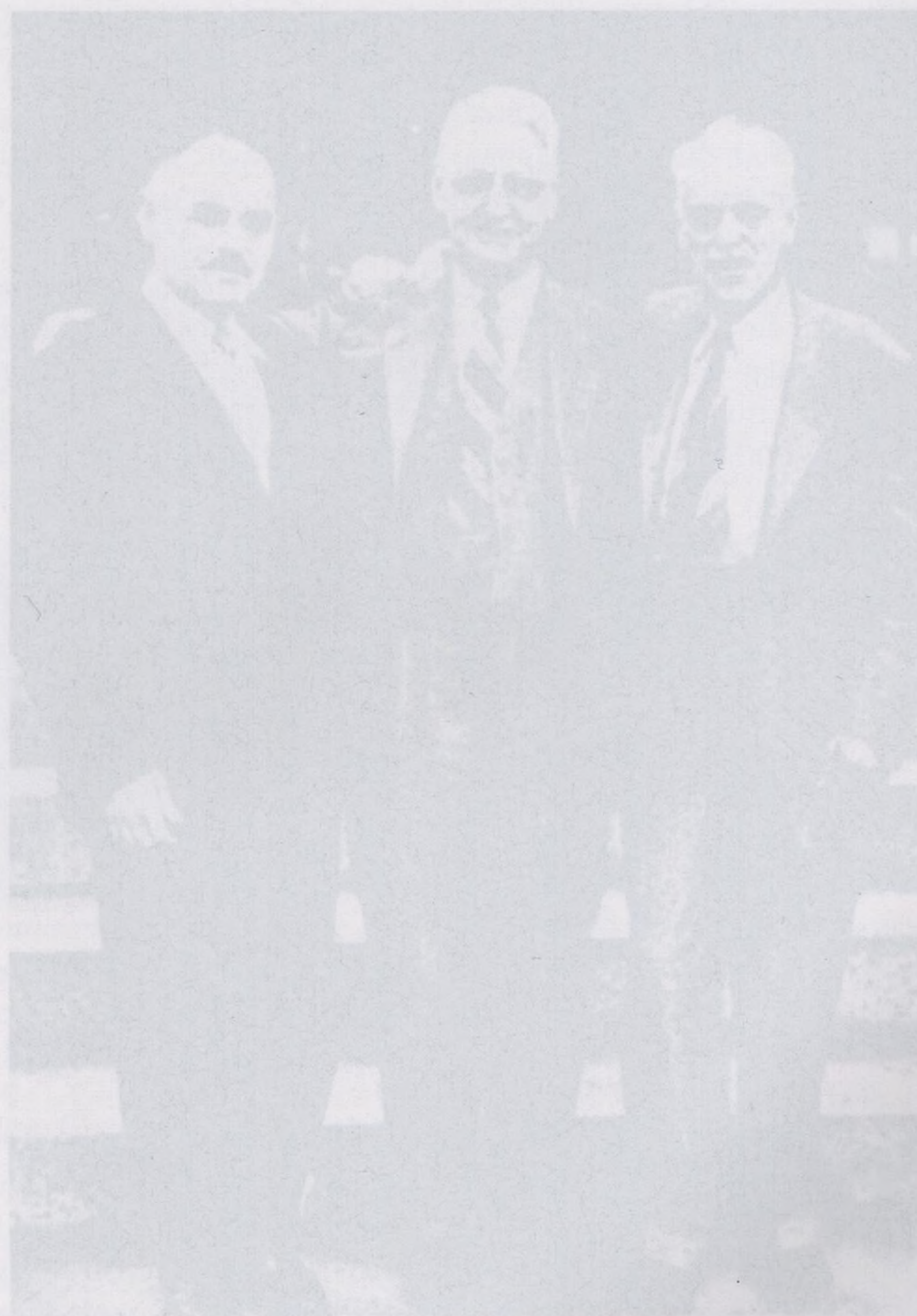


Fig. 1.1 The only known photograph of (from left to right) Dr. Louis Wolff, John Parkinson, and Paul Dudley White. Date unknown.