

The Thoma Ionescu - Victor Gomoiu Procedure: Cervicothoracic Sympathectomy for Angina Pectoris. The First Surgical Attempt to Treat the Coronary Heart Disease

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Rezumat

Operația Thoma Ionescu - Victor Gomoiu: simpatectomia cervico-toracică pentru angină pectorală. Prima tentativă de tratament chirurgical în boala coronariană

Simpatectomia cervicală este o tehnică de care Thoma Ionescu și-a legat numele. El a practicat primul simpatectomia cervicală totală - bilaterală. În chirurgia bucureșteană, de la început de secol XX, operația a devenit o rutină. Până în 1914 ajunsese să fie practică la scară largă atât de creatorul ei, cât și de elevii săi. În plus, numeroasele afecțiuni (epilepsie, migrenă, gușă exoftalmică, etc.) în care acesta o indica stau mărturie interesului său pentru această tehnică. La începutul primului război mondial, Thoma Ionescu era o personalitate marcantă a chirurgiei, a vieții sociale și politice românești. Împreună cu frații săi: Take Ionescu, celebrul om politic și Victor Ionescu, ziarist, a luptat cu multă perseverență pentru intrarea României în război alături de Antanta. Profesor de chirurgie, șef de clinică la spitalul Colțea, rector și senator în senatul României, Thoma Ionescu avea o personalitate puternică, puțin dispusă la colaborări pe picior de egalitate cu asistenții săi mai tineri, fie ei și extrem de înzestrați. Cu toate acestea, una din marile sale

calități a fost talentul de a depista și cultiva tinerele talente chirurgicale. Ernest Juvara, Amza Jianu și mulți alții au fost ucenicii lui Thoma Ionescu și au reprezentat remarcabile figuri în chirurgia românească. Notă discordantă face, poate, relația cu Dimitrie Gerota, astăzi cel mai cunoscut nume românesc în anatomie. Tânărul Gerota, puțin dispus la compromisuri și fără vocație de curtean, în ciuda calităților sale chirurgicale și științifice, a displăcut profund maestrului Thoma Ionescu. Acesta i-a blocat o promovare universitară ce ar fi fost pe măsura capacităților lui Gerota. Atitudinea lui Gerota a fost înșă elegantă până la capăt. Deși ar fi avut motive bune, nu a scris toată viața sa nici un cuvânt împotriva lui Thoma Ionescu. La momentul de care ne interesăm, Victor Gomoiu avea 28 de ani și era în plină ascensiune în chirurgie. Era extrem de pasionat și de medicină și de cercetare și era unul dintre discipolii marelui maestru, Thoma Ionescu, de a cărui bunăvoință depindea viitorul său. Momentul zero al acțiunii este ziua de 2 aprilie 1916, când, după cercetări amănunțite, Gomoiu îi propune lui Thoma Ionescu să efectueze împreună un nou tip de intervenție, prima de acest fel, o simpatectomie cervicotorică la un pacient cu angină pectorală. Detaliile și împrejurările ce au dus la această operație istorică sunt destul de greu de reconstituit. Pe baza relatărilor participanților direcți, Thoma Ionescu și Victor Gomoiu, sprijinite de publicațiile vremii, am încercat o redare cât mai fidelă. Este plauzibil că tânărul Gomoiu, interesat de fiziologie (avea relații strânse cu Daniel Danielopolu și cu Nicolae Paulescu), să se fi gândit primul că simpatectomia cervicotorică ar putea ameliora tabloul clinic al anginei pectorale. El caută și găsește un pacient cu ateromatoză luetică, pe care îl consideră potrivit pentru această intervenție. Ca

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urmare, îi prezintă lui Thoma Ionescu ideea sa și bolnavul. De notat, nu era vorba de o simpatectomie cervicală bilaterală - consacrată deja ca operația Thoma Ionescu, ci de un nou tip de abordare chirurgicală a simpaticului cervical. Operația este efectuată cu Thoma Ionescu ca operator principal și Gomoiu - ajutor; pacientul se reface rapid, și simptomele se remit în mod spectaculos. Thoma Ionescu este entuziasmat de succesul operației, publică cazul în Revista de Chirurgie și încredințează tema unui student, Z. Iordăchescu, pentru teza de doctorat ce va avea titlul "Operația Th. Ionescu-Gomoiu". În vara lui 1916 România intră în război. Urmează o perioadă grea, plină de convulsii sociale și politice, cu părăsirea Bucureștiului, retragerea la Iași a guvernului și a regelui. Este lesne de înțeles ca și preocupările științifice și academice înregistrează un declin. În iureșul evenimentelor ce au urmat în 1916-1917, Thoma Ionescu pare să se distanțeze tot mai mult de procedura simpatectomiei, astfel încât nu publică nimic în străinătate. Imediat după încheierea războiului, ideea lui François Frank de la 1897 despre simpatectomie reîncepe să circule în lumea chirurgicală, devenind tot mai populară. Thoma Ionescu are revelația că este posibil ca aceastei operații, atât de puțin luată în seamă, să i se fi găsit cea mai importantă indicație, durerea din angina pectorală. Acțiunile sale ulterioare îl plasează într-o lumină nefavorabilă: se grăbește să publice cazul în Franța și la București fără a îl menționa și pe Gomoiu. Intenția de a apărea unic realizator al simpatectomiei în angina pectorală devine evidentă. În niciuna din numeroasele sale lucrări, Thoma Ionescu nu mai citează propriul articol din 1916, din Revista de Chirurgie. Iar din dorința de a trece sub tăcere contribuția mai tânărului său coleg, nu citează nici teza de doctorat a lui Z. Iordăchescu - "Operația Th. Ionescu-Gomoiu". Gestul amintește de obiceiul faraonilor din Egiptul antic, când, la porunca acestora, era șters numele dușmanului, fie el chiar și demult dispărut. La rândul său, Gomoiu nu era doar un tânăr chirurg strălucit, ci și un scriitor extrem de talentat. Reacția sa literară a fost una de o violență remarcabilă. S-a deschis astfel un conflict în care Gomoiu a pus o energie și o stăruință intense. Îi dedică lui Thoma Ionescu o revistă în care analizează "critic" - termenul fiind un eufemism - cu o vervă de pamfletar fără pereche, biografia, viața științifică, cea academică și, în general, toate slăbiciunile. Cum se văd lucrurile astăzi? Să-l contrazici pe Gomoiu este dificil. I s-a făcut o nedreptate, toate documentele la care am avut acces o susțin categoric. Împotriva lui Thoma Ionescu nu stau în principal vituperările lui Gomoiu, ci chiar propriile sale texte: *Le sympathique cervico-thoracique*, Masson, Paris, 1923. Autorul unic scrie negru pe alb după prezentarea operației, cunoscute din 1916: "Pe 14 apr 1921 am prezentat pacientul complet vindecat la societatea de chirurgie din București, adică la 5 ani după operație. Pacientul a revenit în serviciul meu pe 10 februarie 1922 pentru o fractură de treime medie a brațului stâng...". "Profitând de ocazia care se oferea pentru a completa operația mea, pe care i-am practicat-o în 1916, i-am propus rezecția simpaticului de parte opusă. Deși era complet vindecat, a acceptat această nouă intervenție chirurgicală, ca să pot să completez operația mea. Astfel, la 31 martie 1922, i-am practicat rezecția totală de simpatic cervical drept, la care am adăugat primul și al doilea

ganglion toracic. A suportat foarte bine această a doua operație și a fost externat pe 5 aprilie". Astfel, Thoma Ionescu admite indirect inutilitatea reintervenției, ce are ca unic scop dorința de a demonstra încă o dată eficiența propriei tehnici, deja consacrată ca simpatectomie bilaterală. Un fapt interesant este că această metodă de tratament e citată și în zilele noastre în lucrări celebre de istoria chirurgiei cardiace. După al doilea război mondial, locul simpatectomiei în tratamentul anginei pectorale a rămas marginal. Motivul pentru care operația din 1916 a rămas în istoria medicinei este acela că a reprezentat prima încercare de tratament chirurgical în boala coronariană. S-a întâmplat ca această intervenție, căreia participanții i-au acordat în ziua de 2 aprilie 1916 mică importanță, să deschidă ușa celei mai spectaculoase direcții de dezvoltare a chirurgiei sec XX - chirurgia cardiacă. Motivul disputei pare astfel să fi fost unul serios: un loc în istoria chirurgiei. Thoma Ionescu nu a acceptat să împartă această poziție cu altcineva, mai ales cu un colaborator mai tânăr. Lucrurile însă nu se opresc aici. Date recente arată că Ionescu a fost nominalizat la Premiul Nobel în 1924, principala motivație fiind simpatectomia cervicală.

Cuvinte cheie: Thoma Ionescu, Victor Gomoiu, istorie, simpatectomie cervicală, angină pectorală

Abstract

Cervicothoracic Sympathectomy is a common indication in the treatment of Raynaud Syndrome, Palmar Hyperhidrosis or Acute Ischemia of the superior limb. Nonetheless, almost a century ago it represented one of the first innovative attempts in curing coronary heart disease. Nowadays, this indication is no more than a footnote in a volume on the History of Medicine and a trivia fact for medical history enthusiasts. The operation's history is rather conflicting. A young Romanian surgeon, Victor Gomoiu seems to have come up with the idea, in the early 20th century. However, his contribution remains unknown, after his successful collaboration with the famous surgeon and anatomist, Thoma Ionescu unfortunately turns into a dispute. This procedure was once thought cutting-edge. Furthermore it is the starting point for cardiovascular surgery. Whoever sparked the idea, gains an important place in the hall of fame of international surgery, that is why it is important to know its creator.

Key words: Thoma Ionescu, Victor Gomoiu, history, cervicothoracic sympathectomy, angina pectoris

Introduction

Cervicothoracic Sympathectomy is a surgical procedure commonly performed today in the treatment of diseases such

as the Raynaud Syndrome, Palmar Hyperhidrosis or Acute Ischemia of the superior limb (1). Nonetheless, almost a century ago, it represented one of the first innovative attempts in curing coronary heart disease. Nowadays, this indication is no more than a footnote in a volume on the History of Medicine and a trivia fact for medical history enthusiasts.

However, if one does search the internet for this intervention, one will encounter mentions of it in recent prestigious publications concerning cardiac surgery (2). The experts' opinion on this unusual fact is that this intervention was the cornerstone for the field of cardiac surgery, which is one of the most sensational surgical specialties of the 20th century (1).

After thoroughly browsing the medical bibliography regarding Cervicothoracic Sympathectomy, one is left with a serious sense of surprise. The history of this technique is intricate and rather unclear.

A scientific problem

There is no point in emphasizing once again Thoma Ionescu's merits in anesthesiology and surgery. However, some key-moments in his activity are the period spent in Paris studying and then working at the Faculty of Medicine and, most importantly, his undivided interest for the anatomy of the cervical sympathetic. There is no surprise, he was successful in researching and experimenting in this field so familiar to him. Therefore, the cervical sympathectomy procedure is inextricably linked to his name and proven by the numerous conditions which he indicates (exophthalmic goiter, glaucoma, epilepsy) (3,4). This technique became a common practice among fellow physicians and medical students in Bucharest, until 1914 (4,5).

A modified intervention of this type was completed on April 2nd 1916 and was published in "Revista de Chirurgie" (Surgery Journal) no. 5-6, 1916 under the title: "Încercare terapeutică. Simpatectomie cervico-toracică în angina pectorală" (Therapeutic attempt. Cervicothoracic sympathectomy in pectoral angina), authored by Thoma Ionescu and his younger collaborator, Victor Gomoiu (6).

Surprisingly, later publications attributed to Thoma Ionescu completely failed to mention Victor Gomoiu's name or citations of the 1916's article in the "Revista de chirurgie" (Surgery Journal) authored by the two of them. These findings prompted us to find a relevant explanation (6,7).

The reason cannot be found by simply analyzing the scientific issue (the scientific context which generated the idea, the therapeutic alternatives available at that time, the target of the surgical intervention), but needs a good and overall understanding of the time, of the social climate and most importantly of the relationship between the two characters involved.

Thoma Ionescu - Victor Gomoiu relationship

1. Thoma Ionescu between 1910-1916 (Fig. 1)

He is the founder of the Romanian School of Surgery, since 1895 he was appointed to manage the Department of

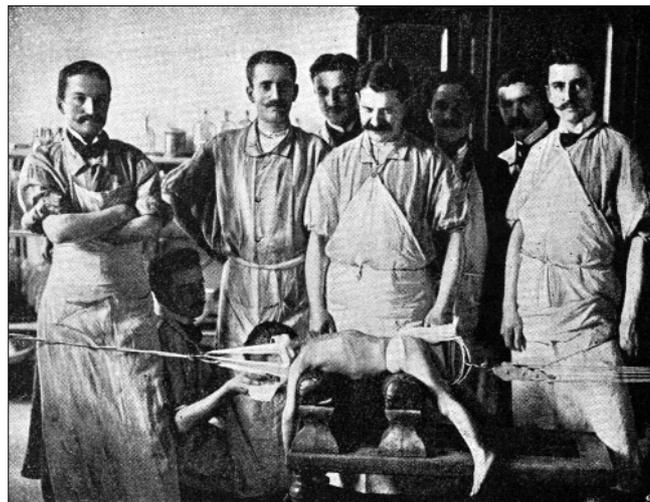


Figure 1. Thoma Ionescu and his colleagues attempting a traction procedure in a juvenile kyphosis case

Topographic Anatomy and Clinical Surgery of the Faculty of Medicine in Bucharest (Fig. 1). His activity as surgeon is impressive and covers virtually all surgery fields: surgical clinic, pathology and protocols (3,5,8).

As a medical student and later, as a physician and researcher in Paris, Thoma Ionescu studied the anatomy and surgery of the cervical sympathetic chain. As mentioned above, he is without a doubt the one who fathered the technique for total bilateral cervical sympathectomy. The numerous publications (Fig. 2) in which Thoma Ionescu introduces total bilateral cervical sympathectomy as a treatment for goitre with exophthalmia ("Traitement chirurgical du goitre exophthalmique", Paris, 1898), glaucoma ("Traitement du glaucome par la resection du sympathique cervical", Paris, 1898) or neurological afflictions (epilepsy, migraines), represent solid proof. These interventions were also performed by himself in the Department of Surgery at Colțea Hospital after 1900 (6).

Francois Franck, a famous physiologist, made the following suggestion in 1897: cervical sympathectomy could be performed in pectoral angina. This was after he listened to Thoma Ionescu's presentation on the anatomy and surgery of

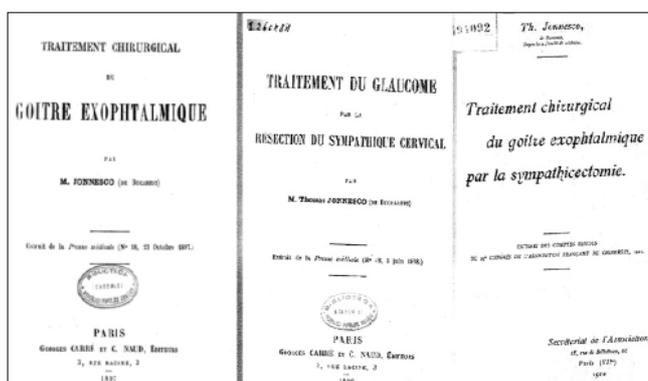


Figure 2. Thoma Ionescu's front covers of his volumes on cervical sympathectomy

cervical sympathetic chain, which included exophthalmic goiter (2 cases) and epilepsy (3 cases). At that time, Thoma Ionescu seemed uninterested and did not follow this idea, because of other surgical, social and political projects (6).

In the Romanian surgical field, and not exclusively, Thoma Ionescu was one of the pillars: head of Colțea Hospital, rector to the Bucharest University and senator. He undoubtedly had great intellectual and professional potential, as well as an extremely powerful social and political network. His brother, Take Ionescu, was the head of the Conservative-Democratic Party, leader of the opposition and future Prime-Minister, one of those who supported Romania to side with the Triple Entente in the Second World War. Their other brother, Victor Ionescu, was the founder of “Acțiunea” (Action) newspaper and supported the political projects of his brothers, the three of them forming a solid social, political and academic trio (4,9,10).

As far as his academic career is concerned, he seems to have been a strong personality, reluctant to compromise and share equal credits for surgical achievements with his disciples, no matter how talented the latter. Nonetheless, he is known for scouting and assisting young gifted surgeons: Ernest Juvara, Amza Jianu are some remarkable personalities of Romanian surgery in the 20th century, whom he discovered. A more conflicting relationship was the one with Dimitrie Gerota, the most famous Romanian name in worldwide anatomy. Uncompromising and tactless, despite his obvious surgical and researching skills, Dimitrie Gerota brought Thoma Ionescu’s disfavor upon himself, thus disrupting definitively his academic path. A gentleman to the core, Dimitrie Gerota never wrote against his former maestro, though reasons were plenty and he pursued his surgical and scientific career, eventually reaching worldwide fame (11).

2. Victor Gomoiu 1910-1916 (Fig. 3)

Only 28 at that time, Gomoiu worked in the Surgical Department of Colțea Hospital and was one of the close collaborators of the Thoma Ionescu. He had a prolific

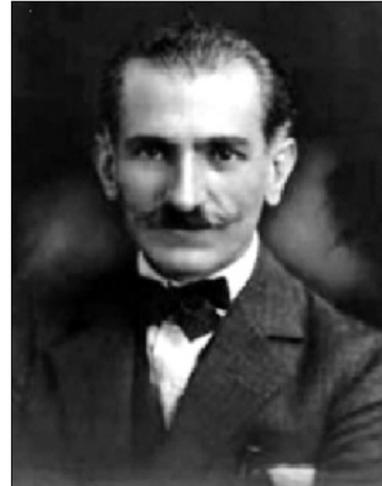


Figure 3. Victor Gomoiu

publishing activity and a remarkable surgical practice record, certified in “Revista de Chirurgie” from 1915 to 1916. It seemed he was one of Thoma Ionescu’s disciples who enjoyed his master’s goodwill.

As mentioned before the-D day is 2nd of April 1916, when Thoma Ionescu assisted by Gomoiu performe the cervico-thoracic sympahctomy for angina pectoris.

Considering all the evidence, until 1916 Thoma Ionescu did not think that cervical sympahctomy would be appropriate for angina pectoris. After surgery, the patient has no more symptoms, recovers quickly and is discharged. The case is published in “Revista de Chirurgie No. 5-6, 1916”, under the title: “Încercare terapeutică. Simpatectomia cervico-toracică în angina pectorală” – “Therapeutic attempt. Cervicothoracic sympahctomy in pectoral angina”) and is co- signed by prof. Thoma Ionescu and Dr. Victor Gomoiu (6).

Thoma Ionescu entrusts this subject as a future doctorate thesis (Fig. 4) to Z. Iordachescu, which proves once again the double authorship of the operation (6).



Figure 4. Z. Iordachescu’s Doctorate thesis on cervical-thoracic sympahctomy, 1916



Figure 5. Cover of the Surgery Journal No.5-6, 1916 in which the first article “Therapeutic attempt. Cervical-thoracic sympahctomy in pectoral angina” on the cervical-thoracic co-authored by Thoma Ionescu and Victor Gomoiu appeared

During the following years, Thoma Ionescu shows diminished interest in this matter. Nevertheless, the cervico-thoracic sympathectomy proves to be a success in that particular case. As the First World War ends, Thoma Ionescu's interest towards this matter is rekindled, thus he presents the case - "Angine de poitrine guérie par la résection du sympathique cervico-thoracique" - in front of the Parisian Medical Academy, in October 1920, without mentioning the contribution of his younger colleague, V.G. or the early articles regarding this case from 1916 (6).

In 1922, the same patient is admitted for a common fracture. Although his angina pectoris was considered cured, Thoma Ionescu suggests contralateral sympathectomy, in order to complete the sympathetic resection, accepted by the patient. Thus in March 31th he performs right cervical-thoracic sympathectomy.

„Le 14 avril j'ai présenté le malade complètement guéri à la Société de Chirurgie de Bucarest, donc cinq ans après l'opération. Ce malade est rentré dans mon service le 10 février 1922 pour une fracture du tiers moyen du bras gauche. Profitant de l'occasion qui se présentait pour pouvoir achever mon opération que je lui avais pratiquée en 1916, je lui ai proposé la résection du sympathique du côté opposé. Et quoiqu'il fût parfaitement guéri, il a accepté cette nouvelle intervention. C'est ainsi que, le 31 mars 1922, je lui pratiqué la résection totale du sympathique cervical droit, en y ajoutant le premier et le second ganglion thoracique. Il a subi très bien cette deuxième opération et il a quitté le service le 5 avril.”(Fig. 7).

Nevertheless, the intervention is futile, the patient being already in a good state: “On peut croire, et je l'ai cru moi-même, que cette opération unilatérale, je dois m'incliner et croire, jusqu'à nouvelle preuve, qu'une résection, même de un seul cote, serait suffisante pour obtenir le resultat parfait. Mais, j'ajouterai que, l'opération étant simple et innocente il est préférable, dans la suite, de pratiquer la résection du sympathique des deux cotes, quand même la résection unilatérale se montrerait suffisante.” Toma Ionescu - Presse Medical No. 2, pag. 193-4,1921 (6).

In 1923, Thoma Ionescu publishes another article regarding this technique in French: “Le sympathique cervico-thoracique”, Paris, Masson, 1923, (Fig. 6) mentioning Gomoiu as the one who brought the patient, as well as being part of the team which operated on this case. In addition, Thoma Ionescu states that the patient was operated on the left side only. This bewildered and offended Gomoiu to some extent. So in retaliation he published a pamphlet about prof. Thoma Ionescu, showing how the latter attempted to take all the credit for this surgical finding. As Gomoiu found no justice, he then published, in 1923 a detailed version of how the cervico-thoracic sympathectomy came to life and who should, in fact, be credited for it (6).

There is very little or no response on Thoma Ionescu's part to all of Gomoiu's attempts to present the truth. At first the younger surgeon was offered a position as professor at the Faculty of Medicine, which he finds inequitable. Then there is little direct reaction from Thoma Ionescu: he lets his influence speak for himself, as Gomoiu seems to fall in disgrace and loses most of his scholar privileges (6).

Overall, there is an obvious idiosyncrasy in Thoma

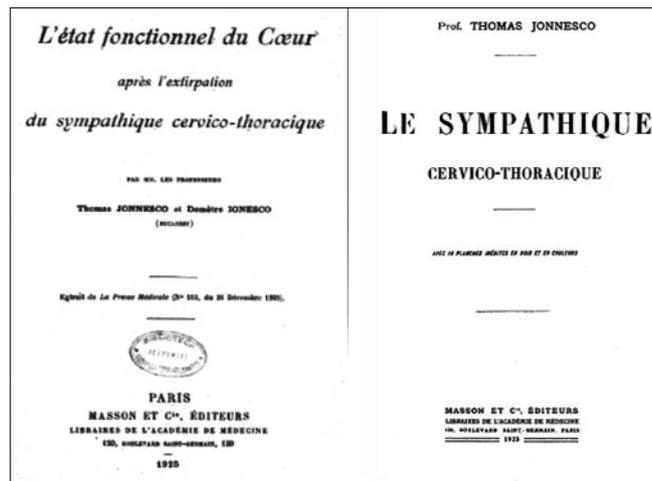


Figure 6. Covers of Thoma Ionescu volume on the cervical-thoracic sympathectomy, Masson Paris 1923

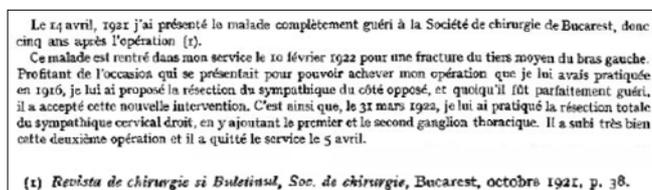


Figure 7. Excerpt from Prof. Thomas Jonnesco - Le sympathique cervico-thoracique, Masson, Paris 1923

Ionescu's behavior regarding this matter. This questionable attitude leaves a lot of questions unanswered. Why didn't he admit that the surgery was a collaboration? Was this technique a scientific breakthrough in the surgical field? Could this prolific scientist have foreseen the revolution about to be brought by this procedure?

Facts and details are rather unclear, thus attempting a remake of the events using the recordings and publications of the time is a difficult task. However, it is plausible that Gomoiu was the first to come with this surgical solution for the treatment of pectoral angina. He was close to prof. Daniel Danielopolu and Nicolae Paulescu and showed a serious and persistent interest in physiology (9,10). Therefore, after he looked into the matter and found a suitable patient, he did all the other necessary preparations to have this operation performed. He introduced the patient to Thoma Ionescu and suggested they should resect the cervical-thoracic chain on the left side, and only on the left side. It is important to mention that Thoma Ionescu's operation was the bilateral sympathectomy, not one-sided. Thoma Ionescu is impressed with the outcome of the new surgical procedure and publishes the case, but he does not follow up the patient, leaving him in Gomoiu's care.

If we are to look at the historical context, the fading enthusiasm of Thoma Ionescu can be justified by the political context, as in the summer of 1916 Romania enters the First World War, most of Bucharest is deserted and its inhabitants, the king and the governing institutions, flee to Iasi. Scientific research and academic activities fade, becoming less urgent.

As the war comes to the end, F. Frank's idea about sympathectomy and pectoral anigra stirs up an important reaction: foreign surgeons and authors (Brown, Coffey, Ransohoff or Brünning) publish their results on this procedure (12,13,14). It is possible that Thoma Ionescu remembered about it due to all this advertising. He could have had a revelation that sympathectomy just found itself a precious indication. Knowingly or unknowingly, he forgot that the idea did not belong to him solely.

Toma Ionescu's further behavior is dishonorable as he makes haste to publish the case in France and Bucharest, without mentioning Gomoiu. It is obvious he intended to make himself the only author of this procedure and he erased Gomoiu's contribution never mentioning the 1916s article (Fig. 5) or the doctorate thesis named "Ionescu-Gomoiu Operation". Thoma Ionescu chooses to treat Gomoiu like the ancient pharaohs of Egypt handled their enemies: royalties erased the names of the opponents even if they were long gone (6).

To Thoma Ionescu's misfortune, Gomoiu was more than a prodigious surgeon. He was also a gifted writer. Seeing his request denied, he reacted violently, using his sharp and witty pen against the former collaborator. A conflict between Gomoiu and Thoma Ionescu was born and Gomoiu fueled it by pouring all his energy and perseverance in detracting the latter. Gomoiu published a magazine in which he minutely analyzed each and every detail of Ionescu's private, scientific and academic life.

A new light is shed in this matter, if Thoma Ionescu's nomination to the Nobel Prize is taken into consideration. This subject is separately discussed in a joint article by prof. O Buda (16).

Gomoiu complained that Thoma Ionescu used the resection of the superior cervical sympathetic (operation named Alexander) or the resection of the whole cervical sympathetic chain (operation named Toma Ionescu), but never before 1916 had he resected the inferior cervical node together with the first thoracic, while respecting the superior and the middle cervical. Moreover, Thoma Ionescu had neither used the term "cervicothoracic" before 1916, nor indicated cervicothoracic sympathectomy in pectoral angina (6).

Overall, Thoma Ionescu worked for about 20 years enhancing the technique of the cervical sympathectomy. There is no doubt he is a pioneer of the technique, thus his merit cannot be diminished or denied (3). On the other hand, Gomoiu contributed greatly to this matter and he need not be neglected. If his recordings on the matter present the objective truth, not a subjective view which is prone to be splashed with echos of mundane negative events between him and his superior, Thoma Ionescu's attempt to exclude his fellow surgeon from the paternity of the cervicothoracic sympathectomy in pectoral angina, as the documents show, is unworthy of the master and unfair to the disciple.

Nowadays, hardly can one disagree with Gomoiu, he was undoubtedly mistreated. Thoma Ionescu's very own texts accuse him of fraud. In 1916 he indirectly admits that he operated on the same patient a second time with no actual

purpose (Fig. 7). Even if after WWII the sympathectomy procedure becomes marginal in the treatment of pectoral angina (15), Gomoiu's efforts and innovation deserve to be brought to light and the paternity of the operation reevaluated. Afterall, this operation *represents the first surgical attempt in treating coronary heart disease*, thus gaining its place in the history of medicine as the one which opened the sensational field of cardiac surgery in the 20th century. The reason behind this feud seems to have been the right to be placed in the hall of fame for such a remarkable break through. From Thoma Ionescu's point of view, winning the Nobel Prize and engraving his name forever in the medical history must have been too tempting. Nevertheless, both characters lived almost a century ago. Revealing some not so honorable deeds will not take, nor belittle Thoma Ionescu's place in the history of medicine. They will, however, come as a lesson for those to come, pointing out values much discussed today, such as: truth, justice or ethics.

Author contributions

C.V. - writing and review
A.B. - documentation
M.S. - writing, English edit

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