



Editorial

John B. Barlow: The man and his syndrome

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Six years ago the world was saddened by the death of John Brereton Barlow of the Barlow syndrome of mitral valve prolapse [1]. He died from respiratory failure on December 10, 2008 in Johannesburg, South Africa at the age of eighty four. He will be remembered fondly by his peers and missed dearly by his patients. I for one will never forget him as my best and close friend, an intimate colleague, a trusted confidant, a pioneer in evidence-based medicine, a sharp-minded and energetic physician, a master clinician, and a compleat cardiologist [2,3]. He was certainly the most complete and accomplished cardiologist of his generation, not only in South Africa but also in the world at large [4, 5]. Both his patients and colleagues have benefited so much from his innovative mind, limitless energy, lifelong enthusiasm, great sense of humor and selfless dedication to principles [1]. He had a lifelong affiliation with the University of the Witwatersrand, from which he was graduated in 1951 and where he was a Professor and Director of Cardiology and its Research Unit and Physician-in-charge, Cardiac Clinic, Johannesburg Hospital since 1971.

Barlow entered the international cardiology scene in 1963 with publication of his landmark paper on the mid-systolic click and late systolic murmur associated with billowing of the mitral valve leaflets and mitral regurgitation [6], which was subsequently known as the Barlow syndrome. He often remarked that the click-murmur syndrome should be named Barlow–Cheng syndrome, because I described the late systolic murmur in coronary artery disease due to papillary muscle dysfunction [7,8] just a few years after his paper [6].

It was Barlow's efforts to clarify the features of non-ejection systolic click and late systolic murmur that started the whole “mitral valve prolapse” saga [5]. This auscultatory phenomenon up till then was generally considered to be extracardiac in origin caused by pleuro-pericardial adhesions. Barlow's discovery was so controversial at the time that it did not win acceptance easily. In fact, Barlow's paper was not accepted for publication in the journal *Circulation*, to which it was first submitted [2,3]. When Barlow later visited Baltimore, Victor McKusick, who was the “Heart Sounds” editor of *Circulation* during the time when Barlow's original article was rejected, graciously offered Barlow the Conjoint Clinic Forum at the Johns Hopkins Hospital and subsequently published Barlow's presentation in the *Journal of Chronic Disease* [9]. Also, it was during Barlow's visit to the Johns Hopkins Hospital in 1964 that he met John Michael Criley who introduced the term ‘prolapse’ of the mitral valve [10]. Although Barlow never liked using the term ‘prolapse’ and preferred the term ‘billowing’ mitral leaflet [11] (vide infra), he had the highest respect for Criley.

Barlow and I visited each other frequently, oftentimes with our family (Fig. 1). His office in Johannesburg Hospital had a rather cluttered desk (Fig. 2), just like mine in the George Washington University Medical Center (Fig. 3). He always reminded me of what Albert Einstein said about a cluttered desk: “If a cluttered desk is a sign of a cluttered mind, of what then is an empty desk?”

His sense of humor could be best illustrated by a plaque on the wall of the Duroziez Conference Room in the Johannesburg Hospital, which I visited in 1995. The plaque reads as follows:

THE HIGHLY DANGEROUS “BIG NAME” SYNDROME

- (1) **A Cardiac Catheter Report**
- (2) **An Echocardiographic Report**
- (3) **The Diagnosis or Opinion of a “Senior” Consultant**

The photograph of this memorable plaque is now hung in the John Barlow Conference Room of Johannesburg Hospital, which was the former Duroziez Room that I visited in 1995. The Duroziez Room was renamed John Barlow Conference Room after Barlow's death (Fig. 4a). On one wall could be seen his portrait and his stethoscope (Fig. 4b). In between them could be seen the plaque of the Highly Dangerous “Big Name” Syndrome (Fig. 4c).

Barlow syndrome is also called mitral valve prolapse syndrome, although Barlow never liked the term ‘prolapse’. The term ‘prolapse’ was introduced in 1966 by Criley (Fig. 5) of Johns Hopkins Hospital — where he was a medical resident while I was a fellow in medicine (1957–1959) — based on the characteristic cine-angiographic appearance of the prolapsing mitral valve leaflet into the left atrium following

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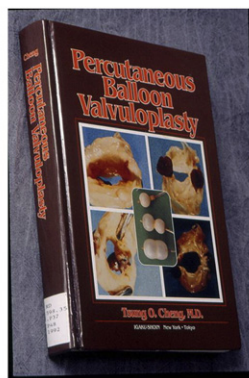
Fig. 1. Barlow and his family visiting my home in Washington in 1985. In the back row, from left to right, are the author, Clifford Barlow (Barlow's younger son), Richard Barlow (Barlow's older son), and John Barlow himself. Seated in the front row, from left to right, are Marie E. Cheng (my wife), Shelagh Barlow (John Barlow's wife) and Dr. Caroline Popper (a family friend of the Barlows). The four Chinese characters on the back wall behind the Barlows are, from right to left and from top to bottom, spring, summer, autumn and winter. As the saying goes, seasons can change but good friendship never change and last forever.

left ventricular injection of the contrast substance in patients with a mid-systolic click and a late systolic murmur [10]. Barlow was adamant about the distinction between the term 'prolapsing mitral valve', which

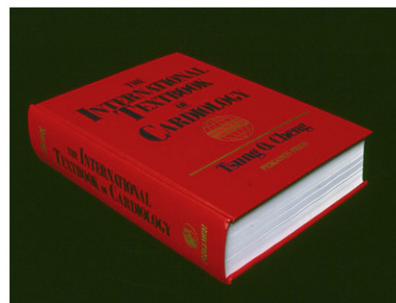
he disliked, and 'billowing mitral valve', which is the term he preferred [11]. "Billowing" and 'floppy' describe the anatomical or pathological status of the mitral valve, whereas 'prolapse' and 'flail' describe function.



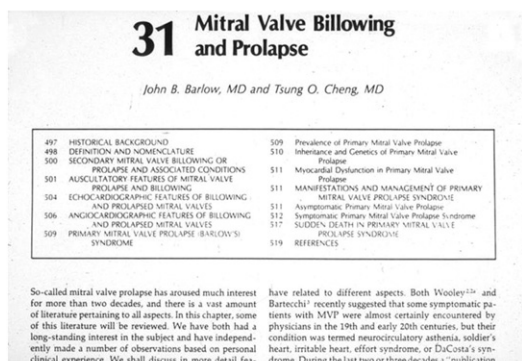
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Mitral Leaflet Billowing and Prolapse: Its Prevalence Around the World



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Fig. 2. Barlow's office in Johannesburg Hospital with a cluttered desk (a). On the left corner atop a pile of his papers is my book "Percutaneous Balloon Valvuloplasty" (b). On the right side of his desk, next to the telephone, is another book of mine, "The International Textbook of Cardiology" (c), which contains a chapter, entitled "Mitral Valve Billowing and Prolapse", which Barlow coauthored with me (d). Next to it is a reprint of an article, entitled "Mitral Leaflet Billowing and Prolapse: Its Prevalence Around the World" and published in Angiology in 1989, which I coauthored with Barlow (e).

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