patients with operated AADA and deep hypothermic circulatory arrest (DHCA) up to 30 minutes is similar with an age and sex matched standard population.¹⁰

Plasma concentrations of D-dimer are an interesting tool and a valuable addition in the diagnostic work-up of AADA. However, prediction of mortality and indication to proceed or not with emergency surgery should certainly not be based on a D-dimer, or on any other laboratory value. The majority of patients are suitable for surgery and should therefore be sent immediately to a cardiac surgical department, where surgery can be performed with a low mortality and results in the majority of patients having a good mid-term outcome with normal quality of life.

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Obituary

Sir Brian Barratt-Boyes KBE

Sir Brian Barratt-Boyes, who died 8 March age 82, was a pioneering New Zealand cardiac surgeon. He was born in Wellington, New Zealand on 13 January 1924. He was educated at Wellington College and Victoria University before going on to study at Otago's Medical School, graduating in 1946. He continued his training as a surgeon, initially in New Zealand and later at the Mayo Clinic, Rochester, USA from 1953–5. Then as a Nuffield Fellow he worked in Bristol from 1955–6. At the Mayo Clinic he worked with John Kirklin who was at that time developing the techniques of open heart surgery. The two became firm friends and subsequently joint authors.

Barratt-Boyes was recruited back to New Zealand in 1956 by Sir Douglas Robb and in 1958 performed the first operation on cardiopulmonary bypass in New Zealand at Green Lane Hospital, Auckland. Under his pioneering leadership, the unit thrived and in 1962 he started using homograft aortic valves for aortic valve replacement with excellent results. His first patient is still alive, having had her first replacement valve re-replaced by Barratt-Boyes after 25 years.

In the 1960s although there had been many advances in the surgery for congenital heart disease, the results in infants were poor throughout the world. Using a technique of deep hypothermia and circulatory arrest which had been developed in Kyoto, Japan, Barratt-Boyes obtained excellent results with early correction in infants who would otherwise have had palliation and later correction. Although this technique was cumbersome, it was adopted by many other surgeons throughout the world with steadily improving results. With the subsequent improvements in cardiopulmonary bypass, it was largely abandoned by the late 1980s. However, it was the pioneering work and techniques of Barratt-Boyes that showed that many complex conditions could be safely corrected in infancy. Many young surgeons from all over the world were attracted to train with Barratt-Boyes and the excellent team he had established. They in turn returned to their countries to put to good use the techniques learned in Auckland.

Barratt-Boyes was appointed CBE in 1966 and knighted in 1971. He published many papers, mostly about homograft valves and surgery for congenital heart

disease. He contributed to a large number of international meetings and in 1985 he and his old friend John Kirklin published their monumental book *Cardiac Surgery*, which became the standard book for the subject. He received many honours including being made the first Honorary Professor of the University of Auckland in 1971. He retired in 1988 and in 1995 his face appeared on one of New Zealand's postage stamps; one of few living New Zealanders to have this honour.

He was enormously dedicated, a brilliant teacher and a superb technician. He built an outstanding team around him and the unit developed a well deserved reputation. Sadly his own health was marred by the need for two operations for coronary artery disease and in his last few months he became severely short of breath. He had a double valve replacement at the Cleveland Clinic, but died a few days later.

He married Norma Thompson in 1949 and they had five sons. The marriage was dissolved in 1986 and he then married Sara Monestar.

James Monro
Southampton General Hospital
Monro1711@aol.com