# Re: Lab Experiments 'Terrifying' For Animals

***Source:*** http://sci.tech−archive.net/Archive/sci.med/2005−01/2177.html

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"Sbharris[atsign]ix.netcom.com" <sbharris@ix.netcom.com> wrote in message
news:1106800625.687477.240770@z14g2000cwz.googlegroups.com...
*> >>'The writer's first witness is Dr Moneim A. Fadali, for 25 years one*
*> of*
*> America's leading cardiovascular surgeons. This highly respected doctor*
*> is also: Diplomate to the American Board of Surgery; Diplomate to the*
*> American Board of Thoracic Surgery; Certified with the Canadian Board*
*> of Surgeons; Certified with the Royal College of Surgeons, Canada;*
*> twenty−five years on the clinical staff of the University of California where*
*> he currently practises. The statements of Dr Fadali, are confirmed and*
*> supported by doctors equally impressive and prestigious in many fields*
*> of medicine who are vociferous in their agreement that abolitionists are*
*> correct in their claim that vivisection is fraudulent and that those engaged*
*> in it are scoundrels and charlatans who should be imprisoned.*
*>*
*>*
*> COMMENT:*
*>*
*> Excuse me? I've never heard of this guy except that he's telling us*
*> that the right coronary is dominant in humans, according to Ruesch.*

'right coronary artery branches
..
posterior descending artery (PDA, 90%)
hence, right coronary a. is usually dominant
http://chorus.rad.mcw.edu/doc/00462.html

*> As for how many eminant people agree with him, I'll just post a*
*> historical link by the John E. Connally, who did the first modern*
*> coronary bypass, which this Fadali guy says wasn't developed by animal*
*> research. Connally, however, says differently.*
*>*
*> >> Of the use of the dogs for coronary by−pass and open−heart surgery*
*> Dr Fadali writes:*
*>*
*> "Animal research was NOT responsible for the development of*
*> coronary bypass surgery. In 1961 in France, Kunlin first used a*

*> portion of a person's own vein to replace obstructed arterial segments.*
*> This gave birth to arterial bypass surgery for different parts of the body,*
*> the heart included. <<*
*>*
*> COMMENT:*
*>*
*> "Gave birth to" is short for "after a lot of years of dog research."*

And you attribute advances to messing about with dogs,
or were they due to studying and operating on humans?

*>From your link;*

"I tried a saphenous vein as the conduit after learning of Kunlin's 1
use of a reversed saphenous vein for femoral−popliteal bypass."
[1. Kunlin J. Le traitement de l'ischaemia arteritique par la graffe
veineose longe. Rev Chir Orthop Reparatrice Appar Mot 1951;70:206.]

"I was trying to develop a method of occlusion of the vein bypass
external to the chest when my year of animal research ended and
I was re−immersed into a busy residency."

'In 1967, we reported animal experiments that used this technique,
which we called myocardial boring. 10 We learned at that time that
Sen 11 had performed similar experiments and had called his
acupunctured animal hearts "snake hearts" because the snake does
not have coronary arteries. I never did the procedure on human
beings because of our work on coronary artery bypass, but others 12
revived myocardial boring 35 years later, using a CO2 laser. I do
not expect it to be any more successful in supplying increased
coronary flow than was the Vineberg procedure. ..'

{Meanwhile, let's not forget..
"The principal cause of coronary heart disease is bad nutrition and
lack of exercise." (Prof. Beaglehole, Prof. of Community Health at
the Auckland Medical School on Morning Report, Radio N.Z.,
February 27 1991.) [U.S 2001 heart disease deaths − 699,697]}

*> Here's the rest of the story, by Dr. Connally. It's complicated, but*
*> then all history is.*
*> http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=101261*

'One feature of the animal experimental method is its drama − it is
so much more dramatic than clinical discoveries that animal researchers
get credit for virtually every discovery ever made in the history of medicine.
A clinician will make the discovery, then an animal researcher will perform
a dramatic, showy, sometimes bloody experiment and will plagiarize
credit for the discovery which had already been made.

A very famous experimental surgeon named Alexis Carrel won the
Nobel Prize in 1912, ostensibly for discovering organ transplantation

and techniques of blood vessel repair. It is quite clear historically that Carrel was actually dramatizing discoveries already made by leading figures in abdominal surgery in the latter part of the 19th century. Even his technique of connecting the two severed ends of the blood vessel, which underlies modern organ transplantation, was plagiarized from the clinical surgeon Robert Tuttle Morris.

Carrel also received credit for performing the first bypass surgery using segments of the patient's own vein to bypass obstructed arteries. He is credited with all the modern breakthroughs in vascular surgery. In actuality, vascular and bypass surgery began to evolve in the 1700's under the influence of William Hunter, a very famous British anatomist. Hunter found that in certain anomalous human cases, there is a shunting of blood from the artery into the vein. This situation can occur from injury, or, as in former times, when a patient was purposely bled, and an artificial connection between artery and vein was created.

William Hunter was able to demonstrate that the person's own veins can withstand this very high blood pressure normally found in the arterial system. This finding is actually the bedrock of the bypass principle, because all modern leg and coronary artery bypasses rely on segments of the patient's own vein to bypass arteries obstructed by atherosclerotic plaques.

Dr. Jean Kunlin is the surgeon who, in the late 1040's, actually discovered modern bypass surgery. His work relied on the earlier discoveries of William Hunter and others who had shown that in human beings, the vein could withstand very, very high blood pressures, and, therefore, could be used for bypass.

To demonstrate how disastrously far off track animal experimentation can throw the entire community of medicine, in 1952 some researchers performed animal experiments using vein as bypass material to determine whether segments of the animal's own vein would withstand the very high blood pressure in the arterial system. This experiment was presented in 1952 at the annual conference of the American College of Surgeons.

The researchers concluded, on the basis of their animal experiments, that it was not possible to accomplish bypass grafting with segments of the patient's own vein. Instead, the patient's artery should be used. This is because in dog experiments, when the segment of vein was inserted into the arterial tree, it ballooned out into an aneurism. The researchers were, therefore, afraid that if they placed these segments of vein into patients' arterial trees in the leg or coronary arteries, they would kill people because the vein segment simply would not hold up.

Because of these misleading animal experiments, most surgeons declined to use patients' own veins to bypass obstructed arteries for about ten years, at least until the early 1960's. Finally, a few surgeons began to believe the clinical data − 200 years of evidence

showing that very high blood pressure did not burst veins in human beings. This evidence came from cases of arterio−venous aneurism, in which veins were used to bridge obstructions in arteries during war surgery and in other clinical contexts. It was shown very clearly that vein bypass would work. Clearly, misleading animal experiments retarded the development of modern bypass surgery by about 10 years.
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http://www.chai−online.org/reines.htm