

Francis Fontan 1929-2018

It usually takes quite some time for an individual to become better known through an eponym as opposed to personal contact. As I pointed out when writing the encomium that inducted Francis Fontan into the Paediatric Cardiology Hall of Fame established by "Cardiology in the Young," it took Wilhelm Ebstein the better part of 100 years before he achieved this accolade.¹ In the case of Francis, his name was being used to describe the operation he first performed with 5 or 6 years of its performance. He was already famous in this regard when I first met him in 1974. I was remarkably fortunate to be "adopted" by him at this early stage of my career. He proved an amazing mentor, and subsequently we became close friends, spending many happy hours in each other's company.

He was born in the French burgh of Nay, in the foothills of the Pyrenean mountains. His father had been a famous cyclist, becoming "King of the Mountains" in the Tour de France. His schooling clashed with the Second World War, but shortly after the *Annee de la Victoire*, at the age of 17, he was accepted to read medicine at the University of Bordeaux. This began his lifelong attachment to the University, and the subsequent continuation of his career at the Clinique St Augustin in Bordeaux. Having decided to opt for a career in cardiac surgery, he received great support from the surgical faculty at the University, notably from his patron Georges Dubourg, and equally significantly from the Professor of Cardiology, Pierre Broustet. He rose rapidly through the ranks, becoming Professor *Agrege* in 1963, and taking responsibility for the Department of Cardiac Surgery on the retirement of Dubourg in 1968. Under the promptings of Dubourg, Francis had studied the concepts of the cavopulmonary shunt as being developed in Russia. He had also become friendly with Gerard Brom, the Professor of Cardiac Surgery in Leiden, The Netherlands, who pointed him toward the achievements of Glenn and Patino in this regard. He reasoned that, if it was feasible successfully to attach the superior caval vein to the pulmonary arteries, it should be equally possible to channel the inferior caval vein to the remainder of the pulmonary trunk. On this basis, he attempted such procedures in the dog laboratory, albeit without success. His mind was prepared, nonetheless, when the opportunity arose, to attempt bypass of the right ventricle in a young lady with tricuspid atresia. In 1968, therefore, he connected the superior caval vein to the detached right pulmonary artery, channeling the inferior caval vein, via the right atrium, to the remainder of the pulmonary trunk, having ligated the origin of the trunk from the incomplete right ventricle. Being familiar with the use of homograft valves, having established the first homograft bank in the continent of Europe in 1965, he also inserted a homograft aortic valve in the inferior caval vein. Despite a stormy postoperative course, the patient survived. Then, in 1970, he

repeated the procedure in a 30-year-old female. This time the postoperative course was smooth, and again the patient survived. The experience was reported in a French journal in 1971. A third patient underwent the procedure, but died, with the autopsy revealing changes due to pulmonary hypertension. It was this experience that was reported in the article published in *Thorax*, emphasizing the potential contraindications to the procedure.² The appearance of the report in the English language caught the attention of the International community, and the rest is history.

As can be deduced from the background to the operation, Francis was an all-round cardiac surgeon, also having considerable experience in aortic and thoracic surgery. Being accepted as an expert not only among adult cardiac surgeons, but also among pediatric cardiac surgeons and thoracic surgeons, Francis was ideally placed to promote the concept of a European Association of Cardio-Thoracic Surgery. It was the acceptance of this idea that he considered to be his greatest contribution to the field. The ongoing success of the Association testifies to his vision. He is rightly remembered now for the award of the Francis Fontan Fellowship by the Association, as well as by mentions too numerous to count of his operation and its subsequent modifications. A consummate all-round surgeon, and excellent administrator, he was also a superb mentor, and his advice was invaluable to all those who studied with him. Being Professor of Cardiac Surgery in Bordeaux had its obvious advantages for one who was also interested in the attractions offered by wine. I was fortunate not only to share wonderful wines with him from his own cellar, but also to be introduced to major chateaux in the region. His love of wine extended beyond the mere drinking. As his retirement from the University of Bordeaux drew near,



FIGURE 1 Francis photographed with his wife, Maryse, and the author while enjoying his retirement on the golf course in Bergamo, Italy, in 2002

having been chief for 29 years, he purchased a run-down chateau in Sauternes called l'Ermitage. Under the direction of his son, Edouard, and together with his wife Maryse, herself coming from a family of vigneron, the chateau was brought back to all its former glories. He was gratified when, in 1994, the wine created in 1992 was deemed the best Sauterne of the year in the magazine Gault and Millau, and in 1995 obtained the Prize of Excellence at the Vinalies International.

It was subsequent to his retirement from the University that he was invited by several of his former fellows and residents to join them at the Clinique St Augustin. On subsequently retiring from that venture, he continued to enjoy himself on the golf course, where he was a formidable competitor, as he needed to be to keep up with Maryse. When I wrote the fuller account of his achievements in inducting him to the Hall of Fame, in 1999, I hoped he would enjoy his full retirement. This has subsequently come to pass, and he died peacefully at his home in January. His name will now live forever.

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