

# Stellingen

1. Analysis of diastolic rather than systolic ventricular function may prove to be a sensitive tool in assessing the possibly deleterious effect of repeated coronary occlusion during angioplasty. It could also be an useful end-point in evaluating the efficacy of cardioprotective intervention. (this thesis)
2. Changes in the luminal area of an artery produced by the mechanical disruption of its intimal wall, can not be assessed accurately from the detected contour of the vessel from the single plane angiographic view. Therefore the additional use of densitometry to compute cross-section of areas from single views is advocated. (this thesis)
3. In patients with single vessel disease the functional significance of coronary artery stenosis can be evaluated at rest by quantitative analysis of coronary dimension and during exercise by myocardial thalliumscintigraphy. (this thesis)
4. Transstenotic pressure gradients obtained during angioplasty do not reflect accurately the pressure flow characteristics of coronary stenosis. (this thesis)
5. Restenosis is the Achilles Heel of the angioplasty procedure.
6. The procedural complications and limited success rates militate against carrying out PTCA, as prophylaxis, when diagnostic testing reveals restenosis in the absence of symptoms. (this thesis).
7. Angioplasty of the ischemia related vessel when technically feasible in patients with multivessel disease and refractory unstable angina pectoris is an attractive alternative to bypass surgery, at least for the short term. (this thesis).
8. Although the ultimate benefit of thrombolysis with streptokinase in acute myocardial infarction is now established it is recommended that during trials with better lytic agents the additional value of immediate PTCA should be investigated. (this thesis)

9. A perfectly designed study (prospective, randomized, double blind etc. . . .) will never make up for a fundamentally poor hypothesis nor can it be used to determine the accuracy of pathophysiological derangements.
10. The current difference in income level between those in academic setting and those in private practice results in a brain drain from the universities.
11. 'If you are going to have doctors you had better have doctors well off: just as if you are going to have a landlord you had better have a rich landlord. Taking all the round of professions and occupations, you will find that every man is the worse for being poor; and the doctor is a specially dangerous man'.  
The Socialist Criticism of the Medical Profession. Paper read to the Medico-Legal Society, 16 Feb. 1909. (George Bernard Shaw 1856-1950).
12. To be an effective and successful researcher, one should apply the credo of the Three Musketeers: 'one for all, all for one.'
13. 'Nationality – I have no feeling of nationality myself, and having no country to which I am really especially attached, I have no patriotism, but I understand this feeling in others; it is a feeling that stimulates men, but I believe that with progress it will slowly die.'  
(in 'notes and souvenirs' from Washington Serruys, 1871-1930).