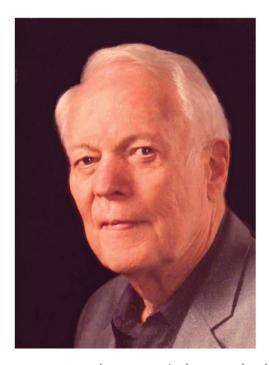
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OBITUARY

John Leslie Fahey 1924–2014

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The bone marrow transplant community lost an early advocate and colleague with the death of John L. Fahey on 19 August 2014. John was a good friend of Don Thomas, George Santos, Bob Good and Graw, Georges Mathé and other transplant pioneers and helped transplants expand when there were few enthusiasts.

John Fahey was a basic scientist and clinical researcher, educator, and consummate medical organizer and strategist. He was born on 8 September 1924 in Cleveland Heights, Ohio. He had a classical Jesuit education (the best, IF you can survive it) including four years of Latin, two of classical Greek and one science course (physics). His undergraduate education was at John Carroll University, Ohio State University (courtesy of the US Army) and Wayne State University where he received a Masters in Physiology in 1949 and where a senior colleague advised him: 'John, never repeat a successful experiment'. He transferred to Harvard Medical School receiving his MD in 1951. While a student he worked in E.J. Cohn's protein chemistry laboratory (anyone remember Cohn fractionation?). Francis (Franny) Moore, chief of surgery at the Brigham, tried to recruit John to a surgery internship but, fortunately for us, was unsuccessful. Even at this formative stage, John realized surgery was not a playing field for intellectuals (not sure what full disclosure is needed here).

John's early work was on blood clotting proteins; he published his first research paper in 1948 in the *American Journal of Physiology* (not a bad start). He did his postdoctoral training in internal medicine at Columbia University College of Physician and Surgeons (on call every second night) where he met Henry Kunkel who encouraged his interest in protein chemistry, especially Igs. No mean houseman, he published the first English language

report of Wegener granulomatosis (with Godman and Churg no less). This should have been a clue as to what was to follow.

In 1953 John left Columbia to join the newly established National Cancer Institute (NCI) within the National Institutes of Health (NIH) in Bethesda, MD, USA. When he left New York he was able to put all his belongings in one suitcase. It is no exaggeration to say he was in on the ground floor. He described the 1961 opening ceremony for the NIH Clinical Center that was unique at the time. (The Rockefeller Institute for Medical Research (now Rockefeller University) and the Thorndike Lab at Harvard had smaller units less orientated to patient care.) Olvita Culp Hobby, Secretary of Health, Education and Welfare spoke at the ceremony but her several attempts to break a champagne bottle on the cornerstone failed. Several large guys came to her assistance smashing it on a nearby wall.

John cut a dashing figure in those days: tall, thin with flaming red hair, twinkling blue eyes and a sly but infectious laugh. He stayed at the NCI for 18 years acquiring a wife (nee Jane Adams Bishop, a wonderful person and dedicated nurse whom he married in St Patrick Cathedral in New York), a son and two daughters and a few more belongings along the way. Although his initial focus was on protein chemistry and coagulation, he 'converted' to immunology (let us call it a productive Ig gene rearrangement) after a sabbatical at the National Institute for Medical Research at Mill Hill (UK) where he studied with John Humphrey, Alec Isaacs (discoverer of interferon), Rodney Porter (Nobel Laureate in Physiology or Medicine), Sylvia Lawlor and others whom most readers of Bone Marrow Transplantation will be too young to know of.

Returning to the NCI in 1960, John established the Immunology Branch where he led some of the early studies of the immune system with a special focus on normal and abnormal Igs in animals and humans with plasma cell myeloma. Some of his NIH collaborators included Michael Potter, Thomas Waldmann, Lloyd Law, Paul Carbone, Herbert Rapp, Roy Hertz and others, John's laboratory discovered IgD and later the subclasses of IgG, IgA and IgM and of Ig light chains. This research resulted in the Ig classification scheme that we use today. His international reputation was growing and he was visited by Jan Waldenstrom, another clinically orientated protein chemist and a student of Arne Tisellus (who pioneered electrophoresis for those too young to know) sent by the Swedish government to study the state of biomedical sciences in the USA. John also started the NCI program to identify cancer-specific antigens and immune responses to them that underlie our current concepts of immune therapy of

Fahey joined the UCLA School of Medicine Faculty in 1971 as professor and chair of the Department of Microbiology and Immunology with an appointment in the Department of Medicine. This is where I met him when he agreed to be my PhD advisor. There were no or few MD/PhD programs at the time, and so having completed my MD studies and internal medicine and hematology/oncology training I enrolled in John's Department as a PhD student. To describe the environment as hostile would be an understatement. Several professors with PhDs resented someone with an MD (clearly not a scientist) entering their 'club'. (How things have changed.) But John was supportive throughout including a shouting match at my oral exam. He understood the

1454

issue because during his training the concept of a clinician/ scientist was most uncommon. With his help I finally succeeded. John's colleagues at UCLA in our field included Paul Terasaki, William Hildeman and Gerhard Opelz among others.

At that time there were four blood cell separators in the world, all identical and all produced by IBM's Aminco division. The NIH had two, MD Anderson (Emil Freireich and Jean Hester) one and the Seattle US Public Health Service Hospital (Don Thomas, Reginald Clift and Dean Buckner) one. John permanently 'borrowed' one of the NIH centrifuges, which he brought to UCLA. It sat crated in the hallway outside my laboratory for a year while we tried to determine what to do with it. Our initial idea was to make 'transfer factor' (whatever that is: with Sherwood Lawrence), then 'immune RNA' (whatever that is; with Yosef Pilch) but gave up on both (fortunately). We knew Reg Clift was using his centrifuge to collect granulocytes for transfusion so after a few practice runs on monkeys and RBC units from the Blood Bank I was off to Seattle. As it happened, Reg decided to stop using the centrifuge the week I was there but John refused to pay my return airfare. So I remained. The next day Alex Fefer popped into the apheresis room asking if anyone would go with him to the OR to collect bone marrow. Everyone took one step back; I was clueless. I professed no knowledge of transplants; Alex assured me it was 'mindless' surgery, even I could do it. And so my involvement in bone marrow transplants began thanks to John's parsimony, Reg's decision, Alex's invitation and Don and Rainer Storb's hospitality and encouragement.

John had many other activities at UCLA. He developed the Center for Interdisciplinary Research in Immunology and Disease, CIRID, at UCLA (1978–1998). John helped found and was the first President of the Clinical Immunology Society (1986) and was head

of Clinical Immunology Section of the International Union of Immunological Societies (1992–1998). He was Advisor for Immunology to the World Health Organization (1964–1994). He quickly organized an immunology study group with Michael Gottlieb and Andrew Saxon when the first cases of AIDS were recognized at UCLA and Memorial Sloan-Kettering. I could go on.

Few people can claim as wide an impact on basic science and clinical research, education and public service (he retired as a captain in the US Public Health Service) as John L. Fahey. His productive Ig gene rearrangement resulted in a clonal expansion evidenced by the many prominent researchers who studied with him. He had more than 60 postdoctoral students, a factoid for the Guinness Book of Records and published more than 400 scientific reports at a time before you could pay to publish your typescript in a so-called open access journal online.

John L. Fahey was a strong early supporter of the bone marrow transplant community where his tremendous influence at NIH helped secure funding for many program project grants. Had he stayed with blood coagulation we would probably be up to Factor XX and most of us would have to spend two instead of one week before the Haematology Boards remembering (and then promptly forgetting) the coagulation cascade. By the way, did I mention John was very Irish, enjoyed early jazz and blues, Swing bands and Italian opera. There is a popular book: *How the Irish Saved Civilization*. John is a perfect example. An extraordinary career; he will be missed.

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