Haematologists do it

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‘Making good wine is a skill: making fine wine is an art’.

Robert Mondavi (1913–2008). American wine maker, Napa Valley, California.

For many years I have been surprised at how many doctors make wine. Most, but not all, are surgeons and a few are haematologists. I have never been able to understand why so many of my colleagues are winemakers. Perhaps they learnt biochemistry and infectious diseases during their training or maybe they just like the taste of wine, can afford to drink it, and decided it would be interesting to make it.

Since the seminal papers of the late E Donnell Thomas and colleagues in the late 1970s, bone marrow transplantation (haemopoietic cell transplantation (HCT)) in adults has been carried out by haematologists. In children the situation is less clear-cut and oncologists are involved in HCT. HCT for leukaemia, aplastic anaemia and multiple myeloma is usually undertaken by haematologists but the use of HCT for the treatment of Hodgkin Disease and Non-Hodgkin lymphoma is a contested area between haematologists and oncologists.

In most European countries, the treatment of haematological malignancies is undertaken by haematologists, usually in large hospitals. These doctors work in large departments which undertake teaching of trainees as well as treatment of patients (with haematological malignancies). In the treatment of some diseases such as Chronic Myeloid Leukaemia (CML) where a fusion gene (Fig. 1) has been identified, sub-specialist clinics, staffed by haematologists are found in large teaching (university) hospitals. As treatment of this hitherto fatal illness has been radically and effectively altered since the development of tyrosine kinase

inhibitors (TKIs) by Brian Druker et al. [1], the formation of sub-specialist clinics has become paramount. The development of assays for the measurement of BCR-ABL₁ transcripts using quantitative real time polymerase chain reaction (RT-qPCR) [2] has made these clinics very important as the interpretation of laboratory transcript data requires a degree of expertise. Dedicated hospital-based units for the treatment of CML facilitates the development of close relationships between molecular biologists, clinicians and support staff as compliance has become an issue [3]. We have known for many years that patients taking anti-hypertensive medicine discontinue it after 5 years because their blood pressure is normal and they feel OK. Likewise, many patients taking TKIs for CML discontinue treatment because their blood counts are normal and they feel OK. We never thought we would see the day when compliance was an issue in the treatment of a haematological malignancy. It would seem to be difficult for single-handed oncologists to develop such expertise.

I have come across doctors who make wine from Turkey to the United States. I have previously written about Robert Sinskey [4] and Julio Palmaz [5], neither of whom were haematologists, however a few years ago I learnt about John Barrett and his wife Vera Malkovska (Fig. 2), both haematologists who make wine in Maryland, USA. John is English and Vera is from the Czech Republic. John moved to the United States in 1993 and established and ran the National Heart Lung and Blood Institute BMT programme at the NIH in Bethesda for 25 years. He is now setting up a stem cell transplantation programme at the George Washington University Hospital. John is the only person who has served as president of both the EBMT and the American Society for Blood and Marrow Transplantation. He is currently editor of *The British Journal of Haematology*.

John told me that he inherited an interest in wine from his father. On a whim he took his father’s corking machine to the USA. Twelve years later, with his wife, Vera, he bought 28 acres of farmland in Maryland and built a house (Belo Horizonte). John says that Vera has an extraordinarily discerning palate and she early on recognised the

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Fig. 1 BCR-ABL1. BCR-ABL1 showing the reciprocal exchange between a piece of chromosome 9 and chromosome 22.

Fig. 2 Drs Vera and John Barrett. Haematologists and winemakers in Maryland, USA.

impact of aeration before tasting. John says: *'making wine has been a fascinating and deeply satisfying activity, a blend of gardening, bioscience, artistry, culture and of course gustation'*. Neither John nor Vera had any formal training in wine making but they joined the Maryland Grape Growers Association for helpful information. In 2010, they made 50 bottles of wine but now have over 250 bottles of 'Belo Horizonte' maturing in their cellar.

A number of years ago I was introduced, at an EBMT dinner, to Tamás Masszi, HCT and wine maker from Hungary. Tomás is a most charming dinner companion and became involved in wine making by accident. He is

Fig. 3 A wine label from Dr Tamás Masszi. Haematologist and winemaker in Hungary.

currently Vice-Dean of the Faculty of Medicine, Semmelweis University and chair of the National Board of HSCT in Hungary. He told me that in 2003 he bought a wine cellar and approximately two acres of land, with an excellent view of Lake Balaton. There were some vines on the field and it turned out, that (being in the middle of a historical wine making region) if he wanted to put up a larger building for

the family, he had to plant more vines. This is how he became a wine maker.

Currently, he makes 2000–3000 L of wine from Char-donnay, Riesling and Zweigelt (Fig. 3) (a red grape grown widely in Austria) and a little Pálinka (brandy) from Irsai Olivér (a hybrid) and Cserszegi Fűzeres (another hybrid closely related to Gewürztraminer). All grapes are hand harvested and fermentation takes place in wooden barrels. He does not sell his wine as it is only for ‘*friends, family and fools*’. In some years, he resorts to chaptalization [6] but in most vintages this is not required. At the moment I am drinking Pinot Grigio from Hungary which is inexpensive and excellent.

So, haematologists do it. I am sure there are many haematologists, unknown to me, who make wine either for their own consumption or for sale. As the famous Sir William Osler said: ‘*While medicine is to be your vocation, or calling, see to it that you have also an avocation – some intellectual pastime which may serve to keep you in touch with the world of art, of science or of letters*’. Hopefully an interest in wine making will help to prevent burn-out in later life!

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