



ORBITUARY

**In Memoriam: Professor Barry Firkin
(1930–2001)**

On January 12, 2001, we farewelled a friend and a great haematologist, Barry George Firkin. Barry died after a long illness that he fought bravely and with dignity. It is ironic that after spending many years caring for patients with a variety of blood diseases that Barry succumbed to chronic myelomonocytic leukemia.

Born in Newcastle, New South Wales in 1930, Barry was encouraged by his mother to pursue a career in Medicine. He enrolled in the University of Sydney and graduated with honours in 1954. Throughout his undergraduate years, he was fascinated by the history of Medicine and maintained his interest throughout his life. His academic potential was quickly recognised by his seniors and he was advised after graduation to join the Clinical Research Unit at the Royal Prince Alfred Hospital where his interest in clinical haematology and bleeding disorders began. It was at that time that Barry had to make a choice between a career in Medicine or golf. He was a skilled golfer with a rapidly improving handicap, a successful career in golf was within his reach. His love of Medicine however won on the day. Although he had no regrets, he often wondered what could have happened had golf won the day.

In 1958, Barry travelled to St. Louis, MO, USA where he joined Carl Moore and his team at Washington University. It is there that Barry's interest and love for Haematology was cemented. The experience set his life course. He relished the work environment and the fact that he was working with the world's best haematologist. His memoirs of Carl Moore's ward round and Bill Harrington adventures in the laboratory lasted all his life. He was a strong advocate that clinical research started with the identification of the a problem at the bedside, that was followed by carefully designed experiments in the laboratory to solve the questions and finally returning back to the patient with the answers. This to him was completing the loop and the dream of any clinical investigator. He admired the energy and self-sacrificing dedication that Americans applied in the course of

conducting their work and was very impressed by the way, young investigators in the USA organised themselves and set up a society that looked after their affairs and supported their endeavours. He returned to Sydney three years later in 1961, to head the Clinical Research Department at the Royal Prince Alfred Hospital. It is there that he made his first major scientific breakthrough describing different enzyme patterns in patients with orotic aciduria. This report had lasting memories in his mind and he often cited this as one of his major contributions, that was the result of significant inspiration and limited perspiration. His clinical research interest is very well exemplified by his performance of the first successful bone marrow transplant in the world on a patient with aplastic anaemia who had a twin sister. The twins are still alive to date and both enjoy good health.

Inspired by the organisation of the young clinical investigators in the USA (the young Turks), Barry set-up a similar model in Australia. This organisation, The Australian Society for Medical Research has grown to become the strongest political force in Medical Research in Australia. In 1984, he was made the first life member of the Society and it gave him great pride to see the society he established continuing stronger than ever.

In 1969, Barry Firkin accepted the position of Foundation Professor of Medicine at the Alfred Hospital in Melbourne, Victoria. Soon after moving to his new position, he made, what I would regard, his most significant contribution to haematology. His description that Ristocetin caused platelet clumping and that the process was dependent on the presence of normal plasma and not plasma from a patient with von Willebrand disease was the key to our understanding of the biology and biochemistry of von Willebrand factor. In 1968, when Barry made this observation, Ristocetin was no longer in clinical use because of the frequent development of thrombocytopenia in people who received this antibiotic. Barry's intuition and lateral thinking was the driving force behind trying to identify the mechanism by which the drug caused throm-

bocytopenia. This observation facilitated the development of an assay for von Willebrand factor (the ristocetin cofactor assay) that we continue to use today.

Over the ensuing 20 years, Barry continued to build Haematology in Australia and, at the same time, maintained strong links with the International haematology scene. He played key roles in the activities of the International Society of Hemostasis and Thrombosis as well as the International Society of Haematology. He was Councillor to the International Society of Haematology and a Senior Member of the Scientific Advisory Council of the International Society of Haemostasis and Thrombosis. As young trainees working with Barry, we were introduced to many of his close friends who regularly visited Australia. Dick Aster and Bill Harrington were two of his good friends who Barry was fond of and proud to have been associated with. All his friends rapidly became ours as well. His affection to Washington University in St. Louis continued unabated, and he advised many of us to seek further training at that institution with the belief that it offered the best training in clinical and basic research in the world. Several of his trainees including myself spent memorable times at St. Louis and appreciated the advice given to us by Barry.

Barry Firkin was an inspiration to many Australian Haematologists and Physicians. We viewed him as a leader and the father of Modern Australian haematology. Above all, we regarded him as a true friend who one can rely on at any time. He will be sadly missed by all of us, particularly his wife Ruth and his children Alastair, Rosie, Janet and Howard.

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