

## Klaus Magdorf

4 July 1942–23 January 2013

Anne Detjen · Walter Haas · Philipp Henneke

Received: 19 March 2013 / Accepted: 21 March 2013 / Published online: 9 April 2013  
© Springer-Verlag Berlin Heidelberg 2013



On the 23rd of January 2013, Klaus Magdorf, pediatric pneumologist and infectious diseases specialist, died in Berlin.

Until the end of his life, Klaus Magdorf was the ultimate German reference for any clinical problem related to mycobacterial infections in children. Every clinician, who had the honor to know Klaus Magdorf, knew: There is not any better, any more thoughtful advice than his.

His career started at the major chest hospital “Heckeshorn” in the 1970s in Berlin, where he continued to work until his retirement. In his early career, tuberculosis incidence in

Germany was high (approximately 80 cases/100,000 in 1970). He diagnosed and treated a breathtaking number of TB cases. Thus, few European pediatricians matched his experience in dealing with tuberculosis. With this experience, he advised colleagues not only in Germany, but throughout Europe and beyond. He developed diagnosis and treatment guidelines, and authored numerous articles and textbook chapters on tuberculosis. His research in pharmacokinetics of antituberculosis medicines, dating back to the 1970s, is recognized worldwide. It spurred development of international guidelines on the treatment of TB in children. Other national and international research collaborations focused on TB immunology, diagnostics, and pharmacokinetics. Retirement in 2006 did not slow him down or keep him from engaging in his subject in various national and international research collaborations, focusing more and more on his passion: childhood tuberculosis. Contributing to the recent international recognition of childhood TB as a global health issue is his lifetime achievement.

Klaus Magdorf was a pediatrician of the best kind, with ample time and passion for his little patients and their families. His particular foci were, next to tuberculosis, cystic fibrosis and atopic diseases. The more challenging a case, the more determined he became. He never gave up, and always looked beyond the obvious. With deep knowledge of clinical practice and literature, and a detective’s sixth sense, he often found correct diagnosis in cases that seemed impossible to disentangle. When he needed advice, he reached out to colleagues around the world, for whom he in turn was a regular and reliable resource.

Many young and experienced colleagues relied on him as a caring and selfless mentor. His mentorship never stopped, both with respect to career development, and when advice on difficult diagnoses and clinical decisions was needed.

He is greatly missed by his patients, mentees, and colleagues, not only in Germany, but worldwide. What he leaves with us is the philosophy of his life:

Patients come first, always.

---

A. Detjen

The International Union Against Tuberculosis And Lung Disease  
(The Union), 61 Broadway, Suite 1720,  
New York, NY 10006, USA

W. Haas

Unit for Respiratory Infections, Department of Infectious Disease  
Epidemiology, Robert Koch Institute, DGZ-Ring 1,  
13086 Berlin, Germany

P. Henneke (✉)

Division of Pediatric Infectious Diseases and Rheumatology,  
Center for Pediatrics and Center of Chronic Immunodeficiency,  
University Medical Center Freiburg, Freiburg, Germany  
e-mail: philipp.henneke@uniklinik-freiburg.de