## IN MEMORIAM

## **Obituary of Haruto Uchino: a man of broad consideration and vision (1926–2010)**

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Professor Emeritus Haruto Uchino passed away on 29 January at the age of 83. He was a man of deep foresight, and yet I vividly remember him pointing out a Kaiser– Fleisher ring in a patient who later turned out to have Wilson's disease. On one of his rounds, he quickly discovered the presence of a gravitation abscess on the chest wall of a febrile patient just by physical examination. He used to stress the importance of history-taking and physical diagnosis in internal medicine. "Of vital importance is understanding the entire spectrum of a single disease. The best example is pernicious anemia, historically regarded as a form of refractory anemia; it is basically an autoimmune abnormality affecting the gastric mucosal absorption of

Y. Yoshida (⊠) Takeda General Hospital, Kyoto 600-8558, Japan e-mail: yoshida@takedahp.or.jp vitamin  $B_{12}$ ." (Preface to *Pathophysiology of Internal Medicine*, edited by Dr. Uchino).

He studied vitamin  $B_{12}$  absorption by the gastric mucosa at New York College, collaborating with Dr. G.D.J. Glass (1958–1959 as a Fulbright Scholar). This experience provided him with the basis to become a pioneer of hematopoietic vitamin research in Japan; in fact, he was essential to the entire department of the First Division of Internal Medicine, Kyoto University, because the hottest research topic there was megaloblastic anemia and hematopoietic vitamins. He gave accurate advice about research on vitamin  $B_{12}$ , folic acid and nucleic acid metabolism, as well as megaloblastic anemia. Given the paucity of pernicious anemia in Japan, those who worked under him painstakingly tried to reproduce nutritional  $B_{12}$  deficiency by feeding young guinea pigs artificial diets lacking these hematopoietic vitamins.

He spent 10 years (1965-1975) in Hiroshima as Professor of Medicine, at the Research Institute for Radiation Biology and Medicine, Hiroshima University, where his research interests were inevitably directed more toward leukemia and preleukemia. Having been involved in looking after patients suffering from the aftermath of atomic bomb injuries, he gained extensive experience observing the long-term effects of bone marrow damage. The Institute then had an active group investigating the cytogenetic, cytochemical, and biochemical aspects of radiation biology, with accumulated data based on over 10,000 autopsies. The evaluation of serial marrow damage following irradiation from an atomic bomb, aided by this ancillary approach, resulted in an epoch-making discovery concerning the natural course of chronic myeloid leukemia, and of the description of preleukemic states. Each was comprehensively cited in many textbooks.

Shortly after his return to Kyoto University as Professor of the First Division of Medicine, he was appointed as the Chairperson of the Intractable Hematopoietic Diseases Research Group, supported by the Japanese Ministry of Welfare. The research of this study group encompassed a wide range of diseases. For instance, diseases on erythrocytes included aplastic anemia, paroxysmal nocturnal hemoglobinuria, refractory anemias, hemolytic anemias, and red cell enzymopathies. Idiopathic thrombocytopenic purpura and the role of the spleen in these blood diseases were also included as study objectives. Of note was the fact that nearly all hematologists, both internists and pediatricians, participated in the study group, with the only exception being hematooncologists. A two-day annual meeting was regularly closed by the chairman's concluding remarks. I saw how hard it must have been for him to adequately summarize what had been achieved each year and appropriately comment on future aspects. In addition, the research group played crucial roles in promoting national surveys, proposing new diagnostic criteria, carrying out new clinical trials, and encouraging more basic research. In principle, it promoted nationwide cooperation in research. A few examples of investigations performed by the research group include anti-lymphocyte and anti-thymocyte globulin in the treatment of aplastic anemia, and intravenous immunoglobulin in treating idiopathic thrombocytopenic purpura, both widely employed in subsequent years.

His numerous appointments, including Hospital Director, Kyoto University Hospital, and Dean of the Faculty of Medicine, Kyoto University, exemplified his administrative leadership. He hosted many meetings as Meeting Chairman of the Japanese Societies of Internal Medicine, Hematology, Reticuloendothelial System, and Clinical Immunology. He served as a member of the Board of Trustees, or as a counselor/committee member of a number of medical societies. As a Counselor of the Asian Pacific Division, International Society of Hematology, he was well known among the international hematology community. His contribution to the Japanese Society of Hematology was remarkable. Around the time of his retirement from Kyoto University, he suggested that both the Society and the official journal might need some sort of amendment. These tasks were apparently far from easy, but with the kind support of many colleagues from across the country, we were able to evolve the society into a legal foundation, and the old *Acta Haematologica Japonica* became the *International Journal of Hematology*, a fully English journal with himself as the founding editor. The launch of the Board-Certified Hematologist System followed shortly thereafter. In hindsight, we can look at these proposals of his as being most timely, keeping the Society on track and rejuvenating it.

It was terribly unfortunate that he become unable to verbally communicate following surgery for laryngeal cancer more than 10 years ago. He underwent the surgery while he remained working as the Director of Osaka Red Cross Hospital after his retirement. After that, he seldom made it to scientific meetings, let alone gave advice, no matter how badly we needed it. All that was left for us was to read his handwritings on tiny notepads he always kept with him. Most people around him had to get used to his fast handwritten scripts to keep on communicating with him. I personally hoped that he might use a laptop computer for communication via e-mail. He was famous for his driving to work as early as the 1960s, and the sound of typewriting from his room used to be so rhythmic and comforting. For many of us, the sound of his fine touch on his Smith Corona electric typewriter was the first time we had ever heard such a machine. Aside from his interest in mechanics in general, he also had a passion for music, art, and cinephotography.

Intuitive yet pragmatic, forward-looking, and broadminded, he was loved by everyone who came to know him. We all feel a great loss.

Professor Haruto Uchino is survived by his wife and two sons.