Farewell to Loeliger

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In the mid-Fifties E.A. Loeliger moved from Switzerland to The Netherlands after being asked to start a coagulation laboratory in the University Hospital of Leiden. He was just a few thousand years later coming down the river Rhine than the other Europeans who call themselves Dutch. His first contact with Leiden was when he did a residency in pathology at Leiden. He also found his future wife Paultje in Leiden, but he asked her to marry him on the Münsterplatz in Basel after they found out that they could dance together. Loeliger's background in haemostasis and blood coagulation lies in Roller's laboratory in Zurich. He passed a thesis on a new clotting factor, factor VII, which was found to be congenitally deficient in just a few patients. In the same period F. Duckert described a clotting defect in dicumarol-treated patients that can retrospectively be characterized as factor X deficiency; this was years before this factor was found deficient in patients not treated with dicumarol and called Stuart-Prower factor. Both routes into coagulation research and development, that is digging into the hereditary deficiencies and into the defects caused by the oral anticoagulants, the antivitamin K drugs, respectively, were explored by Loeliger in the next three decades.

Writing a thesis under the supervision of Fredi Loeliger meant spending equal times on laboratory work and language. We had endless discussions in the early Sixties about whether a certain abnormality represented a deficiency or a defect. After a few years we decided that you could always say that an activity was deficient. The word defect then was a prelude to the existence of inactive cross-reacting material. How exciting was the time when Coen Hemker suspected the existence of the PIVKAs. How worried we all were during the years that the presence of the cross-reacting material of the vitamin Independent clotting factors was only demonstrable with activity (Thrombotest®) or inhibitor neutralization assays.

Until 1974 our division for Haemostasis and Thrombosis Research had clinical and biochemical research lines with quite a few interactions. Fredi played an active role in all of them; being progressive in the application of academic freedom (that is also for the lower ranks) he consistently allowed credit and honours to his co-workers. The line of investigation that asked most of his own time

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started after 'A double blind study of phen-procoumon prophylaxis after myocardial infarction', published in 1966. He tried to prove that the clinical efficacy of oral anticoagulant therapy was correlated with the intensity of hypocoagulability induced by the antivitamin K drugs. The lack of understanding of what was measured by the prothrombin time as well as the lack of standardization of the thromboplastins in use were at the basis of his questions. Together with numerous scientists all over the world he worked steadily on this problem, both in theoretical and in practical models. Whether he was the motor, the spark plug or the gasoline for this activity I do not know, but he was quite essential.

After Coen Hemker's appointment in Maastricht (1974) the division became smaller and we organized all research in two projects, namely (1) the genetics of the haemophilia syndromes, and (2) pathogenesis and treatment of thromboembolic disease. In the latter project not only the standardization and calibration of thromboplastins but also quality control of oral anticoagulant therapy was incorporated as developmental type of research. That his last trial with oral anticoagulants for the prevention of myocardial reinfarction in patients older than 60 years not only had a favourable outcome, but also revived interest in this way of treatment all over the world is of great satisfaction to Fredi.

In this way, Fredi Loeliger carried out his professional assignment: to hypothesize and design experiments, translate experimental data obtained in the research laboratory into ideas for the treatment of disease, and subsequently implement those ideas in medical practice. How many others have failed along this pathway, especially in the last step that is also the most tedious! It is Fredi's own wish to mark the time by leaving the laboratory and the hospital. We know that as a biologist he will still be active in the years to come with orchids and butterflies and we wish him a fine and fruitful time together with Paultje and his children.

Jan Veltkamp