Nathaniel Berlin was raised in Miami, Florida, but then proceeded North to receive his Bachelor’s Degree at Western Reserve University in 1942. He stayed in the Northlands, receiving his medical degree from Long Island Medical College in 1945, and continued his residency program there in Pathology. Thereafter, he joined the Donner Laboratory at the University of California, Berkeley in 1949 and initiated early studies in the application of radio isotopes in clinical medicine. While at the Donner Laboratory, he and John H. Lawrence collected a
large series of Polycythemia Vera patients which culminated in their remarkable survey publication in the journal, *Medicine*, in 1953. He pursued a Ph.D. Degree in Medical Physics, 1945, as he continued his isotopic studies of isotope metabolism, bone marrow and red cell proliferation. Following a postgraduate year in Dr. Neuberger’s Medical Research Laboratory in England, he joined the Armed Forces. He was a Medical Officer in the Secret Service in the secret Defense Department, Weapons Project from 1954 to 1956.

Thereafter, Dr. Berlin began his long service in United States Public Health Service at the National Cancer Institute. Initially, he was Director of the Metabolic Division, and ascended the administrative ladder, eventually to become the Clinical Director at the National Cancer Institute. During his years as a laboratory investigator at the Institute, he became a laboratory mentor. He mentored dozens of young physicians (fellows) who joined the U.S. Public Health Service for 2-year intervals during the 1960s and 1970s. Many of these physicians ascended in academic careers throughout the United States and ‘abroad’ in Medical Schools and Institutions of Science. Many have commented on Dr. Berlin’s remarkable ability to lead them through projects, emphasizing their individual work in presentations and publications derived at the Institute. In essence, I believe, Dr. Berlin developed the concept of a “Physician Scientist” fostering laboratory techniques at the bedside that had not been correlated in Medical Schools. There was an opportunity for Fellows to obtain additional training to carry out metabolic and isotopic studies under his tutelage. This ±20 year interval at the NCI laid the foundation for many Medical Schools to have faculty with adequate training to continue Berlin’s concept of a “Physician Scientist”, and to develop the skills needed for them to obtain “outside” funding during the years ahead. In the last decades of the century, a small group of these Physician Scientists have remained at the Institute to develop outstanding laboratories and to carry on his concept of participating in both Science and Clinical Care.

With his previous concept of collecting large study groups of Polycythemia Vera at the Donner Laboratory, Dr. Berlin was instrumental in organizing the Polycythemia Vera Study Group devoted to the long-term evaluation of the disease. His close association with Dr. Gordon Zubrod, I believe, was instrumental in obtaining grant support over a period of 20 years to have a better understanding of the disease from such excellent group-participation. There are a variety of publications derived from the Polycythemia Group which have become international standards for classification of the disease. With the present
financial restraints, it is doubtful that such large groups can be funded adequately now, or in the future, but they emphasize the ability to have International Cooperative Programs that are fruitful.

Prior to the 1970-s, Breast Cancer Investigations by the NCI evaluated a variety of synthetic steroid derivatives in hopes that one might constitute a specific therapy for the disease. Under Dr. Berlin’s egis, President Nixon’s Cancer Program developed the Breast Cancer Task Force to evaluate surgical programs, and to find prosthetics that would encourage women to participate in these surgical studies. Many women declined potentially curative breast surgery because of chest disfigurements. Berlin’s committee expanded funding for the investigation of breast cellular metabolism, as well as developments for the isolation of breast tissue for cell cultured techniques. He initiated many group conferences to encourage and exchange information both here and abroad. Genetic and epidemiologic data were pursued vigorously to increase understanding of breast function. All in all, I believe, out of the intensive “Nixon program”, the Breast Cancer Task Force achieved more in educating the public and obtaining therapeutic results than any of the other programs I observed over the last three decades.

In directing the Breast Cancer Task Force, Dr. Berlin was aware of the need to better exploit mammography for early detection of tumors. He emphasized the need for simplified radiologic techniques, as well as education to promote early detection. Despite his prolific clinical laboratory investigations, for the rest of his life, he continued to be a modified epidemiologist in his efforts to obtain diagnostic skills for early cancer detection.

Dr. Berlin retired from the National Cancer Institute in 1975 and became Director of the Cancer Center at the Feinberg School of Medicine, Northwestern University. He remained in the Northland for 12 years, organizing a program aligned with concepts developed at the NCI. He had a remarkable talent for encouraging practitioners to be active participants at the Center, and made it a focal point for reference as a result of his conferences and close association with professional colleagues. In 1987 he retired from the Cancer Center in Chicago and returned to his earliest haunts as the Deputy Director of the Papanicolaou Cancer Center, the Sylvester Comprehensive Center in the Department of Oncology at the University of Miami School of Medicine. During his years in Miami, he continued to be an Emeritus Professor of Medicine. During his years in Miami, he continued to be active in International Programs to evaluate diagnostic procedures. He promoted radiologic detection of early lung cancer, and followed pro-
posals to find economical, as well as more accurate definitions of early disease.

Dr. Berlin instilled in his fellows, his major concern “to know the data”. He was a valuable critic at scientific meetings where he quickly grasped the missing information that was needed, and did not hesitate to quiz the presenter for the facts. Many a project was clarified by his incisive demands for more details in the lecture hall, as well as in manuscripts. And, I suspect the same procedures were addressed to all of his fellows in the laboratory. He was generous with his advice and suggestions for projects, as well as willing to read confusing paragraphs to clarify data. In retirement, he continued to read, review, and comment via telephone on these interests, and we shall miss his incisive comments; and even more, we shall miss him in person.

Dr. Berlin was preceded in death by his wife, Barbara in 1990. He is survived by his daughter, Deborah, who lives in Chicago, and his son, Mark, who lived with his father for the past three years.

Frank H. Gardner