OBITUARY

DIMITRIOS OREOPOULOS 24 MAY 1936 – 25 APRIL 2012

The world of nephrology—and peritoneal dialysis (PD) in particular—was diminished with the recent passing of Dimitrios Oreopoulos.

Dimitrios was born in Greece, in the city of Alexandroupolis. For all his life, he was a proud “hyphenated Canadian” and took umbrage at any suggestion that someone could not be a devoted member of two different societies. He had a keen interest in Canadian politics, but wouldn’t hesitate to take visitors to “The Danforth,” the section of Toronto heavily populated by Greek restaurants and shops. In later years, when he decided to go on a diet and became very fussy about what he ate, he would sit back in those restaurants, nursing a single beer and happily watching as his guests enjoyed fried cheese and barbecued meats.

Medical school was at the University of Athens, where Dimitrios also did his internship and residency. His 1964 MD thesis was titled “On the kinetics of uremic substances in the artificial kidney.” His early publications were with his mentor Hippocrates Yatzidis, who by all accounts was an innovative and brilliant investigator. It was Professor Yatzidis who suggested to Dimitrios (in the 1970s!) that sodium thiosulfate solution might be a good treatment for the vascular calcification that led to acral gangrene in dialysis patients.

Despite all our conversations together, I never asked Dimitrios why he left Greece to become a renal registrar at Belfast City Hospital and whether he realized at the time that he would never return to work in Greece. In 1969, he was awarded his PhD, under the supervision of Molly McGeown, whose photograph hung in his office until his passing. The subject of his thesis was urolithiasis, and mineral metabolism remained an abiding interest for him during the rest of his career. Typically, he managed significant research and publication in high-quality nephrology journals, including *Kidney International*, related to his studies on kidney stones and bone and mineral metabolism.

A particularly telling event occurred when he was a new registrar in Belfast. His English was not very good, and he was called one evening to be told that a patient’s hematocrit was only 10. He misunderstood, thinking that the hemoglobin concentration was 10, and he didn’t act on the information. When he learned of his mistake, he of course felt terrible. However, I think that that episode—and perhaps other language difficulties—left him with great sympathy and empathy for trainees in Canada who come from other countries and other cultures.

After Belfast, Dimitrios was recruited by Dr. George deVeber, chief of the Nephrology Division, to come to Toronto Western Hospital to work in the Metabolic Renal Unit. As an afterthought, part of Dimitrios’s duties also included looking after a very small and nascent PD unit. His first publication relating to PD therapy was in 1973 (1). I wasn’t a witness to the startling growth in both PD and Dimitrios’s reputation over the next decade, and perhaps others can speak to that. When I joined Toronto Western in 1985, I came with 3 years of experience in animal-based physiology research, including micropuncture, and I was considered a good fit to work in Dimitrios’s rabbit laboratory and to assist in the PD clinic. I explained to the chief of medicine, Abe Rapoport, that having trained in the United States, I had no experience whatsoever with PD. Dr. Rapoport, himself a nephrologist, replied, “Don’t worry. You can learn it in 20 minutes.” Decades later, Dimitrios mused about whether his health problems were divine retribution for his experiments with rabbits during those years.

A fearsome character in the 1980s and 1990s, Dimitrios was intense, brilliant, and somewhat insecure. Because we were both strong personalities, there were frequent clashes. (I remarked years later that a good working partnership, like a good marriage, is based on mutual fear.) However, he was a gracious and generous mentor who was always available to discuss difficult cases and topics for research. Although he was quite active in coaxing his

trainees and students to follow through with research to publication (the fearsome aspect was probably helpful there), he also was very generous in putting the names of students and trainees on publications. I believe that those actions were part of his ethos about being kind to the stranger, given that he had once been a stranger in a strange land.

In collaboration with Gabor Zellerman, a brilliant engineer and inventor who died too young, Dimitrios made a number of improvements to the mechanics of the PD. Those improvements included the use of plastic bags instead of glass bottles to hold solutions. In combination with the thesis by Moncrief and Popovich that PD could be done continuously and allow for sufficient clearance of uremic toxins, the use of plastic collapsible bags permitted PD to become truly ambulatory. Dimitrios and Gabor also designed a catheter connection that could be used by individuals with impairments to vision or the fine movements of the hands.

Stephan Vas had escaped the revolution in Hungary in 1956, and he joined the faculty of McGill University in Montreal as an expert in infectious diseases. He and his wife Magda moved to Toronto, where he also found a job at Toronto Western Hospital. Dimitrios and Stephan collaborated on the best way to treat bacterial peritonitis, including the use of intraperitoneal antibiotics, and their collaboration continued for decades, resulting in fruitful research and advancement of the practice of PD. That collaboration concluded only upon Stephan's retirement and move back to his native Hungary. Vas's photograph also hung in Dimitrios's office.

At the height of his productivity, when he was being invited around the world to speak about PD, Dimitrios acted on an incident that had happened years before. One of his children had been unwell, and he was struck by the impersonal and, to his perception, inhumane way in which his child and his family had been treated by the hospital staff. That seed hibernated for several years and finally germinated when he undertook publication of *Humane Medicine*. It is well to remember that he was already the founder and sole editor of the *Peritoneal Dialysis Bulletin* (later to become *Peritoneal Dialysis International*). And

so Dimitrios was now the editor of two journals running simultaneously. These editorships were in addition to the 3 outpatient clinics that he ran every week and to his busy travel schedule, providing a clue to the capacity for hard work of which Dimitrios was capable.

In the final decade of his career, while remaining a passionate devotee of PD, Dimitrios expanded his interest in geriatric nephrology, becoming intrigued with the possibility of slowing down what seemed to be the inexorable progressive decline of renal function in patients with chronic kidney disease. Where more typical people might read or write the odd paper on such subjects, Dimitrios helped to promote geriatric nephrology as an important subspecialty to the American Society of Nephrology, and for this new interest, he founded the Nephrovention Conferences, held in Toronto annually for a decade.

Thinking about his career, I am reminded about the 2×2 factorial analysis of smart versus not-so-smart, and hard-working versus not so hard-working. Dimitrios certainly fell into the smart and hard-working quadrant, but there was more. Partially, it was that he was even *harder-working* than most (hard-working) colleagues I have known. The other aspects were creativity, not being satisfied with the status quo, and not being afraid to take chances, such as with the first Nephrovention Conference.

Dimitrios leaves behind a body of work and innovation that I think will never be recapitulated. More importantly, I have been struck by the expressions of love and grief felt by his colleagues and former students over his passing. I'm sure that he would say that love is his best legacy.

Joanne M. Bargman
Director, Peritoneal Dialysis Program
University Health Network
Toronto, Ontario, Canada

REFERENCES

1. Bigelow P, Oreopoulos DG, deVeber GA. Use of the Deane prosthesis in patients on long-term peritoneal dialysis. *Can Med Assoc J* 1973; 109:999–1001.