Charles Hales (1941–2015)

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With sadness, we mark the passing of one of our own, Charles Hales, one of the beacons in our field. As the news spread, the same story came from the students, fellows, and junior faculty. All could remember Charles when he visited their posters at the American Thoracic Society meetings. That they remembered him seems incredible, as the poster sessions are chaos; hours of a blur; the curious stopping by; and the dread of looking stupid, or ignorant, or incoherent. Then, of course, the dorsal fins were heading down the aisle, the great whites of the field, amplifying the dread. How, in the midst of all that chaos, could one person stand out to the point of being remembered, even now and after all that time?

The memories came from the visit of a special man: Charles, who had the uncanny ability to engage the students in a way that put them at ease. He was also a man who got them to be excited about the importance of their work. Yet he could unfailingly pick out some little discrepancy for them to consider. In addition to leaving them feeling confident, he left them with the clear impression of a brilliant and kind man. He was a beacon in the midst of academic chaos, the model of a gentleman scientist.

And what impression did he leave on his fellows as the Pulmonary Chief at Mass General? Charles always took the July shift and was the first to greet the new fellows. Memories flood of a superb clinician, one who could untangle the worst of cases. In the journal clubs, he never missed a thing. He might say to the fellows, "What do you think the authors meant when they wrote this little piece at the bottom of Table 4?" And after a busy day, when the exhausted fellows would make evening rounds, they would come into one of the patients' rooms around eight o'clock, and there would be Charles, chatting with the patient and their family—the Chief of the Pulmonary Division at Massachusetts General Hospital, being a real doctor.

For his science, he published superb papers that were always exploring. This is not a surprise considering his ancient lineage back to the great Stephen Hales, the first to measure blood pressure, the first to measure pulmonary capillary transit time, and the father of the physiology of botany.

Some of Charles's research papers were of special interest to our group in Denver. We were studying the rise in pulmonary arterial pressure during hypoxia. Winter after winter, we would labor and get no increase in pressure. Then in the spring, it would magically appear. Rushing and rushing to get data for the spring meetings—it was an annual nightmare. Then Charley's paper came out in the *Journal of Applied Physiology*. It showed that infection caused vaso-

Charles Hales at the 2012 American Thoracic Society Pulmonary Circulation Assembly. Photograph accessed from the American Thoracic Society website (<http://www.thoracic.org>) in 2012.

dilator prostaglandin release that, in turn, blocked the hypoxic pressure response. Take two aspirin, and the animal would be ready in the morning. It was kennel cough, which all animals had in the winter in Denver. Voilà. Suddenly, we could work year round.

As with so many who reach the top in academia, there are other sides of Charles, little-known sides. Like that annoying hemlock tree—the one that blocked the view from the second story windows. There was Charles one Saturday in newly purchased climb-

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Charles Hales on his Montauk. Photograph by Paul Kandler.

ing spikes and a safety harness, way up there, attacking that aggravating tree. And there was his boat, a Montauk, first cousin to the Boston Whaler, the kind the SEALs used on river patrol during the Vietnam War. This 18-footer was how the family got to the cottage on Charles's island for the weekends.

Now, sadly, the beacon is extinguished. But the reflected light still radiates from us: his encouragement to do our best, to chal-

lenge our students, and to be kind to our patients, remembering always that Charles viewed his world through kind eyes.

Adieu—mon ami.

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