A Tribute to George E. Schreiner

Robert J. Rubin

Clin J Am Soc Nephrol 7: 1353–1354, 2012. doi: 10.2215/CJN.05610612

Dr. George E. Schreiner died on April 12, 2012, at the age of 89. He is widely acknowledged to be one of the "Founding Fathers" of our specialty. Those who knew George would, I'm sure, attest that he was truly a "larger than life" personality. Therefore, it is an honor for me to be asked to write this tribute to a man that played a major role both publicly and privately in the shaping of nephrology from its inception as a specialty in the post–World War II era through the end of the 20th century.

After graduating from Georgetown University in 1946 and interning at Boston City Hospital, Dr. Schreiner went to New York University and studied renal physiology under the legendary Homer Smith. Upon returning to Georgetown, Dr. Schreiner began a 36-year career as chief of nephrology. The "inflection point" in his career, however, was when he somehow managed to get one of the original artificial kidneys available in the United States. At the time, there were only four available on the East Coast (Boston, New York, Washington, DC, and Atlanta). His scientific curiosity and physiology background led him to use the machine to treat acute poisonings as well as what we now call AKI. An inveterate storyteller, he would chuckle when telling how he even got a referral from Johns Hopkins to treat one of their overdose cases. Over time, Georgetown would achieve a number of "firsts" regarding overdoses or poisonings that were treated using dialysis.

Dr. Schreiner was an avid enthusiast of the renal biopsy. Not only did he teach scores of nephrologists the technique, but for almost a quarter of a century Georgetown performed all of the renal biopsies for the National Institutes of Health. By keeping meticulous records of these biopsies as well as following the patients in our outpatient clinic, George created a "registry" of glomerular disease as well as its treatment and outcomes.

Although his scientific accomplishments were many, perhaps his greatest accomplishments were a result of where he practiced and his abiding belief that the promise of dialysis should not be withheld from any American regardless of where they lived or what their income was. Dr. Schreiner was instrumental in getting ESRD care covered by Medicare in 1972. He laid the foundation for this while president of the National Kidney Foundation (NKF) and through over 30 appearances before Congress and innumerable meetings with the administration who vigorously opposed it.

Division of Neurology and Hypertension, Georgetown University, Washington, DC

Correspondence: Dr. Robert J. Rubin, 7901 Springer Road, Bethesda, MD 20817. Email: rjr29@georgetown.edu

Although these were the official encounters, Dr. Schreiner and his neighbor Charles Plante (an NKF lobbyist) met many of the key players socially, and in Washington, DC, relationships are everything. A personal example of George's skill in this regard came in late 1981 when as an assistant secretary at the Department of Health and Human Services (HHS) I received a phone call from him welcoming me to Washington and wondering if I wanted to "keep my hand in" nephrology while I worked in the government. He suggested I join him on his weekly Fellows rounds when I could and offered me an adjunct assistant professorship. I accepted and joined him when my schedule allowed. During that time, HHS was in the process of developing the composite rate for dialysis; after discussions of IgA nephropathy or metabolic acidosis, he would offer his views on what a composite rate should look like. Most importantly for me, it led

to a lasting friendship and my current position at Georgetown after I left government.

Dr. Schreiner was one of the founders of the American Society for Artificial Internal Organs and the American Society of Nephrology and served as president of those organizations as well as the NKF and the International Society of Nephrology. His vision shaped and changed all of these groups and changed the way nephrologists interacted with one another on both scientific and political issues. His diligence and skill resulting in the coverage of ESRD care by Medicare almost 40 years ago helped to prolong the lives of millions of Americans while changing the practice of nephrology.

To learn more about Dr. Schreiner's views of his life and his role in American nephrology, I recommend his article published in 2000 in the *American Journal of Kidney Disease* (1).

Disclosures

None.

Reference

1. Schreiner GE: How end-stage renal disease (ESRD)-medicare developed. *Am J Kidney Dis* 35(Suppl 1): S37–S44, 2000

Published online ahead of print. Publication date available at www.cjasn.org.

Paul D. Doolan

Clin J Am Soc Nephrol 7: 1354–1354, 2012. doi: 10.2215/CJN.05900612

George Schreiner's accomplishments and contributions are more than remarkable and others can rank them; I choose to be personal. He was a year ahead of me at Georgetown University and made a lasting impression the first time he presented a patient. On graduation he went to the Boston City Hospital and while there started the important Monday night lectures, invited Homer Smith to speak, and wound up with a fellowship in Smith's laboratory. I followed George to Boston City Hospital and was urged to spend time in research in metabolism and endocrinology under Larry Kyle, work that involved the catabolic reaction and renal function and led to being sent in 1949 to work with John Merrill at the Peter Bent Brigham Hospital. By then, George was back in Washington, DC, at the Mt. Alto Veteran's Hospital finishing his residency requirements and we became close friends. He had done basic physiology work, had developed a method for measuring inulin, and knew the leaders in the field. Who else could you discuss the transport maximum for para-aminohippuric acid or saturating the nephron population with?

Leonard Rowntree crushed the leeches to get the hirudin in order to run the original artificial kidney at Johns Hopkins, in 1913, and measured the dialysis of aspirin and amino acids. When Dr. Irving Brick brought Leonard Rowntree to see the Kolff-Brigham model at Georgetown in 1949–1950, I had George join the group. That the artificial kidney works and saves lives was established by John Merrill at the Brigham Hospital, confirmed at Georgetown, and solidly proven by Paul Teschan in Korea. It was popularized—merchandized, if you will—by George, who with the help of Larry Kyle and Bill Walsh and beginning with his colleagues Len Berman and, most importantly, Jack Maher built the pre-eminent training center for the subspecialty of nephrology, a subspecialty that he also helped create in the process. The hundreds he trained are a monumental accomplishment.

When George got orders to Korea, I rode out to his modest home in Chevy Chase, Maryland. He told his wife Joanne, who was pregnant, that he wanted to go, and indeed had to go, in appreciation for the help the Army provided in his education. From that moment on, George could do no wrong in my mind. At the same time, I began thinking of the Schreiners, not George alone! Joanne was his backbone and enabler, a mother of eight, and CEO of the family.

George was precocious in high school and a standout at Canisius College. He loved public speaking and debating, and after addressing the New York State Legislature, he knew his oratorical power verged on the Ciceronian. He mesmerized Homer Smith with his recitations and performances up at the Mount Desert Island Biologic Laboratory. He was accepted at Hopkins and Georgetown and chose the nation's capital, perhaps destined for "time on the Hill."

George above all was a self-made man. His endowed chair with Chris Wilcox was a capping gift. He was a bit bigger than life and Georgetown was lucky to have had him while I was lucky to have gone there.

Disclosures

None.

Published online ahead of print. Publication date available at www.cjasn.org.

Correspondence: Dr. Paul D. Doolan, 94 Cold Spring Farm Road, Phippsburgh, ME 04562. Email: pdoolan@myfairpoint.net