



William Curry Moloney



William Curry Moloney was born in Boston on December 19, 1907. He attended the College of the Holy Cross in Worcester and then Tufts Medical School and took up the practice of Hematology on the Tufts service at Boston City Hospital in 1932. He was married to the late Josephine O'Brien for more than 50 years and they had four children William Jr., Thomas, Patricia and Elizabeth. They in turn produced numerous grandchildren. So many, in fact, that Bill stated that, at times, he would have difficulty naming them all, although Josephine knew each child, each birthday and each significant event in their lives.

When he was eight years old he saw Babe Ruth pitch for the Red Sox at Fenway Park just before the Babe was traded to the Yankees. Although he did not live long enough to see the Red Sox win the World Series and the end of the "Curse of the Bambino", he did witness revolutionary changes in our understanding and treatment of patients with hematologic disorders. He was a devoted Bostonian and only left the Hub for service in World War II and for occasional medical or scientific expeditions.

He joined the Army Medical Corps in 1942 and was sent to the European Theater where he set up a field hospital laboratory and transfusion service. On his way home from the war he stopped in Cambridge and met the famous English scientists Race and Sanger and learned of their work on the Rh blood group and its role in Hemolytic Disease of the Newborn. Although he returned to the full-time staff at Boston City Hospital, caring for indigent Bostonians, he maintained a small private practice and provided the first Rh typing service in Boston at his office on Bay State Road. The availability of Rh typing for pregnant women allowed him to predict which women were at risk of having jaundiced or hydropic babies and helped to facilitate exchange transfusions and eventually ways to prevent Rh immunization.

After finishing a full day at Boston City, Maloney would get into his blue Dodge and became an itinerant hematologic consultant, responding to requests for assistance at community hospitals around Boston. He

saw patients with obstetrical bleeding, transfusion reactions, autoimmune hemolytic anemia and immune thrombocytopenia. In the trunk of the Dodge were some of the first vials of purified fibrinogen used at the time to arrest hemorrhage in pregnant patients with disseminated intravascular coagulation, a pernicious scourge. He was also among the first to administer corticosteroids to patients with immune hemolysis and thrombocytopenia.

Although Moloney began his career as a generalist, he developed an intense interest in patients with hematologic malignancies, particularly those with acute leukemia, which was essentially untreatable in the 50s and early 60s. He tried available chemotherapy that had been successful in children with acute leukemia and, when it failed, provided his patients with compassionate end of life care. He did this intuitively and skillfully before the field of hospice care had been “invented”. Although he was not able to “cure” most of his patients, he became an authority on the treatment of leukemia in pregnancy and was one of the first to show that termination of pregnancy was not a necessity. He also became renowned for his skills in blood cell morphology and was widely sought to review difficult to impossible bone marrow samples. He was proud of his diagnostic skills, but lamented the lack of more sophisticated technology to analyze leukemic samples and complained that we were, “Stranded on the rocks of morphology.”

Bill Moloney had certain traits, which remained unchanged throughout his long life. First, he was an astute and observant clinician. Long before the advent of computerized databases, Moloney had his own instantly updatable record of clinical encounters, which he kept in a small, worn loose-leaf notebook tucked into the pocket of his long white coat. The book contained lists of patient names, with dates, diagnoses and treatments. More than one review paper written with one of his fellows began by thumbing through the notebook. When questions arose on rounds, Bill would often open the book and review his recent experience with the disease under discussion.

In 1952 he was invited to become Chief of the Hematology Division of the Atomic Bomb Casualty Commission and went to Hiroshima to monitor the long-term effects of radiation on Japanese survivors living varying distances from ground zero. He published on the high incidence of chronic leukemias, primarily chronic myelogenous leukemia that occurred 8-10 years after exposure to radiation from the bomb dropped on Hiroshima. The work in Japan made him understand both the power and the perils of atomic energy. He decided that, on balance, when used properly, it could benefit mankind and when he returned to the US he consulted for the nuclear power industry and lobbied for peaceful uses of nuclear energy.

The Harvard Faculty who worked with Bill Moloney at Boston City Hospital included the late Drs. William B. Castle and James Jandl who admired his legendary clinical skills and his ability to analyze complicated bone marrows. Patients were segregated by disease type at the Boston City Hospital. Jandl and Castle eagerly sought patients with various forms of anemia and Moloney and his group took on the more difficult patients with hematologic malignancy. In order to make sure that fellows on the Harvard Thorndike service, as well as his own fellows from Tufts, were well trained in morphology, he initiated an informal late afternoon bone marrow morphology course that was a rite of passage for any new hematologist. The cases were difficult and even the best clinicians would be unlikely to diagnose more than fifty percent of the unknown cases correctly. Bill Moloney would unerringly guide the neophytes to just the right portion of the microscope slide where the diagnostic cells were located. He made it look easy.

Moloney inspired many talented young people to go into hematology. His trainees included the late Fred Stohlman who became head of hematology and physician in chief at St. Elizabeth's hospital, Editor of Blood and a leading authority on hematopoiesis. Jane Desforges, who succeeded Bill as head of the Tufts hematology service at Boston City Hospital, was a longtime Associate Editor of the New England Journal of Medicine and became President of the American Society of Hematology. One of his most famous trainees was the late William Harrington, who injected himself with serum from a patient with idiopathic thrombocytopenic purpura (ITP), demonstrating the immune nature of the disease. Moloney received a frantic call from Carl Moore at Barnes Hospital in St. Louis, telling him that his former trainee was hospitalized and near death from the experiment. While Moloney and Harrington remained friends, Moloney made it clear that he thought such self-experimentation was foolish and dangerous. He also trained his lifelong friend David Rosenthal, who is the Henry K. Oliver Professor of Hygiene at Harvard University and Director of the University Health Service.

At the age of 60, when most men are thinking of retirement, Bill Moloney was recruited by George Thorn, then Hersey Professor of Medicine at HMS and Chairman of Medicine at the Peter Bent Brigham Hospital, to develop a patient-oriented Hematology Service. Dr. Thorn was within a few years of his own retirement and wanted a short-term stop gap appointment so that the next Chairman would be free to reorganize the clinical services. Moloney remained active at the Brigham for another three decades where he developed a popular clinical service, continued his clinical research and inspired a new generation of hematologists. He was appointed Clinical Professor and then full Professor of Medicine at Harvard Medical School and served as chief of hematology from 1966 to 1976. The new Chairman, Eugene Braunwald, encouraged him to stay on the staff where he received continued accolades from residents and fellows.

Although work was the main focus of his long life, he developed a passion for tennis during his stay in Japan and played regularly at the Badminton and Tennis Club on Hemenway Street. One of the few events able to interrupt rounds or office consultations was a call from his regular tennis partner. Moloney had been advised by George Thorn to not give up tennis no matter how busy he was with his patients. Dr. Thorn told him that he occasionally left the hospital in the late afternoon for an important match and that nobody missed him. Given Moloney's work load and patient responsibilities, most of his matches were scheduled for the early evening.

Although Moloney admired science and was convinced that cures for leukemia and related disorder would only be found through basic science discovery, he felt that the proper place for a physician was with his patients and his students. He began each of his long days at the microscope with his fellows reviewing new cases and hearing about the status of inpatients. He spent the rest of the morning seeing new consultations in his cramped office and then gathered the entire team of fellows and junior faculty for several hours of rounds. He would visit each of the extremely sick hospitalized patients, asking probing questions, sharing his experience with the trainees about previous cases, prescribing therapy or consoling those for whom there was no therapy. He was an Irishman in the best sense of the word and always had a kind word, a gentle smile or a great story appropriate for any occasion. Despite the fact that, for many years, virtually all of the patients on his leukemia service died, he was able to inspire young people to enter the field with the understanding that there was a pressing need to care for current patients while they worked to develop future cures.

For many years Bill lived with his beloved wife Josephine in a large home in Jamaica Plain. Shortly after he came to the Brigham they sold the house and bought a summer home in Chatham. Although

they had a series of *pieds a terre* near the hospital over the next twenty years, their true home was now in Chatham where Bill canoed on the estuary near their home and assisted with gardening. He developed severe osteoarthritis with massive Heberden's nodes on both hands. Despite the discomfort, his arthritis never prevented him from picking up a tennis racket or helping Josephine maintain her garden. The acquisition of the Chatham home changed his professional life a bit. In order to beat the traffic to the Cape he tried to start Friday rounds earlier but inevitably stayed until decisions were made for each patient and the fellows and faculty were satisfied.

During Moloney's tenure at the Brigham there was a remarkable transformation in the cancer field at Harvard. Largely ignored as a clinical discipline at the major teaching hospitals, by the early 70's it was an area of growing clinical interest. As new leadership came to Boston to develop oncology, including Samuel Hellman who created the Joint Center for Radiotherapy and Emil (Tom) Frei, who became the first President of the Dana-Farber Cancer Institute, Moloney befriended them and initiated important collaborations. He helped to carry out one of the first trials of the new drugs daunorubicin and cytosine arabinoside in acute myelogenous leukemia in adults and saw remissions go from <10% to over 50%. He partnered with David Nathan to develop a joint Pediatric-Adult bone marrow transplant service and administered new combination chemotherapy regimens to patients with Hodgkin's Disease and non-Hodgkin's lymphomas. Somehow, he was once again in the right place at the right time with an open mind, willing patients and valued clinical skills.

Although he served as chief of hematology for only ten years, he remained one of the dominant hematology clinicians until his death in 1999. He never really retired, just took on a series of important but somewhat less taxing assignments. After he stopped seeing patients, he continued to review and provide the official interpretation for bone marrow aspirates. He insisted that marrow samples be sent to his Chatham home by courier so he could keep up with reviews during brief vacations and long weekends. At the age of 91 while undergoing treatment for a particularly stubborn lymphoma he moved into an assisted living facility in Brookline.

Since he was near the Longwood Medical Area, he had frequent visitors from the Brigham who came to talk and often took him out to dinner. In addition to faculty and physician colleagues, a devoted trio, a nurse, a social worker and a secretary from the Brigham also visited him regularly. Shortly before he died, he commented that the residents at his assisted living facility were not impressed with the Harvard luminaries who came to see him, but wanted to know what he did to attract such lovely young women. Bill Moloney simply smiled.

Respectfully submitted,

Robert I. Handin, *Chairperson*

Eugene Braunwald

H. Franklin Bunn

David Nathan

David Rosenthal