EDITORIALS

Arnold S. Relman, 1923–2014

Arnold ("Bud") Relman, who served as editor-in-chief of the *Journal* from 1977 through 1991, died on June 17 from complications of advanced malignant melanoma. Before accepting the post at the *New England Journal of Medicine*, Bud was a renowned clinician and investigator in nephrology. He was professor of medicine and director of the Boston University Medical Services at Boston City Hospital and later became chair of the Department of Medicine at the University of Pennsylvania School of Medicine. Among many other notable roles in academic medicine, he was editor of the *Journal of Clinical Investigation* from 1962 through 1967 and was a member of the Institute of Medicine of the National Academy of Sciences.

A man of incisive intellect, Bud had high expectations and strong ideals. Everyone who knew him was aware that he was a tough critic and a tenacious debater, but he also respected excellence in scholarship and was a dedicated proponent of rigorous peer review. He set high standards for everyone who worked for him or who aspired to have a manuscript published in the *Journal*.

Very few authors met those standards. As editor-in-chief, Bud established such demanding criteria for *Journal* manuscripts that at times there were simply not enough acceptable articles available to complete the next scheduled issue. At the same time, he had the vision and perspective to identify major advances in medicine that warranted expedited publication, including the use of aspirin in the prevention of myocardial infarction,[1] the first use of coronary angioplasty,[2] and the first reports of an unexplained immunodeficiency syndrome[3] that was later found to be caused by the human immunodeficiency virus.

In an editorial entitled "Franz J. Ingelfinger, 1910–1980,"[4] Bud wrote that his close friend and mentor "had an uncommon moral courage and independence of thought; he always spoke his mind, and he never quailed before the opinions of the crowd." These words apply just as aptly to Bud Relman himself. Bud indeed had an uncommon moral courage, reflected by the tough conflict-of-interest policy he implemented for *Journal* authors, which shined a bright light on researchers' financial associations and conflicts of interest in areas related to their research. Throughout his tenure as editor-in-chief, Bud upheld this policy tenaciously, much to the chagrin of some researchers.

Between 1977, when he assumed the role of editor of the *Journal*, and 1991, when he retired from that position, Bud wrote more than 100 editorials on a wide range of topics. His writing style was lucid and direct, and he framed his arguments with great clarity of thought. In his writing, he usually sought the expert counsel of Marcia Angell, who was later also named the *Journal*'s editor-in-chief. Many of his editorials dealt with his signature interest: the state of medical practice and the nation's health care system.

He was a master in the use of the bully pulpit, and he wrote passionately about many aspects of health care, especially voicing his unshakable opposition to the intrusion of business interests into the practice of medicine. He fought against commercialism and the rise of for-profit hospital systems. His views on health care, particularly his support for a single-payer health insurance system, were often controversial, and at times he became a lightning rod. He gave testimony on health care on Capitol Hill and spoke in many other venues, always with confident determination. Though his opinions often came under attack, he successfully prodded the health

care community in an ongoing national debate about our health care system, the likes of which had never occurred before.

He continued writing about the health care system right up to the end of his life. Just months before he died, he wrote a compelling article for the *New York Review of Books*, entitled "On Breaking One's Neck," in which he reported his poignant observations on being a patient, having been hospitalized after a serious fall in which he nearly lost his life.[5] Along with very personal commentary on his treatment and eventual recovery, he gave a detailed breakdown of the cost of his care, in a story that characteristically provided critical perspective on the deficiencies of health care in America.

In the increasingly complex world of health care, Bud Relman was a prophetic figure, larger than life. He acted as our conscience. In his writing and speaking, he always reminded us that the medical profession is far more than a business and that as physicians, we have the responsibility to do what is right for patients and for the community as a whole. As distinguished as he was as a researcher, clinician, editor, teacher, and administrator, Bud Relman will be most remembered for the way he fought for a fundamental reshaping of our nation's health care system. His passionate commitment to that cause will forever secure his position in the pantheon of leaders in medicine.

The Editors

A video interview with Dr. Relman, recorded as part of the *Journal*'s 200th anniversary celebration in 2012, is available at NEJM.org.

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The mTORC Pathway in the Antiphospholipid Syndrome

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The antiphospholipid syndrome is an acquired autoimmune disorder characterized by thrombotic events, miscarriages, and elevated levels of antiphospholipid antibodies.[1] The syndrome is described as secondary if associated with autoimmune diseases, such as lupus erythematosus or rheumatoid arthritis, and as primary if not. The most common thrombotic manifestation of the antiphospholipid syndrome is venous thrombosis, which is usually manifested as deep-vein thrombosis, with or without pulmonary embolism, but arterial thrombosis can also occur, particularly in the context of transient cerebral ischemia or stroke. In rare instances, extensive microvascular thrombosis leads to multiorgan failure involving the brain, lungs, and kidneys, a condition known as catastrophic antiphospholipid syndrome.[2] The mechanisms by which antiphospholipid antibodies cause thrombosis are uncertain (Fig. 1).[4] Current management strategies focus on prevention with aspirin and in some cases with immunomodulatory therapy; once an episode has occurred, treatment includes aspirin, anticoagulants, or both.[5]

Even in the absence of catastrophic disease, the antiphospholipid syndrome can be associated with a vasculopathy that has been best documented in studies of the brain and kidneys. Cognitive deficits, which are more common in patients with the antiphospholipid syndrome than in controls, are associated with lesions in white matter on brain imaging that are suggestive of vasculopathy.[6] The examination of kidney biopsy specimens has shown that renal dysfunction in patients with primary antiphospholipid syndrome is associated with evidence of thrombotic microangiopathy involving small and medium-sized vessels.[7] The limited understanding