

David H. Spodick, MD (1927 to 2019)

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A giant clinician and a legendary researcher Professor David Spodick died at age 91 on May 19, 2019. He was an accomplished teacher who was world renowned for his work in pericardial diseases and electrocardiology. He was one of the finest researchers and was well known for his preciseness in the writing style. His eminent academic career of over 60 years was remarkable for his major contributions and advancements in the field of cardiovascular diseases. He was a father figure to many generations of Cardiologists across the country. He regularly challenged the popular beliefs which were not based on scientific evidence. As an elite researcher, he was remarkable for his analytical skills and committed himself to investigate complex medical problems, which earned him the well-deserved global recognition (Figure 1).

Professor Spodick was born in Hartford, CT in 1927 and graduated from Kingston High School, NY in 1944. He attended Bard College for his premedical years and worked in the division of noninvasive Cardiology and physiology. He later received the honor of “Doctorate in Science” for his work at Bard College. He completed his medical school training in 1950 at the New York Medical College. He did his internship at Saint Francis Hospital, Hartford, CT in 1951 and then his residency at Beth Israel Medical Center, MA (1952) and New England Medical Center (1953 to 1956). He also served the Air Force for 2 years. He then joined his cardiology fellowship in Boston in 1956 and became the first fellow of Dr. David Littmann, the legendary stethoscope inventor. After completing his medical training, he joined Lemuel Shattuck Hospital and held academic appointments at all 3 of the Boston medical schools for about 19 years. He finally moved to Worcester, MA to join Saint Vincent Hospital as the Chief of Cardiology in 1976 and held an academic appointment at the University of Massachusetts Medical School until his retirement in 2015.¹

He was the recipient of innumerable accolades including the Brower Traveling Scholar of the American College of Physicians in London (1964), the Burger Award of the European Society of Noninvasive Cardiovascular Dynamics (1998), and the Melvin L. Marcus Memorial Award by the International Academy of Cardiology at the 3rd World Congress (2003), just to name a few.¹ He received multiple teaching awards from his fellows over the decades of his influential career. Once he was asked by a fellow to name his most special award to which he responded, “My most special award is the ‘gratitude’ that I receive from my fellows.” He was often seen nestled with residents and fellows in his office while holding energetic conversations about research proposals. Saint Vincent Hospital holds yearly research symposium in his honor called the “Spodick

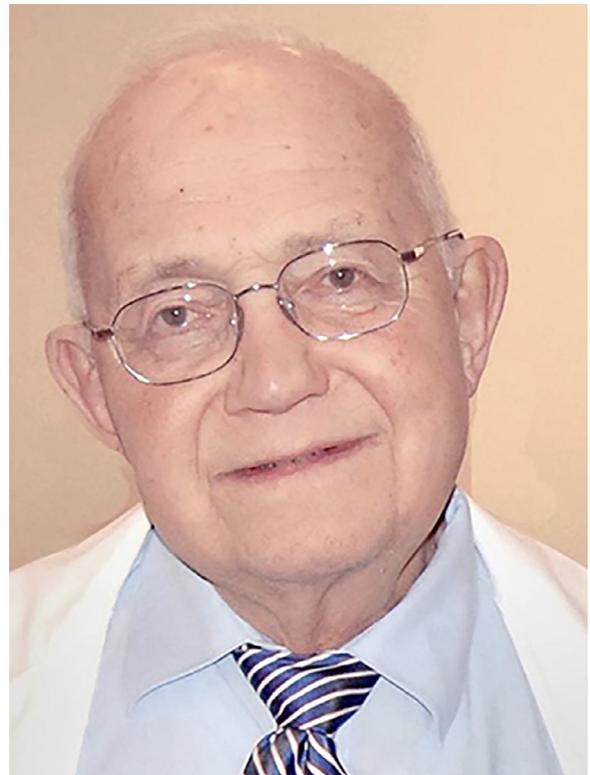


Figure 1. Picture of Dr. David H. Spodick.

Symposium.” Eugene Braunwald, who is often called the father of modern Cardiology, was once the guest speaker at Dr. Spodick’s symposium and when getting to the podium, remarked, “What can I say about the pericardium when Dave Spodick is here?”

Dr. Spodick was considered a world authority on the subject of pericardial diseases and interatrial conduction abnormalities.^{2–6} He authored over 800 PubMed indexed journal publications and several books and book chapters. The electrocardiographic manifestation of PR-depression (with a slight downsloping TP-appearance) in acute pericarditis is famously called the Spodick sign and is commonly used as a helpful marker to distinguish it from an acute myocardial infarction. Auscultation of aortic stenosis murmur over the mid-clavicle is often referred as the Spodick sign of aortic stenosis.^{2,7,8} Dr. Spodick extensively investigated the electrocardiographic abnormalities associated with chronic lung disease.^{9,10} He contributed significantly to the subject of interatrial block (also known as Bayes’ syndrome).^{3,4,11} His publication titled “Operational Definition of Normal Sinus Heart Rate” caused all of us to rethink as to how and when we should label patients as having sinus bradycardia or sinus tachycardia.⁶ In the last decade of his academic career, he actively collaborated with his European colleagues on several multicentric, randomized controlled trials on acute, and recurrent pericarditis which have

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resulted in a paradigm shift in the treatment of acute pericarditis.^{12–16}

Dr. Spodick was known to be the best mentor to all his fellows. He was a voracious reader and hungry for new knowledge. His general knowledge about history, vocabulary, different languages, and cultures was exceptional. He often opened lectures in other countries by speaking their native language and then apologized to the audience for continuing in English. Although not religious, he enjoyed being culturally Jewish and supported numerous causes. Despite his giant professional repute, he was always courteous and supportive like a father figure toward his peers and trainees. Being one of his dear fellows, I remember his frequently used statement which I believe was a generous encouragement technique, “Lovely, I have learnt something from you today. Thank you for teaching me.” His humbleness, generosity and encouragement techniques were really infectious and taught us all to be not only better physicians but also better peers, better team leaders and most importantly, better human beings.

Dr. Spodick will be remembered as a “down-to-earth” person, a true role model and an academic “Super-Hero”! The cardiology community has suffered a great loss. Dr. Spodick leaves behind a big lacuna which is difficult to fill. He will be widely mourned and dearly missed for all of his academic and personal attributes.

Acknowledgment

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Disclosures

The authors have no conflicts of interest to disclose.

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