Dr Herman K. Gold, Associate Professor of Medicine, Harvard Medical School, Boston, Mass, died on March 1, 2008, at the Massachusetts General Hospital (MGH) of complications related to acute myelogenous leukemia. He was 67 years old. Dr Gold served for 37 years as staff physician and interventional cardiologist in the Department of Cardiology at MGH and was responsible for groundbreaking research in the use of fibrinolytic agents and subsequently glycoprotein IIb/IIa inhibitors in the treatment of myocardial infarction.

Dr Gold was born in Newport News, Va, the son of Jonah and Miriam Gold. His life was from early childhood shaped by medicine, a recognition of the role it played in saving his own life, which drove his passion, hopes, and tireless energy in the pursuit of medical advances and clinical excellence to save others. Two indelible childhood events fueled his desire to become a physician. As a child, he contracted scarlet fever. During wartime, penicillin was rationed, and the family was only able to obtain enough for a few doses. He recalled that every night, his parents would boil his urine to collect enough penicillin for the next day’s treatment. Later, at the age of 9, he contracted bulbar polio, which prevented him from swallowing properly for nearly 2 years. These two experiences imprinted in him an appreciation for good health and a feeling of personal obligation as a physician to try sometimes unconventional treatments in an effort to cure patients’ ills.

Dr Gold received his BS from the College of William and Mary in 1961. It was there he became known as “Chip” Gold, choosing to revive the use of a youthful nickname after his roommate told him, “Herman, you’ve got to change your name. It’s going to haunt you here.” After that, he would always be known as “Chip.” He then attended Duke University School of Medicine, graduating in 1965. After completing his residency in internal medicine at Johns Hopkins, he spent 2 years at the National Institutes of Health studying myocardial contractility. His interest in cardiology was also informed by personal experience: His father had suffered from heart disease. He then came to MGH for a cardiology fellowship and joined the faculty of Harvard Medical School in 1971. MGH and Harvard are where he spent the entire balance of his career.

Chip Gold was a pioneer in what we now know as “translational research,” research informed by the insights that could be made in patients, pursued in animal models of disease, and then translated back into the care of patients. His early work during the 1970s concerned the use of intracoronary, then intravenous, streptokinase for its treatment.

The observation that reperfusion therapy was not successful in all patients and that reocclusion did occur led him to investigate the effects of thrombolytic therapy on thrombus...
formation in animal models in which clotting was induced by mechanical injury. The purpose of these studies was to permit evaluation and development of clot-specific fibrinolytic agents such as recombinant tissue plasminogen activator. These studies, performed in collaboration with Désiré Collen, paved the way for the thrombolytic era in the early 1980s and revealed that during ongoing thrombolysis, the fibrin component of the clot, sensitive to plasminogen activators, is replaced by platelets, which are resistant to high-dose exogenous plasminogen activators. Their work led to a more complete understanding of the interaction between plasminogen activators, antifibrin, and antiplatelet agents and laid the biochemical groundwork for contemporary glycoprotein IIb/IIIa receptor blockade.

Dr Gold went on to use a specific antibody directed against the glycoprotein IIb/IIIa platelet receptor to test the hypothesis that blocking the final common pathway for platelet aggregation induced by all in vivo agonists would lead to acceleration of fibrinolysis by both endogenous and exogenous plasminogen activators. Studies performed in canine and primate models of arterial thrombosis confirmed this hypothesis. The first studies using the monoclonal antibody 7E3 directed against the glycoprotein IIb/IIIa platelet receptor in patients with unstable angina pectoris and acute myocardial infarction were successfully performed at MGH. These studies established the conceptual framework for the subsequent use of this class of antiplatelet agents for control of myocardial ischemia and reversal of coronary thrombosis in patients with myocardial infarction.

Dr Gold also studied thrombosis in the context of drug-eluting stents. In collaboration with Dr Renu Virmani, then at the Armed Forces Institute of Pathology, he demonstrated both in animal and human pathology specimens that the same antiproliferative agents that were suppressing restenosis were also delaying endothelialization of the stents themselves, predisposing patients to catastrophic stent thrombosis.

Despite his impressive research contributions, clinical medicine was Chip Gold’s foremost passion. As a single practitioner, he ran a busy clinical service, rounding on his patients 7 days per week nearly 365 days per year, in addition to performing catheterization laboratory procedures 3 days per week. Even as his illness progressed, sometimes leaving him with dangerously low white and red blood cell counts, he insisted on making rounds. His tireless devotion to his patients was inspirational. He would often tell his patients that he would be back to see them later that night, and true to his word, he usually would show up at midnight or later and spend as long as it took to answer all of their questions. This tireless energy and inspiration was exceeded only by his love for his family, where his wife Barbara and children Lisa and Jonathan were the center of his world and his most valued companions.

Three qualities in particular made Chip Gold so beloved by those who worked with him. These were his enthusiasm for his work, his generosity, and his personal humility. His excitement and inquisitiveness for his own and others’ research were unsurpassed. He had the utmost respect for science and placed enormous faith in its ability to cure. One could often find him in his office tirelessly searching PubMed, eager to understand and learn more about one or another medical topic or problem. In time, he faced his own disease with that same sense of curiosity and hope. He wanted to understand every aspect of myelodysplastic syndrome, from its origins to the latest treatments. He remained confident that scientific breakthroughs would make it possible for him to be cured.

Chip Gold’s career was marked by collaboration with many notable physicians and scientists from all over the world with whom he worked closely. Many became close friends. He always joked that the bedroom on the third floor of his Brookline house was for them, and he enjoyed having them stay with him and his family, a melding of personal life, science, and medicine that was a hallmark of Chip. His generosity as a researcher was also unparalleled. He derived true pleasure from the success of others, needing no public recognition or attribution for himself. He took particular pleasure in the achievements of the many individuals whom he had trained.

For a person with so many accomplishments, Chip Gold was an astonishingly humble and “down-to-earth” person. He never once talked down to anyone or treated anyone with disrespect. In fact, he had a particular penchant for making you feel as if you were his colleague rather than a trainee, always treating with respect the opinions of others.

A walk through MGH would not be complete without a hallway encounter with Chip Gold. As a colleague said about him, “You always expected something fresh and surprising when bumping into him in the halls of the MGH. And you usually learned something significant.” He is sorely missed by the many who were fortunate enough to have the opportunity to know, work with, or be treated by him. The corridors ring with memories of him, although his footsteps are gone.
Herman Kalman Gold, MD: 1940–2008
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