



## IN MEMORIAM

# In memoriam Professor Dick Orie

D. Postma and P. Quanjer

**O**n July 6, 2006, Professor N.G.M. Orie died at the respectable age of 91 years. We commemorate a colleague who made a memorable impression on anyone who met him. His intellect, wit, charm and his profound and warm interest in the person with whom he talked, as well as the topic that he discussed, will be remembered by us all. His Dutch colleagues in pulmonology are indebted to him for a better treatment of patients with asthma and chronic obstructive pulmonary disease (COPD), and a sound and stimulating scientific research atmosphere, from which we all benefited.

Prof. Orie started his career as a general practitioner. After World War II, he was confronted with many patients who suffered from tuberculosis. Due to an improvement in treatment, the disease became less prominent. He noticed that many individuals, although not suffering from tuberculosis, complained about cough, phlegm and shortness of breath, consulting him for care and cure. He found it unacceptable that treatment for these individuals was largely based on belief and hearsay, and that no societal and scientific context was available to institute appropriate treatment. This was the drive for him to become a pulmonary physician, a specialisation that was new at that time. Thus, he began work at the Pulmonary Department in the University Hospital in Groningen, in order to improve the prevention and treatment of chronic diseases with airway obstruction, as well as to develop research into the origins of disease. He developed, sometimes against the tide of time, a large department by attracting young brilliant and devoted scientists who set up their own departments, such as Professors K. de Vries in Allergology, K. Tammeling in Pulmonary Physiology and R. van der Lende in Epidemiology. Throughout his working life, Professor H. Sluiter was his invaluable right-hand man.

Subsequently, Prof. Orie founded the Netherlands Asthma Fund to promote patient interests and stimulate research. It has served as a model for similar organisations in several countries. He inspired and stimulated many young physicians to begin research with him and many wrote their PhD theses under his strong scientific and enthusiastic guidance. This was particularly successful because he respected an individual's opinion and loved to exchange challenging ideas and to

stimulate in-depth discussions on the content and background of his disciples' ideas.

In 1961, Prof. Orie and colleagues from Groningen, the Netherlands, proposed that all obstructive airway diseases, including asthma, emphysema and chronic bronchitis, should be considered a different manifestation of a single disease with common genetic origins [1]. Environmental factors, such as infections, smoking and allergens, as well as innate mechanisms, determined when and how the disease came to clinical expression. Core hereditary risk factors of disease development were allergy and bronchial hyperresponsiveness. This proposal was subsequently named the "Dutch hypothesis" by Professor C. Fletcher and the term "chronic nonspecific lung disease" was introduced to describe this single lung disease. The Dutch hypothesis was strongly disputed by many researchers in the UK and the USA. They argued that asthma and chronic bronchitis/emphysema (COPD) were distinct diseases with different causal mechanisms [2]. The debate on the truth of the Dutch hypothesis still continues, and new evidence from epidemiology and genetic studies, as well as experimental animal models, has been advanced to support the hypothesis. Even though the debate is still ongoing, as reflected by recent publications in international journals such as the *European Respiratory Journal* [3] and the *American Journal of Respiratory and Critical Care Medicine* [4, 5], this hypothesis



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has initiated and stimulated vigorous research all over the world.

Even after his retirement, Prof. Orie actively followed the research into asthma and COPD against the background of his hypothesis. He never ceased to be interested, commenting on publications on this topic and forwarding his ideas to his younger colleagues in Groningen.

We lose a man whose ideas were ahead of his era and who pursued his hypothesis, his doubts and beliefs with extensive research that is still accessible in the publications arising from the international "Bronchitis" Symposia, which he organised in the 1960s and 1970s to discuss his ideas with colleagues from all over the world.

We will miss his persistence in pointing out of the validity of the Dutch Hypothesis, his sharp mind, charming personality and his humour.

## REFERENCES

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