IN MEMORIAM

Tribute to Lewis Landsberg

A Giant of Academic Medicine

Daniel Batlle®

n a late September evening of 2021, the world lost one of the last giants of Medicine. Dr Lewis Landsberg passed in Cape Cod, where he loved to spend part of the summers with his beloved wife

Jill and visiting family and friends. On behalf of the Council on Hypertension of the American Heart Association and the Editors of Hypertension, I want to offer the deepest condolences to Jill and the entire Landsberg family.

Lew grew up in Queens, New York. He graduated summa cum laude from Williams College in 1960 and with Honors from the Yale School of Medicine in 1964. His medical training was first at Yale under the legendary Paul Beeson and subsequently underwent research training at the National Institutes of Health in the laboratory of Nobel laureate Julius Axelrod. He returned to Yale to complete Internal Medicine

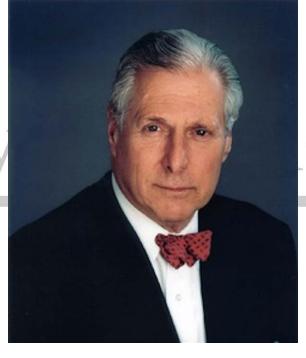
and Endocrinology training until Dr Frank Epstein, one of his mentors at Yale, recruited him to Harvard. At Harvard, Lew rose through the ranks to become Professor of Medicine and Chief of the Division of Endocrinology at the Beth Israel Hospital. In 1990, he was recruited to be the Chairman of the Department of Medicine at Northwestern University in Chicago and later was appointed Dean of the Feinberg School of Medicine at Northwestern, a position he held from 1999 to 2007.

Dr Landsberg's main research contribution relates to the effect of diet on the sympathetic nervous system. He and his long-standing collaborator, Dr Jim Young, studied the effect of insulin to stimulate the sympathetic nervous

> system, in the regulation of dietary thermogenesis, and the linkage between dietary intake and metabolic rate. This pioneering research was instrumental to generate interest in the connection between insulin, obesity, and hypertension. The association of hyperinsulinemia with hypertension in the obese led to the hypothesis that insulinmediated sympathetic stimulation, recruited in the obese to increase metabolic rate and restore energy balance, had the unintended consequence of increasing blood pressure in people with type2 diabetes. Lew was extremely well respected in the hypertension research circles such as the Hypertension Council of the American Heart Asso-

ciation and the International Society of Hypertension. In 2000, he received the Franz Volhard Award, the highest honor of the International Society of Hypertension.

I was a young faculty member at Northwestern before Dr Landsberg's arrival as Chairman of Medicine and can state unequivocally and with the greatest admiration that his impact on our Institution, first as chairman of the biggest department and later as a Dean, can only be described as gigantic and transformative for the



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Medical Center and the Feinberg School of Medicine. His recruitment of faculty was strategic but without fanfare or promises that could not be delivered. He created an esprit de corps and sense of purpose among the faculty. His closing remarks at the faculty meetings were often the same, simple but powerful "we had a great year but let us not be complacent." The faculty he recruited, both from inside and outside Northwestern, could attest to his integrity and his vision for the Institution to become a top-tier Medical School and Medical Center. This is a reality today and a legacy of the process that Dr Landsberg put into motion with his vision, energy, and leadership. While still overwhelmed with emotions as I remember Lew and write this tribute, the one that stands most is gratitude. I am personally grateful to him for his support during my tenure as Chief of the Division of Nephrology and Hypertension; which allowed me to plant the seeds for our program to reach the prominence that it has today.

After Dr Landsberg stepped down as the Dean of our School, prematurely, in my opinion, he remained very active teaching to the hospital house staff and medical students. His discussions at the Firm conferences were insightful and inspirational. Often, after politely and carefully listening to the clinical presentations, he would say "this can be only one thing" and this was, of course, the correct diagnosis. Some of the clinical pearls he would offer to the attentive audience can be found in one of his books, *On Rounds: 1000 Internal Medicine Pearls*, which is a highly recommended reading.

Dr Landsberg valued bedside medicine and viewed clinical diagnosis as an art, as he valued research and teaching. He was indeed exceptionally gifted and exemplary in these three facets: a triple threat in the fullest meaning of this expression. We have lost one of the giants in Academic Medicine, one with class, elegance, and his eternal bow tie. He will long be remembered and greatly missed.

ARTICLE INFORMATION

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