

## REMEMBERING PROFESSOR MICHEL THIERY (1924-2020)

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On November 3, 2020, Professor Dr. M. Thiery passed away, ten days before his ninety-sixth birthday.

The future member of the Academy for Medicine, lifelong Honorary Member of the Flemish Society for Obstetrics and Gynaecology and member of many other learned societies, was born on November 13, 1924, as one of a monozygotic twin, a fact in which he, so deeply interested in human reproduction, took a mischievous kind of pride.

The Thiery household was extremely intellectually and humanly stimulating. Father Leo Michel Thiery was a progressive teacher, driven by the will to open up wider horizons to the working class children who were his pupils. He broke open the dreary conventional curriculum by taking them on walks through nature and initiating them to the world of animals, plants and stones. As a schoolmaster his network included academic authorities like the botanist Julius McLeod and George Sarton. Mother was a prominent activist in the Ghent workers' movement. Michel Thiery inherited his father's interest in nature, but also would consider being a teacher as a main pillar of his career.

Fascinated with the biology of reproduction, he hesitated a moment between animal and human medicine, but finally opted for the latter. He specialised brilliantly in gynaecology under Professor Firmin Derom at the Ghent State University. After the war a select group of doctors was sent to the United States to take in the latest evolutions in medical knowledge from which the war and occupation had kept them isolated. Michel Thiery took up gynaecological oncology, operating with Brunschwig, working with Kottmeier and Guttmacher and initiating himself in exfoliative cytology of the cervix with Papanicolaou.

Back from the USA he functioned as a senior registrar in the Ghent University from 1954 onwards. He worked on his PhD thesis, "The experimental carcinoma uteri", thoroughly studying carcinogenesis obtained in mice by the then new method of enzyme histochemistry, for which he travelled weekly to the laboratory of Dr. Rudolf Willighagen at Leiden University. The resulting thesis, defended in 1963, remains impressive even today by the breadth of conception and the "Grundlichkeit" of the work.

When Professor Derom retired in 1964, academic politics led to the dividing of his chair in two, Michel Thiery being paradoxically assigned the chair of obstetrics. Through a gentleman's agreement the son of the departing chairman, Professor Robert Derom, mainly trained in obstetrics, was accepted as an associate professor to Michel Thiery. Robert Derom's expertise would help set up in the department the center for twin studies that would acquire a worldwide reputation for studies on fetal hypoxia and, now mostly forgotten, the very first intra-uterine transfusions for rhesus-isoimmunisation performed in Belgium.

For the trained oncologist Michel Thiery obstetrics could have meant a dead end, but that was counting without his unsatiable scientific curiosity and his drive and zest for work. Just then obstetrics evolved from

an art and handicraft to a more scientific approach that would lead to the concept of obstetrics as “antenatal paediatrics”. Michel Thiery joined this movement enthusiastically. Preventing and avoiding fetal hypoxia during birth, resulting in brain damage and subsequent learning and motor difficulties in the child, was the obstetric paradigm of the period. Michel Thiery and his senior registrar Henri Van Kets went to meet in Berlin Erich Saling, the pioneer of detecting fetal acidosis in birth by pH measurement on fetal scalp blood. They also met Tage Malmström in Göteborg, the designer of the first practical vacuum extractor and in Montevideo, Caldeyro-Barcia launched electronic monitoring of the fetal heart rate to detect fetal distress. In Ghent an electronic fetal monitor designed in collaboration with the Dutch TNO was promptly put into use. Through Professor Thiery’s perspicacity the Ghent school made complementary use of pH analysis and electronic monitoring, thus avoiding the excess recurrence to caesarean section due to the sole use of fetal heart rate monitoring. The Ghent school went one better than Saling by also making use of lactate/pyruvate analysis, worked out by Professor Derom in his PhD thesis, allowing one to distinguish true fetal acidosis from that merely secondary to maternal acidosis due to the stress of labour.

To further avoid hypoxia in birth, Michel Thiery insisted upon shortening the second stage of labour by a broad episiotomy at the beginning, and the routine use of a low vacuum extraction. The teacher Michel Thiery acted upon the principle that there is no substitute for experience, and that whoever did not master the technique of vacuum extraction in routine cases, would be unable to perform it when truly necessary. Epidural anaesthesia was liberally used, in accordance with Selwyn Crawford’s Maxim that “an epidural is indicated whenever a parturient asks for it”. Also, the problem of postmaturity, so preoccupying our Dutch colleagues, was unknown in the department by near systematic use of induction.

Michel Thiery was really aware of the fact that this model of obstetrics could be considered as invasive if not downright aggressive, but it should be seen in the light of the period’s paradigm. In the decennium following his retirement long term studies showed convincingly that episiotomy did not prevent vaginal prolapse. Also, “open ended approach” studies on the duration of the second stage of labour demonstrated that, provided the fetal heartrate was normal, a duration of even a few hours was not harmful. The minutes gained by prophylactic vacuum extraction thus being of no benefit.

The Professor was quick to recognise the potential of echography and on visiting the department of Ian Donald in Glasgow soon acquired a then state of the art apparatus, permitting the set-up of prenatal follow up and non-invasive and invasive prenatal diagnosis, elaborated by one of us (PD) in the department.

The prevention of premature birth was another preoccupation. Cervical risk indicators were actively searched for and clinical observation with tocolysis a must. The use of one of the most commonly used tocolytics was due almost entirely to clinical studies in the department. This was no doubt overtreatment, and furthermore towards the nineties the progress of neonatology put prematurity in a different perspective.

From 1970 the use of prostaglandins (PGs) in obstetrics boomed. Michel Thiery attracted as a collaborator the late Professor Jean-Jacques Amy, who was initiated by Sultan Karim, the founder of the clinical application of PGs. A significant flow of studies on PGs followed. In order to avoid confounding factors, these were performed in patients conforming to the criteria of “clinically normal pregnancy”, a concept defined by Michel Thiery, Jean-Jacques Amy and Robert Derom. When Professor Ian Calder proposed to Michel Thiery to collaborate on a study on ripening the term cervix by the extra-amniotic administration of prostaglandins, the prodigious stimulus of Michel Thiery made the department perform two extensive studies, on the effectiveness of the method and on its fetal effects, which were ready before Ian Calder had finished his own work. But typical of Michel Thiery’s sense of loyalty and publishing ethics, publication was withheld not to deny Ian Calder’s priority.

The didactic and severe taskmaster Michel Thiery saw to it that every assistant wrote a number of publications, from simple casuistics to more extensive studies. The Professor’s principle was

that there was no better way to master a subject than the obligation to write a paper on it. The papers were always read, corrected and amended by the master himself, often in sessions with the assistant, which the Professor called “working sessions”. Being productive in the writing of papers made one grow greatly in the master’s esteem.

In the same spirit that writing things down obliges one to thoroughly understand them, Michel Thiery insisted on keeping files rigorously. Central to this was the “temperature report”, an essential document on ward rounds, permitting one to see all the patient’s and neonate’s data at a glance, with every deviation from the normal to be indicated by a color code. This led to often epic scenes, the least inaccuracy leading to an outburst, and the remnants of the thoroughly shredded report descending like snowflakes over the head of the unfortunate clinical assistant. This led to many “strong stories”, but in all fairness it must be admitted that moments later, in his office room, the Professor was all friendliness and the incident was never again mentioned. Later, Michel Thiery conceded that these outbursts were to a great extent pose, and he in fact regretted that this attitude was necessary to make people do what they should naturally have done by themselves.

From the start Michel Thiery was prophetically interested in birth control. As an assistant he chose this as the subject of a lecture which he was only permitted to give for the head of department and senior staff members behind closed doors. Incredibly now, when he produced his clearly written and easily read book “Anticonceptie” (in Dutch) this book had to be imported from the publisher in the Netherlands under a false cover, it still being obscene literature for Belgian law. The department was extensively busy with preclinical trials of pills, but especially intrauterine devices (IUDs) which were the Professor’s main interest. All IUDs were studied with Christopher Tietze’s “life table” method, and the Professor personally checked the follow up reports for completeness and correctness with the same rigour as the patient files. As a consequence, at congresses the “almost incredibly accurate data of the Ghent group” met with admiration and thorough discussion. Michel Thiery’s network and standing within the International Planned Parenthood Federation was reflected in the fact that the Liber Amicorum offered him on his retirement, over forty international authorities on intra-uterine contraception willingly contributed.

Insiders asked themselves how the energetic head of department, apparently married to his job, would fare in retirement. I (PD) happened to assist him during his very last delivery. It was a laborious one, of an elder, totally uncooperative woman. Afterwards, the Professor wiped his brow and stated: “Obstetrics is and remains a stressing discipline”. And then, as a final lesson and warning against dangerous complacency: “But once you no longer feel that stress, you should stop practicing.” On retirement, he simply offered a drink to his staff members in his office. It appeared that he eagerly looked forward to a second career as a medical historian. Together with fellow emeriti he created the Palfyn Foundation that built up the Ghent Museum for the History of Medicine. He initiated the Sarton Memorial Lectures and the Sarton Medal. He tirelessly continued publishing (attaining over 1500 papers and books) with papers on the history of contraception, the forceps, monographies on the history of certain Ghent hospitals and especially the series of “Eponyms” elaborating the biographies of doctors who gave their name to a wide range of diseases, symptoms, interventions and instruments.

The severe taskmaster and strict disciplinarian left a school of gynaecologists somehow proud of having passed “bootcamp” under him and thankfully conceding that he had armed them to meet undaunted any obstetrical situation in their practice. The “Professor” had become “Michel” and on every visit the jovial host was eager to hear news of the department but also to discuss the wide range of subjects that retained his interest.

And then dusk fell. Health problems of his equally energetic spouse Huguette, unsurpassed “maîtresse the maison” and hostess, also affected the life of Michel. Remaining at home, in his dear study surrounded by his books, was no longer possible. In these last few years, he faded away, and a few months after his wife Michel Thiery too died. It was not the end he had figured or wished. Plato’s privilege, “scribens mortuus est”, was not granted him.