It is with great sadness that we acknowledge the death of E. Carwile LeRoy, MD, in May 2002. Yet at the same time, we are honored to celebrate his life and extraordinary contributions to the cause of scleroderma.

Dr. LeRoy was a native of North Carolina and received his undergraduate degree at Wake Forest University and both his M.S. (Pathology and Biochemistry) and his M.D. at the University of North Carolina. He was a member of the Phi Beta Kappa and Alpha Omega Alpha honorary scholarship societies. He served as a Resident in Internal Medicine at Columbia-Presbyterian Medical Center in New York and then as a Clinical Associate and Fellow at the National Institutes of Health. Dr. LeRoy joined the faculty at Columbia University College of Physicians and Surgery in New York in 1967 and later became the Director of the Division of Rheumatic Diseases there. In 1975, he moved to the Medical University of South Carolina (MUSC), where he was Professor of Medicine and Director of the Division of Rheumatology and Immunology for the next 20 years. In 1995, he became Chairman of the Department of Microbiology and Immunology at MUSC, a position that he held until his death.

Carwile’s interest in scleroderma began with studies of a hydroxyproline-containing protein in plasma. He next examined collagen metabolism in systemic sclerosis. He was the first investigator to confirm that scleroderma skin fibroblasts in tissue culture produced an excess of connective tissue matrix protein. Dr. LeRoy established a highly regarded and continuously funded research program devoted to the basic science aspects of the pathogenesis of systemic sclerosis, emphasizing microvascular injury and deranged connective tissue biosynthesis. Dr. LeRoy believed that endothelial injury was the first event in systemic sclerosis and sought to identify factors stimulating fibroblasts to overproduce collagen. He studied a wide variety of vascular topics, including widefield capillary microscopy, platelet abnormalities, factor VIII-von Willebrand factor antigen and beta-thromboglobulin alterations, capillary abnormalities as predictors of visceral involvement and survival and the influence of various cytokines on endothelial cell function. He also made important contributions in the area of skin fibroblast heterogeneity and selection, cellular and serum factors affecting fibroblast function such as PDGF and TGF-β, and the tight-skin mouse model of scleroderma.

Carwile was a proponent of a “holistic” approach to disease causation, incorporating contributions by host (genetic) immunologic/inflammatory and environmental factors. It is not surprising, then, that he published on this wide variety of topics, including population and familial studies of Raynaud’s phenomenon and scleroderma, polyvinyl chloride and trichloroethylene-induced scleroderma-like illness and the potential role of cytomegalovirus in vasculopathy.

Dr. LeRoy was a “consensus builder”. In 1988, he led a number of the world’s most experienced scleroderma experts to collectively propose a method for clinical-laboratory classification of systemic sclerosis patients which today remains useful for both clinical and laboratory research and for patient care. Recently he advocated expanding the spectrum of systemic sclerosis to include patients with no skin changes but who have Raynaud’s phenomenon and either nailfold capillary abnormalities or SSc-selective serum autoantibodies.

Dr. LeRoy’s service activities included being President of the Southeastern Chapter of the American Rheumatism
Dr Leroy’s contribution / C. Black & T. Medsger Jr.

Association, before it became the American College of Rheumatology (ACR), a member of the ACR’s Board of Directors, both local and national Arthritis Foundation and American College of Physicians leadership roles, and membership in a large number of medical societies. At the Medical University of South Carolina, he was member and chair of numerous important internal and search committees. He served as an editorial board member of 8 journals and was a reviewer for scores of medical journals. He was visiting professor or invited lecturer at over 200 venues throughout the world during his career.

Training the next generation of investigators is an important measure of one’s success as an academician. Dr. LeRoy clearly succeeded in this respect, attracting researchers from the U.S., Europe, and Japan to work with him over the years. His infectious quest for answers to research questions stimulated all who had contact with him. He trained a number of today’s leaders in systemic sclerosis research who have contributed articles to this supplement on their own areas of expertise. He always took the time to encourage fellows and junior faculty members in their research efforts.

Carwile LeRoy was greatly appreciated by those beyond the shores of the U.S. He believed in international sharing of knowledge and demonstrated a collegiality which was recognized and much appreciated by the rest of the world. His hospitality to overseas visitors was renowned, and in this he was ably assisted by his gracious wife Dee LeRoy. Carwile had a keen interest in the arts and the history of medicine, rheumatology and scleroderma. He was President of the Waring Medical History Society in Charleston. He visited and browsed in the world’s most famous medical libraries whenever he had the opportunity. He published an interesting perspective on the world’s best known scleroderma sufferer, the modernist painter Paul Klee.

Carwile LeRoy was the consummate physician and researcher and, in addition, a scholar and a true gentleman. He will be greatly missed, but has left a rich legacy to rheumatologists, especially those interested in systemic sclerosis.