

UFHC 27

Interviewee: Dr. David Marsh Drylie

Interviewer: Samuel Proctor

Date: December 2, 1996

P: I am doing an interview this morning with Dr. David Marsh Drylie at his office. We are at 1015 N.W. 56th Terrace Park Avenue. This is for the University of Florida Oral History Project dealing with the University of Florida's Health Center. When were you born?

D: December 5, 1931.

P: Where?

D: Danville, Pennsylvania.

P: You are a Yankee then?

D: That is correct.

P: It sounds to me like you are approaching a birthday.

D: That is correct. Sixty-five years old.

P: Do you get upset when somebody says that?

D: No. I was much more upset about my sixtieth birthday [laughter].

P: What was your father's name?

D: Herbert Dick Drylie.

P: Where does the Marsh come from in your name?

D: That is my mother's maiden name.

P: Give me your father's birth place and birth date.

D: He was born in North Braddock, Pennsylvania, in 1908.

P: What about your mother?

D: She was born in Wilksburg, Pennsylvania, in 1910.

P: What was her name?

D: Her name was Helen Marsh.

P: Are your family [members] long-time Pennsylvanians?

D: They had been in Pennsylvania. Part of my father's sibling group was born in Scotland. I believe he was the first child born in the United States when they immigrated here from Dunfirmline, Scotland.

P: What motivated the move?

D: I guess they thought that it would be better working for Mr. Carnegie [Andrew Carnegie, American iron and steel manufacturer and philanthropist, 1835-1919], who had come over here and established steel mills in the Pittsburgh area, rather than be coal miners, which is what they were in Dunfirmline.

P: Did your parents meet and marry here in the United States?

D: Yes, they did.

P: Where is your mother's family from?

D: My mother's father had immigrated on his own from Sheffield, England, when he was fourteen years old. He was a carpenter in Canada for two years and then moved to the Pittsburgh area and became a roofer.

P: So your heritage is English and Scottish?

D: English and Scottish, that is correct.

P: That is a good combination.

D: I like the Scotch better [laughter].

P: Along with a large percentage of the American population. There is a little Irish in some though. You escaped that.

D: Yes.

P: You grew up in Pennsylvania before you came south to go to medical school.

D: The first five years [of my life] were spent in rural Centre County, Pennsylvania, where my father was working for the Civilian Conservation Corps.

P: The CCC, you go back into the 1930s then.

D: We were living in my grandfather's summer home in Centre County. When I had to start school, we moved to Wilkesburg where my father went to work as a salesman for Westinghouse. We spent the next five years in Wilkesburg, Pennsylvania, which is a suburb of Pittsburgh. When the war started in 1941, my father was transferred to Dayton, Ohio, where he worked with the air force. [He was] still with Westinghouse. We spent the war years living in Dayton, Ohio.

P: You were too young to remember very much of the Depression, but what kind of an impact did it have on your family?

D: Times were tough. I remember my father was working either with the CCC or in a hardware store in a small town. Life was quite simple, and I do not recall that we ever particularly wanted for anything.

P: You did not go hungry in other words.

D: I never went hungry. There was always a large group of people around us, both family and friends. I in no way felt like I had a deprived childhood.

P: Were you living in the country or in town?

D: This was in a town of maybe 500 people. There were no large towns around it; it was a very rural area.

P: What kind of work did your father do for the CCC?

D: I think [he worked on] projects in the state parks.

P: Was he a worker or was he an administrator?

D: He was a worker.

P: [The CCC] was set up for young men who really needed work to support themselves and their families.

D: He was in his early twenties and that program fit that need.

P: But in his case he was already married.

D: Yes.

P: You were born in 1931. When were your parents married?

D: 1929.

P: Are you the oldest child?

D: I am the oldest, yes.

P: Who are your siblings?

D: I have one sibling who is eight years younger, a brother, Herbert Dick Drylie, Jr.

P: So he carries the junior name?

D: Yes.

P: Where is he living?

D: He lives in Kitty Hawk, North Carolina.

P: What does he do?

D: He is a retired navy pilot who fishes, plays golf, and enjoys life.

P: Sounds good. Your father had a hard time, but it seems like he produced two very productive children.

D: Yes.

P: What is your earliest childhood memory?

D: I think crawling out of the window into the snow and then building forts in the snow. [The snow] was probably four or five feet deep, but to a young child [four or five feet of snow] enabled one to build forts that you could walk into.

P: I do not think you made your mother very happy. She discovered you were playing in the snow out there, probably without a jacket. What do you remember of the 1930s? You were a kid then. [Was it a] good time?

D: I do not ever recall any bad times. Things were happy. I knew that my parents never had a lot of extra funds to go out. They were able to provide for me. There was never a Christmas that went by that I did not get what I wanted. My grandparents played a considerable role, I think, in the financial support of us. When things would get too tight, my grandfather always stepped in with some help. When we first moved to Pittsburgh, we had to live with an uncle, my father's brother, for a period of almost six months. Then, with my grandfather's help, [my parents] were able to purchase a home so that we were actually homeowners of a house sufficiently large [enough] to rent the downstairs to

another family. We [became] quite close [with this family] through those next years. My father always spent a lot of time with me playing ball and taking us to parks on the weekends. So even though things were not as nice financially for them as they could have been, they managed to spend a great deal of time with me, and [they] encouraged me to do well in school. My mother was always at home. She did not work. This would have been unheard of. I do remember one time I got hurt at school and came home with my head bleeding, [and I was] expecting my mother to take care of it. For the first time in my life, she was not there. That was quite a shock to me. I think that is the epitome of it. There was always somebody there in the house. It was a very stable thing [in] that you knew exactly what was going to happen every day.

P: Why the move to Pittsburgh?

D: My father had gotten a job with Westinghouse Electric.

P: A better job than what he had, obviously.

D: It was a much better position, yes.

P: Were either of your parents college-educated?

D: My mother went to Ohio Wesleyan University [Delaware, Ohio] for two years. My father just went to night school after we moved to Pittsburgh.

P: A woman going to college was unusual in those early years.

D: It was. My grandfather had done exceedingly well as a roofer. He was a little fellow, five feet and two inches. The stories are that he could stand on the edge of a roof three stories up, bend down, lean over, and hammer upwards on roofs without falling off.

P: He was pretty agile.

D: Many of the roofs in Pittsburgh are very slanted, very high-pitched. He was able to establish his business, which was both a roofing business and a bicycle repair shop. He was able to retire in Florida at the age of forty-five.

P: Was it a close family?

D: It was a very close-knit family. The entire family, both on my father and my mother's sides, lived in the immediate Wilkinsburg area. We spent every Sunday and every holiday with many family [members] around. Christmas and Thanksgiving were always big family affairs. My grandparents had moved to

Florida before we left Pittsburgh. They would spend their summers with us. My grandfather and grandmother spent a lot of time with us.

P: Where did they move in Florida?

D: To St. Petersburg.

P: Which is the place that many northerners at that time gathered during the cold period.

D: That is correct.

P: You are still a young teen-ager when the war comes along.

D: Not even a teen-ager.

P: Of course, you were born in 1931, so you were not quite a teen-ager yet. Was anybody in your family in service?

D: No one.

P: Of course, your father was not, and neither you nor your brother was anywhere near the age. [You had] no uncles [in service]?

D: My father was said to be in an essential position, whatever that meant.

P: With two kids, that would have pretty well kept him out [of the service] until the very end of the war period anyway. Do you remember anything special from the war years?

D: I believe we had moved to Dayton, Ohio, in 1940. This was all in the time building up to the war. We moved to Pittsburgh when I entered kindergarten. Then we moved to Ohio when I was in the fifth grade.

P: What brought that move about?

D: My father was transferred by Westinghouse to Dayton to work in conjunction with the Wright-Patterson Air Force Base, which was the big air force research and development area at that time.

P: Was that a big jerking effect on you, leaving friends and roommates behind?

D: I do not recall being upset at all by the move. I went to four different schools during the fifth grade. I do not recall [having] any difficulty making new friends

immediately and having children to play with. I do not recall [that period] as being a particularly upsetting time at all.

P: You and your brother are eight years apart and could not have been very close during that early growing-up period.

D: We were not. My mother was desperately ill when she gave birth to my brother. That was somewhat of an unsettling time. My grandparents had to come and take care of her and us. Everything turned out for the good, but I do remember being very worried that everybody else was so worried. I did not know myself what I was worried about. That was in 1939, so I was only eight years old at the time. I would have been ten when we moved to Dayton. I was given an awful lot of freedom when we lived in Ohio. I was allowed to stay out until I felt like coming in. I can remember some of the horrendous things we used to do during the month preceding Halloween and on Halloween. Fortunately, we never got into any trouble. I guess primarily because we did not have so many ways to get into trouble. We lived in a suburb that then was fairly well-outside Dayton in somewhat of a rural area. I went to a country school, but a very good school because the area was becoming Dayton's affluent suburb. I just remember that during those times, I was always given almost a complete degree of freedom to go and do as I wanted to do.

P: Why?

D: I think because of my mother's sickness. She was being pampered a lot. My brother was young, and he was demanding most of the energies of the family. He was not really sickly, but he was full of a lot of vim and vigor. I think they felt that because I always made good grades in school and did not get into trouble that they could leave me alone, which they did.

P: Where did you go to high school, in Dayton?

D: I went to the ninth and tenth grades in Dayton and then moved to Florida.

P: Oh, the family moved to Florida then. We will get to that in just a moment because I want to find out about it. You came to Florida in what grade?

D: The summer before my eleventh grade [year].

P: Where did you settle in Florida?

D: We lived the first three months in St. Petersburg and then bought a home in Tampa.

P: What kind of a student were you in high school? You kept saying that you made good grades.

D: I was always able to make mostly "A's" without expending too much effort. In school, probably the worst trouble I ever got into was being called before the principal several times every year for him to tell me I was not doing as well as I was capable of doing. It just was easy.

P: Were the sciences your best courses?

D: During those years, the sciences were my best courses, the sciences and math.

P: Were you into sports?

D: Every waking minute [I] was worrying about sports [and] not worrying about schoolwork.

P: Were you a participant?

D: Yes.

P: What did you play?

D: Primarily baseball, but also football and basketball.

P: Did the high schools [that you attended] have teams?

D: Yes.

P: You were on what teams?

D: I was always on the baseball teams.

P: What position?

D: At that time, [I played in the] outfield. I was on the high school basketball team my junior and senior year, but never played very much. I played football in the ninth grade and decided I was too small and too slow. It was not my cup of tea.

P: As a baseball player in high school, were you good enough to be considered for a scholarship?

D: No.

P: You were not contending for anything?

D: No. I did at a later date, but not then.

P: Did you involve yourself in sports in Ohio and then after you moved to St. Petersburg and then Tampa?

D: Sports was an immediate entree to a group of friends. I think it was one of the better things that I had going for me at that time.

P: Has sports continued to be an interest of yours?

D: More as a couch potato.

P: As a spectator. So you are not out there playing outfield for the Gators today, are you? [laughing]

D: No.

P: I did not see you playing on Saturday on TV. You watch it now?

D: Yes.

P: You play golf, though?

D: Yes.

P: What were you like socially in high school? Did you have your own car?

D: In high school, I never had a car. My parents made their car available to me when I became sixteen. In Ohio and then in Florida, my social life was centered around sports and around the church. My parents were always very active in the church. In Ohio, my social life [was centered around] a Congregational church. There were at least two or three nights every week when very active young people's groups met and played games. The whole basement of the church was given over to [us] for Ping-Pong tables and various [other] social [activities] that kids like to do.

P: So that was your social life. At that early stage, there was no serious dating?

D: No.

P: Why [did your family] move to Florida?

- D: We had gone down to Florida for the first time the previous summer, and my father fell in love with it. He was sort of a dreamer-type person.
- P: He must have been, if he came here in the summertime.
- D: They fell in love with Florida. One of their friends in Dayton was a hearing-aid salesman. He told [my] dad that if we would move to Florida, he would set him up in the hearing-aid business because he wanted to move to Florida also. [My] dad figured, what the heck. We will move to Florida. So we did.
- P: You went to St. Petersburg first because your grandparents were there?
- D: We went [to St. Petersburg] and lived with them for three months while my parents decided where they eventually wanted to settle. During that summer, [they] found a home in Tampa, and [we] moved over there before school started.
- P: Did the guy make good on [his promise] to set your father up in the hearing-aid business?
- D: [My father] got into the hearing-aid business. I do not know how successful it was.
- P: I was just going to say, what did he know about hearing?
- D: Nothing. [laughter]
- P: But to sell hearing aids, [he] did not need to [know about hearing].
- D: Right.
- P: When he came down, he already had some capital from his work up in Ohio?
- D: I do not think he had a lot of capital. I think my grandparents said, we would like you all down here. He had a business, and I think they helped us buy a home in Tampa.
- P: Your grandfather must have been a very successful roofer.
- D: He was.
- P: Did he just retire to Florida, or was he involved in [any] business in St. Pete?
- D: He totally retired at the age of forty-five and picked up some money building and selling houses.

P: He came down at a very good time in Florida's growth period.

D: Right.

P: He hit it exactly right. Your parents were happy about the move to Florida?

D: Yes.

P: What about you?

D: I was a little disappointed with [the move] because, being in high school, I had started to have more of a social life in Ohio. I was a little more unsure of how I would make friends, and how I would like this long move to an area in the country that seemed quite foreign to me.

P: And it was.

D: It was in many respects, yes.

P: When you came down, you were in the eleventh grade.

D: I was between the tenth and eleventh grade, right.

P: You graduated from where in Tampa?

D: There was another move. Actually, I found that the best way to make friends was to join the local American Legion baseball team in St. Petersburg, which I did within a week. Playing baseball consumed my entire summer. That got me off the hook there. Then we moved to Tampa, and I went to Plant High School. During that year, most of my social activity and friendships revolved around the church. My parents became very active in one of the Presbyterian churches in Plant City. I remember that as being a very successful year [for me] both scholastically and socially--and in all ways. Then, I think my father had gone to work for Hughes Electric Company. The company decided that it needed to transfer him to Jacksonville. About six weeks after school started, we moved to Jacksonville. I went to [Robert E.] Lee High School. We were living in Riverside in a rented home on College Street.

P: Near what?

D: About two blocks from Riverside Avenue--the main street.

P: Near John Gorrie Junior High School?

D: We were only one block east of John Gorrie. [We lived] within walking distance of Lee High School.

P: You were living in Jacksonville, and you were playing baseball for whom? You left the American Legion team behind?

D: I had played for the American Legion team in Tampa the summer that we moved. When we moved to Jacksonville, whatever math class I had been taking at Plant City was not offered at Lee, so I had to start taking trigonometry. I remember I had only four weeks before the final exam, so I spent my first four weeks there studying trigonometry every night. The teacher gave me all the assignments that he had given the rest of the class for the preceding seven weeks and expected me to complete them all. That is why I had to work so hard. I made an "A" in the class, which I thought was one of my better feats.

P: Did you have to work at all going through high school?

D: In Tampa, I tried working at a grocery store. I think that lasted about two weeks because I found them selling their "ten-pound" bag of potatoes, which we made up. I was instructed to never put more than eight or eight and a half pounds in them. When I complained to the manager, he promptly fired me.

P: They did not need an honest employee hanging around.

D: I had delivered newspapers in Ohio. During the summer in St. Petersburg, I worked as a draftsman for the city's most prestigious architecture firm. During the tenth grade, I had taken [a course] in school on drafting because at that point I was thinking of architecture as a possible vocation. I think I worked for the princely sum of \$5 per week, which [was] barely [enough] to buy my lunches.

P: What year did your family make the move to Jacksonville?

D: The fall of 1948.

P: The war was over.

D: Everything was over and everyone was happy. As I mentioned, my social life revolved primarily around the people at Riverside Presbyterian Church. One of my friends who is a physician in Jacksonville, George Abraham, talked me into trying to play basketball. I did get onto the team but never played. When baseball season started, I was able to get onto the baseball team, which [consisted] of all the players who had won the National American Legion Championship the summer before. We had a very good baseball team. That took a lot of my time. Then I started to think about where I was going to attend

college, and what I was going to do in college.

P: Beyond athletics, were you involved in any activities in high school such as drama, the school newspaper, or any of [those sorts of activities]?

D: No.

P: Your mother's health had recovered by then?

D: My mother's health had recovered. She was doing fine.

P: Everything was normal at home. How were you and your brother getting along?

D: I think we tolerated each other. Essentially, [we had] no joint interests or activities. He was not quite old enough to be playing catch. I think I remember teaching him to ride a bicycle. We were two disparate people living in the same house.

P: Your life was filled with academics, athletics, and your social activities with the church. You did not have time to get into any trouble?

D: No, not really.

P: You graduated from Robert E. Lee High School in 1949.

D: June of 1949.

P: Obviously, you had already begun thinking about college.

D: I was going to go either to Georgia Tech [University in Atlanta] and be an architect or go to Emory [University in Atlanta, Georgia] and be a doctor.

P: No thoughts of Gainesville?

D: No, no thoughts of Gainesville.

P: Why?

D: I do not really know why. I do not think that Gainesville had the reputation that either Georgia Tech or Emory had in those two particular fields.

P: They were the closest and the cheapest schools.

D: Of course, there was no medical school in Florida, so [if] you considered

medicine, you had to go to one of the five schools to which the state [of Florida] was giving a stipend.

P: Were you already thinking about medicine in high school?

D: Yes.

P: Where did it place itself by comparison with architecture?

D: They were very even.

P: Did you consider engineering, or were you thinking of Georgia Tech only because of its programs?

S: Only because of its programs.

P: Like architecture?

D: Primarily architecture.

P: Georgia Tech did not have a medical school.

D: No. Engineering was a far-off third-place consideration, primarily because of my interest in mathematics and sciences.

P: When did [attending] medical school first begin to develop in your thinking?

D: I think it just went back to several physicians we had encountered over the years, particularly during the war years in Dayton, Ohio. We had an old family physician who would come around in an old Model-T, just as my music teacher would come to the house in an old Model-T and give lessons. He came and made house calls. He had a house downtown that was his office, as [well as] his home. He was the sort of kindly person you would want to emulate.

P: You did not say anything earlier about music. What experience did you have with music?

D: I had taken piano lessons starting when I was about eight years old.

P: Did your mother play the piano?

D: She did. I took them until we moved to Florida. I do not recall taking any lessons in Florida.

P: Were you pretty good?

D: I was not particularly good, no.

P: Do you play the piano now?

D: No, I do not. I have not [played] in years.

P: That is a lost passion.

D: Yes. I think that was mostly maternally induced.

P: Was your family supportive of the possibility of you going into medicine?

D: Oh, yes, particularly my mother. I think she had the foresight to realize that medicine was going to be a safe, financially comfortable profession to go into.

P: How did you weigh the two--architecture and medicine?

D: The decision almost became literally a flip of a coin. I finally decided that if I went to Emory and started pre-med and did not like it, that I could always transfer those credits to Georgia Tech. They were mostly liberal arts credits, whereas the original curriculum at Georgia Tech would not transfer very readily to Emory. So before we moved back to Tampa, I made the decision to go to Emory.

P: That sounds like still another move, from Jacksonville back to Tampa. What brought that about?

D: I think that my father had the possibility of moving back within the same company, Hughes Electric.

P: Out of Orlando?

D: I do not know where [the company was] out of.

P: It is [out of Orlando] today.

D: We still owned the home in Tampa. [My parents] had been looking for the opportunity to move back there. The day after I graduated from Lee High School in June of 1949, we returned to Tampa.

P: You went to Emory from Tampa and not from Jacksonville in Duval County?

D: Yes.

P: Had you been to either of Emory's two campuses in Atlanta?

D: No.

P: You went up there without knowing completely what you were going to encounter?

D: There is another little story there. When we moved back to Tampa, I immediately hit the streets and tried to find a job that was somewhat medically related.

P: For the summer.

D: I was very fortunate to secure a position as an orderly at Tampa General Hospital during the nighttime hours, midnight to morning.

P: Even though you had no medical background and no earlier job [of that kind]?

D: That is correct. That also enabled me to play baseball in the daytime. During those nights, the residents, the nurses, and the attending physicians were very supportive of me. They taught me to suture things. [They] let me suture up the drunks who would come in late at night. They would let me go up and watch surgical procedures. In general, [they] were totally supportive of my intent to possibly go to medical school.

P: You were enjoying the work, which was [attracting] you even more to medical school.

D: I was loving it. It really solidified my thoughts about going into medicine rather than architecture. It enabled me to really direct myself and to learn from people. Dr. Marshall Smith, who was then chief of staff at Tampa General and our family doctor, actually came to our house one evening and brought movies of some of his operations. He went over with me and with my parents what going into medicine entailed. He put me--and I was very unsophisticated medically--on the pathway upon which I would want to go. So I left for school very driven and very motivated.

P: Were you promised a job up there?

D: When we lived in Jacksonville, my father was traveling around South Georgia and North Florida, and he stumbled upon the Emory campus in Valdosta. They had established a campus in Valdosta [in addition to] their campus in Oxford, which had been the original university. It was set up as a junior college primarily

for Florida students and for the many returning veterans who were crowding all the colleges at that time as a result of the G.I. Bill. We decided, heck, this is the equivalent of going to Atlanta and certainly less expensive. So that is where I decided to go to school. I signed up for it and was accepted with a work scholarship.

P: Did Florida have an arrangement with Emory in which Florida paid Emory if it accepted Florida applicants?

D: Yes, they did. Emory was one of the schools, and Vanderbilt [was another].

P: Did that cover your tuition?

D: It was not money that was in any way received by the students. I think \$1,500 per student was given to Emory for giving Florida applicants some weight over, [for instance], the North Carolina [applicants].

P: So you depended upon your father's [financial] support in medical school. Did you say you had some sort of scholarship support?

D: I had a work scholarship with the athletic department. I kept the tennis courts up, cut the grass, cut the limbs off the trees, and striped the football field and the track field. I think I was supposed to put in twenty hours a week. For my first two years at Emory, this [work scholarship] paid about half of my tuition.

P: Where did you live at Emory?

D: I lived in a dormitory.

P: Apartments had not yet become a part of the American campus scene.

D: You lived either at home, if you were from the town, or you lived in a dormitory.

P: Was there a rooming house?

D: No. I think even the older guys, who [were as much as] ten years older than those of us right out of high school, all lived on the campus.

P: [So it was] unlike Gainesville where students lived either on the campus or in a boarding house surrounding the campus.

D: Right. The campus was north of town, and there were no boarding houses.

P: Is that now Valdosta State University or is it a separate operation?

D: It is about a mile and a half or two miles north of Valdosta State.

P: Is Emory still there?

D: No. I think Valdosta State Nursing School has the old campus buildings. They built their hospital out there. It is sort of the medical complex area.

P: What kind of a library did it have? Was it adequate for undergraduate work?

D: It had a very small library that resembled a high school library more than a college library.

P: What kind of courses did you take?

D: Strictly liberal arts courses, basic chemistry, and basic biology. I did not take physics there.

P: They had the labs to support those programs?

D: Yes. [But] they were not labs as we think of labs today. They were a step above a high school laboratory.

P: At that time, did you have a car?

D: No, I did not have a car.

P: So you were nailed down?

D: Not really. There was and still is a large automobile auction in Valdosta. Those of us from Florida would get out of school on Friday afternoon and hitchhike down to the automobile auction south of town. [We would] pick up a car that one of the Tampa dealers had bought, and [we were] paid anywhere from \$10 to \$15 for driving the car to Tampa.

P: So you had a ride home to Tampa.

D: Yes. I had a girlfriend in Tampa.

P: Everything worked out beautifully then.

D: Sunday at noon after lunch, my father would take me out to the north side of Tampa, and I would hitchhike back to Valdosta.

P: That is exactly the way students here operated before, during, and after World

War II. That is a lost art today. None of that happens. Did they have fraternities on the campus? I know Emory had them.

D: No. There were no fraternities. I think the student body consisted of maybe 120 students. [It was] very small.

P: So you did not affiliate with a fraternity during your college career?

D: No, I never did.

P: It seems that your social life was in Tampa and not in Valdosta.

D: That first year it was.

P: How long were you at that campus?

D: For two years.

P: What about your second year? You said that your social life was in Tampa only during your first year.

D: There were joint socials between Emory, which was strictly a boy's school, and Valdosta State College, which was a girl's school. Valdosta State College for Women was its previous name. At one of those social events early in my second year, I spotted my current wife across the room. I told a friend that I had to meet that good-looking girl. So we met and became very serious about each other.

P: And bye-bye went Tampa.

D: Bye-bye went Tampa. At Christmas break of that year, we went to Pearson, Georgia, and got married.

P: [There was] no family at the wedding?

D: No family. We did not tell our parents. We were going to keep it a big secret.

P: And you did.

D: After visiting up there for a couple days, I went home. The [secrecy of] our marriage eventually came out before the end of the holidays. My parents were distressed, and I was distressed.

P: Her parents may have been distressed.

D: Her mother was horribly distressed. [My parents and I] got into the old car that my father and I were repainting--it had blobs of orange paint all over it from primer--and drove to South Georgia. My parents anticipated [seeing] a shack up there with things crumbling down like they had seen on the highway driving through Georgia. They met Sara and her mother. We had to stop and talk to the local preacher and get some counseling. Her mother had the local doctor in to make sure there was no way she could be pregnant so that they could get the marriage annulled immediately.

P: What is your wife's name?

S: Sara Milhollin.

P: I hope things have gotten straightened out with your mother-in-law over the years, and she now accepts you as a respectable member of the community.

D: Very much so.

P: Tell me a little bit about your wife.

D: She was born in Douglas, Georgia.

P: What is her birth date?

D: October 1, 1933.

P: So she is two years younger than you are.

D: Yes.

P: Why did you decide to have that kind of a wedding?

D: We were two very irresponsible teen-agers who could not think of anything beyond getting in the bed. And if you were going to get in the bed, you had to get married.

P: What year was this?

D: 1950.

P: What was the wedding day?

D: December 20.

P: You were a young guy then. You were just nineteen.

D: I was just nineteen, and she was just seventeen.

P: I can understand why her mother would be very upset with you.

D: She was the only daughter.

P: Her mother had expected a real nice white-gown wedding.

D: Right.

P: Did she ever forgive you?

D: Oh, yes. Actually, very quickly.

P: You did not get a honeymoon?

D: No.

P: Maybe you did not need one.

D: No.

P: Your parents became reconciled to the facts of life?

D: They wanted us to get the marriage annulled. The lawyers came in and said, yes, we can have it annulled. The two of us said, no, we do not want to have it annulled.

P: Why were they interested in that kind of thing? It was already done.

D: I think they just wanted to undo this whole horrible experience.

P: I presume your parents liked Sara, and Sara's family liked you?

D: They eventually came around to it and accepted it.

P: So there is a happy ending to this story. What was she studying?

D: She had just entered her freshman year in college.

P: She went back to school?

- D: One of her uncles and her family decided that she needed to go to business school so she could earn a living.
- P: To support you while you went to medical school.
- D: Another uncle lived in Byron, Georgia, and there was a good business school in Macon. So they decided that she would live in Macon, and I would live in Valdosta.
- P: In those years, that was quite a distance between the two, because there was no I-75.
- D: It was, but the buses ran. I found a job managing a motel in Valdosta in the evenings from 4:00 p.m., when I could get away from the school, until midnight. I was able to run the motel and study. As soon as she would get out of school on Fridays, she would get on the bus, come home, and then go back on Sunday.
- P: You had the weekends together.
- D: Yes. We were given a cabin at the motel, which was part of my salary. We had our own little home there.
- P: So everything worked out nicely from that point of view. You finished up your first year at Valdosta, and you did well academically.
- D: Yes.
- P: A school that small did not have any organized sports.
- D: We did. We had football, basketball, and baseball, [which were played] on more of an intramural basis. But the baseball team traveled. We went to Atlanta and played the Emory baseball team, and we went to Oxford and played the Oxford team. We [also] played some of the area high school teams.
- P: Was your father supporting you now, even after you got married? Emory could not have been as expensive as it is today, but, relatively speaking, it was not cheap.
- D: No, [it was not]. But I was receiving almost all my tuition and board from my work activities at the university, which I kept doing. We had a place to live and, with my salary from the motel, enough [money] to eat. I believe that Sara's mother paid for her bus transportation back and forth.
- P: And [she paid for] her schooling.

- D: Yes. Her room and board were free at her aunt's [house]. So we barely struggled by.
- P: But you were not unusual for students at that time.
- D: No, [we were not]. In no way did we feel deprived. My great-grandmother had put a dollar or so every year into a savings account for me. I think it reached the princely sum of \$350. I talked my father into letting me spend it on my first automobile, which I did. That enabled us to get back and forth from Valdosta to Sara's home in Broxton, Georgia, which is about sixty-three miles.
- P: I do not even know where that is.
- D: It is on 441, just north of Douglas.
- P: Let's get back to your academic work. In the first year, you were taking liberal arts courses at Valdosta. When do you begin moving more and more into the pre-med courses, second year?
- D: At that time, pre-med was [simply] basic biology, basic chemistry, and basic physics. I think you had to take some chemistry every year. [In the pre-med program], biology was not pushed as much as chemistry. Physics was not pushed. You were expected to take mathematics all the way through. You had to take comparative anatomy at some point during your last two years.
- P: Did you go there for two years or for the full four?
- D: It was just a two-year campus. It was a very broad curriculum.
- P: During these two years, you were not deterred from medicine. [You never] thought, I made a mistake, I should have gone into architecture?
- D: No, not at all. Probably 80 percent of the students at Valdosta were Florida pre-med students. So everything was geared toward a pre-medical or pre-dental curriculum.
- P: You were there for two years and then what?
- D: Then [the school] expected you to transfer to the main campus in Atlanta.
- P: You did not have to reapply? In your junior year, they did not re-evaluate you or anything like that?
- D: There was no distinction as to whether you went to Oxford, Valdosta, or the main

campus. Everything transferred. [It was] as though you had been there all along.

P: [I realize] that you already answered this question, but I would like you to summarize your answer. Why medicine? You are making a decision for a lifetime career.

D: I am not sure that I felt anything within myself that was sending me in that direction. It was a [result] of seeing and observing physicians--what they did, how they lived--that made me feel that this would be something that I would really be happy doing.

P: [Did you think] you would be happy with the profession or [were you attracted more] to the economics of it--the fact that [doctors] lived a good life?

D: The economics may have played a subliminal role, but I think I was happy with what [physicians] did. Our pre-med club at Emory was frequently invited to go to the Valdosta hospital and observe surgeries.

P: You enjoyed that?

D: I loved it. I did not give much thought to where I was going. I made up my mind where I was going and everything else flowed in that direction. [Medicine] was just something that I felt I would really be happy doing.

P: For lots of reasons. The two years at Emory suited you, and you were looking forward to continuing. You were not thinking about transferring to a different institution?

D: No.

P: The big move for you was from Valdosta to Atlanta. Was this your first entree to Atlanta? Had you gone up there to look at the campus before you moved there?

D: I had been to the campus to play baseball, so I had seen it. But I did not look at it with a critical eye. I just knew that is where I was going to go.

P: Atlanta was new for you.

D: Atlanta was very new for us.

P: What about Sara?

D: She had been in Atlanta a lot. Sara's background is kind of interesting. Her grandfather was a long-time senator from South Georgia.

P: In the state legislature?

D: Yes. He was a very close friend of Eugene Talmadge [Democratic governor of Georgia: 1933-1937, 1941-1943] and Herman Talmadge [Democratic governor, Georgia: 1949-1955]. Sara can remember the Ku Klux Klan meeting in her front yard and the [Klansmen] burning crosses. She remembers the Talmadges and other politicians coming down [to where she lived] for hunting parties and trips. She was more oriented toward Macon because she had a lot of family in Macon, and it was much closer [to her home]. She had been planning on going to Wesleyan College before the Valdosta State thing came up. She had been to Atlanta, so was not quite as in awe of it as I was.

P: Where did you live?

D: We lived about two blocks from Grant Park on Grant Park Place.

P: Did you take the streetcar, or did you drive your car to campus?

D: I drove my car.

P: Did Sara get a job in Atlanta?

D: She got a job almost immediately working for the A&P Company in their distributor building, which was a huge structure on Memorial Drive. I think it has been torn down.

P: What was life like for you as a young couple in Atlanta with limited finances and not a great deal of time?

D: [We were] just trying to exist. We would split a can of sardines for lunch and put it on a piece of toast with some mustard. Sara's mother would come up at least every other week and bring us canned vegetables and meat from the farm. I spent most of my time studying. I found classes in Atlanta to be much tougher than they were in Valdosta.

P: Was this a four-year program--two years at Valdosta and two years at Emory?

D: Yes.

P: So when did you graduate?

D: I graduated in June of 1953.

P: How were the two years in Atlanta?

D: It was really only one year. During the fall of that year, we did the medical school requirements.

P: You had finished all the prelim [course work] at Valdosta?

D: No, I had not finished all of it. But you had to start applying [to medical school] because they accepted people after their third year, if they had all their courses in.

P: I am not quite sure I understand. When you went to Valdosta for two years, were you not accepted for the full four-year program?

D: You are automatically accepted into the four-year program. But medical schools were accepting some students after three years of college, rather than waiting for them to graduate.

P: Why?

D: That was just the way they operated.

P: Was there a scarcity of doctors, so that medical schools pushed them out and then needed more?

D: I think there was probably a scarcity of doctors at that time.

P: What about your liberal arts program? Did you get much of that--history, English?

D: Very little. [The program] was really geared toward going to medical school.

P: And getting out as quickly as possible.

D: Right.

P: So you finished the program in three years?

D: [Students] tried to get their medical school requirements out of the way by the end of their third year, figuring they would study liberal arts in the fourth year.

P: And relax a little bit.

D: Right.

P: Is that the way it worked for you?

D: No. During the fall semester of my third year of college in 1951, I submitted applications to medical schools. We had to take the MCAT. They would send the results to three schools for free. I could not [financially] afford to send the results to more schools.

P: You could select the schools, of course?

D: Oh, yes. I applied to Emory, Tulane, and, literally by chance, I just happened upon a Bowman Gray [Bowman Gray School of Medicine in Winston-Salem, North Carolina] catalog in our library and thought [of] Winston-Salem. I went home and looked it up on a map, since I had not heard of it before. I thought, well, that is not too far from home, so I will apply there.

P: You and George Harrell [UF, dean of the College of Medicine, 1954-1965].

D: That is where I applied. I took the interviews at Emory. It was a very cold, dismembered sort of situation. [Emory interviewers] lined six potential students up with three faculty members who all tried to make [the students] feel like they were absolute asses, and you left with this very bad feeling. I was granted an interview at Bowman Gray and found [out that] one of my classmates, Brock McGruter, who is now a successful ophthalmologist in Orlando, was going to Davidson in North Carolina, for some reason. He said, let me carry you up there. Since I was unable to afford a bus trip up there, I went with him. I had hitchhiked from Davidson up to Winston-Salem. I interviewed, and everybody treated me like I was somebody; and I was not used to that. It was a totally friendly atmosphere. When I finished, my last interview was with the dean and he said, well, we would like you to come here to school. I picked myself up off the floor and said, well, I think I would probably like to come here.

P: You did not even think about Tulane then?

D: No. Tulane sent me an invitation to come [there] to interview, and I sent it back and said I could not go to New Orleans. I accepted Bowman Gray's offer and was very happy.

P: Did you hear anything from Emory?

D: Emory accepted me and Tulane accepted me without an interview.

P: You had a splendid record.

- D: I was so absolutely ticked off at the Emory interview process that I decided I did not want anything to do with that school, and I did not want anything to do with Atlanta anymore.
- P: At that time, were medical schools being overwhelmed by applications?
- D: Not to the point that they are now. Of course, this was during a lull in the population. They were still taking a number of older guys.
- P: I thought, at that time, a lot of the GIs were applying to medical school.
- D: That big push had gotten out of the way.
- P: The number of GI applicants dwindled by the early 1950s.
- D: I think that I came through surreptitiously at a time when [the schools] were looking for qualified students.
- P: You finished the fourth year at Emory? About a month after I was accepted to medical school, my father died.
- P: Suddenly?
- D: Very suddenly. On Christmas Day, we were on our way home. We stopped in South Georgia and had lunch, and went on and got to Tampa. [When we arrived at my parent's house], cars were [all] around [because] my father had died that afternoon.
- P: What happened?
- D: He just had a heart attack.
- P: He died on Christmas Day?
- D: Yes. Suddenly, I did not know how I was going to fund this medical school venture. Various people said, well, we will help you out. So we went ahead and signed up to go to Winston-Salem without any thoughts of where we would get money to do it. I applied to the Tampa Exchange Club for a loan, which one of my dad's friends told me was available. I received a loan to pay for my first year's tuition, which I think was something like \$800.
- P: What happened to your affluent grandfather?
- D: My grandfather was affluent, but not anything like in today's terms. They lived a

comfortable, very frugal life.

P: In other words, he could not afford to send you to medical school.

D: No. I do not believe I even asked him.

P: I still do not understand why you did not finish up and get your undergraduate degree.

D: I had to begin medical school in the fall that would have been my fourth year.

P: I see. You are accepted at Bowman Gray and you go into medical school.

D: I was accepted contingent [upon] taking comparative anatomy, which is one of [the school's] requirements during the summer.

P: Is it possible today to go to medical school without the undergraduate degree?

D: I am not sure if some of those kids in the honors program come in early and afterward get their degree.

P: I thought one [degree] builds on the other.

D: Many schools grant the bachelor's degree after your first year in medical school. For example, Wake Forest [Winston-Salem, North Carolina] did that.

P: Does Florida do that?

D: I do not know.

P: I just thought you had to get your bachelor's degree first.

D: I realized that if I flunked out of medical school, I was gone. I would not have a degree; I would not have anything. Bowman Gray [officials] told me that they would still accept me even if I did not take all the requirements. So for the last six months we were there, I went to work for the police department in Atlanta as a fingerprint expert and photographer.

P: This is the summer of 1952. Was Sara still working for A&P?

D: No, she was working for an insurance company in town.

P: While you were working for the police department, did you take any courses at Emory?

- D: I took a full course load from January, when I took the job, until the end of the year.
- P: With the job and school, your life was full.
- D: Right. I really had no time for a social life.
- P: Or money.
- D: We were to the grindstone. I was able to save a few dollars [that I put] toward medical school expenses for the first year, knowing that my tuition was being paid for.
- P: The government had not yet offered programs that made loans available to students.
- D: Right. There were no government programs. At that time, Bowman Gray probably would not have accepted it. [The school was] a little different in that it was a very conservative school, pretty much controlled by the Baptist church at that time. It did not accept any federal monies whatsoever until 1968.
- P: Did you have to be a Christian or belong to a particular church to be accepted to Bowman Gray, or was that not an issue there?
- D: No, [it was not an issue there]. But the hospital was the North Carolina Baptist Hospital and cared for all the indigents throughout western North Carolina and southern Virginia.
- P: That is not unusual; the Baptist hospital in Jacksonville [Baptist Medical Center] has the same sort of policy.
- P: So, you went to Winston-Salem in the fall of 1952.
- D: That is correct.
- P: Did you rent an apartment?
- D: We rented the third story of a house.
- P: What kind of a town was Winston-Salem then?
- D: It was a town of about 108,000 people.
- P: Much smaller than Atlanta, of course.

- D: Much smaller than Atlanta. It was dominated by the Reynolds Tobacco Company and the Hanes Knitting Mill. It was strictly a two-industry town.
- P: But [it was a] nice town?
- D: Yes. [It was] a very nice clean town. We loved all the old Moravian things that everybody did. Our first spring there, my mother-in-law was visiting with us over Easter. At 3:00 in the morning, we heard this raucous noise, and down on the street outside our house was a huge brass band playing Easter music. They went all over town doing this.
- P: Everybody had accepted it as tradition. You do not question tradition.
- D: We lived just four blocks from the medical school. It was an easy walk back and forth.
- P: In the very beginning of your freshman year of medical school, what were your responsibilities? You were a student; you took courses.
- D: Yes.
- P: What I am really asking you is whether you had any hospital responsibilities that early?
- D: [I had] no patient contacts at all. Not until the very last quarter of the second year were there any patient contacts.
- P: Does this mean that it was or was not a teaching hospital in the way that Shands is today.
- D: It was a teaching hospital. One of the big changes that has taken place since the time I went to medical school is that [much of the information] we learned our first two years in medical school, the students today are learning in college during their undergraduate work.
- P: Does this mean the science courses, chemistry and that sort of thing?
- D: Yes. [For instance], [medical students] today are taking some biochemistry in their undergraduate work, whereas it was a brand new [subject] to me [in medical school]. [At Bowman Gray], it was strictly anatomy, physiology, pathology; it was a very didactic set curriculum of going to class, going to the laboratory, and studying.
- P: What about the facilities at Bowman Gray, was there a good library?

- D: [There was an] excellent library. [They had] excellent facilities in all ways.
- P: All of their support came from the Baptist church?
- D: Pretty much so. But it was named the Bowman Gray School of Medicine. Bowman Gray was the first treasurer of the Reynolds Tobacco Company.
- P: So there was tobacco money in there.
- D: There was a lot of Reynolds money and a lot of Gray family money in Bowman Gray.
- P: Was the Gray family always involved in tobacco?
- D: I think so, but I would not swear to that.
- P: Of course, Reynolds and Duke always were.
- D: Duke contributed to a number of schools. For example, Furman [University] in Greenville, South Carolina, has a huge Duke endowment. Reynolds endowments were almost entirely aimed at Wake Forest, and ultimately resulted in the moving of the college from Wake Forest, North Carolina, to Winston-Salem.
- P: So Bowman Gray did not take any federal money?
- D: Not that I am aware of; it certainly was not there.
- P: So they took church money and tobacco money, and, of course, patients paid in the hospital. Was there any city or state support for Bowman Gray?
- D: No, and there is not any today.
- P: Does this mean that it was a poor school, or were was it doing well without this kind of governmental support?
- D: [The school was] doing very well without the support. The amount of private money [given to the school] had to have been huge, and the faculty contributed mightily to it. The faculty took care of the social elite from the whole area and all did very well financially themselves. Many [of the faculty] came from these families, and they contributed millions of dollars every year to the running of the medical school. [This money] came not only from their practices, but also from their own personal resources.

- P: Unlike J. Hillis Miller [University of Florida Health Center].
- D: Right. [The faculty members] all had their own private practices; they were not working for the government. The school only controlled them very loosely. The chairman of pathology had the country's largest mail-in pathology business. Hospitals would mail all their surgical specimens [to the pathologists], and they would send the hospitals back a report overnight. That particular physician, I think, endowed the school with well over \$10 million. So they were living very well with philanthropic monies.
- P: Did Bowman Gray have a good scholarship program for students, like you, coming in?
- D: I am sure it did, but I was never offered a scholarship. I think tuition was \$750 a year.
- P: Which in that day was kind of steep.
- D: It was a fair amount of money. We were able to borrow from the family--from one of my uncles and from Sara's grandmother--to pay for my tuition in my second and third year. We had known that her grandfather had paid the tuition for four years for some twenty deserving students from their county, so we did not mind approaching her grandparents.
- P: You felt you were a deserving student.
- D: She worked in the medical school for the first two years.
- P: What did she do?
- D: She was a secretary--a transcriber. She and two other girls ran the comptroller's office. All the finances in the school were done by one person, who collected the tuitions and dispersed all the monies.
- P: How large was your incoming medical school class?
- D: [There were] fifty-four of us.
- P: How large was the school?
- D: [There were] about 200 students.
- P: Bowman Gray was just a medical school, it was not part of a larger operation?

- D: No, the university was in Wake Forest.
- P: So students not studying medicine went to Wake Forest, and those studying medicine went to Bowman Gray?
- D: That is correct.
- P: Obviously, [Wake Forest and Bowman Gray] were located in different areas.
- D: Right. There were very few graduate students.
- P: It could not have been a very large campus then.
- D: There was no campus. It was just a building attached to the hospital.
- P: I see. It had no program other than the academic program. You did not play baseball at Bowman Gray.
- D: No. It was strictly a come to school, go to work, and become a doctor sort of proposition.
- P: You went to school in the morning, and you went home at night and studied and that was it. There was no other activity?
- D: Actually, for the last two years, I was on-call for the blood bank from 8:00 p.m. until midnight.
- P: What was the quality of the faculty?
- D: It was an absolutely superb faculty. [The school] had the basic science people--the top people they brought in from all over the world. The clinical faculty [members] were hands-on faculty who spent a lot of time with their students. Because they were in private practice, we were strictly looking after their private patients. I can think back to a number of them who were the [kind of people] one would want to emulate.
- P: Did they have any stars?
- D: No stars.
- P: You were there from 1952 to 1956. Did you ever hear of George Harrell when you were at Bowman Gray?
- D: Absolutely. He was chairman of medicine during my first two years. He left at

the beginning of my third year, so I never actually came into contact with him. I knew him as a person. He was probably as close to being a star as anybody [else] that [the school] had at that time.

P: Did Harrell influence your decision to come to Florida?

D: Yes. I think one of the [attracting features] that brought me back to Florida was surreptitiously having known Dr. Harrell. In fact, he was the first person I wrote to inquire about the possibility of a urology program.

P: How large of a faculty did Bowman Gray have at the time?

D: I suspect the clinical faculty numbered probably fifty. The basic science faculty had over forty.

P: In order to compare numbers, how many students are in the University of Florida's medical school today?

D: The incoming classes consist of around eighty students. Then when they pick up the group from Tallahassee, that number jumps to about 120.

P: So that is the number of incoming students you would expect in medical school today, about double the number from Bowman Gray?

D: The number of students in my class at Bowman Gray dwindled. We lost ten of our original fifty-four in the first year. It was a very rigorous first year, and [the faculty] had told us during orientation to expect one-third of us to drop out by the end of the year.

P: The famous, look to the right, look to the left, and they will be gone.

D: That is exactly what they told us. Unlike today, when every effort is made to keep students in school.

P: Did both men and women attend Bowman Gray?

D: Yes. There were only two women in our class.

P: Women were not yet moving in large numbers into medicine.

D: Each class had several women, several of whom have gone on to do very good work mostly in the clinical areas. There were several women on the clinical faculty who were, again, excellent people. I can remember playing golf with one and spending a lot of time talking to her.

P: You said that today a medical school does everything it can to keep students in the program.

D: Yes.

P: In the earlier years, they were attempting to eliminate the students?

D: I do not know that they were attempting to eliminate students, but I do not think that the preparation for medical school was as good as it is today. There were a lot of people who got to medical school and found it was far more work than they had anticipated having to do, or whose preparation just was not up to the standards that the medical school required. For me, medical school was an absolute culture shock. Our professor of biochemistry, who had been a Nobel Prize winner, was Italian and very difficult to understand. Between him using words that I did not understand and his heavy Italian accent, I thought there was no way that I could do this. On my first quarter's first test in anatomy, I made by far and away the worst grade in the class and was really having serious doubts as to whether I was going to be able to survive this thing.

P: Did that situation improve?

D: Everybody studied together and studied long, long hours. I had never had to study like that before in my life. By the end of the first quarter, I was feeling much more secure about everything and was making grades that were certainly very acceptable. It was a very harrowing three months.

P: After the first three months, did things begin to level off?

D: Everything was uphill from then on, but there was just a large number of people who did not survive that first traumatic beginning.

P: Do you think that was purposely done?

D: I do not know.

P: Bowman Gray did not care whether you knew Shakespeare or Chaucer?

D: Absolutely not.

P: The liberal arts did not concern them. You were there to go through medical school and become a doctor.

D: I was there to become a clinical physician.

P: When did you begin working in the hospital, seeing patients, and doing [activities] like that?

D: At the end of the second year, the students were required to take physical diagnosis.

P: This meant you followed a doctor and listened to what he was saying?

D: No. They just assigned us patients to visit and interview. We did physical examinations. They took us to the state T.B. hospital, and we would listen to patients' lungs, and report findings. It taught us how to use our hands, minds and ears to gather data.

P: The more you became involved in working with patients, the better you liked it?

D: I absolutely loved it and was very excited about it.

P: Nothing turned you off?

D: No, nothing.

P: Surgery, nothing like that?

D: Nothing turned me off.

P: Too much blood?

D: No, I liked it all.

P: When did you begin to take an interest in urology?

D: Bowman Gray, unlike the medical schools now, insisted that everybody take a little smattering of everything, even if it was for just ten days. [The faculty] wanted everybody to have a little exposure to everything. I loved every single thing I did, with the exception of pediatrics.

P: You hated those little kids?

D: I think in my one month on pediatrics I had eleven patients and seven of them had leukemia and died. So it was a very, very depressing time. We just had our first child, and I was identifying too much with these children. I was totally turned off by having to look after kids.

P: On the other hand, the part of the body that you eventually specialize in--the

rectum and the penis--would seem to be the least attractive areas to work with.

D: I did not like obstetrics, because at that time the medical student's job was to sit with the lady in labor with your hand on her tummy. This could go on for twelve or twenty-four hours with nobody relieving you. You just had to sit there, listen, and feel every ten minutes. That was such a boring thing. I thought, if that is all these people do for a living, that is not what I want to do. But I had ten days on urology.

P: Was it the second or third year that you began moving into your specialized area?

D: It was actually the fourth year. We had started to baby-sit for people. We worked extensively for the chairman of neurosurgery and one of the senior urology faculty members, both of whom lived in huge, wonderful Winston-Salem homes.

P: When you say, we started to baby-sit, you mean you and Sara?

D: Sara and I, [but] mainly Sara. When our baby came along, the baby went, too. We literally moved into their homes and looked after their kids, so they felt free to go off for two, three, or four weeks at a time. This provided us with all of our food, and they usually gave us \$15 a week.

P: And you thought, well, this is not so bad. I do not mind giving a rectal examination, if this is how I will live.

D: We very much fell in love with the lifestyle of the urologist. Dr. Charles Norfleet talked to me about urology a little bit. Sara and I had a lot of interaction with their children, the oldest of whom was a fourteen-year-old girl who was kind of hard to manage. When I took my little rotation on urology, the residents jumped all over me and tried to convince me that urology was "the specialty"--the only specialty--and [that I] should not consider anything else.

P: They talked you into [specializing in] urology.

D: Right. When I graduated, urology was high on my list of possible things to do. It was the association with Dr. Norfleet that won me over. I liked his style of living; he did not receive many night calls and had very few emergencies that he had to handle. A urologist could handle most emergencies with a catheter. More than anything else, I had fallen in love with general medicine because of its diversity; it seemed to offer an awful lot of intriguing possibilities.

P: Was there already a gender specialization in urology--male urology and female

urology?

D: No. There were no specializations at that time.

P: Are there [specializations] today?

D: Yes, today there are.

P: You do not have women patients here, do you?

D: Probably 40 percent of my patients are women. Unlike surgeons, orthopedists, and others, urologists did an awful lot of what I consider to be medical treatment of their patients. So I thought this was a great mixture of medicine and surgery, because I knew I enjoyed doing things with my hands. Urology was a very intriguing possibility, but I was still most interested in general medicine.

P: In medical school at that time, were there courses offered or required in psychiatry to help doctors work with their patients?

D: We had rotations on psychiatry, and that was another thing I found quite interesting. Sara had gone to work in the psychiatry department and found that these people were human. I actually spent two of my off quarters working at the school's psychiatric hospital, which was the old Bowman Gray home. It still had the gold plumbing fixtures and indoor swimming pool. It was a huge place and is now a big conference center. I found that work to be very, very interesting and spent a lot of time reading about psychiatry and talking to patients. That was on my list of things that I thought I could be happy doing.

P: Was a year of medical school twelve months or nine months?

D: Nine months. We had alternating quarters, so that there were always three-fourths of the students there at all times, because they depended upon the students for house staff.

P: What did you do during your quarters off?

D: The first quarter I worked in the physiology department for pay doing experimental dog surgery, which was one of the things that let me know that I enjoyed surgery.

P: But [you did] not want to become a veterinarian?

D: No. The other two summers I worked in the psychiatric unit for pay. I was just like a resident.

P: So all of your summer work was associated with your medical training?

D: Yes.

P: What did you do in your fourth year?

D: [Bowman Gray] had very few interns, so the fourth-year medical students were considered the interns. And it was in my fourth year that I was actually on urology.

P: So you worked on patients?

D: Yes. We did all the [patient's] laboratory work. We had to draw their blood, because there were no nurses who did that sort of thing. We were responsible for our patients twenty-four hours a day, seven days a week. We were also first assistants at surgery.

P: If a patient was sick and in the hospital, was it your responsibility to visit him or her?

D: [It was our responsibility] to be constantly available to them. I was [rarely] able to sleep through the night because if a patient's IV stopped in the middle of the night, the nurses did not restart it. They called the medical student who had to leave his home and go [to the hospital] to restart the IV.

P: They certainly were not going to disturb the doctor.

D: No, no. They did not want to disturb the resident. But it was a good experience. I worked hard, but it enabled me to work in the blood bank at nights for pay because I could go look after my patients between drawing blood and matching blood.

P: Was life good for the Drylies in Winston-Salem?

D: Life was very pleasant for the Drylies.

P: You had children by then.

D: We had our first child.

P: In Winston-Salem?

D: In Winston-Salem. He was born at the beginning of my third year. There were people on the faculty whom we not only worked for, but who were close friends.

- P: So your social life really revolved around your colleagues.
- D: Yes. I think nine of the students were married when they started school. We were very close with them and their wives.
- P: Did Bowman Gray encourage this kind of social activity or in any way provide for it?
- D: No.
- P: It was just a natural thing.
- D: Yes, a natural sort of thing. Whenever we could, we enjoyed going to church on Sunday morning.
- P: Was your mother still living in Florida?
- D: Yes. She was living in Miami about that time.
- P: Why did she move there?
- D: After my father died, she had to find a way to make a living, so she went to work for the Presbyterian Church and became a director of education for them and moved to several places.
- P: What happened to your brother in the meantime?
- D: He tagged along with her.
- P: He was not yet in college?
- D: No, he was not. He became a very good football player, not a college-type player, but he was always well-accepted and actually was on the Coral Gables State Championship High School team.
- P: As you were approaching 1956 and your fourth [and final year of medical school], were you beginning to think ahead?
- D: Yes. I was looking for places to intern and was very strongly considering places that were paying a liveable wage. I think my mother-in-law sold some timber and divided the money amongst the siblings and herself, so we suddenly found that we were going to get about \$3,000 a year for the next four or five years.
- P: That was a real fortune.

D: That considerably changed our thinking. I was thinking more in terms of medicine. Since urology would accept a medical internship, I decided that I would take a medicine internship and then go to the service. Most everybody who had not been to the service automatically went. Then, you joined instead of [waiting to be] drafted.

P: One way or the other you would have gone in.

D: That is correct. I only had a deferral because I was in medical school. [If I had not been in medical school at that time], I would have been involved in the Korean War. I knew that I could not afford residency, so I decided to go into the service. People said the best thing I could do in the service was to become a flight surgeon, which suddenly gave you a specialty within the service without having to spend any time doing it, other than the time that the government paid for. So that was my ultimate plan. I was in the service from 1957 to 1958.

P: What happened [to you] between 1956 and 1957?

D: I went down to Emory. Emory University Hospital had a very good medicine residency, which was not their Grady Hospital internship that paid about \$10 a month. At Emory, I got the magnificent sum of \$165 a month. One of the people from Bowman Gray had recently gone down [to Emory] as head of their house-staff education. He said he wanted a Bowman Gray person there, so he literally sold the place to me. I decided, well, that is what we are going to do; we are going to go back to Atlanta for a year, which we did.

P: Where is the Emory Hospital?

D: It is [located] on the Emory campus in Decatur.

P: Is it a small hospital, or was it a small hospital then?

D: No. It was a fairly large hospital then and still is today.

P: Was this internship in urology?

D: No. It was in medicine. I had not made a commitment to urology at that time.

P: But it was high on your list.

D: Yes. I still felt that a good medical education was the best thing I could do for myself without cutting any strings.

P: By that time you were Dr. Drylie.

D: That is right.

P: You received your medical degree in June of 1956.

D: Right.

P: Was there a big-time commencement?

D: Yes, there was because it was the first official university act on the new campus. They had started construction of the new campus in about 1954 in Winston-Salem. This was the new Wake Forest campus. The Reynolds people had given Wake Forest 500 acres on the north side of Winston-Salem and many millions of dollars to relocate the campus to Winston-Salem. The first building they finished was the chapel. Our commencement was the very first thing that happened in that chapel. Dr. Paul Dudley White was our speaker. Everybody in our family came.

P: Were you the first graduate from medical school in your family?

D: Yes. There had never been a doctor in the family on either side.

P: But there had been college graduates on both sides.

D: Yes.

P: So the proud Dr. Drylie then went to Atlanta.

D: Yes.

P: You rented an apartment there, I presume.

D: Yes.

P: At that time, you still had only one child?

D: My wife was then eight months pregnant with our second child. I had an old trailer that I had put together, and we put all our belongings in the trailer and headed for Atlanta. We rented an apartment about six blocks from the Emory campus.

P: That is a pretty area of Atlanta.

D: It is very pretty. We were trudging our things into the apartment and [there was an] absolutely gorgeous woman in the skimpiest bathing suit that I had ever seen

in my life lying in the front yard sunning. As I walked closer, she jumped up, ran to me, and hugged me. Then here was my poor, pregnant, sweaty wife who had just driven for hours to get there.

P: Life's embarrassing moments.

D: That girl was from Jacksonville and had married a resident physician in Atlanta.

P: I thought maybe she was your old Tampa flame.

D: No. This was a girl I had just known in Jacksonville.

P: So it was all right then to introduce her to your wife.

D: Right. We became very good friends with them. It was one of the funny moments in our lives.

P: So you move in, and you go to work. What were your responsibilities in the hospital?

D: We were responsible for a medical ward [which generally consisted of] thirty to forty patients. There was usually a resident working with us. [The patients were] mostly private patients. Anytime a doctor came in to make rounds on his patients, he expected the intern to be with him and to scribble down notes as he fired them out.

P: There were no specialized wards?

D: That is right. This was an across-the-board run of medical patients, and the year consisted primarily of doing just that. Two people who were especially good teachers--the kind of people you wanted to imitate--were both cardiologists, Dr. Bruce Loge and Dr. Willis Hurst. Dr. Hurst had been Lyndon Johnson's cardiologist, and Dr. Loge has been down here to Gainesville on several occasions. I am sure Dr. Crevasse [Dr. Lamar Crevasse, professor of medicine, 1959-1997] had a lot to do with him [coming to Gainesville] because he was a resident there at Emory at that time. It was a very good year. The Drylies never had money to do anything, neither did any of our neighbors who were mostly in training, so we all partied together and socialized together.

P: It was a good educational year at the hospital.

D: It was an excellent educational year.

P: It was a one-year appointment.

- D: Yes. I had applied to the air force and had been accepted into flight surgery school.
- P: You went right in with a captain's commission?
- D: That is right.
- P: What did you do during those two years in the air force?
- D: I did something funny. The air force could not take me in until October 1, so one of my fellow interns and I took a flyer and applied to the State of Georgia to be senior psychiatrists and were promptly accepted. We went to Milledgeville, Georgia, to become psychiatrists at the state hospital. This was a hospital that was built back in the Civil War times; in fact, we lived in a building that had been there during the Civil War. We had a fun time. We were getting paid a reasonable amount of money and were given a nice apartment and supplied with all of our food. We would find ourselves being on call at night for 14,000 patients in the hospital. That is how big the hospital was.
- P: Those patients had very special problems.
- D: It was a very interesting experience, and I learned quite a lot about human nature. These were general patients. I would go to the hospital in the morning, and there would be maybe eighteen women standing in line. You had to start [with the first] and go down the line. On the basis of a thirty- to sixty-second interview, I was supposed to diagnose them and plan their treatment, which is what I did. Then I had two or three weeks to try to interview [the] seventy patients [I saw] a week and present them to a board which would then decide if [these patients] should be committed for life or treated, or whatever. So the responsibility was awesome, and I was glad to get out of it.
- P: That would not have appealed to me.
- D: There were only twenty-five positions on the staff for all these 14,000 patients.
- P: That is a huge number.
- D: Right. I think that my friend and I were only two of four [on the staff] who spoke English. This hospital would have as many as 600 people in cots lined up in one room.
- P: I have heard about these "insane asylums" that you are documenting.
- D: This was the classical one. Thorazine had just been developed and everybody

had their brains lobotomized with Thorazine. It was one of the very first of the psychotropic drugs.

P: Is it still *en vogue*?

D: I do not think it is used very much anymore. There are many new things [that are used instead of thorazine]. I, as the senior psychiatrist, had to administer at least sixty electroshock treatments every morning in the space of about an hour and a half.

P: Were you becoming skeptical about this kind of activity?

D: This was truly about the best [treatment available] for sick people at that time, and this was not so long ago.

P: Sure, we are talking about the late 1950s.

D: There was no anesthesia given for shock treatments. They were wheeled in, we clamped the electrodes on their head, we shocked them, and then they were wheeled out. If any of them got broken bones, we would send them to the hospital [to get casts].

P: I remember that movie, *One Flew Over the Cuckoo's Nest*.

D: I think there was more life experience jammed into those three months than one could possibly imagine getting in any other way.

P: You left your residency in October.

D: We left that and went to Texas with our two children.

P: Where in Texas?

D: Randolph Field, just north of San Antonio. I went through three months of flight surgery training.

P: That should have been a pleasant experience.

D: It was very pleasant. We lived in New Braunfels, Texas, a community in the hill country. There was a summer resort there. We had our own little cabin with a trout stream meandering by and a golf course on the property. About twenty other couples from our class were living out there with us. We were suddenly getting paid a very good salary and life was suddenly much nicer.

- P: You went through three months of training there. What kind of training? Did you actually shoot a gun?
- D: No, no. Actually, we had three weeks [of] basic training in Montgomery, Alabama, before going to Texas. We had to learn to march and drill--the basic things. We got physicals, and they made sure we were capable of being flight surgeons.
- P: The air force did not really work you too hard.
- D: No, no. It was an eight-hour day of boring things.
- P: Was this in Alabama or Texas?
- D: Texas. We left Montgomery after three weeks and went to Randolph.
- P: Your family was not with you in Montgomery?
- D: No. They were still living in Atlanta waiting for me to finish. Sara loaded everything up and brought the kids to Montgomery. Then we got into the car and kept on going until we got to San Antonio.
- P: That is when things began to get better.
- D: Yes. There were about ten of us who applied for two positions at the flight surgery school, which ultimately became the NASA program that works with cardiologists on weightlessness and this sort of thing. But I was not accepted. It was only because of the cardiology that I had learned at Emory [from the great cardiologists I mentioned] that I was able to even consider applying for that position. But that was a fun time. We actually started to get out and see the countryside a little bit and have some fun practically for the first time in our married lives.
- P: Your duties were not too arduous?
- D: My duties were going to school for eight hours a day, so that was not arduous at all after what we had been through.
- P: That lasted three months?
- D: Yes. During that time, we were given the opportunity to apply to where we wanted to go. With my family, I did not feel I could go to another country because you had to apply for an extra year, so I thought, well, about as foreign as we could go was New England. I applied for a base in New England and was

accepted.

P: Where?

D: In Bedford, Massachusetts. Our base was right between Bedford and Concord, [New Hampshire]. That was another very interesting part of our lives. I went there as a flight surgeon and general medical officer. About half of my time was spent as a general medical officer and half as a flight surgeon. My flight surgery duty consisted of going down to the hangars and playing Ping-Pong with the pilots and the maintenance people, talking to them, looking at their throats, and prescribing things for their families. It was, generally, looking after the flight crews.

P: They were not very sick people.

D: They were very healthy people who did not want to be sick, because if they got sick, they would lose flying status which was a fairly large part of their salary. I received flight pay, which is one of the things that put me into it. I had to fly as a passenger for so many hours a month.

P: You never learned to fly?

D: I did learn to fly. [The base] had a flight club that used some old planes, so I did learn to fly. The pilots would usually let me fly the planes once we got off the ground and up until we were ready to land.

P: That must have been an exciting activity.

D: It was. I got to fly big 707s. That base had at least one of every airplane that the air force had in its inventory, because it was a large enough research and development base.

P: What was the other half of your responsibility?

D: Being a general medical officer.

P: On call?

D: On call every fourth night. We had a dispensary and were responsible for a triage of anything that came up with anybody who was within the area.

P: This was peacetime, so these were men who just got sick.

D: Right. We were also looking after their families.

P: Including children?

D: Yes. We had a large naval hospital in Boston and a large army hospital just twenty-five miles west of us.

P: Did you stay there the remainder of the time--a year and nine months?

D: Yes. Those were maybe the nicest two years of our lives.

P: It is a beautiful area.

D: Yes. We had a lot of time and money to travel, and we could go out to dinner periodically. We were very close to Boston and could go into the naval yard there and eat big lobster dinners and buy very cheap liquor.

P: You had somebody to take care of the kids, if you wanted to leave the base?

D: A lot of local girls baby-sat for the people at the base, so we were able to go to the theater a few times, and we went to New York for a few weekends with friends. It was just an absolutely care-free, fun time.

P: You did not want to stay in it forever?

D: I considered it and actually applied for a regular commission. One of my practical joker colleagues sent me a very official set of orders from headquarters to go to a remote site in Turkey. I was so mad. I thought, how had the air force done this to me? You could not take your family there; it was just a very bad place. Senator Russell [Richard Brevard Russell, Democratic governor of Georgia, 1931-1933; U.S. senator, Georgia, 1933-1971] was head of the Armed Services Committee. He was well-known to my wife's family, and he knew them, so we thought if I called him, I could probably get out of it. I said, OK, get me Senator Russell on the phone. I heard all this scrounging and scratching around as people were running back and forth. Suddenly my colleagues came in very sheepishly and told me that this was a counterfeit order. They did not want me calling Senator Russell about it. So we stayed in that nice place for the whole time.

P: It was about at that time that you were getting ready to come to the big city of Gainesville.

D: I had decided that medicine did not offer me the chance to work with my hands that I wanted. In thinking back to my pleasant experiences with urology, I decided that urology was worth a try. Even though we had saved some money while we were in the service, I knew that I could not afford a residency that did

not pay a reasonable sum of money. I wanted to go back to Bowman Gray, but [the school] had changed department heads while I was gone. I did not like the new department head who had been on the faculty before I left and who went on to become one of the great researchers in urology. I wanted somebody who could teach me how to take care of patients, not how to do research. I wrote [Bowman Gray] and asked whether there were any funds available to help with the pay because the pay was not great. There was not, so I had to start looking around for another residency. I had been accepted actually by Dr. Hurst to go back to Grady [at Emory] to do a cardiology residency, but I wrote him and said that I did not want to do cardiology. So I wrote Dr. Harrell because I read that they were going to build a school in Florida.

P: [The school was] already here.

D: But they did not have a hospital. For residency, I was interested in the hospital.

P: That was under construction then.

D: Right. [Dr. Harrell] said that [the University of Florida medical school] had appointed a chairman of surgery.

P: Was this Ed Woodward [Dr. Edward R. Woodward, professor of surgery, 1957-1993]?

D: Yes. And that they thought they had a urologist coming, but he was not in place yet. He would be there in July of 1958. While I was home in Orlando for Christmas--my mother had moved from Miami to Orlando--I talked to Dr. Louis Orr, who had been the president of the AMA [American Medical Association].

P: David, what was Dr. Orr doing in Orlando?

D: His family home was in Orlando, and he had been a urologist there for quite a few years.

P: So he was a native Floridian.

D: Yes.

P: I know that his name was famous within the medical field. As the president of the AMA, it would have to be.

D: Right. Of course, Dr. Louis Orr's son has been in practice here in Gainesville for many, many years.

- P: Then that is why I recognize that name.
- D: I was very taken by the facilities at that hospital, which is now the Orange County Regional Medical Center. Their office was a literal Taj Mahal sitting right next to the hospital. Dr. Orr was a very distinguished gentleman. He came into the room in his very distinguished-looking suit, sat at attention in a large chair, and interviewed me. I really do not remember much of the interview, but he intimated that if I wished to go there for my residency, he would welcome me. This was just a happenstance interview which took place while we were visiting my mother for Christmas. After I got back to Boston, I wrote Dr. Harrell and found out when Dr. Miller [Dr. George Miller, VA Hospital at Gainesville, professor of surgery and chief of urology, VAH, 1958-1978] was going to be in town.
- P: You did not seriously consider the Orlando offer?
- D: I considered it, but I thought that I certainly ought to do better. I really wanted to go to an academic center. So by no means did I consider Dr. Orr's offer to be anything final.
- P: But that was another persuasion toward urology.
- D: Before then, I had pretty much made my decision that urology was the direction I was going to go.
- P: Why did you go to see Orr?
- D: I heard that they had a residency program, and my mother said, you really need to go talk to Dr. Orr because he is the most famous person in Florida.
- P: And at that time, it made sense to go see him.
- D: Right. It was kind of funny. One of my buddies in one of the air defense command squadrons on our base had pretty much promised me an airplane anytime I wanted to go anywhere. So I decided [to take him up on that], and I got an appointment with Dr. George Miller [George Miller, UF, chief of urology, 1958-1978] in October of 1958.
- P: What was George's position at that time?
- D: George had just arrived as the new chief of the division of urology.
- P: Which was under surgery, was it not?

D: It was under surgery and still is.

P: Ed Woodward was the overall person?

D: Yes. [The base] had four T33s, which were the jet trainers at the time. [The guys at the base] had to scavenge all of their airplanes to get one working to get me to Florida for the weekend. My buddy and I took off for Florida and landed in Orlando. He stayed with my mother, and my brother drove me up to Gainesville. We arrived on the Saturday afternoon of the first FSU vs. Florida football game.

P: Great timing.

D: I went and saw this hospital which was just completed; it had just accepted its first patient. I walked into Dr. Miller's office and here was this young person, who was seven years older than I, with totally white hair. In the course of the interview, [I found that] he was one of the most charming people I had ever met. As has been my luck through life thus far, he said, if you want to take a residency, come on.

P: Had you ever been to Gainesville before?

D: On several occasions, we had come down from Valdosta to [watch] football games.

P: But while you were growing up in Tampa and Jacksonville, you never visited Gainesville?

D: Our Lee High School baseball team came to Gainesville twice and played the university team, and also I came to Gainesville to take my Florida Boards.

P: What was your impression of the campus in 1958?

D: I really did not pay any attention to the campus, only to the hospital. I remember that one time I came to Gainesville with a friend who was from West Palm Beach to watch a football game. The football stadium was small, approximately the same size as the University of Tampa stadium. It was the first time in my life I had anything alcoholic to drink. We stayed in fraternity houses. The [fraternity brothers] had huge parties. I really did not have a great, overwhelming impression of the campus. Most of my friends from high school, both in Tampa and in Jacksonville, were coming to school here at UF, but I did not really think of it as a campus.

P: What was your impression of the medical school? Had you heard of the medical school before?

D: No. I assumed that since it was Florida's medical school, it would be an OK place. The people I met when I came here were primarily from the University of Chicago, and I thought that they probably knew how to build a good program and that I would get a decent education.

P: Miller, who was the first person you met here, was from the University of Chicago?

D: Yes.

P: And he was brought down here by Woodward?

D: Yes.

P: Were you impressed with the way the building looked? At that time, it was brand-new.

D: It was so brand-new that it was not well-equipped yet; everything was open. It had big open hallways. It did seem very attractive. I did not really accept it so much except for the fact that it was going to be and was an academic program. Next to his office, Dr. Miller had a lab full of rats and was actively doing research. This was something I knew I would have to do, if I was going to stay in an academic program. He exuded an aura of the kind of person I wanted to be in that he was very oriented toward patient care and was just a very human-type person. I had learned that there were many people in medicine who I did not think were particularly human.

P: Were you the first urologist?

D: No. A resident from Miami, Dr. Elliot Klorfein [Elliot Harry Klorfein, UF, chief resident and instructor in surgery, 1959-1963] was the first.

P: You met Miller. Did you meet anybody else?

D: I met Woodward, and I think I met Dr. Paul Jordan [UF, associate professor of surgery, 1959-1965].

P: Did you meet Harrell?

D: I did not meet Harrell; he was out of town. The letter he had written me implied that even though this was a new school, it was going to be "the" school, and it was going to be a good program; Woodward said it was going to be a great program. So I sort of accepted it on faith.

- P: They were imbued with a lot of enthusiasm.
- D: A great deal of enthusiasm. The location was absolutely perfect for us, because my mother was in Orlando and my mother-in-law was 165 miles north, so we were right between the two of them. They were both widows. We were right where we could be of some assistance to them without being too close.
- P: Dean Harrell told me that when he selected the first faculty, for which he takes full credit, his idea was to not bring in stars. [Instead, he wanted] young people who were right on the verge of making a reputation for themselves as a result of their research and so on. Then they could credit the University of Florida and its medical school for giving them that enthusiasm, and it would pay off for them and also for the institution. Do you think he was successful in doing that?
- D: I think he was quite successful.
- P: The faculty he brought in in the 1950s was really an outstanding faculty.
- D: It was. There were some [members] who had done very outstanding things and did not do much thereafter--they kind of changed their approach to things. But yes, he put together an excellent faculty.
- P: He also told me that he wanted the students to be part of the overall student body here and to take courses "up the hill," as he said. He also wanted the faculty to be involved in activities that went on at the main campus. I do not think that worked at all.
- D: That was a grand vision. I think the realities of life were such that everybody was too busy to do those visionary-type things. There were a few people who participated in campus activities, like basic scientists.
- P: But very few. So, for all practical purposes, what you get now in 1996 are two separate institutions.
- D: Yes, very separate institutions.
- P: The main faculty never thinks of the medical school faculty as colleagues and vice versa. I think there is some social mixing, but really very little. Certainly, as far as the students are concerned, there is little mixture.
- D: That is correct. Of course, Dr. Harrell was a visionary person.
- P: Kind of a romanticist.
- D: Yes. And certainly our most recent dean, Allen Neims [Allen H. Neims,

professor of pharmacology and therapeutics; dean, college of medicine, 1978-present] is very much so.

P: But by that time too much water had flowed under the bridge for him to ever bring the Harrell plan into being.

D: Yes. The atmosphere that Dr. Miller exuded was an atmosphere that I wanted to become involved with.

P: But you had not been very oriented toward research.

D: I did not envision myself as being an academician; I envisioned myself as being a practicing urologist. I was perfectly satisfied, since I knew I would learn what I needed to learn here.

P: Had you known of Miller by reputation?

D: No. He was just several years out of his residency.

P: Once you arrived here, were you not pleasantly surprised to see so many young people on the faculty like Miller?

D: I do not recall that making a particularly outstanding impression on me. They still seemed older than I was.

P: You came here in 1959, so you were twenty-seven years old.

D: And Miller was thirty-four.

P: Woodward was not much older than that.

D: Right.

P: Harry Prystowsky [professor and chairman of obstetrics and gynecology, 1959-1973] was in his young thirties.

D: But they seemed older; they seemed more sophisticated.

P: You had come a long way yourself, especially with your experience in the air force.

D: They were more sophisticated in the ways of academics. I was almost totally naive about academics.

P: So Miller offers you a residency.

D: Yes.

P: Was he paying you a decent salary?

D: I cannot remember. I think we started out at \$3,200 a year. Miller came here from Chicago for the salary of \$8,000 a year. Dr. Woodward was making \$25,000 a year when he came, and his [salary] was strictly state money.

P: That was a lot of money at that time.

D: But Miller started out at \$8,000 a year, which was not a whole lot.

P: It was not a whole lot by comparison to other places in the country at the time, but it seemed like a lot to the people here in Gainesville.

D: [Like] to somebody teaching English who might have been doing it for ten years.

P: Or history. If you remember, that was one of the fears of the faculty when the medical school came here. Not only did you get that fear from the local doctors in Gainesville who feared the competition, but also from the people on the so-called "main campus" who feared that there would be such a draining away of resources that everybody would suffer.

D: Right. I was not aware of any of those things going on at that time.

P: Of course, you were too new, but there had been a lot of controversy in earlier years.

D: I have learned a lot about the controversies.

P: What did Miller promise you besides the salary, in terms of lab space and other necessities?

D: A place to hang my hat and a place to get an education in urology.

P: But you would have an office and you would have a lab?

D: No. I was not promised an office.

P: There was plenty of empty space around at that time.

D: There was a lot of empty space. I had a desk that I could call my own.

P: Of course, you were coming in as a resident, not as a full-time faculty person.

D: I pretty much lived in the hospital. We slept in the hospital at night. I did not participate in faculty activities.

P: So as a resident you were really almost in semi-slavery.

D: Right. We had saved enough money in the service so that we were able to make a down-payment on a house, and I was able to order a Volkswagen to be delivered when we got in town.

P: Where did you live?

D: We lived in Woodland Terrace; we purchased the house for \$8,500. This was before 34th Street was a street. Our children were in Littlewood [Elementary] School's first class.

P: How did Sara feel about Gainesville when she arrived?

D: She was perfectly happy with it; she liked the location.

P: Did she like the small town atmosphere?

D: Yes. She had grown up in a small town. She liked everything about it, as I did.

P: What were your responsibilities at the hospital?

D: Looking after patients. My first year--the year Dr. Klorfein started urology here--I was a general surgery resident. I was Dr. Paul Jordan and Dr. [Maurice] Jurkiewicz's [professor of surgery, chief of plastic surgery, 1959-1972] only resident and surgical help for three months. For another month, the senior resident, Dr. Charles Park, and I were Dr. Woodward's only residents and only help. For another three months, an intern and I were the only help available for Dr. Lamar Roberts [Dr. Henry Lamar Roberts, professor of surgery, 1958- 1974] in neurosurgery. So it was a time of intense responsibility. This was also my first intense surgical experience. I learned surgery from Dr. Woodward and Dr. Jurkiewicz, particularly Dr. Jurkiewicz who was an absolutely masterful teacher. He has been the chairman of plastic surgery at Emory and Grady for many years. He was recently president of the American College of Surgeons.

P: Had you heard of these people before you came to Gainesville?

D: No.

P: So all of these people were new faces and new names to you?

D: Yes.

P: Dean Harrell was the only name that you recognized?

D: [Harrell] was the only name that I knew.

P: You knew nothing at all about the reputation of this new medical program here?

D: As far as I knew, it had no reputation.

P: So this was new territory for you. Was this a one-year appointment?

D: No. This was a four-year commitment: one year of general surgery and three years of urology.

P: Was having one year of surgery before urology peculiar to this institution or was that the general practice?

D: At that time, that was probably true in 60 percent of the programs around the country and is true now in about 40 percent of the programs.

P: Why is the program structured that way?

D: Technically, everybody starts out as a surgeon and then moves [to a special field]. For example, at [the University of] Chicago back in the 1930s, the chairman of surgery--I cannot remember his name--said, I want everybody to be a specialist. You are going to be the orthopedist. Huggins, you are going to be the urologist. So Dr. Charles Huggins suddenly became a urologist. Of course, he went on to win a Nobel Prize [in Physiology of Medicine, 1966]. That is the way it started there, and [that approach was then adopted] by Florida. In the northeast in particular, schools like [Johns] Hopkins [University] that had huge urological endowments, used their money to make these [specialized fields] into separate departments. [Urology] was a division at Chicago; it still is a division at UCLA. Many [schools that have these special divisions] are prestigious institutions. It is usually an economic sort of thing. If the urology group has more money than anybody else, they say, we want to have our own department, and the school says, sure. That seems to be the way most of the [specialized] departments have evolved.

P: During your residency here, where did the patients come from?

D: They came from all over the state.

- P: Did many come from outside of Florida?
- D: No. At that time, I do not think there were very many coming from outside of Florida. All the physicians in Jacksonville, Daytona, and Orlando had never had a place within the state to send indigents or patients with difficult problems. Not knowing how the school was constructed, they thought, well, here is a place to send all of our indigent patients. So we had a lot of indigent patients.
- P: From places outside of Gainesville, too?
- D: Yes.
- P: That created a problem, because these indigents and their families had to have a place to stay.
- D: That is right. It was quite a problem in those days.
- P: At that time, we did not have facilities for that in Gainesville.
- D: There were many instances of families sleeping in the lobby and in halls, because there were no other facilities available to them.
- P: And we had no motels, but they could not have afforded them anyway.
- D: That is correct.
- P: You also had a lot of people who could afford to pay and who had been sent here by their physicians in Orlando and in the Jacksonville area.
- D: There was a group of patients who felt that if they went to the university hospital, they would probably get good care, and they came on that basis.
- P: They thought they were going to get superior treatment?
- D: Yes. There is a certain group of people who feel that way, and I think rightfully so. [Of course], I am biased. They know that the continuity of care is going to be good. They come less for a given individual who is here than for the fact that it is the university hospital.
- P: David, at that time, was urology a big thing in the medical field or did it emerge in the more recent past?
- D: Oh, yes, [urology was a big thing back then]. Prostatectomies were a huge operation back then for benign disease. [Of course, people had] bladder problems. At that time, 10 percent of hospital admissions involved a urological

- problem.
- P: Were you overwhelmed with patients?
- D: We were not overwhelmed, but we had a sufficient [number of patients] to do the training that needed to be done.
- P: As a resident, were you disappointed with the number of patients with urological problems?
- D: I was a little bit. Dr. Miller, who is an absolutely wonderful person, did not like to get out; he is sort of introverted. For example, he neither went to meetings nor sent the residents to meetings, and we desperately needed to meet with others to enlarge our horizons, so to speak. He did not advertise us well either in the state or the region. I think our patient population suffered quite a bit from that. He and I have talked about this. We did go to the VA Hospital in Lake City, and we went to prison hospitals. I guess those were the only other facilities we used, but I felt that we could have had more patients for better training.
- P: Were you disappointed with the medical school or with the hospital?
- D: No, I was not disappointed. I interacted with the strength of the surgery program--Dr. Woodward, Dr. Jurkiewicz, Dr. Anton [Dr. Aaron Anton, professor of anesthesiology, 1964-1970]--quite often, saw a lot of their patients, and operated with a lot of them, even through the urology residency. I knew that the school was going in the right direction and was going to succeed. I just did not feel that our group was making itself particularly well known. But I was not too worried about it because I was not planning to do anything but go into practice. I knew that there were many openings anywhere in the state that I could have gone.
- P: So you were thinking about a private practice?
- D: From the onset, that was all I ever thought of.
- P: You were looking for an academic environment in which to do your residency, and then you were going into private practice perhaps somewhere in Florida.
- D: Yes.
- P: Wherever in Florida the opportunity presented itself?
- D: Actually, anywhere in the Southeast; we liked that area.
- P: Were you disappointed or was your wife disappointed with Gainesville being isolated?

- D: No, not at all. Sara was taken into the Junior Women's Club. We became active in the First Methodist Church, and we really started to develop many friendships outside of the medical school community. We began to feel that Gainesville was our home. We socialized much more with neighbors than with medical school people.
- P: Were you satisfied with the school?
- D: I was very satisfied with the school.
- P: At the end of your four-year residency in 1963, what had changed for you as far as your training and education were concerned?
- D: Really, not a thing. Sara was pregnant with our third child, and we started traveling around looking at practice possibilities. We went down to Naples, Florida, in July and looked around and thought, gee, this place cannot support a urologist. Now they have eighteen [laughter]. We looked in Sarasota, Florida, and in North Carolina. But in the back of my mind, this thought of staying with Dr. Miller kept coming up. He was obviously going to need some help, and I thought academic urology could be fun. You can always get out of it, but you cannot come back to it, if you find that private practice is not what you really want. He asked me to join him on the faculty. I said, yes, if you promise me I get to travel somewhere.
- P: Had Elliot Klorfein come and gone by then?
- D: Yes. He left the year that I started my chief residency.
- P: Who was he?
- D: Elliot was from Miami and took his surgery years at the University of Miami.
- P: He had no earlier connection with the campus then?
- D: No. I do not recall exactly why Elliot came up here. He went back to West Palm Beach and established a very successful private practice; he is now retired.
- P: When you arrived here as a resident, he was already in place as a resident?
- D: That is right. He was one year ahead of me.
- P: How long did he stay?
- D: Three years. He was not at all interested in an academic situation. I think the

next resident who started was Dr. Philip Payne, but there was a gap in there. We really did not have enough work for more than two residents.

P: Why did you not have more work?

D: There were not enough patients.

P: At this point, this was an integrated hospital, was it not?

D: Yes, very much so.

P: To your knowledge, was this one of the earliest integrated hospitals in Florida?

D: I do not know.

P: Alachua [General Hospital] still had separate wards.

D: I think they had separate wards everywhere.

P: Including Shands [Teaching Hospital]?

D: Not at Shands. Shands had no separations.

P: Everything was integrated at Shands.

D: That is correct.

P: How do you account for that? This was not a very liberal state, and Shands was a state-supported institution.

D: I think Harrell had a lot to do with it. I think all of the faculty [members] were from places that always had integration, so it was not foreign to them.

P: Harrell told me that when he was considering the job here as dean of the medical school, there was a plan to have a limited quota as far as Jews were concerned. He had told the school that if they had that, he would not accept the position. This plan was no more than just in the talking stage, and it was quickly dropped.

D: I can see where that could have gotten into the political milieu, because at that time, of course, Fort Lauderdale was considered to be a place where Jews could not go.

P: He was talking about the early 1950s. He said, a school that I am going to be a part of will never have that. So maybe his influence carried through as far as the

integration was concerned.

D: That could have been, I do not know.

P: You said you were on call a lot at night?

D: Yes.

P: It was not a 9:00 a.m. to 5:00 p.m. kind of thing?

D: No. As residents we were on call every other night, but we did not have a whole lot of patients.

P: How did the facilities here compare with the schools that you had previously attended?

D: I think the hospital facilities were much poorer, because they did not have the good patient population mix that they had at Bowman Gray or at Emory. Of course, Emory had Grady Hospital.

P: And those schools were located in larger cities.

D: Right.

P: Of course, that was one of the points that had been made earlier when people argued for placing the school in Jacksonville, Orlando, or even Tampa.

D: Certainly, in those early years, they were right. It required some time before the school developed a reputation that it now enjoys. There were constant stories about how people never got bills or bills were mixed up, and so there was a perception out there that the place did not quite have its feet on the ground.

P: That it was not managed properly.

D: Right. Much of it was given to growing pains, but then during those years, as I alluded to before, we really had very little contact with the outside world. Dr. Miller, for example, thought that dictating letters to referring physicians was probably unnecessary, because that is what they did in Chicago. He would go on vacation, and I would get into his desk and go through letters and dictate them to referring physicians for him, just because I knew letters were supposed to be going out. Letters would come in [that said], you saw our patient six months ago, and we have never heard anything. So I would dictate them a letter. This was something that he just did not think was necessary to do. If people wanted to send you patients, they would send you patients.

- P: When did you begin to decide to stay here and not go into private practice?
- D: During my last year, George [Harrell] sat me down and said, what would you think about staying here? I said, well, I have never thought about it. Then we talked about it over a period of several weeks. He said that I ought to be able to learn to do some research, that I could help him with his research, and he would see that I got to travel and see the world a little bit.
- P: But you knew that you could make more money in a private practice?
- D: I knew that, but I did not give it much thought. We were living in a house that I think was costing us \$69 a month in payments, and we were making ends meet. We never had much, so we did not need much.
- P: How long did it take you to make this very big decision?
- D: I looked at it as something I could try, and if I did not like it, I could always leave. Since I had that sort of attitude, it was not that big of a decision.
- P: Was Sara supportive of you, or did she want to leave?
- D: She was totally supportive of whatever I wanted to do. One day in August, six weeks after I joined the faculty, I was sitting in the cysto room, helping a resident through one of his first cystoscopies, and I had a heart attack. I was only thirty-one.
- P: You never had any problems before?
- D: No, I did not. The cardiology conference room was across the hall from the cystoscopy room, and the cardiologists were having a conference. Mark Revast was at my side in about thirty seconds. The heart attack put me in the hospital for three weeks, and afterward I felt all right. During that time, I realized, hey, you are on the faculty of a medical school.
- P: With good cardiologists.
- D: Right. I had a benefit package and some security. I was living where I wanted to live. So I thought, things would have to get awfully rough for me to leave. That is when I really made the commitment to become an academic urologist.
- P: So you stayed.
- D: Yes.

P: You came in as an assistant professor?

D: No. I was an instructor the first year.

P: Did you work closely with Ed Woodward?

D: Yes. He wholeheartedly supported my joining the faculty.

P: You conferred with him before you made the decision?

D: Right. I felt free to walk into his office and talk to him when I thought things were not going right.

P: He could be kind of blunt and brusque, could he not?

D: He could be, but he only chewed me out once, and only mildly. He always gave me everything I asked for.

P: What was Miller's background? He had been recruited by Woodward and came directly from Chicago.

D: Right. His father taught internal medicine at the University of Iowa. Then his father accepted the deanship at American University in Beirut, so much of George's upbringing was in Beirut. He went to one of the fancy New England prep schools, attended Princeton, and then went to medical school at the University of Chicago. He later became a member of the faculty at the University of Chicago. His wife was from an educator's family in Baltimore. He was very academically oriented and just an absolutely superb person.

P: What happened to Miller?

D: After their kids had grown up, she went to work for Clarence Ammerman [professor, animal science; 1958-present] in IFAS [UF, Institute of Food and Agricultural Sciences]. She was interested in sheep nutrition and did some research in nutrition with Clarence Ammerman. Back in the 1920s, her family had bought an island in the middle of Moosehead Lake in Maine. Her father had built this huge log cabin on it that we have stayed in. Every August they went there for a month to live in their cabin. George went to the VA [Veterans Administration Hospital] when it first opened as the chief of staff. [In fact], he was the first chief of staff at the VA. That gradually became a full-time job for him. In 1972, they purchased a farm in Maine and moved up there for him to be the urologist at the Augusta VA hospital. [They also] raised sheep. Two of their sons were still living with them. That is where they are today. He is retired.

P: He is a sheep rancher.

D: Yes. He is very happy. He looks as though he has not aged at all; he is totally healthy out there running those sheep. Sally is into doing things with the wool. She has written a number of textbooks on how to cook sheep and how to take their raw wool and make things out of it. We just had a nice visit with them this past fall.

P: Is 1959 the starting date of urology at the University of Florida?

D: Yes.

P: How did the program relate to the VA hospital in Lake City, before the VA was opened here?

D: I think that the medical school faculty members were given consultation in appointments they attended at Lake City. They would go up one day a week, sit and talk to the urologist, and get paid \$75 for the visit.

P: Was this also extended to you?

D: Not as a resident.

P: Once you joined the faculty?

D: Yes.

P: Do you still have that relationship with Lake City?

D: We have not continued doing that in urology, except sporadically.

P: Because you have the VA hospital here?

D: Yes.

P: Once this hospital opened, a lot of the things transferred back here?

D: For the first time, we suddenly had all the clinical work we could handle.

P: Is urology now overwhelmed with patients?

D: Yes.

P: Unlike the earlier days.

D: Right.

P: That is because of both Shands and the VA?

D: Yes.

P: It is not because there is a growing number of these kinds of cases?

D: No. We have become established as a referral center.

P: What do you do over at the VA? You are on its staff, are you not?

D: I am not sure I am now.

P: Did you go over there and see patients?

D: Yes. I saw patients and helped with surgery.

P: In the same way that you did at Shands?

D: That is correct.

P: How long did Harrell stay on here after you arrived?

D: He was still here when I arrived, but I think maybe for only one year. I remember I was on call one night and got a phone call from him; [it was] one of the few times that we spoke. He had been called into one of the laboratories where a basic scientist had apparently swallowed something. I was told to rush right over there, and I did. I smelled the [odor] on the guy's tongue; I knew what he had done, knew he was dead and knew we should not do anything about it. Dr. Harrell was in a dither; he did not know what to do. As a second-year resident, I did not know what to do either except call the police. I have since seen Dr. Harrell. I am not sure if he remembers me, but he has brought his wife to see me on several occasions.

P: He has a place somewhere near Daytona. He told me he comes to Gainesville very frequently. I do not know what his health is like today, but he was in very good shape the last time I saw him several years ago. When you completed your residency and became a member of the faculty, what happened? Did you have the same responsibilities?

D: They really did not change; I was doing the same things. I was just suddenly an official person who could render bills in my name. I now had an office. In fact, I had a desk that I could call my own.

P: When I started going to you, David, you were located at the west end. Is that where the clinical offices were when you became a member of the faculty?

D: They were on the second floor, just to the right as you walk from the medical school to the hospital.

P: That was assigned to you one day a week?

D: Actually, three days a week. The cystoscopy room was right across the hall. We were very tight together.

P: Where was your office?

D: On the second floor, right where it is now.

P: You still have a facility over there?

D: Yes.

P: What brought about the increased number of patients?

D: I felt that we needed to let the State of Florida know who we were, what we were about, what we had to offer, and then strike out into the region with the same thing in mind. So I gave all of my efforts to doing that, and I think that secured for us a strong referral base.

P: The medical school is right in the middle of a fourteen- or sixteen-county area which consists of a rural and poor population and has very few medical facilities. You felt the responsibility to educate these people, to make them aware of what their problems were, and to let them know that there was a place where they could be helped?

D: I needed to let the people in Orlando, Daytona Beach, Jacksonville, and the rest of the state know who we were and what we were; we needed to be visible.

P: You were going to bring them here? The moment had not yet arrived when you were going to bring urology to Bronson, for instance?

D: Oh, no. I wanted the doctors in the town to know that we were not a threat to them, but that we were here to help them.

P: Was that not a problem that you had right here in Gainesville?

D: It was a horrible problem. The dean of urology in town was one of our biggest

haters.

P: Who was that?

D: Dr. Fitzpatrick. He had been trained by Dr. Orr in Orlando, who almost chewed my case one time when he heard I was not going to come do a residency with him. But I subsequently became friends with Dr. Orr and with all his colleagues, and at one point I was told by members of the biggest urology group in Fort Lauderdale that they considered us their teaching hospital.

P: Were you not in many ways at the forefront of those who were selling Shands to the City of Gainesville and to Alachua County? Were you not kind of a bridge?

D: I felt like I was; I tried to be. I was always very active in the [Alachua] County Medical Society.

P: You held a position in it?

D: I was president of it one year.

P: Did you purposely become involved in the activities of the Alachua County Medical Society?

D: Lee Dockery [professor, obstetrics and gynecology, 1975-1993] called me one evening and said, I want you to be the first vice president of the [Alachua] County Medical Society.

P: You were already a member, of course.

D: Oh, yes. I said, sure. I knew that I would eventually become president.

P: Why did Lee think this was important for you to do, and why did he choose you?

D: The medical school traditionally has a president every other year. He just thought I would do a reasonable job with it, I guess. Probably as important as anything [else] in establishing our feeling for Alachua County was that we wanted to feel "rootsier"; we wanted our children to feel "rootsier." Sara has always been very involved in the community. I think it was just after I joined the faculty that she was asked to join the Junior League [of Gainesville], and that became a source of our knowing many of the people in town. Our children were active in the community in swimming. She became politically active. We were reasonably active with the First Methodist Church, which was a large church. We got to know a lot of people through that church. So we really felt that most of our socialization and most of our activities were away from the medical school

and had nothing to do with the medical school. But I felt that it was necessary [that we do all this]. For [doctors] to send me patients, they first had to know me and who I was, and not feel threatened by sending me their patients, even if they were threatened by the umbrella under which I stood. This worked out very well.

P: Were you not in the minority on this kind of a thing?

D: I think so, yes.

P: I met many members of the medical school faculty, and obviously they had friends, but I have not heard any of them say what you just said. Is that not an important thing? Is that not something that the medical school would encourage?

D: I would think so, but, like you say, I am in the minority.

P: You are in the minority.

D: One of the few deans that we have had--he was not actually a dean, he was an associate dean--who read me on this and understood the importance of this was Lee Dockery.

P: By the way, what is the University Total Group Practice?

D: That is a brand-new organization that owns this building, leases this building, runs this building, and in essence runs the clinics and all the practices of the clinical faculty. It is an umbrella under which all the clinical faculty work.

P: All clinical faculty?

D: Yes. It collects the money and does the billing, just as the medical school used to do it. The medical school spun this off as a separate entity. One of the reasons they did that was because this clinical faculty group can do things without the hindrance of the state's rules and regulations. They can fire people a little easier than the school can; they can also hire people like nurses and maintenance people without having to go through the state. For the same reason that Shands Hospital became successful, the clinical faculty group was cast loose from the state. It will be a separate entity. How it will exactly act within the new superstructure, I think, is not known. I am sure there are a lot of ideas, but I do not think the final outcome is known until they get a CEO to run it. Then it is going to be this mega-bureaucracy that answers to the medical school only to provide it with some money and education for the students. It is going to be a different world.

P: I have a statement here I would like you to comment on. It is, "Residents and faculty work together as a team, sharing responsibilities for teaching and patient care." What is the meaning of that?

D: Let's take you as an example. You are coming into the hospital to have a prostatectomy. You have talked to me in the clinic, but your original history was probably taken by a medical student or resident--[this is] not how I practice today, but how I practiced two years ago. The resident writes your orders, arranges your admission--does all that sort of work. I look over the orders [and approve them]. They get you ready for surgery, and we discuss why you are having surgery. If they argue with me saying, he should not have this surgery done this way but done another way, I tell them why I want to do it my way. I have to produce a reason, and [the reason] cannot be something just off the top of my head. I have to have a reason for wanting to do it a certain way. During the surgery itself, you had a TUR, so that is a one-person procedure. But let's say you are having an open-operation. Many people do not understand that any large surgery requires four hands. [For instance], if you want to cut a blood vessel, the key is to expose that blood vessel so that it can be cut and clamped safely. The most difficult part [of doing that] is knowing how to expose that blood vessel and put the things that need to be cut into view. So the attending surgeon may do that [part] and his assistant may do [the actual] cutting. The lay public may think that the person who closed those scissors is the surgeon, [but] that is not the way it is. Since [cutting the vessel] is the least hazardous and least important part of the surgical procedure at that point, a resident might do it. So the resident feels like he has participated in the operation, and [in the process] learns how to do the operation, [since] he sees how I, the attending surgeon, have exposed the blood vessel. It is almost like cutting a bird out of a piece of paper. The skill is not cutting the bird out of the paper, but drawing the line to enable the person to see where he wants to make the cut.

P: [There] is a working relationship between the surgeon and resident.

D: It is a true team-approach. If you give the responsibility of writing orders to the medical student or to the first-year intern, he has the opportunity to participate in the patient care to that point of writing orders, which are later read and countersigned. A writer's product is his novel, but that novel has to be critiqued. That critique helps the writer become a better novelist just as the physician becomes a better order writer by having his orders critiqued. In surgery, you gradually increase the resident's responsibilities, because on July 1 of the year he leaves, he is cast out to the public as though he had been in practice for ten years. He has to be able to go right in and safely perform surgical procedures and carry out medical judgments. Since I was originally oriented toward a private practice and have gotten to know so many private-practice people and have discussed their practice with them, I know what they need. So I know what

kind of an education the students need to get them ready to do what they are learning to do.

P: You have assumed an academic role; you are the teacher.

D: That is right. It is a role I have enjoyed playing. I am delighted I stayed in academic medicine.

P: You made a career decision in the 1960s to stay at the University of Florida and teach medicine, and that turned out to be the right decision, since you are personally satisfied with what you are doing.

D: I think the Lord knew that I was supposed to stay here. [laughter]

P: I want to go back to something to make sure that it is [clearly understood]. What was the importance of the affiliation with the VA hospital in Lake City?

D: I think it was important to the Lake City hospital that it could say it had an affiliation with the medical school. Also, I think it was important to them that an academician attended their conferences, rather than just the same people all of the time.

P: How large is the VA hospital over there?

D: It has about 250 beds.

P: The VA hospital here is larger?

D: Yes. The one up there now does not do any real big things.

P: They ship those patients here?

D: Yes. There is some talk about turning it into a type of domiciliary, but it will never be able to do that because there is too much demand out there.

P: Is there a continuing relationship today with Lake City?

D: Not really. We would go up there strictly as hired help. They paid us more for a day's work than they did here. They needed us, and we needed the money.

P: You mentioned earlier that the medical school had a working relationship with the prisoners in Raiford [state prison for men] and Lowell [state prison for women].

D: We went to Raiford for a number of years.

P: What did you do at Raiford?

D: [We] saw the urology patients. [Raiford] had a contract with one of the urologists in Lake City who was absolutely robbing the state blind. When the state got a new medical director, who happened to be a urologist, for the prison system, he picked us up right away. He came here to the school and asked if the doctors would provide urological care on a consultation basis, which we did.

P: Do you go over there now?

D: We have dropped that relationship. Raiford is a state prison; we mostly went to the _____ center in Lake Butler.

P: Today, if a prisoner gets sick with a urology problem, what happens?

D: I think now they send those prisoners to Jacksonville or wherever they have a contract. They may have a urologist there; he may not be a particularly credible person, but he would be there.

P: What about the facility for brain damaged and mentally ill children out on Waldo Road--Tacachale?

D: We do all of their care.

P: Do you go out there, or do they come here?

D: They come here. I think pediatrics goes out there. I see about one patient a week.

P: What do you do now in the VA hospital here?

D: Currently, I do nothing.

P: You were on their staff, though?

D: Yes.

P: As a staff person, what did you do?

D: I was in charge of the program, only because I was in charge of the program at Shands.

P: You handled patients there, as you handled me and other patients at Shands?

- D: No. I did very little patient care; most of what I did was administrative. I was always able to hire somebody to be over there doing the patient care.
- P: You did not see or examine people at the VA?
- D: Just very sporadically.
- P: Somebody was doing that under your direct supervision?
- D: Correct.
- P: Was that person a practicing doctor or a resident?
- D: A practicing doctor. We have always had two residents there, which is a third of our residents.
- P: I want to get back to you specifically and your career. You first came in as a resident in general surgery in 1959; for how long were you in general surgery?
- D: Nine months.
- P: After your surgery residency, you became a resident in urology from 1960 to 1963.
- D: Correct.
- P: You then were an instructor in the division of urology from 1963 to 1965.
- D: For a year and nine months.
- P: Still under surgery?
- D: That is correct.
- P: I think you told me that it is not unusual that urology programs are separate divisions within the medical school.
- D: Somewhere between 30 and 40 percent of urology programs are divisions.
- P: What was the special fellowship you received from the National Institutes of Health in 1965?
- D: That year I took off totally from my clinical duties and researched while the

department of surgery continued to pay my salary.

P: You remained in Gainesville during that year?

D: [I did that research] right here in Gainesville. I went up to the third floor and worked in Dick Smith's [Dr. Richard T. Smith, professor of pathology and pediatrics, 1958-present] immunology laboratory with John Robbins [assistant professor, pediatrics and microbiology, 1961-1967], who was one of his young researchers.

P: What kind of research were you doing?

D: I was doing general immunology research--studying the ability of colostrum to transmit antibodies. I intended to apply this to what had become my clinical research interest at that time, which was freezing the prostates, particularly as related to cancer. I was hoping that the freezing of the prostate would release proteins and stimulate the formation of antibodies to prosthetic tissue, which would then perhaps destroy distant _____ from the cancer. I continued to do work with that, and we were trying to decide whether we should be the transplantation people for kidney or let general surgery do it. I finally decided that we did not have enough energy or time to devote to that. That work required a totally new faculty member trained in transplantation. That is when they hired Bill Pfaff [professor, general surgery, and director, Transplantation Program; 1965-present]. I did some original work, looking at ways of preserving kidneys and then putting them back into the animals to see if they would survive. It was not very productive research, and I did not like it.

P: Are you saying that it was not a productive research project?

D: I came up with a lot of negative results and negative researches, but it could be good research. Of course, getting negative results is not nearly as much fun as [getting] positive results, unless you are really committed to it and have the tools to carry the research farther down the road. [But otherwise] it becomes self-limiting.

P: So the results of your research were not groundbreaking?

D: No.

P: Federal money supported this NIH [National Institutes of Health] research?

D: Yes.

P: From 1965 to 1969, you were an assistant professor in urology. Then from 1969

to 1974, you were an associate professor. Of course, from 1974 to the present, you have been a professor. When you moved from assistant to associate and then from associate to professor, did anything change for you other than the title?

D: No. [I was essentially doing] the same [tasks].

P: Just a move up the curricular ladder.

D: You do not change at all what you do.

P: Then you replaced Miller as chief of the division of urology.

D: [Miller] had been at the VA as chief of staff and was not doing anything with our program except teaching the residents when they were at the VA. I sat down and talked to him about this one day, and he said, maybe you should become the chief, and I said, all right, but you need to go talk to Woodward about this. He talked to Woodward, and Woodward said, OK. So I became the chief. My responsibilities did not change, because I had been acting chief for several years prior to that [since 1971].

P: As acting chief, what were your responsibilities?

D: I chose the residents and was in charge of training the residents.

P: Do you interview those applicants?

D: We interview approximately 15 percent of those who apply, and of that 15 percent we accept one-seventh [or about 14 percent].

P: Did you alone decide who was accepted or did you confer with other members of the faculty?

D: I always made it a joint [decision], and I think it had always been a joint effort of all the faculty before I became chief. [It had to be that way] because in certain cases some faculty [members] might like a person and others might not like that person, and you need to find out why [they disagree].

P: Besides selecting the residents, what other responsibilities did you have as chief?

D: The chief supervises the residents' training. You pick the faculty, and you supervise the faculty.

P: So you hire the faculty?

D: Yes.

P: But you cannot fire any faculty?

D: Right.

P: You assign their responsibilities to them.

D: Yes. But you usually make that agreement before they come to work for you.

P: Does the chief have anything to do with the budget?

D: We were responsible for our own budget. I had to go to a lot of committee meetings.

P: You were fulfilling your administrative responsibilities in addition to your regular responsibilities as a practicing physician?

D: Right.

P: I hope they compensated you a little bit for the extra work that you had to do.

D: Yes, a very little bit.

P: You were the acting chairman of the department of surgery for a very short period of time. How did that come about?

D: Ed Woodward left town for two or three months and asked me to be the acting chairman, and I said, yes. But I just signed things for him; I did not make any big decisions.

P: Explain your involvement in the various medical societies and committees in the 1980s and 1990s.

D: My initial involvement was an outgrowth of my trying to provide the University of Florida with some visual [exposure].

P: You were selling the program.

D: I am always selling the program and the University of Florida.

P: As I say, this is a very positive and good thing.

D: I started out in our state societies, which fell into the county-society sort of

situation. Once you are president of the state society, somebody comes along and nominates you to be president of the regional society. The same thing is happening now with the national society.

P: When were you president of the Florida Urological Society?

D: I was president from 1983 to 1984. After that, I was president of the Alachua County Medical Society from 1986 to 1988. From 1989 to 1990, I was president of the Southeastern Section of the American Urological Association.

P: David, I want to go back and ask you to evaluate certain aspects of Shands and the medical school. First of all, what is your opinion of the medical library?

D: I never have been very academically oriented, so I have not used the library as much as other people have. But I think the library has been very supportive [of the faculty] in having the books available that we need. Clinical specialties, particularly a specialty as narrow as urology, do not require a lot of books. We assign our students a little paperback book, and if they can get through that, we feel they have done very well. But the times that I have needed to write a paper, the library people made everything very easy for me.

P: Some of the people I have interviewed said the same thing you are saying--that the medical school has a good library, it has what I need, the people are very cooperative, etc. But then I talk to some [other] people, who, I guess, are more deeply involved in research, [and they] say that the people in the library are very cooperative, but the books are not there. The library is not acquiring new materials that it should have. Obviously, the library does not have enough money to buy all those things.

D: Some of the research people are working in such exceedingly narrow areas that I think they should buy their own textbooks. They want textbooks that are of no use to anybody else. I do not know that a library, particularly a library funded with tax dollars, should be that narrowly focused.

P: That may be true. They were not talking about textbooks so much as periodicals, and they may be looking for them in such specialized areas that only those individuals need them and nobody else.

D: In the clinical area, we just order any periodical we want, and it comes directly to us. We have our own little library. The American Urological Association gives them subscriptions to its journal, which is the best journal in the world.

P: Are you on that editorial board?

D: No. The [association] did not cut rates on its journal for the first five years in practice. This society has a bank account of \$33 million. It has that much money because it feels that very shortly down the road it is not going to be able to charge dues, and it wants to be totally self-endowed.

P: As far as the library is concerned, in terms of your own needs and use, you would give it a plus?

D: Yes.

P: How do you compare salaries in the University of Florida's urological division with other urological divisions in comparable medical schools throughout the United States?

D: I know what the salaries are of the divisions in the Southeast, and we are dead last, primarily because of the tremendous taxation which we have been asked to pay. We are taxed far more than other divisions [in this region]. We contribute 15 percent more to taxes than the University of South Florida.

P: You are saying that we are dead last even in the state?

D: Yes, by far.

P: What do you mean by extra taxes that the University of Florida pays?

D: Dean's taxes, clinic taxes, chairman's taxes to the department of surgery.

P: How would the basic salaries paid by the state compare with other states in this region?

D: We are dead last, again.

P: We are not getting the allocations from Tallahassee?

D: Georgia has only one medical school to support. George Wallace [governor of Alabama, 1963-1967; 1971-1979; 1983-1987] put so much money through for the medical school in Birmingham that the school is floating in money.

P: We only have two medical schools.

D: We partially support Miami.

P: But that is not a large percentage. South Florida and the University of Florida

are the two medical schools here, but we have a much larger population than any other southern state.

D: As far as funding for urology.

P: Right, I am just talking about urology.

D: We are dead last. I know these figures, because we formed a southeastern urology chairmen's group. A drug company paid for us to get together once a year for three days in very closed surroundings. We found that the most productive thing that we could do was to discuss our own problems and our own programs. We talked about salaries and taxes; we knew everything about every program, so we knew exactly how our programs compared. [Given the amount of money we received from the state and had to pay in taxes], nobody could understand how we were able to run the program in Gainesville.

P: So if you are giving a plus to the library, you are giving a minus to the money made available to the division of urology.

D: Right.

P: Is this also true for your residents, nurses, and your office staff?

D: No. Their [salaries] are fairly good.

P: So it is the faculty members who are affected most by the lack of money?

D: Yes.

P: Why do you figure that is true?

D: Because of inadequate state funding of the school, I think the program has had to rely on the hard money from faculty to pay for everything.

P: But this money comes in as a result of research, or federal and private grants, does it not?

D: But nobody sees any of that money. The faculty can put money into their salary, and under the new regime, they are going to have to start putting money into their salary or they are not going to get paid. When he was a member of our faculty, Birdwell Finlayson [professor of surgery, 1967-1989] was possibly the highest funded researcher in the medical school, and he put zero dollars in for salary. He said that if you had money in there for salary, it lowered your score

and made you less competitive [for grants]. So the school is going to make people put money in for salary, and they are suddenly going to quit giving them grants.

P: Finlayson died, did he not?

D: Yes.

P: Is urology going to become a department?

D: I have been raising so much fuss about that issue that when they recruited my replacement, they did a chairmanship-type recruitment. But Dr. [Perinchery] Narayan [professor and chief of urology, 1994-present] has looked the situation over and concluded that if things continue as they are, there is no way we could exist as a department.

P: Why?

D: Because of monies and time. A department chairman is required to spend so much of his time doing administrative work that he cannot earn his salary, and [the school] cannot have somebody not earning his salary in today's marketplace.

P: What do you mean by "earning his salary"?

D: Doing the clinical work. All these activities take time, and for doctors, time equals money.

P: You sound like a lawyer.

D: It is sort of like that. When a patient does not show up for an appointment, that costs us money.

P: So you get mad, and then Proctor comes in and you say, we will just add that to his bill. [laughter]

D: Fortunately, I am not worried about it anymore.

P: That leads me to a question that I wanted to ask you about your retirement. You are a relatively young man, not even sixty-five, but you decided to retire awhile ago.

D: No. I was asked to step down as chairman, because I found the only way to get their attention was to start losing money.

P: Losing money?

D: Yes.

P: That is an interesting way of doing it.

D: I had fought and fought with them for relief from some of the taxation, and there was none forthcoming. So I thought, well, I will wait. If you lose money, it catches their attention. I knew that they were holding several million dollars of our money looking for somewhere to spend it, and that the only way we were ever going to get it was to either lose money so that they had to pay it back to us, or make them go out and recruit a new chairman. When you have been here so long, you are taken for granted, unless you are a superstar. But somebody coming in is in the position of making demands. I have tried to get this building for twelve years. I wanted urology and cardiology to join [in order to] have a total men's center. I had people come up and say, what a wonderful idea. I wanted to model it after Mark Barrow's [Gainesville cardiologist] outfit. You know how great that [outfit] is. [But people said], that is crazy. Why should we have a prostate center? I said, they have a women's center, so why [should we] not have a prostate center, a men's center? My chairman, [who is currently] our acting dean, thought that was the craziest idea he had ever heard. He thought surgeons were supposed to be operating, not running a men's center. All the candidates [for the chairmanship] came to me [and asked], what were the problems? I told them the problems. This [men's center] became the one thing they all had on their lists to bargain for, and the taxation was removed and they were given it.

P: When did this happen?

D: 1994.

P: When did you bring the new chair in?

D: October 1994.

P: Who is he?

D: Perinchery Narayan.

P: Where is he from?

D: He was chief of urology at the San Francisco VA.

P: He is an Indian?

- D: Yes. He has had several very high-powered fellowships at the University of Washington, Harvard, and Johns Hopkins.
- P: Is he a good administrator?
- D: I do not want to make a judgment call.
- P: You do not need to. It is not important that we get your opinion on that.
- D: I like to see my role as somebody who can help teach that person how to do things, so he can accomplish his goals.
- P: Were you on the search committee?
- D: Yes.
- P: He came here with a great reputation?
- D: He came with the promise of a lot of research funding. He was not my first choice, which he knows.
- P: I do not think I have ever met him or even seen him.
- D: He was chosen by Dr. Neims strictly on the basis of his research.
- P: How did you feel about moving to this new site here? Did you not feel that you had lost something when you left Shands?
- D: Oh, no. I knew that this is where it is all at; this is where people make their money. I am having the fun that I could have had, if I had gone into private practice many years ago.
- P: Did you have anything to do with planning the layout here?
- D: No. [This place] was built by a speculator and is rented by [some] big group.
- P: Do you have what you need here?
- D: Oh, yes. [This place] is very nice. [We have] an ideal situation here.
- P: Is there room for growth?
- D: Not much. In fact, they are going to move us back to the cancer center. It was in the paper the other day--[they are going to spend] \$19.7 million to renovate the

cancer center.

P: I do not even know where that is.

D: It is down in front of the old Wilmont?

P: So you are leaving here and moving to there?

D: Yes. Plastics wants to move.

P: If you evaluated your own situation, David, would you say that over the years you have been inside the circle of Shands politics?

D: I do not think so. For one thing, I have been totally disinterested in Shands politics.

P: There has been a lot of [politics] over the years.

D: I have been totally disinterested in it. In fact, I have not been in favor of a lot of people who were involved in it. I got [to the point] where I did not like medical politics. On the floor of the AMA [American Medical Association] house of delegates, I denounced the crazy clinic they run in Tallahassee that I worked at for three or four years, [saying] what a farce it was. I just did not like [the politics]; I do not like politics, period.

P: Have you been involved in any lobbying activities on behalf of your division, the college, or Shands?

D: There was a period of time when I was lobbying on behalf of the AMA. It just so happened that I was good friends with all of our delegation, which, at one point, consisted of Ralph Turlington [Florida's commissioner of education, 1974-1986], Buddy MacKay [U.S. congressman, 1983-1989; currently, the lieutenant governor], and Bob Saunders [Florida state senator, 1969-1977]. One time I was asked to go there and have dinner with those guys. I told the vice-president that I planned on going and asked him whether there was anything that I should say or should not say. He almost hit the ceiling when I told him that I was going.

P: So Geary Cheek [assistant dean for Academic Programs and professor, Agricultural Education and Communication, 1975-present] does not turn to you too often?

D: Geary Cheek turns to me all the time when he wants to get certain things done, especially urological [matters]. But my involvement is strictly hands-off. I do the medical [part] and try not to do any politicking.

P: I can see that they are involved in another hassle again having to select new leadership.

D: There will be a hassle forever. [laughter]

P: You have said that research was not a top priority in your work here, but that does not mean that you have not been involved in research because you have published quite a bit.

D: I feel quite strongly that one needs to have certain tools to do basic research. I think that clinical research, which is done extensively, does not accomplish much. In a small situation like at the University of Florida, producing meaningful clinical research is just a matter of adding to the research that has already been done by many larger groups. So [the research done here] is not really original work, it is just busywork. I did not feel that I was capable of administering the division, doing my patient work, and also doing research. I never had the time to do all that.

P: Would you describe yourself then as a hands-on physician?

D: Very much so.

P: You are concerned mainly with patient care.

D: That is right. I thought I was intensely interested in teaching, but the last two years out here have shown me that I can get along very well without the teaching and that residents who do come out here almost get in my way. I feel that I can help patients more by directly interacting with them as opposed to interacting through a resident as an intermediary.

P: What was your involvement with the post-graduate seminar "Topics in Urology" that was first offered in 1973?

D: I organized it and financially sponsored it.

P: What was the purpose of offering that seminar?

D: Since we were so provincial here, I felt that we needed a way of bringing in outside faculty, and we did not have the funds to pay a professor to come in and spend time with our residents. So I took some of my own clinical research monies and put them into a foundation to pay for a seminar. We still have that seminar, which is now a very successful, big moneymaker.

P: How many people participate in that seminar?

D: We have had anywhere from 60 to 100 outside physicians in addition to our own group of people.

P: And you bring people in from all over the world?

D: Yes. The big stars have all been here. The seminar is a way for them to learn about Florida. It also lets the faculty invite the stars, who in turn may invite the faculty [to their seminars].

P: How long do the seminars last?

D: Two full days.

P: Is it a work and play kind of [situation], or is it all work?

D: These seminars are all work.

P: So you do not give them a chance to visit various places on campus or to see the area?

D: One year we offered a tour of the medical school, but nobody wanted to go, so we did not do that again.

P: Did you think about taking these people to Cedar Key?

D: We have been to Cedar Key and the Island Hotel when Miss Bessie still ran it. In one of our early years, we had a party at Sonny's. It was the first time the [restaurant owners] had ever closed their place to have a party.

P: I have never heard of that happening.

D: We brought in a fancy bluegrass band. It was quite an evening.

P: I bet they had a great time.

D: We used to do a lot of [activities] like that, but now that it has gotten more difficult to drink and drive, we have limited ourselves.

P: Do you think that one day there will be a urology department in the medical school?

- D: I think at some point in the future there might be a urology department here. Most of our faculty [members] are still working for it, but you avoid a lot of hassle by not being a department. For one [example], by not being a department the number of committee meetings you have to attend are dramatically decreased. [On the other hand], when you get into a problem financially, you have the department to back you up. The department can also back you up in a lot of administrative areas where you would otherwise be on your own.
- P: Earlier in this interview, I said that Harrell had talked to me about the involvement of the medical school faculty with the rest of the University of Florida. As I looked over your list of activities, I saw that you were on the UF Senate.
- D: I think I only went to three senate meetings during the six years I was on it. I think the meetings were held on Thursday afternoons, and I was in the operating room at that time.
- P: Is the senate the only UF activity not related to medicine or the medical school that you have ever been involved with?
- D: Yes.
- P: Sam Martin [professor of medicine, 1956-1971] was actively involved in [activities] outside the medical school, but I have not found any other members of the medical school faculty since the 1960s who have been active in such [undertakings].
- D: A lot of what goes on up there is of interest, but I do not have the time to become involved in those things.
- P: I want to ask you some personal questions now. You have four children?
- D: Yes.
- P: Give me their names and then the dates and places of their births.
- D: [There is] David Jr., who was born October 31, 1954.
- P: What does he do?
- D: He went to Wake Forest on a swimming scholarship, but ended up graduating from the University of Florida where he studied landscape architecture. During that time he became interested in the botany aspect of landscaping and spent two summers working as an intern in Callaway Gardens [vacation resort north of Columbus, Georgia]. He is now primarily a nurseryman in Christmas, Florida,

between Titusville and Orlando. He is very active politically. He is president of the Florida Landscape Architects. He has written the landscape ordinances for Seminole County and Orange County. There is a memorial tree planted for him in the Orange County Courthouse. He has three children, including David Marsh Drylie III.

P: What are the names of the other two children?

D: Heidi and Daron.

P: So two girls and a boy. When was your second child born?

D: Dorothy Faye Drylie was born September 11, 1956. Since childhood she has been called "Didi."

P: Is she married?

D: No.

P: Where did she go to school?

D: Didi graduated from Queens College with a liberal arts degree and did post-graduate work at Florida in the fine arts.

P: She works where?

D: She became a travel agent and worked in Charlotte, [North Carolina], for quite a few years and has recently transferred to Atlanta. She is now forming a garden design and planting company.

P: What is the name of your third child?

D: Deborah Caroline Drylie was born September 11, 1963.

P: Is she a Drylie still?

D: Yes. She was married to Allen Brasington.

P: Where did she receive her education?

D: She graduated from Salem College in Winston-Salem and then from the University of Florida Law School. She is a partner in the Jones, Carter, and Drylie Law Firm here in town.

P: Does she have any children?

D: No.

P: What is your fourth child's name?

D: Diana Laurie Drylie was born December 31, 1968.

P: Was she born in Gainesville?

D: Yes, as was Deborah. She graduated from Furman University [Greenville, South Carolina] and then took all the drama courses that the University of Florida was offering or could offer her at that time. She went to Orlando to seek her fame and fortune as an actress and did not particularly like the jobs she was getting, [so she went] to Los Angeles to do the same thing. She has been living there for a little more than a year now and has taken a full-time job at the William Sonoma Company in Beverly Hills and is doing very well with that. She gets to meet all the stars who go in there.

P: I want to ask you a question about yourself. You have been a dedicated physician for a long time, but you do have a life outside of this building and this lab. What about your outside activities?

D: My wife and I have always read a lot.

P: What kind of reading are you interested in?

D: Lately, British mystery stories. I also like historical novels.

P: Do you do a lot of reading?

D: I am finding I do less, since my eyes tire much more readily. It is very disconcerting.

P: Are you a public library patron?

D: Yes, very much so. We never travel without taking a stack of books on cassette tape [that we get] from the library. It makes traveling just absolutely wonderful. We have always been very interested in gardening. I spent my early years on a farm and my wife was brought up on a farm, so we just kind of like digging around in the dirt.

P: By the way, is your mother deceased now?

- D: No, she is not. In fact, I picked her up on Thanksgiving and took her to the beach.
- P: Where does she live now?
- D: She lives in Ocala; she is eighty-seven.
- P: How about your mother-in-law?
- D: She is eighty-five and lives in her original family home in South Georgia where she will live until the day she dies.
- P: You and Sara travel a good bit?
- D: Yes, we like to travel a lot.
- P: I know you have been to England many times.
- D: I think our next trip to England will be our ninth.
- P: Have you been to other parts of the world?
- D: Not a whole lot. One time we were in Germany for two weeks and [then another time] we were in Switzerland for a couple weeks.
- P: Do you try to get away at least once a year?
- D: Yes. We have also been to Alaska and Mexico a couple times.
- P: Your health is good, is it not?
- D: It is reasonably good, yes. It is [not in a condition] that would prevent us from traveling.
- P: If you have a urology problem, I can recommend a couple of people for you who got me in good shape.
- D: I keep saying that I could just do a TUR myself _____. I do not trust anybody else. [laughter]
- P: What about sports? That has been an interest of yours from childhood.
- D: It has been, and I have become more of a spectator.

P: Do you play golf still?

D: I had always played golf, but I had been a "once-" or "twice-a-year" golfer. But two years ago, in anticipation of a golfing trip to Scotland, I decided I needed to do something with my game so I would not embarrass myself too badly. I started playing much more regularly then, and I actually joined a country club for the first time.

P: You play regularly now?

D: Since I have been out here, I play twice a week. I play Saturday mornings and Wednesday mornings.

P: Are you a champion golfer?

D: I am a very poor golfer, but there are groups of golfers who are just as poor as I am, and we all play with our honest handicaps so that evens the table. We play in games where the most you can lose is \$2, so you do not feel too bad about winning or losing.

P: Do you watch football and basketball?

D: I do at the college level, especially during the play-offs. I am not interested at all in the professionals. For ten years we jogged every morning, but I developed some circulatory problems in my legs which stopped [me doing] that.

P: Do you like music?

D: We have huge collections of records and tapes, but we have spent very little time lately listening to them.

P: Do you go to any of the performing arts events?

D: No. We are members of all that, but we never go.

P: You stay home and read.

D: Yes. Read, watch television, or work.

P: Do you have any hobbies? Do you collect anything?

D: I guess gardening is our biggest hobby. Until my son gave us a yard service a couple years ago, we tended to our large yard all by ourselves.

P: Where do you live?

D: About ten blocks from here, behind [Columbia] North Florida [Regional] Hospital.

P: So this is convenient for you then?

D: Oh, yes.

P: How long have you been there?

D: Thirty years.

P: Did you build your house?

D: Yes.

P: You sold the first house you had in Gainesville?

D: Right. We were the first house out here when there was nothing out here.

P: You probably have a bigger lot now than you would like?

D: We have almost two acres, and it is _____.

P: You have come from a religious family and that is something that has stuck with you over the years, has it not?

D: More or less.

P: It seems as though your church affiliation has continued through the years.

D: It has not over the last ten years, primarily because it was our only chance to go to the beach and use the property over there. My wife felt obligated to stay a member of the First Methodist Church, and we found that we had less and less in common with the people there. We went all the time when the kids were growing up to try to inculcate them with some of the standards that we had been brought up with, but since they have been gone, we really have not [continued that kind of affiliation with them].

P: So you are not a regular Sunday church-goer?

D: No, not at all.

P: Which church do you attend now?

D: First Methodist, still.

P: I thought you were a Presbyterian.

D: I was a Presbyterian, my wife was a Baptist, and then all of a sudden we were Methodists.

P: So you met somewhere in the middle and went to the Methodist church.

D: Right. [laughter]

P: What is your philosophy of life?

D: [That people should] search very diligently to find a place in life where they can be happy and [that] the exact nature of that place is not as important as it may seem. [People] can be happy doing almost anything if they learn to do it and do it well. I certainly feel that there are [specific] tenets of life, which are expressed in one way or another by almost every religion in the world, that one needs to use to guide his activities. These tenets exist because people [who lived] thousands of years ago found that the best way to live [was to follow these guidelines].

P: Are you a political person? I presume that you vote and participate in that way, but does your involvement in politics go beyond that?

D: I do not like the machination of politics and the falsehoods that [a politician] has to perpetrate to make himself liked by the large number of people whose vote he needs [in order] to be elected. My wife is very good at knowing how to do things [that are] political. Anytime I have to do anything political, I seek her advice about how to do it. She was born with it in her blood, and it just comes naturally to her. My genes do not have politics in them, and [politics] just does not seem to be something that I am capable of learning.

P: Did you worry about the results of the last election?

D: No. In fact, I was very happy with the results of the last election.

P: So was I.

D: It was amazing to be in England during the elections. *The London Times* covers our elections with really insightful analysis.

P: They know more about them than we do.

D: In their writing, [the British newspapers] express things so concisely and so well,

and they are intensely interested in our politics. Their TV stations, the BBC, stayed up and covered the elections all night long.

P: More than I would if I were watching their election results.

D: We did not watch them; we knew that we would not know [the results] until morning. But they are intensely interested in our politics and could not believe that we had elected a president with only 49 percent of the vote. How can a president rule with only 49 percent of a mandate?

P: Queen Elizabeth rules without any mandate at all. As you look at the world around you, are you apprehensive about the future and the [kind of] world in which your grandchildren will live?

D: I am.

P: Not that you and I as individuals can do anything about it.

D: That is right. I am very worried about the [high] crime rate in this country, which I think has been caused by the breakdown of the family, and I think it will only continue to increase. I am also very worried about the inability of religious tribes--as near as I can tell they are religious tribes--in Europe, the Middle East, and Africa to reach any sort of meaningful agreements with each other. I do not feel that there is much hope that they will arrive at any peaceful solutions, because hell, the damn fighting has been going on forever.

P: And seems to be getting worse.

D: Hell, yes. They are made worse by the greed of the people who take power and keep them from ever being able to accomplish anything. It is kind of like the Catholic Church in Ireland. Ireland is a country that never should have had so many millions of people die of hunger. You go over there today, and you see abject poverty with a huge cathedral sitting there in the middle of it.

P: Cathedrals are everywhere in the poorest countries.

D: That is right. [You can find them] throughout South America.

P: People in these countries are homeless, but their cathedrals have gold-encrusted altars. I may never figure that one out myself. So you are apprehensive about the future?

D: I think barring any manmade catastrophic events, which could happen at any time because of advances in science, people will survive. Rather I am apprehensive about all the other things that I mentioned.

- P: What about David Drylie? Would you say that you have led a happy and satisfying life?
- D: I have been a very contented man. Certainly, I have been more contented since I quit being _____.
- P: Throughout your life you have been a contributing person to your profession and to the community.
- D: I think that I am fortunate to work in a profession that enables me to contribute virtually every day. I think that is probably the nicest thing about the medical profession.
- P: You are still married to the same woman; you have four productive children.
- D: I feel that I have had a very fortunate and lucky life. I think part of it is due to the times in which I was born. To be born during the Depression was the nicest thing that could have happened [to me].
- P: On the eve of the worst part of the Depression, too. Have we left anything out? Is there anything else you would like to say?
- D: No. I think we have covered about everything.
- P: David, I have enjoyed doing this interview. Thank you.
- D: Thank you.