

UFHC 30

Interviewee: Mark Barrow

Interviewer: Samuel Proctor

Date: May 16, 1997

P: This is May 16, 1997, and we are at the home of Mark Barrow in Gainesville, Florida. Mark, what is your address?

B: It is 224 N.E. 10th Ave.

P: This is a famous house for what reason?

B: It is known as the "Tigert home" because the University of Florida rented it for a long time for John J. Tigert [John J. Tigert, president, University of Florida, 1928-1947], who is one of the renown presidents of the University. After that, J. Hillis Miller [J. Hillis Miller, UF president, 1948-1953] was here until he moved into the president's home on campus.

P: To begin with, the Tigerts paid their own rent. The University did not start out paying the rent on this property. They (the Tigerts) paid it for a long, long time, and Mrs. Tigert griped about that a great deal.

B: Right.

P: They had promised Tigert a house when he came here in 1928, but they never furnished him a house at all. Of course, the Depression was already on when he arrived here. Well, I am jumping ahead. I would like you to give me your full name.

B: It is Mark Velpreau Barrow.

P: You were born when?

B: August 10, 1935.

P: Where?

B: The birth certificate is interesting. It says Crestview, and then it is marked out and says Pensacola. The truth is [that] I was born in between. My mother was on route from Crestview to Pensacola. I was born right before they got to Pensacola.

P: Where does that middle name come from? It intrigues me.

B: It is very interesting. The story, as my mother has told it for many years, is that

the name Mark comes from my great-grandfather Mark Richmond Barrow. They were trying to determine a middle name and the doctor that helped deliver me, but did not actually--he handled the end of the delivery--was a doctor by the name of Dr. Nobles. My mother and father were filling out the form for the birth certificate, as she tells it, while he was making rounds, and [he] said, Mrs. Barrow, why don't you name your son after me? No one ever named their son after me, and I have delivered thousands of babies. She said, alright, Mark Nobles Barrow; that is a pretty nice name. And he says, no, no, I want my first name, and she said, well, I do not know your first name. He said, it is Velpeau Nobles, so she named me Velpeau.

P: That must have been a family name, a strange name like that.

B: It must have been.

P: But you never researched it?

B: I never contacted him, but I know I took a severe beating in school. In the first, second and third grades when you started school, everybody sat up and the teacher went from child to child and got their full names. They would come to my name and I would say, Mark Velpeau Barrow, and everybody would snicker and laugh. At one point I was going to change it. I decided I did not want that name anymore, and I actually went to an Okaloosa County judge [to have it changed]. Osborn [Wilbur] was his name--a big stout fellow and a very nice person. I am sure my parents warned him that I was coming. I went in to get my name changed, and he listened to my story and said, Mark, I will tell you what--I have the form here to sign, but I have not signed it. He said, I want you to wait two years and then if you still want to do it, I will do it for you. He said that is a fine name. He said, you will always be recognized by that name. Everybody will remember you by that name. You should take great pride in that name. I did after that. I use Mark V. Barrow as sort of a distinguished sounding name.

P: Mark, tell me a little bit about the family coming to Florida. Are you first, second, or third generation?

B: The Barrows moved into Florida very early. They were, as said in North Florida, dirt farmers. They were farm folk who lived in Georgia. The original Barrows came over very early and then went to South Carolina and North Carolina and [then] came into Georgia. A large group of them moved into Northern Florida.

P: Family group?

B: Family groups [lived] all through Northern Florida-- Pensacola, Santa Rosa County, Walton County and Okaloosa County. My great-great-great grandfather built a log cabin on the Yellow River in 1837. They came here in 1812.

P: Into Florida?

B: Yes.

P: It was still a Spanish colony.

B: Still a Spanish colony. There was a place to ford the Yellow River up there, and a camp. Actually, Andrew Jackson camped at the Yellow River where my great-great-great grandfather ran a ferry, so the story goes.

P: Where is [the] Yellow River? I have never heard of it.

B: There are two rivers in Okaloosa County--one is the Yellow River and one is Shoal River. They run together. The Yellow River is in the Northwest part and Shoal River is more in the Northeast. The Yellow River is sort of muddy, and the Shoal River is very black because it is spring-fed. They come together and flow in. I think they go into the Black Water River in Santa Rosa County. At any rate, the Yellow River had a ferry, and my great-great-great grandfather operated that. The log cabin that was built in 1837 still exists. It is up in the woods on the Yellow River. We go visit it all the time when we are up there, and it is still in remarkably good shape. Unfortunately, it is not owned by any of the family members now. I have tried to obtain it to move it into town or something or restore it, but I have never been able to. It was a simply made log cabin. It had an extensive roof that went way out over it with porches on all four sides so it [was] fairly well protected. Somebody in the early part of the century put a tin roof over the old wood shingle roof, so it has been quite protected and is not in total disrepair. At any rate, they settled in there and they were farmers and moonshiners. That was the way they made their living. The later Barrows do not admit too much to the moonshining, but that is one of the things they did quite well actually. When my father came along, they lived up in the Northern part of Okaloosa County in an area called Baker, or near Baker. His father and mother were farmers, and his brothers were farmers. He tells the story that he always liked animals and always liked farming. He always had a little farm garden until the day he died, but he wanted to do more than just be a farmer. They did not have high schools, you went through about the tenth or eleventh grade, and from that you had to go somewhere else if you wanted to finish your education. He finished his eleventh-grade education, took some exams and so forth, came down to the University of Florida very early--I do not remember the exact dates, but somewhere [around] 1914 or 1915--and was here two years. He then went back and took the Bar examination and became an attorney, moved into Crestview and got into politics. He was a state Senator, state Representative and a county judge several times.

P: What was your father's name?

B: George William Barrow Sr. He was also school superintendent during the difficult Depression years and [even] before that when the county had about thirty little one-room school houses. He led the drive to consolidate those thirty-five or so schools into four or five larger schools. Of course, there was much resistance to that because it meant [people's] children would have to walk further to get to school--they had no buses or anything. That was during his tenure as school superintendent, and he was always very proud of that. He modernized the school system. He tells the story that in the Depression they ran out of money and got to about February. The school [year] was quite a short year because the children had to help on the farms. They went to school in the fall, but they were out by early spring to do the farming. It was only a four- or five-month period. They ran out of money towards the end, so he went to his uncle who was a moonshiner and was quite wealthy. [His uncle] saved all of his money not in banks but in coffee cans in his backyard. My father went to him and said, uncle, I need some money to keep the schools from closing this year--we are very tight. He said, well, George how much do you need? He said, I need a lot, \$60,000. He said, let me go see what I have. He went outside and dug up some of his coffee cans and gave him \$60,000 to finish the school year. Of course, the people of the churches in the area heard about it and were very upset, but they did finish the school year and the next year he paid it all back, so the story goes. There are a lot of stories about my father. He was a great and avid hunter and fisherman. He was a very, very excellent shot. Even when he was in his eighties, he was still an expert marksman--always loved to do that. He hunted and fished all his life. Even though he was an attorney and school superintendent, he mostly loved to go fishing and hunting.

P: Just for the record, what is his birthday?

B: My father was born in 1896.

P: Same year as my father.

B: He was eighty-nine when he died.

P: Give us your mother's name.

B: Mother was Opal Colvin Barrow. She came from a family that was mostly in the logging business. I do not mean owning the logging mills, I mean working in the logging mills. They moved around a lot--from Mississippi to Louisiana to Northern Florida. They finally settled many, many years ago in Dixie County at Cross City. My grandmother was named Lahla Colvin. Although they had very little education, they were very bright people, very smart people in the way they did things. They were totally self-sustaining, living off their little farm. He had a farm, a mule, a wagon and raised his own crops for food. She sold a little and had a very big garden and a green thumb, so she raised all sorts of flowers. He worked in the logging mills from dawn to dusk--very hard work--then he came

home to do his plowing. He died many years ago. I do not remember the date, but I think it was probably in the late 1940s. She lived until ten years ago. She was in her late eighties. She was a real character, the most delightful lady to talk to you could ever imagine. They had many children--I think seven or eight. Mother was about in the middle. She named the girls after jewels--one was Jewel, one was Opal and one was Ruby. The boys were all named with H's for some strange reason--Harry and Howard.

P: You could not lose them too quickly that way.

B: That is right. She was like my father.

P: Now you are talking about your mother, right?

B: My mother, yes. She did not want to be just a common laborer.

P: When was she born by the way?

B: She was nine years younger than my father, so she was born in 1905. She went through her high school education and then went to Florida State College for Women for three years, I believe--two to three years.

P: Going to college was unusual for farm girls that early.

B: Very much so. Mother was extremely bright--extremely well read and smart as a whip. Dad was too, but she was sort of the driving force in the family intellectually. Like I say, he would go off and hunt and fish in his spare time, and she loved history. She went to cemeteries and gathered plants out and identified them in school and so forth. She taught fifth and sixth grade and was a fairly stern teacher, I understand. She did not teach me, but she taught my brother, William Dean, and used to give him a whipping about once a day to set an example. At any rate, she was a very excellent teacher and a very beloved teacher in the school system. That is how my father met her, because he was school superintendent. He had been married once before. His first wife was from the Jeter family. She died of rheumatic fever very early, but they had one child who is my older half-brother, George Barrow Jr., who is a physician, up in Crestview. He recently retired. After my father and mother were married, they had their first child, William Dean Barrow, who lives up in Okaloosa County. I was the baby.

P: So there are two children from this marriage--no girls.

B: That is right. There were no girls from the marriage. Three sons--one from the first marriage and two the second marriage.

P: Where does your older brother get that Wig nickname?

B: Wig. He was named that when he was a little bitty baby. I do not know who it was, maybe it was I that could not pronounce William, so it got shortened to Wig. That is what he was known as all his life--all through school. He liked that name so he used it.

P: He kept it?

B: Right.

P: He went into politics?

B: Well, Wig is an interesting fellow. My older brother George Jr. came to the University of Florida because my father came here. He was here during the war years and went through a shortened program and obtained an M.D. degree in three years [before] going into the service.

P: [Was the M.D.] from the University of Florida?

B: He did his pre-medical work here and then went to Emory [University]. Then William Dean came down here in 1948 or 1949; William Dean was always one of these fellows that was extremely smart and bright. As my mother says, too smart for his britches most of the time. But he was. He had a photographic memory. He could read over something one time and retain it, and he still does. So he sailed through school and got his bachelor's and also a law degree in five years-- he went right through. He was actually accelerated in school one year, so he came to the University when he was sixteen and graduated when he was twenty-one with a law degree, which is probably as young as anyone ever had. Then he got back in town. My father retired from politics. In politics, if you stay in it long enough you will always get beat. The last time that he (my father) ran for office...

B: My mother told him, George, your time has come, you do not need to run for office anymore. You have been everything. He said, I want to do it one more time, just one more time. He wanted to run for county judge again. He was running against a friend of his, actually, who was the same Judge Osborn that had talked to me about changing my name, Wilbur Osborn. They were fishing buddies. Back then, when they ran for political office they had rallies at night. They would have a country band and barbecue and people would get up on the stage and make their pitch to the people. They would clap or boo them or whatever they wanted to do.

P: They used to do that here, I remember.

B: They were attended by everyone on Saturday nights, and they had a big stand and everything. I remember very vividly my father getting up and saying, Wilbur

Osborn is a fine man and he is my friend. We are fishing buddies but I want to be your judge. That was the politics. Wilbur would get up and say, I have known Georgie all his life--he is a fine fellow and he would make a fine judge, but I want to be your judge. It is time for me to be your judge--he has been your judge [already]. Anyway, the story is that when my father would go politicking people on the street, door-to-door, giving cards and so forth, everybody he ran into would say, sure George, I would be glad to vote for you. So, when the election night came, my father was very confident. When the election returns came in, he lost. Wilbur Osborn won, and my father says, you know the strange thing about this is I thought I was going to get 90 percent of the vote. That is a lesson all politicians must learn--when they are politicking, people tell them what they want to hear.

P: Is this what has happened to Wig?

B: Wig got into politics early, and he was very good at it. He built up a group in North Florida of close followers and was elected to the Senate. He loved it. He was there when Dempsey Baron was there and Mallory Horne was there. They were all big buddies. They were those guys called "pork- choppers" nowadays. They basically ran the state politics very carefully and very toughly.

P: Senator Shands was part of that group.

B: He was part of that group. It was all buddy-buddy boy politics, and Wig was right in the middle of it. I do not think he would mind my saying this, because I have told him this many times. What happens so frequently with people when they get into politics and get in a high position--it happens in Alachua County too, as you are aware--is that it goes to their heads. All of a sudden they get this feeling that they are handling all of these large sums of money and that they are very powerful people. It is the classical "Caesar syndrome." Unfortunately, it affected Wig. Instead of calling friends of his to help out to do this, that and the other when he was a Senator, he got in the habit of calling his friend that had an airplane and said, I have to go to Miami tomorrow, be ready at 8:00, and I will pay the expenses and take you out to dinner and everything. Or, he would call down here and say, Mark, I am bringing Dempsey and Mallory down to the ball game tomorrow. Get me tickets and have supper ready, and I will pay for everything. This went on for a while, and people got tired of that. The way we handled it here, Mary and I, after about the fourth or fifth time, we said, we are not going to be in town--we are leaving town for another engagement. The key is under the mat, and you are welcome to bring your friends and handle it any way you want, but we are not going to be here. You are welcome to use the house and so forth. At any rate, after he was Senator a couple of times, he got beat fair and square. Part of it was because the population base in Pensacola had increased significantly, and he was running against individuals from a larger population base. Part of it was because of the cane pole tax. He sponsored the cane pole tax, which was a \$2 fee to fish in North Florida. That did not sit

well with his constituents at all, even though it was only \$2. His deal was that he did it as a favor for a friend of his, but he knew it would not pass. A lot of politicians will sign on the bills and say, I am signing on this because I owe a favor to Joe Blow, but I know it is not going to pass, so it is not going to do any harm.

P: It seemed safe.

B: So I am safe. I have paid my dues. Well, it did pass and the people were very upset about it. The local farmers and so forth booted him out. I remember my mother calling me the next day and saying, he lost. I said, mother are you upset? And she said, upset? I am glad. She says, you know what I told him? He came over to the house and he was crying--crying like a baby--how could he have been so let down? I said son, it is good enough for you. Now you can come back down to earth with the rest of us. You got too big for your britches.

P: Let me get back to Mark Barrow now. Did you grow up in Pensacola, or did you grow up in Crestview?

B: I grew up in Crestview. We had a home right near downtown on Oakdale Avenue and Crestview. I went to grammar school there and then high school. High school was about five blocks away.

P: When did you graduate high school?

B: I graduated in 1953, and I loved school all the way through.

P: You were born during the 1930s.

B: 1935, yes.

P: Was your family impacted by the Depression? That was the middle of the Depression decade.

B: Well, I was not aware of it, but yes, everybody was impacted by it. My father was school superintendent and my mother taught, so they both had income. The war had a tremendous impact because they had all these kinfolks, and every week or two you were hearing somebody got killed. My mother's very close and favorite brother was killed in the war, and that was very tragic. His name was Will. Actually, William Dean was named after Will, her brother. The Depression also impacted [the times]. There was no air conditioning, [but] everybody was in the same boat.

P: You had a car?

B: We had a car.

P: And you ate regularly?

B: Well, Daddy had a farm. My father had two cows right next to the house, which was two blocks from downtown, and you could have animals downtown. My brother and I milked those cows for years twice a day, seven days a week, 365 days a year. That builds great character because you have no choice [but] to be there rain or shine. It is really [a] very character-building [experience] at 6:30 or 7:00 in the morning and it is thirty degrees outside, cow's tail was hitting you upside the head, and it is wet and stinky. Nevertheless, you had to milk. My father sold his two cows at my mother's insistence because it was so close to downtown and people complained about the cow lot. They sold them when I was about twelve or thirteen--the happiest day of my life. So, we ate fine. He had a little farm and a garden out of town a couple of miles that Daddy and another fellow lived on and share cropped.

P: What kind of a student were you in high school?

B: Truthfully, I was an excellent student. I played around a lot. I had a great time--I had a wonderful time. I just cannot explain how wonderful it was, but I always, through mostly my mother's insistence, worked very hard in school and was very competitive. I always made top grades in the class, and [I was involved in] things like president of the class and captain of the football team and so forth.

P: So you were in sports?

B: Well, yes, I played mainly football. My brother Wig made me go out in the ninth grade when I was very small and tiny. I had some cousins that were on the football team, and it was very traumatic because basically they just ran all over me and beat me up everyday. I used to come home actually crying and wanted to quit, and the family would not let me. That was in the ninth grade, and I only weighed 135 pounds. That next summer my father got me a job with the state road department working on the roads. We were building roads, swinging axes and carrying heavy stuff all summer. The next year I weighed about 165 pounds and was strong, quite strong--lean and mean. Nearly everybody else graduated from the football team and we did not have a coach. At the same time, we had a fellow come through town named was Anton Koeniger. He was a retired old pro football player from the Pennsylvania coal mine. He was a big, stout, rough fellow who cursed like a sailor. He was one of the most wonderful men I have ever known. He was a superb football coach [who] took this little group of thirty kids from Crestview who had never won anything and were always getting beat up terribly from this team down in Niceville [and made us winners]. They were these mean fish heads down there at Fort Walton Beach, and they beat up on us unmercifully. There were all these competitions with local [communities] like Defuniak Springs in Walton County, [and] Milton in Santa Rosa County. This fellow was hired off the street as a coach, and he got us all together, looked us

over and he says, if you do everything I say, I am going to make you into a great football team. He drilled us on fundamentals. He was a great fundamentalist. We would go for hours learning how to run and how to fall. He taught [us] how to fall so [we] would not get hurt. There is a technique. If you see you are going down, you do not just go plop. You roll with it and so forth. He taught me how to pull out of the guard position and go down field. He taught me how to block, how to block punts and everything on fundamentals. He drilled you with fundamentals until you were sick to your gills with fundamentals, and in the next four years we lost [a total of] two games. We were the champions of Northern Florida, and we were a very close group. There were four on the football team that are still good friends of mine up there called "the four bloody brothers." We used to go on the football team trips on the old school bus and sing. He was from Pennsylvania, and he had never heard Southern singing--all of these Southern religious songs that we knew. He just thought they were wonderful. He would say, sing to me, sing to me. So Coach Koeninger was quite a remarkable character. At the same time, I was [also] in the band.

P: What did you play?

B: I played a trombone--not too well, but I played it. I was in everything that you could possibly be in [during my] high school [years]. [Back] then there were not the pressures there are now--where you have to pick one [activity] and stick with it. You could be in everything--glee club, band, whatever.

P: You were a social animal too?

B: Very much so. My mother had a rule that we were supposed to be in by 10:00 p.m., and other mothers had the same rules for us [so] that were [not] out gallivanting around at night. We had a little system--if one of your buddies saw your mother out looking for you in the car, they generally knew about where you were. There was not a lot to do in Crestview except cruise the main [street], but we had fun things to do like going down to the river and swimming in the nude, steal watermelons and play jokes on people. But people would always know about where you were. They would tell you, your mother [is] looking for you. You would go through the back roofs, run inside and get into bed with your clothes on.

P: Before she arrived?

B: Before she arrived. When I retire from medicine, I am going to write a book about some of those very early Okaloosa County experiences.

P: Was [yours] a church-going family?

B: Oh my goodness, yes. They did not have women bishops in the Methodist Church, but we always maintained [that] if they ever did have bishops my mother

would have been one. We called her "the bishop." She was into numerous Church activities until the day she died. Her pride and joy was the Methodist Church.

P: So you went to church often?

B: Oh, yes, all of the time. My mother and father were both very devout. My mother, I would say, more so than my father, but he was also. So we were a very close-knit family in the Methodist Church and still always have been an extremely close-knit family.

P: You did not live in Pensacola then?

B: Never, no.

P: What got you moving toward medicine?

B: Well, that is an interesting story. When I came down here to the University of Florida, I came down with several other of my colleagues from school.

P: Why did you want to go to the University of Florida?

B: Because my father and two brothers went here.

P: I see.

B: My parents never said to us--all through high school or whatever, and we did the same thing with my children--"if" you go to college. It was always "when" you go to college. It was assumed that we would go to college, and it was assumed that we would go here. It was just a given fact.

P: Often people from your area of the state went to Alabama.

B: [Many people] went to Alabama, and then later, when it became co-educational, [they] went to Florida State. A lot of them go to Florida State now, and, of course, they have excellent community colleges there. A lot of them go there first. Most of the men, in the 1950s, if they had a choice, and could, would come down here. I had a close friend, to show you how times change, who came down with me. None of his family had ever been to college, and he always wanted to go to college. He came down with me, and he had ten cents in his pocket--literally, truthfully--and he rode down in the car with the rest of us. I did not have a car, but usually one kid would have a car and we would car pool to Crestview and back [with him]. He slept on the floor in my dormitory until he could get a job in the cafeteria so he could eat. He got a band scholarship playing the trombone, then he got student loans and worked his way through college. My mother helped me get through college. I had a part-time job, but I went straight through from 1953 to 1956.

P: So it was just taken for granted in your family that you would go to college?

B: Absolutely.

P: No ifs, ands, or buts.

B: I did not know what I wanted to do, so I had a broad degree in arts and sciences. You could have a multiple major [then], and I think my major was biology and [my] minors were chemistry and history.

P: You were good in the sciences?

B: Very good in the sciences. I had about a 3.8 average overall, not a 4.0. It [took] a little adjustment [the first year] coming [from] being a country boy. I did not have the study skills and so forth, because I did not need them in Crestview High School. I did not study hardly any [there].

P: Was 1953 your first time in Gainesville?

B: No, I had been down here many times visiting and going to football games. My parents would come down and go to Cross City, and we would come over on Saturday to the football games. I would come down and stay with Wig, so I had been down here many times.

P: Now Wig is older than you or younger?

B: He is four years older.

P: I see. So he was in school during the time that you were in high school?

B: That is correct. He came down here then, and graduated in 1952. When I came here [in 1953], he had just finished.

P: When you came, where did you live?

B: I lived in a dormitory called Sledd Hall. I was assigned to the dormitory, and--no one believes this today but I have got the documents to prove it--my college education cost me \$2,400 total.

P: For four years?

B: Three years. I went summer and winter. My mother helped, and the dormitories were miniscule. I had a budget of \$1.80 a day. That is the money I got, and that is what I lived on.

P: Did you eat in the cafeteria?

B: Well, I usually ate breakfast at the CI (College Inn). I got doughnuts and milk. Lunch was wherever.

P: And the CI was the College Inn--it is now the Purple Porpoise [restaurant, bar and arcade on University Avenue].

B: It was like a cafeteria then. It was a wonderful place.

P: The Hammonds ran it.

B: They had very good portions for a very cheap price. For lunch you could get a hamburger and french fries for 25 cents or 35 cents. My favorite thing--I still remember how it tastes--was what they called the hot barbecue, which was this big barbecue with gravy on it. Sounds horrible. [It came with] this huge plate of french fries. That was [about] 39 cents, and a Coke was a nickel or something [like that].

I worked very hard in college. The group that I studied with included a lot of the boys from Crestview but also boys that I had met from Niceville, Milton and especially DeFuniak Springs [who] we had played football against. To regress a little bit, the one time I got into near serious trouble was when I was a junior or senior. I think I was a junior. The "four bloody brothers" and the rest of us got into the habit on Thursday afternoons before the football games on Fridays of taking off from school, playing hookey, and going to visit the [opposing] teams. So if we were going to play Milton or DeFuniak Springs on Friday night, four or five of us would get in the car and go over there Thursday afternoon at 1:00 p.m. and go out to their football stadium. Usually someone would be out there. We would visit around, and we got to know the players that we were going to playing against.

P: And how they played.

B: We talked about this, that and the other, and this was great. We did this for a while--about four or five times. We would get back to Crestview by 4:00 p.m. when school was letting out and go on home. My father never came to school--never came to see me at school for any reason that I could ever recall. The teacher, bless her heart, never reported us as being absent. [She] knew what we were doing but she just did not [report] it. She was not going to get us in trouble. [Her name was] Mrs. Townsend, the sweetest thing in the world. About the fourth or fifth time I did this, my father came to the room about 1:00 p.m., knocked on the door and said, Mrs. Townsend, can I speak to Markie a minute? I do not [remember] what it was for, but he wanted to see me about something. She said, well, Mr. Barrow he is not here. He said, when he left for school this morning he was coming here. Was he here this morning? She said,

yes. He said, has he been missing very much? She said, as a matter of fact, he has missed the last four Thursday afternoons. My father says, oh really? Yes, she said. He says, when he gets back this afternoon, will you tell that young man to come to my office please? My father had a little office [that he used] to do light attorney things out of, nothing big. When I got back there, the kids said, boy, you are in trouble--your daddy was by here. I said, no way, he never comes over here. No way. They said, yes. So, when I went in the room, Mrs. Townsend said, your father wants to see you in his office. So, I go over there and say my usual, how are you doing Pop? Wig and I called him Pop. He said, come on in and close that door. There was a secretary out front. He sat down, and I sat down, and he did not say anything. He just sort of sat there like this, and he looked at me sort of strangely and I thought, he is certainly going to see this with a sense of humor when I explain. He said, I want you to explain to me why you have been missing school. I explained this elaborate story, and I thought it would make great sense and he would understand. He looked at me, half-beady eyed and said, well son, you know that pistol that I keep under the head of my bed, the 22 pistol I have kept there all my life? I said, yes sir. He says, you know it is a good thing I do not have it in my hand, because if I did I would shoot you right between your damn eyes. That sort of took me back. He was not smiling--he was looking very serious. I said, you cannot be serious. He says, yes I am. I am glad I do not have it in my hand. He says, I want to tell you, the Barrows just do not play hookey in school--they just do not do it. That does not happen any more, you hear me? I said, yes, sir. He said, I will never speak of it again and you will never do it again. I never did it again.

P: You learned your lesson?

B: I learned my lesson about playing hookey. We have had that same kind of experience, but I did not threaten to kill him.

P: Did you work [while you were] here?

B: When I was here, I worked little part-time jobs in the cafeteria, things like cleaning tables or something like that, but not seriously. Mostly I went to school and studied. Our group studied together. We studied every night of the week. We took Friday nights [off]. We went out to the Humpty Dumpty or something like that. [We would eat] dinner and go to a movie on Friday nights. We played hand ball on Saturday mornings and Sunday mornings. The rest of the time, we studied. I mean, we burnt the books very hard I was taking a lot of hours trying to finish in three years.

P: Did you have to take the University college courses?

B: All those courses. The "C courses" they were called then.

P: I do not remember you being in my American Institutions class.

B: I took it, but I do not think you were my teacher. I never got you for a teacher unfortunately. As I got through this, toward the end, I was not sure what I wanted to do, truthfully, and I was not sure of my capabilities. I know I had done very well in school and had a good average. The first year I made a couple of "B's," and when I took German, it sort of knocked me for a loop, and I made a C. I was not good in foreign languages. After that, I learned to study hard and work hard and made "A's" all the [rest of the] way through. So my grade point average was about 3.8, which was quite good for a country boy. I decided, well, maybe I want to go to the Naval Academy. I do not know why I decided that. I guess I really wanted to see if I could pass the test--you had to take an examination. They sent me the exam, and I took it, and I got [a letter] back that said, you passed, contact your local senator; we would love to have you. I thought, I do not think I really want to do that. Then I decided to apply for dental school because I had some friends in Crestview who were in dentistry that thought it was good. My brother George said, you ought to consider medicine. I applied to dental school at Emory and was accepted there. Then I got to thinking about that, and my mother said, now you ought to think about this dentistry thing--I do not think you want to be a dentist. Why don't you do what your brother is doing? Why don't you apply to medical school? One day I saw in the Alligator a little note--this was in early 1956--that the new dean of the medical school was coming to town. [His name was] Dean George Harrell [dean, College of Medicine, 1954-1964] and there was a little blurb on the front page of the Alligator [about him]. I saw it eating breakfast one day, and I thought, well, I will go by there. Down at the bottom of the article it said his temporary office was in Grove Hall. I lived in Grove Hall--it was a temporary dormitory at the time. I lived at the other end. They had some little offices down a bit further on the opposite end. So, that afternoon after class I went by to find this room number. There was an opened door there, and there was this nice-looking man in short sleeves, unpacking little boxes. I knocked on the door and said, are you Dr. Harrell? He said, yes I am, come in. I came in and I said, I came by to get an application. He said, oh my goodness, we do not have any of those yet. I do not even have a secretary or anything. I am just moving in today. I am just unpacking my boxes, but come on in and I will talk to you. He talked to me for about two hours, and he interviewed [me] about my family, where I came from, grades and why I was thinking about applying. After that he said, you do not happen to have your transcript or anything with you, do you? Or can you get me one? I said, well as a matter of fact, I have it here in my pocket. I had brought it because I had applied to the dental school and had a copy. So I gave him my transcript and he studied it a while and looked over the courses and the grade point average. He said, this looks pretty good--we start in September. I said, you mean that is it? I do not have to write any application? He said, oh, you can do that later. He said, hell son, I was worried we were not going to have anybody. At least we have one. That is a true story. I was actually the first student admitted to the University of Florida Medical School, and I have laughed about that many times.

P: Let me go back just a little bit before you get to medical school. I want to talk to you a little bit more about your undergraduate [years]. You did not play sports at University of Florida, did you?

B: No, did not play sports. I just basically studied.

P: [Were] you [in] a fraternity?

B: No, I did not join a fraternity. It just did not appeal to me. I thought it would interfere with study times, and I did not want to go through those work details on Saturday.

P: And you gave up [a] social [life]?

B: Yes, virtually. Absolutely. I had a girlfriend back at home, and we went home every two or three weeks on a weekend. We would hitch-hike home. You [would] go out U.S. 441 (N.W. 13th St.) and within an hour you would be picked up and taken to Tallahassee. From Tallahassee you would get on Highway 90--there was no Interstate [then]--and a truck or somebody in a pick-up truck or many times a family--a man and his wife going back and forth to Tallahassee--would pick us up.

P: They were not afraid to pick you up?

B: No, not at all. They loved to pick up students. They all had said, my son or daughter is a student, so we always give rides to students. Never, never a problem.

P: And you had your little beanie [a small cap usually made out of UF colors worn by undergrads].

B: Well, we wore a beanie and [a] bag with University of Florida Student [logo on it or] Crestview, Florida, and so forth on it. So it was pretty obvious. People stopped-- usually somebody traveling across town, or truckers would stop and pick you up.

P: No danger then?

B: None whatsoever. We never even had any inkling of problems. One time a couple of us got in a pick up truck with a drunk guy and he was weaving around. We said, we have changed our mind--we are going back to Gainesville. Let us off here. So he let us off.

P: Do you remember any of your instructors making a special impact on you?

B: Yes, I remember some of them. I may not remember them all by name. I

cannot remember the name of my English teacher who saved my life from my physics teacher, but they were very impressive. I do remember the name of [my] Chemistry professor. His name was Dr. Paul Tarrant. He was easy to remember because everybody called him "Tarrant the Tower." He was actually a very delightful fellow, and we became friends later on because I was involved with one of his graduate students who became ill while I was a resident. He taught organic chemistry, and that was a big back-breaker for students who were trying to get into medicine. You had to pass organic chemistry with a "B", and a lot of people would do pretty well until they got to organic chemistry. Another fellow who wanted to go to medical school and I studied together, worked together and took exams together. [There is] one semester I will never forget. They posted your average, and then your grade. I had a 92.1 and got an "A," and my friend had a 91.9 and he got a "B." He wanted to go in and talk to the professor because he felt that was not quite fair. So we went in there together, and he said, Dr. Teret, I worked very hard, and I am trying to get into medical school, and that is so close. Could you at least make it a "B+" or something? He said, I do not give pluses or minuses. He said, the cut off was 92. He laughed. He said, it is not going to be the end of the world--this will not keep you out of medical school. He thought it was funny. He did not get real petty or uppity about it at all. He just thought it was funny. He said, that is life. Anyway, he remembered both of us after that, and we would see him on campus and around.

- P: You went in and took the class, and you left at the end of the class. There was nobody that you counseled with?
- B: No. You had a list of certain courses you had to have to graduate, and you sort of picked and chose what you wanted to [take].
- P: Women were on the campus, of course. Co-education came in 1947.
- B: Yes, they were on campus from afar mostly. I mean, they had their own dormitories on the other side of the campus, and we saw them in class. Sometimes I studied with them, but I did not do any dating.
- P: What about ROTC?
- B: I was in ROTC for two years. It was mandatory then. A close friend of mine from Crestview was the Commandant. He was actually my roommate in college, a fellow named Paul Fleming. He was a big wheel in it, and later on he was big in the Army. He is now retired [and] back in Crestview actually.
- P: Every Thursday afternoon you were out there parading?
- B: Yes, it was sort of like playing a game. It was not a big deal at all.

P: I think in those years you had to take physical education, too?

B: Correct. I loved phys. ed. I wish I could remember [my coach's name]. I saw him for years. He is dead now, but he and I became buddies for years [after I was out of school].

P: The football coach?

B: No, he was a soccer coach. When you took phys. ed., everybody had their favorite things like swimming and whatever. Those got taken up very quickly and then whatever was left [was what] you had to pick something [from]. Well, by the time I signed up for this particular time, the only thing left was soccer. I had never heard [much of] or played soccer in my life. [There] was a little bitty short guy, and he got us all together in phys. ed. He said, now I know none of you signed up for soccer voluntarily, did you? Not one of you. The only people who took soccer were foreign students, you know, from South America, and they were good and we were terrible. So there would always be one from Honduras or somewhere that was just a master. [The teacher] would say, I know none of you turkeys signed up for soccer purposely did you? You got it by default, right? He said, now, this can be a miserable time or we can have a lot of fun. I am going to teach you how to play soccer, and you will love it or you can take it badly--if you do, I am going to just run you into the ground.

P: So he warned you?

B: He warned us. So we had a great time. I loved it, actually. I had a wonderful time.

P: And you learned how to play soccer?

B: Learned how to play soccer a little bit.

P: When you came to the University, it was a vastly different University than it is today. It was much smaller.

B: Much smaller. As I recall, there were about 8,000 students, which we thought was a lot.

P: A few more than that but not many more.

B: Very few people had cars--only the more wealthy people. Only one or two of the seven or eight of us from Crestview had cars. We walked downtown. We did go downtown to go to a movie once a week, and we would walk from campus all the way down to the Florida Theater or the "old armpit," the old Lyric Theater. They called it the "old armpit" because it smelled a little rank.

P: They had the State Theater also.

B: The State Theater was there, yes.

P: [It was] right next to the Seagle Building [One of the oldest and tallest buildings in downtown Gainesville; which formerly housed the Florida Museum of Natural History].

B: Right. We would come down there and go to a movie or whatever, so I knew about downtown. Most of the students now today know nothing about the downtown except at 2:00 a.m. when they go to the bars. They do not know anything about the duck pond area. We would walk downtown and walk back. There were only 8,000 [students, so] we had our own little world. We had a great time. It was wonderful.

P: So you remember your undergraduate years fondly?

B: Very fondly. No really bad memories of my undergraduate years.

P: Okay. Let us talk about medical school now. You enter medical school in September of what year?

B: 1956.

P: As you said, you are the first student--admitted by the dean himself.

B: The dean had selected forty students basically independently, and he did a little experiment. He told us that he did this experiment. He took thirteen students without looking at their grades and without looking at their medical aptitude, MCAT, scores. [He based their admission] on just what he decided on interviews. In that class there were a lot of people that had been out in jobs working, like a postmaster down in central Florida; a Ph.D. in agriculture who was running a large agricultural operation for the University of Georgia; a pharmacist; and people who were out working that had wanted to go to medical school but had never been accepted and decided to apply. Out of that group of forty, there were three women, and the rest were men. There were no black students at all. Of the remaining group, about half were college students such as myself and about half were people that had graduated years before and been out some other way.

P: Now, you are talking about the whole class or the selected ones?

B: No, this is the whole class. Out of that forty, thirteen were selected not on the basis of grades--they did not have real good grades, they just decided to apply as a lark to see what would happen and they got accepted. But Dr. Harrell did a very extensive interview on them, and he never told the [faculty]. He told

me--because I was the first president of the class--that he had done this. He told the students themselves, but he never told the other faculty members this for several years. He was curious to see how they would do, and they did exactly the same as the rest of us. They did not do any better and they did not do any worse. They all graduated and are all physicians all over the United States--fine physicians. They all had very solid characters and very high motivation, and they did just as well in medical school. Some of them had a 2.5 or a 3.0 grade point average [in the undergraduate course]. They would not even be considered today in trying to get into medical school. Dr. Harrell has commented over the years that maybe we ought to have a little better system. It is very difficult picking medical students when you have such a large group to pick from. How do you make the first cut-off? Now they do it by grades. You have to have a 3.7 or a 3.8 [GPA] to even be considered--is to be in the consideration pile. Then you have to have good MCAT scores to stay in the pile. You have to have good interviews and good recommendations after that. The class that started in 1956 were from all over, but a lot of [them were] Florida students and a lot of them were older students.

P: What do you mean 1956? That is when you came in, September 1956?

R: Yes.

P: You entered [the University as an undergraduate] in 1953, finished in three years going to summer school, and you [went] to medical school [in] September 1956?

B: That is correct. When we started, there were no upper-classmen. The building was still being worked on. I knew the architect that was working on the building. I knew the provost and the dean.

P: How did you know the others?

B: The others [we] saw there, and they were very interested. [there are] our "first babies," our "first children," and they were interested in who we were. Jefferson Hamilton [consulting architect] was a delightful gentleman. He was over there all of the time. He was one of the architectural consultants. Provost Poor [Russell Spurgeon Poor, Provost, 1956-1963, UF, J. Hillis Miller Health Center, 1952-1956] was [there]. We did not have a cafeteria or anything. We had a little coffee shop, and everybody ate there together.

P: You knew Russell Poor?

B: [Yes], Russell Poor was a delightful gentleman and was always interested in who were and where we were from.

P: Where did the medical students live?

B: All over. The married ones lived in Fla-Vet [Village]. I lived in the dormitory. I stayed in Grove Hall, [or] I stayed wherever I could get. One time I messed around and came down here [with] no place to live. The dormitories were filled up, and I did not know what exactly I was going to do. I ran into a fellow I knew in undergraduate school who was [then] in law school. I just saw him on the street and said, man, I am desperate--I do not have a place to live. Where are you staying? He said, we are right down the street, renting the whole upstairs of [a] house. It was near Alachua General Hospital. He said, there are eight of us--come on, and we will go get a bed and put nine of us [in the house]. It [did] not make any difference. They [did] not care, I was never home anyway. Nobody believes [this], but it is absolutely true--[during] my first year of medical school, 1956, I went to that institution 365 days and nights. I never took a break. We all did.

P: Saturday and Sunday?

B: Saturday, Sunday, everyday, and every night. We lived all over, and we would go to each others' homes, or we would go to the married people's houses and maybe have some dinner or supper on Saturday night or Sunday afternoon and visit a little bit. Dr. Harrell had a new concept he wanted to try called the study cubicles.

P: Yes. I want you to tell me about that.

B: Well, Dr. Harrell was a dreamer. He would get us together and explain [things], I was always amazed. He was a great influence in my life in [the aspects of] organization, dreaming, setting things up and why you do things. He had a reason for every single thing he did. He was criticized by some of the other later faculty members because of this. For example, I remember when we first were getting together, he met with us every week or two and talked to us [to] see how we were doing. He explained everything about the medical school--the size of the classrooms, the size of the windows and the height of the windows. I remember once he explained the height of the windows [and why it was] very important we had windows there. The height of the windows should be X number of inches so when you are sitting in a desk you can see out the window and see not just tops of trees but see people down there so that you do not get so isolated here. He decided on the height of the windows from the floor early on, and Jefferson Hamilton made a lot of comments about George's peculiarities and the way he did things. They were great friends. He was a little different, but he was that way with everything--down to the types of seats. He had this dream that students early on should be recognized as colleagues and physicians, and they should have their own offices, be treated like physicians and be called doctors. So we had study cubicles, and they were about four feet wide. [We] had a desk and there was [also a] cabinet that could [be locked] to keep our white coats in. [There also was a place] for our books. That was our office--they were called study cubicles. So we would all gather there. There

was [also] a large gathering area near there [where] we could study together and some smaller rooms [where we] could study in groups. So we would gather together every evening and, of course, shoot the breeze for a while and talk about this horrible thing that happened that day. Sometimes we would study by ourselves, sometimes we would study in groups or sometimes we got tired and we would go over to somebody's house in a group of four or five and study. We all studied regularly, and we all were there every night, every night for a year. The reason that we did that was we did not have [an] upper-class to advise us on how much we should study. We had all new faculty members, and they were doing all of these experimental things and so forth--some of which did not work out too well. The faculty was very small. There was a professor, Dr. Putnam [Frank William Putnam, UF, professor of biochemistry, 1955-1966 department head, 1955], a biochemistry professor who was a very distinguished, tall, handsome man. He was very articulate. Then there was the anatomy professor, Dr. Wilson [James Graves Wilson, professor of anatomy [1955-1968 and head of anatomy department, UF College of Medicine, 1955]. He was called--behind his back, of course--"the great big white daddy rabbit." I do not know why. He was a large, muscular man--your classical anatomy professor. He just knew everything--he was a little bit stern but very soft-hearted at the end. There was a little fellow that helped him there named Joe Genard. Biochemistry was [taught by] Dr. Suter [Emanuel Suter, MD, UF, Dean of the College of Medicine, 1956-1972] who was a little hard to understand because he was from Switzerland. I cannot quite remember my physiology professor's name. [The college consisted of] three or four professors, our class, Dr. Harrell, Dr. Poor and a few secretaries. That was it.

P: Did you love medicine right from the beginning?

B: Yes, I did. It was fascinating, and I had a lot of biology. I had been studying hard in college, and I was ready. I took to it very adroitly.

P: So you had not made the wrong decision?

B: No, I never had any regrets about that at all, especially after meeting the professors, getting into clinical medicine and seeing patients. Within the first two years, there is a big difference between what happens in college and medical school. In college you have a course, you have a book, you cover chapters, you read your notes, you take the examinations and you cover material. In medical school, they had textbooks, but they would say, any of these three. In anatomy you could [have] Gray's [text] or you could use this one or you could use that one, whichever you like. Go look at the books and see. You cover vast areas of subjects and that was very frustrating to a lot of us because we had been used to girding our loins, studying real hard and amazingly memorizing all of this massive material from notes and chapters in a book. All of a sudden, you are told you are going to learn about the Krebs Cycle in biochemistry this next two weeks, and you are on your own to go find out about it. They gave lectures and

you studied with your colleagues to try to learn about it. You mastered a great array and vast numbers of subjects very rapidly because the change-overs to cover all of this material were very fast.

P: What is the Krebs Cycle?

B: It is a cycle in biochemistry of how energy is made in our bodies. It is very fascinating--it is how we get our energy to do everything. You cover vast topics in rapid order. Of course, every professor when you get to his course expects you to cover the ground and master it very quickly. They know it thoroughly and you know zip, so you are at a real disadvantage. What always amazed me is how the student learned so quickly to cover this massive array and [how] some [learned] quicker than others. There were some of us that worked very hard and there were some that did not work very hard but were just super bright, learned very quickly, retained things and listened very carefully in class.

P: Did any of them get washed-out that first year?

B: We only had one student [who] left. There were forty-one students selected, and one never showed up. All through school we always honored this student with parties. We had a place for him and a chair with his name on it. At graduation we gave him a diploma, our own diploma.

P: Without knowing him?

B: Never heard of the individual. Never knew what happened. All we knew is the guy had been accepted and we had his name on the list, but he just did not show up.

P: But he graduated.

B: But he graduated. One fellow was an extremely bright, smart fellow, but very strange. He basically was caught--I do not know why in the world he would do this--stealing his meals. It was so stupid because basically what he would do in the coffee shop was go down and get his hamburger or whatever and just walk off with it--openly.

P: He thought it was part of his registration fee.

B: One of the people in class spoke to him [about it]. The guy's name was George. George, you know you could get in trouble not paying for your meals. He said, well, I do not have the money. That was what he said. Well, after about a month or two, the dean called a class meeting without him and said, we have a problem, we have a theft in the class and we want you to vote to decide what to do. We voted to expel him, and he was dropped. That was the one we dropped because we also knew him, and we had some real concerns. You

cannot let this guy practice medicine. He was strange. In physiology when he was operating on the animals, [he acted] like he almost liked what he was doing in a funny way, cutting on the animals.

P: Now he is an investment banker, probably a billionaire and is the new ambassador to Great Britain.

B: He probably is something like that. But anyway, that was the only one we lost. At the end of the year, the faculty of three or four or five got together [with] Dr. Harrell and met with our class and said, for God's sake fellows and girls, relax. You all are driving us nuts. You are here every night. You are here every weekend. We are going crazy. He said, you are going to find that [your] worst year is over. Just relax. We said, well we did not know. We did not have any upper-class people to ask at what pace to go or whatever. We laughed about it a lot and so forth. Then we sort of cooled down and relaxed.

P: Where did you meet? The building was not finished.

B: The [whole] building was not finished. The first floor was finished. The library was finished. I wished I remembered the name of the librarian. They picked this young fellow to head up the library.

P: They moved him from the main library down here.

B: Well, he did a wonderful job. He began to amass all of these collections of books.

P: They had a lot of money and so he travelled around.

B: He traveled and picked up whole collections. You could never do that today. He and I became friends because I spent a lot of time in the library. You would study here and study there. You get tired of one place, so [you would] go down to the library and look up things. He and I became close friends. He actually got me interested in collecting old books--I will tell you about a little later--because I saw some of the wonderful things that he was collecting and they were very, very reasonable--cheap.

P: He had a lot of money to do the collecting.

B: He had a lot of money, and he accumulated a wonderful medical library very quickly. It was amazing. Dr. Harrell was always amazed that he could do that. He would say it was mind boggling. So when you came in the back of the building, which would be the back of the building now, the medical sciences building, you went up some steps and there was an open hallway. On your right there was the library, which is now an auditorium, and down the hall was the dean's office. Down on the first floor further down were the study cubicles and a

student lounge. On the second floor was biochemistry and anatomy, and [the] third floor was microbiology and physiology. That was it.

P: Where was the hospital?

B: [There was] no hospital in 1956. They had just started constructing the hospital, Shands. It was in front of it near Archer Road.

P: I guess it did not have a name then?

B: Not then. It was called Medical Teaching Hospital. Dr. Harrell wanted to name it Medical Teaching Hospital.

P: When you came in, Reitz [J. Wayne Reitz, UF, president, 1955-1967] was [president]?

B: [Yes], J. Hillis Miller was president.

P: He died in November of 1953, so he was [there] a couple of months when you came.

B: He was, I remember he talked to us. I doubt this story has ever been documented, but he talked to us as medical students and he said, this has been a dream of mine. It is so wonderful to have you here--we welcome you. The usual things he said.

P: He dies in November of 1953, and you are a long way away from medical school then.

B: Maybe it was a student reception. That is what it was. It was a student reception when I came to school [where] he spoke to just students.

P: That was the way he did that, yes.

B: He had a reception or something that I was at, and he was talking about being the University president. He said, I have a very big interest in building a medical school here, and I would like to be the first patient that gets an aortic valve replacement here. He had rheumatic fever as a child and had severe aortic insufficiency. In sort of a joking way, [he] said, you know, I have a vested interest in us getting a medical school here. I want to be the first patient to be operated on for my aortic valve disease. But he died [before the school performed the operation]]. I think the first valve was put in several years later.

P: He died in November 1953. Dan McCarty [Dan T. McCarty, governor of Florida, 1953) died in August of that year as governor, and then Charley Johns [Charley E. Johns, Governor of Florida, 1953-1955] took over as the acting governor because he was the president of the Senate. Miller died in November and John

Allen [John S. Allen, UF, interim president, 1953-1955], who was the vice president of the University became acting president.

- B: Dr. Miller had only been in the president's mansion on campus probably a year.
- P: He came in that year. So the Millers only lived in it about six months. We were celebrating the centennial of the University in 1953 going back to the East Florida Seminary in Ocala.
- B: Yes, I had forgotten the dates. It was a student reception. Anyway I was there.
- P: The point is you met Dr. Miller.
- B: I met Dr. Miller and his wife, and I knew his wife when we bought this house, which he had lived in before moving there. Every time I saw Mrs. Miller we talked about it. She always loved this house. She would tell us stories of having people there and the friends they entertained. She was a very gracious lady.
- P: Did you know the Tigerts?
- B: No. I always wanted to meet them. I know that he was in a retirement place or in a home somewhere near [Paynes] Prairie [south of Gainesville on Highway 441, towards Ocala]. I always wanted to go over and meet them.
- P: They lived right here, right near the duck pond.
- B: Yes, but I never met them. I did know the Millers.
- P: You never met Mrs. Tigert?
- B: No.
- P: She lived a long time afterwards.
- B: Never knew them.
- P: Sometime you need to listen to the tape we have of Mrs. Tigert because she talks about this house.
- B: Really? I should, I will.
- P: Getting back to that first year--all of your classes, all of your activity was in a building that was under construction?
- B: The medical sciences building. I remember one night when we had only been in operation about a month. We were studying in the cubicles, and we heard

strange noises in the building thumping and bumping. The class got frightened. We thought, what is going on? We thought there were some thieves stealing equipment that was to be installed upstairs. This was like 11:00 at night, so we called the University Police to go down there. They came down. We were afraid to go upstairs because they might shoot us or something. We thought, we are going to catch these thieves, so we all went up. They [UPD] said, we will go first. They went up in the elevator to the third or fourth floor looking around to see what was going on. Several of us went up there too, and they said, you stay behind in case there is any problem. So they got up onto the floors and pretty soon they came back down the hall just laughing. We went down there and there were people installing stuff because Dr. Harrell had said, we have got to have this ready a month from now. Work around the clock. I do not care what you do, just get it in there. They were up there installing stuff at 11:00 p.m. on Friday night, of all [nights]. There are some wonderful, funny things that happened and there are two or three of them that ought to be documented. Of course, in anatomy class all of our cadavers were brand new. Dr. Wilson and Dr. Genero were doing tremendous amounts of dissection on their own at night and weekends so we would have the specimens ready. Of course, we had our own. We had four to a cadaver, and, of course, a lot of funny things happened there. We named them all. The most humorous things happened in biochemistry. The first one was either in biochemistry or physiology, but I am pretty certain it was biochemistry. We were going to analyze bile fluid [in a lab called] "What is in Bile Fluid?" The experiment was that we were to sacrifice a lab rat and take 1 cc. of material in his gall bladder and then do this experiment with it. This was our first attempts at surgery. We had four to little rat, and you anesthetized it with ether and opened him up. Always before the lab, you would have an hour lecture. They were talking about the liver, metabolism and bile. Then you went into the laboratory and you did these lab experiments with the animals and analyzed the bile. So we had these ten set-ups there, and of course we were in a little bit of a race to see who could get the rat anesthetized, opened up and get the bile out first. The first little group that hollered out said, Dr. Putnam, come here a minute, I cannot find the rat's gall bladder. They were looking around for the gall bladder on the liver, and Dr. Putnam went over there and looked around and poked around a little bit and said, well, that rat must not have a gall bladder. That is the oddest thing I have ever seen. About that time somebody says, I cannot find my rat's gall bladder either. Pretty soon all ten could not find the rat's gall bladder, so they ran down to their office and looked in the book or called Dr. Wilson and asked, what is going on? These rats do not have gall bladders. He said, you idiot, rats do not have gall bladders.

P: You were looking for something that is not there.

B: That was the experiment for the day. They were very embarrassed about that. Another time, we were doing an experiment which you were converting hippuric acid in the urine into something else.

P: What kind of acid?

B: Hippuric. It was something to do with a substance made in the kidney that is excreted in the urine. Some people excrete it fast, and some people excrete it slow. We were to take this [other] substance in capsules [that] was to be converted to hippuric acid which we would then analyze. The idea was that we would take the capsules, go to the lecture for an hour and then we would start collecting specimens every hour. Then in groups we would go analyze the specimens and see who were the fast and who were the slow excreters. So we took this stuff and went in for the lecture, and they were telling about how it works and the metabolism and all this. I was sitting up there in about the middle row, and I began to feel queazy and then nauseated. We got to looking around at each other and everybody was turning white and sweating. Finally, after about fifteen or twenty minutes of the lecture, one fellow on the right side way up at the top said, I have got to get out of here. He headed down the steps--the lecture halls had steps that went way up so that you could see right down to the lecture. They were very slanted. He headed down the steps to get out and got just about to the doorway and threw up everything right in the hall. That sent everybody heading for the doors--literally. I mean, it was hilarious. Not everybody, but I would say about at least ten people headed to the bathroom, except this one guy did not make it. He was very embarrassed, of course, and when it was all over he stuck his head back in the door and said, boy, I almost lost my socks. They [the professors] were very embarrassed again, so they went back to the office again and excused the class. We went and drank water and so forth, and we were sick for a while, but then it was all over. It was nothing serious. They gathered us back and said, we are very, very sorry.

P: What happened?

B: They said, we made a little calculation error. We gave you ten times more of the stuff than you were supposed to get. We were the first class. We were the guinea pigs.

P: Yes, you certainly were.

B: There were just a hundred little things like that happened every day because these people came from medical schools where they had not dealt with setting up these courses and classes. All this stuff was new.

P: They were all pioneers.

B: They were all pioneers. As a result, that faculty looked upon us as their children, literally. They would have us in their homes in the second and third year. For dinner they would have groups of ten. They came down to the cubicles. They got to know you, I mean literally very closely, and were very interested in what you thought about how things were going.

P: And that was a very positive [aspect of your education]?

B: Oh, tremendously positive.

P: Is that lost now?

B: Well, you cannot keep that up. You cannot possibly keep that degree of enthusiasm up. They knew us all by our first names, they knew our quirks and personalities; they knew who the top students were and who were the cry babies were.

P: In a new medical school like that, Mark, where did they get the cadavers?

B: They purchased them from the state or somewhere. I do not exactly know. Dr. Wilson set all of that up. You can imagine the logistics of setting all of that up. Getting the school finished, which was Dr. Harrell's job, a job that he worked at twenty-four hours a day. [He also worked on] getting the equipment installed. They were literally running a week or two ahead of when they were supposed to start the course in physiology or start the course in microbiology just to get the equipment in there. The new department heads were ordering all of this stuff. You know many of them had never done it before. They were ordering all of this stuff like mad trying to get it in there and set up the experiments. We had standard textbooks, but for biochemistry, physiology and micro biology, they ran the handouts off the night before. Some of it was done an hour before. The stuff that you were going to be studying was filled with typos, errors and everything else. As a result, we got to know them very well and all of their personality quirks, and they got to know us extremely well.

P: So this is the first year, or are you talking about all three years?

B: Well, the first two years. After that, you go into clinical medicine and it was all new there, too, because the hospital opened in 1958--just in time for us to start over. As a matter of fact, they did not open in time for us to start our clinical rotations. Our physical diagnoses were not done in the hospital. We had to go to the VA hospital in Lake City. They made arrangements for us to go over there and learn how to do physical exams. We would go over there on a bus--leave at 1:00 in the afternoon and get home at 8:00 that night. Two busloads of students [went].

P: Did the medical students have any responsibility or do anything with Alachua General Hospital, which was the only other hospital in town?

B: No, there was a lot of apprehension [from them]. Dr. Harrell kept saying, this hospital and medical school are not going to compete with you. Nobody can come here unless they are referred by you. We will not steal your patients, and

furthermore, we are a tertiary hospital. We are not trying to do primary care hospital [procedure]. Of course, that concept has totally changed today, but when it first started out, there were binding agreements made with the medical school. [They were] verbal agreements. I do not know that anything was in writing, but through the [Alachua] County Medical Society, the individuals came and talked and explained what their roles were and that they were a referral hospital. In fact, it was known as a referral hospital, Shands Referral Hospital. I do not think it was on official stationary, but that was the word that was out. You cannot come here without a physician referral. If somebody called and wanted to come over, they had to go get their referral from their physician. They could not get into the hospital. So for physical diagnosis, we went over to Lake City. The physicians that worked over there would help, and they would bring some also from Shands.

P: What kind of facility did they have over in Lake City?

B: It was just a common, older hospital. The doctors over there were quite nice. I was quite impressed. One of them I still know. They also had some physicians who came over from Jacksonville that would help teach physical diagnosis. Dr. Harrell or somebody knew [them]. A fellow named Max Michael I happen to remember. Max and I have known [each other] for years. He and I wrote a couple of history papers together about [finish thought].

P: I know Max.

B: Great man. He taught me physical diagnosis, and he knew a lot of stories.

P: Max is interested in history.

B: Loved history. He and I got along fabulously.

P: Were students in those early years concerned about the surrounding counties? Did you have any responsibility going out into Dixie County or Lafayette County or anything?

B: No.

P: That is how they sold the location of the university on Gainesville--because of the need of the sixteen counties, the poor counties, surrounding it.

B: They had not established the clinics that we went out to. That was done a couple of years after we were there. They were in the process of establishing them.

P: So part of your education did not include working out there?

B: No, that came a little later in the outlying clinics.

P: Which became a very major activity?

B: Became a major activity, absolutely. We did our physical diagnosis at Lake City VA Hospital and then the rest of it was done at Shands.

P: Were all of your classes, all of the work that you did as a medical student, down in the medical area, or did you do any work up on the main campus?

B: No, none on the main campus.

P: One of Dean Harrell's dreams was to integrate the main campus with the medical school and have students and faculty involved in university-wide activities.

B: Well, I mentioned that Dr. Harrell was a great dreamer, and that was one of his dreams. He used to talk to us about that in our upper classes. What he envisioned was students having a standard group of rotations--medicine, surgery, OB-- that we did, and then [take] electives. He would explain that what he would like to do is go up on campus and take courses in calculus or take courses in philosophy or English. Well, a few students did that. A couple in our class went up and took [electives on the main campus]. Roger Palmer, who was a very bright, smart classmate of mine, had been doing research before he came back to medical school and did very well after he graduated. He became chief of pharmacology down in Miami for a time. Roger went up on campus and took some courses in chemistry and in physiological chemistry, as I understand. I think there may have been one or two others in our class. By the time we got to the third and fourth year, we were so intent and so focused on medical education and patients that we did not feel we had the time to do that. It always disappointed him.

P: Very much so.

B: Very much so, and the faculty did want to do it. He also thought his faculty should be general physicians first, and specialists second. When we went on to the student rotations in physical diagnosis and the clinics, he would make them be attending in the general clinic. They had to do a rotation, and they detested it. I remember, for example, the chief of neurosurgery would be in the general clinic, and he would come in--a great fellow, Lamar Roberts [Henry Lamar Roberts, UF, professor of neurosurgery, 1958-1974] a wonderful surgeon, brilliant man, and he would call us by our first names. There would be two of us assigned to the clinic with him for the afternoon. He would say, Mark, you know more about this than I do. I do not know anything about general medicine. Tell me what to write down here on this attending note. Dr. Harrell would insist they do that, and they hated it. That was another dream that he had, and I think he was right. I think truthfully they should be physicians first and specialists

second.

P: He told me he called them human beings.

B: Humanists.

P: Humanists, that is right.

B: He was a strong believer of trying to integrate the University--that was part of his dream. A lot of the things that he wanted to try just did not work out. When they started running out of space, the cubicles were the first things to go because they [the students] are the low people on the totem pole. It was a wonderful concept, but it would be very hard to have 400 student cubicles.

P: Unless you had a whole building.

B: Unless you had a whole building. Eventually, that became a problem. What I thought they should have done is increased them to 100, and at some point in your career--like your first year or your second year--you would have one and not go overboard with it, but retain it. It was a wonderful concept, and I could tell you it worked. What he was trying to accomplish was making students work with their colleagues, study with your colleagues, think like doctors and act like doctors. [The cubicle] served that role.

P: [What were some of] Dean Harrell's dreams in terms of the growth of the medical school?

B: There are many that I do not know about, but I knew a lot [of them]. When I was a resident, as you probably know, I decided that these individuals were getting on up in years and somebody ought to document more information about the medical school. I had an interest in history--I was just fascinated by it. I asked Dr. Harrell, has anybody documented these things about the medical school in its early years and so forth? He said, no, we have records and memos. I said, but so many of the decisions that were made were made on an individual verbal basis on the telephone or talking to somebody. They were not documented in minutes and memos most of the time. Why certain decisions were made and [was not documented anywhere]. He said, you are absolutely right. Later on during my residency, I did attack that problem and went back and did extensive [research]. Unfortunately, being young and naive, I did not put them on tape. I just went and talked to them and took down notes. I talked to Provost Poor, who had retired [and] lived up in Tennessee; Jefferson Hamilton, who had retired and was here in Gainesville; Dr. Harrell; Dean Smith [Dorothy Mary Smith, UF College of Nursing dean, 1956-1974] and all the ones that I could get to and talk to. It is very interesting that it was not too long after that [when] a lot of these individuals died. Jefferson Hamilton died right after I interviewed him.

P: And Poor.

B: Russell Poor died the next year. I took copious notes, and my goal was to determine why the medical school was put there, who made the decision, how it happened and how the hospital was planned. So I was privy to a lot of inside information. Dr. Harrell, of course, had his favorites in each class, the class officers, and he would talk to them, not just about the class but about things in general. He was a dreamer, and he would tell you why he thought the way he did about things. He was very concerned about the cubicles and what would happen to them.

P: Fortunately, he said a lot on the tape that he did when he was talking to me [back then].

B: I am sure he has expressed that. He met a lot of resistance from the faculty members, he finally got the school built. It was there, and he decided to move on and start another one all over.

P: At Hershey?

B: At Hershey. He built a wonderful place.

P: Do you stay in touch with Dean Harrell?

B: Yes, he comes down every year in the fall and we meet. As a matter of fact, we had our thirty-fifth reunion a couple of years ago. Very interesting. About half [of] the class showed up. Eight of the members of the forty-[member] class are dead now, which is a large number. Of the ones left, there were about eighteen to twenty people there. We invited him and also Dr. Jape Taylor [William Jape Taylor, UF, professor of medicine, 1958-1964, Distinguished Service Professor 1974-1997], who had just retired from cardiology. It was very, very touchy. I doubt we will all get together again before more are dead. Those two probably may not be there the next time around. At any rate, we were all very close and it was all very emotional. We met over here and then had dinner down at Matheson Historical Center and we all talked.

P: Did anybody tape that?

B: No. I know. It is the same as when we had the President's Dinner here that I never taped and I have always been sorry.

P: Mark, talk about the program itself, the positives and the negatives of it as you think back on it now forty years later.

B: Well, our education was the classical medical education, [starting with] two years of basic sciences. As you go through these things, you are sitting there wondering, am I going to need this to take care of patients? And the answer is,

most of it, no. The truth is, you do not need all of that intensive biochemistry and physiology to take care of patients. But, it is something like your college education. It is not that you use everything that you learn in college, but it gives you an approach, a mind set of dealing with things--how to deal with things, how to approach problems and how to solve problems. In medical school, in your basic sciences, you are given this massive, I mean incredibly massive, amount of information that you have to take in, digest and spit back out. You probably forget these complicated formulas, Krebs Cycles and all the complicated stuff like microbiology and physiology. But an amazing thing happens during that two-year process, and that is you may totally forget some of the course work, but you can get it back almost instantly in just a few moments because you understand the principles. So you go to the book and flip back and it all comes back to you. It gives you an approach to dealing with things. When you get to a situation that you have never been in before, you sort of know how to deal with it because you are using basic fundamentals that have been used before and taught to you. So the classic education that we had was two years of basic sciences, a year and a half of clinical rotations, and then a certain number of electives that you could pick and choose. That got you through your basic curriculum, and over the years they have changed it to a year of basic sciences, two years of clinical and a year to research, do things you are interested in and go back to basic sciences. I understand now that they have gone back to the basic model. I do not really think it matters whether you go two years basic and two years clinical; one year basic and two years clinical; one year basic or whatever. The main thing is not the way it is done. It is what makes you think like a physician. They did a very good job, a very good job. [There was] lots of role modeling with your professors--the way they did things and their approaches to things and so forth.

P: So you are not thinking of any negatives then?

B: Very few negatives. There was only one negative I would say, and I plead this all through and even to a certain degree today. Some of the professors, in fact, I would say probably half of the professors, with their relationship with us in medical school treated us as colleagues early on, and that was what Dr. Harrell wanted and what he thought was important and liked. Some of the others treated you like you were low-life students that had to go through the process. It was a certain amount of brow-beating--not hazing in the sense that they made you do anything, nothing like that, but it was a psychological thing. You are not to my level at all and you are a lowly student and a low-life, and you go through all this, that and the other and you will get your degree, but I am the professor. There were some like that, and it was unfortunate for them actually, because that was such a transition period of time. All of a sudden they were our colleagues, and sometimes we were all of a sudden their bosses. Some of these students went up the ladder very quickly and were the boss of these people. So there was that, but there was the kind of activity anytime you have teaching professors. There are some that treat students as very bright, articulate,

well-meaning, self-motivated colleagues and others that treat them like they are inferior human beings.

P: During the time that you were there, there was a great expansion of the faculty.

B: Tremendous expansion.

P: Dean Harrell was trying to bring in young people, as he explained it to me.

B: He wanted young [people who were] willing to try new things.

P: That is right. [He wanted people] who were not already proven with great reputations but on the cutting edge of it so that the advances they would make would be in Gainesville and the University could take credit for [them].

B: Well, he was absolutely right on that. He was absolutely right, and he did do that, and he did that with us, the early basic science group.

P: Who were some of the stars that he brought in or the budding stars that he brought in as faculty?

B: Dr. Wilson was. He was fairly well-known already but he was one. Dr. Putnam in biochemistry was one.

P: Where did Suter [Emanuel Suter] come from?

B: I think he had been in the U.S., somewhere in the Northeast when he brought him in here. You are right, he did not want an older individual who had already proven their worth and were well-recognized to bring their reputation [here].

P: He did not want people who were retiring to come either.

B: No, and he made it very clear that he expected them to try and do innovative things and see what would happen. He was a strong believer in that.

P: Is this when Ed Woodward [Edward R. Woodward, UF, College of Medicine, chairman and professor of surgery, 1957-1995] came in?

B: The first two years was the basic science period and the second year we had pathology, microbiology and neuroanatomy. A fellow named Don Goodman [Donald Charles Goodman, UF, College of Medicine, associate professor of anatomy, 1956-1963, professor of anatomy, 1963-1968] [came in]. He was a very young guy. He was almost our age. He was this unique neuroanatomist that loved neuroanatomy.

P: Goodman is still living somewhere up in New York.

- B: Yes, he is around--great guy. He was the age of many of the students, and he was so enthusiastic [that] it rubbed off. Neuroanatomy is horrible to study for, learning all of those tracks and things. In pathology, it was Josh Edwards [Joshua Leroy Edwards, UF, College of Medicine, professor of pathology, 1955-1967, head of pathology department 1955-1967]. He was a very young fellow at the time.
- P: Prystowsky [Harry Prystowsky, UF, College of Medicine, professor and chairman of the department of obstetrics and gynecology, 1958-1973].
- B: Harry Prystowsky.
- P: He was a young man.
- B: He came along in the clinical years. During the clinical years, the first person he hired, his right hand person, Sam Martin [Samuel Martin, UF, College of Medicine, professor of medicine, 1956-1969]. Sam Martin was another dreamer. He was a young person out of Duke, and he had a lot of dreams. The students did not always take well to Sam because he was dogmatic. He learned about these fourteen students that had been selected not on the usual things and spoke about it a couple of times to our class.
- P: Was that repeated or was that only a first year experiment?
- B: That was the first year, I think.
- P: He did not do it anymore?
- B: No.
- P: On the other hand, those people performed just as well.
- B: They did well, but by the next year he had faculty and staff there to help him with the selection. He was off building the hospital then, so he was just too busy to fool with it. But Dr. Martin, whom I always thought was very bright, very articulate, very impressive, very smart and a great clinical diagnostician, brought a lot of good people into medicine that he knew. He was a young shining star, but he spoke to our class one time and basically said [something] to the effect of, I know who you are that got in here under the wire and would not make it to most medical schools, and I have my eye on you. That did not sit well with our class. We had an award called the Caudus Equinus Award, the "Horse's Tail" Award. He got that award a couple of times because of that. I do not know if they still give a Caudus Equinus award now or not. I know they have best teacher, or outstanding teacher [award].
- P: We will ask Ruth Martin [Ruth Martin, wife of Dr. Samuel Martin; doctor of internal medicine, Alachua General Hospital].

B: Yes, she would know. When we started getting ready to enter the clinical years, which would be 1958, they were accumulating faculty. It started with Sam Martin, who came in 1957 to start getting this going. He and Dr. Harrell together, as far as I am aware, helped hand-pick the other faculty members in surgery, psychiatry and [the rest].

P: [Did] Harrell pick the original faculty himself without consultation?

B: Pretty much. By that time he had Sam to help him, and they met and talked a lot. [They] were pretty close. Dr. Harrell was also a great clinician. He loved to come over and [follow] rounds on the wards and teach physical diagnosis. He taught physical diagnosis just like he dreamed about his buildings and so forth--he had a reason for doing everything. He would show you how to check the reflexes in the heel, for example. He said, now you have to do it just this way to do it right. This is the only way to do it. If you do it this way it will be very helpful to you; if you do it any other way, it will not work. That kind of thing.

P: You say the clinician period brought new faculty.

B: A lot of new faculty. Dr. Woodward came then. Smiley Hill [Hugh Meighan, UF, associate dean of student and alumni affairs, 1965-present, professor of obstetrics and gynecology, 1959-1966] came a little later. Harry Prystowsky came then. Peter Regan [Peter F. Regan, UF, professor and head of psychiatry department, 1958-1961] came then.

P: Is he still around?

B: I do not know what happened to him. He was interesting. We were a little bit fearful of psychiatrists. He used to have rounds with the students in groups of four, five or six for an hour a week. When we went into clinical medicine, he was spending several hours every week to get through our class. We did not know it at the time, but basically he was giving us psychotherapy, group therapy. They were very interesting sessions, and he would talk about patients and [everything else]. He had a lot of opinions about patient care and medicine.

P: Was the College of Nursing already open?

B: It was starting up. I remember Dorothy Smith extremely well. The reason I remember [her] is that she came onto the wards. She loved clinical nursing. Until the day she left, she was always saying, my place is here on the wards. She loved to talk to the medical students. She and I became very close friends, very good friends, because she would say, you are the doctor and I am a nurse--you have a role and I have a role. I do not want to ever catch you medical students talking down to my nurses. They are colleagues, they are not your underlings. They could help you out if you treat them right [and] like colleagues. You do not treat them like slaves or workers or tell them, do this

and do that. She emphasized that very much to the medical students. Most students did not pay much attention to it, unfortunately, but many of us did. It certainly impressed me.

P: Did you have any females on the faculty in those early years?

B: We had a lady who taught, but I cannot remember her name. She taught in the anatomy department, but she taught normal microanatomy using slides and so forth--the anatomy of the heart and the anatomy of the kidney. She was a dear, sweet lady--nicest, most benign lady in the world. She would have these standard lectures showing her slides and explaining everything. At the end, you would go and look at them and take a self-test and so on. She was the only lady on the faculty in the basic sciences that I can recall. Later there were others.

P: But there were female students in the first class, correct?

B: There were three female students in the first class.

P: Were females always represented during the four years you were in medical school?

B: There were more females selected each year there after, I understand, but I do not know the count. Those three went all the way through.

P: But there were always women in your class?

B: Yes. When we went over in 1958 from the basic sciences to the hospital and [we] were finishing up, I had never thought much about integration and segregation.

P: I was going to ask you about that next.

B: I came from Crestview, Florida, and we were segregated. You did not think anything about it. The lady who helped raise me, a lady named Violet, was a maid while my mother taught and my dad worked. She was like a second mother to me. She had the authority to whip me if I needed to be whipped. Mother would never say, do not touch my child. If I needed to be whipped, when [my mother] got home, she would whip me too--not bad, [but] she would swat me once or something if I was naughty. Violet was very dear and [close] to me, but Violet was Violet. She lived in the quarters, and I really never thought much about [it], until one day in high school. In my senior year, I was playing basketball--we did not have a gymnasium, but we had an outside court with an asphalt court. Some of us were out there playing--of course, the schools were segregated--and some black boys on bicycles, about four or five of them, came by and they were watching us play. There were five or six of us, and we did not know them from anything. They were watching. We said, you all want to play a

game? They said, sure. Of course, they were good then. So we were playing, and we divided them up equally, so [there were] black boys and white boys on both teams. We were out there playing and having a great time, and we got to know these kids. After about an hour of this, some business man stopped on the car and tooted his horn when he saw us. Mark, he said, get those niggers off that court! Niggers do not go on this school yard--this is a segregated school. I said, what are you talking about? We are playing basketball here, we are not in school--you can go to hell. We were very, very upset. That was our first taste of what it was all about. I never thought anything much about it, because in school down here there were virtually no black students in 1953.

P: There were none. It was not virtually; there were no black students here.

B: It was nothing you ever considered. In one of our courses in medical school, human medicine or something--we had a little short course in human medicine--[the professor] was talking about segregation. They asked us to debate segregation. One of my colleagues in medical school, Bud Prior, was from Indiana or somewhere originally. Bud had been orphaned and he and his brother ran away from an orphanage. They walked to Florida when he was twelve and his brother was eight. He survived, became a lineman working for the Florida Power Corporation, went back and took college courses and got a degree. Then he went back and took some more courses and was one of those fourteen that got into medical school. [He was a] tremendously motivated fellow, strictly brought up by his own boot straps. He was avidly against [segregation]. I was going to take the position that segregation [was] justified--this was not a big class thing, this was just a little group interchange thing. He was amazing, and I just had not even thought about all the things he said about how unfair it is. Anyway, in 1958, when we went over to the wards, not only were the wards segregated, the bathrooms had black and white [signs]. Did you know that? In the J. Hillis Miller Health Center, [even the bathrooms were segregated]. The water fountains were black and white. We, as a class, went to the dean and said, we violently oppose this. They took them down. Now, it may not have been a result of our class, but I think it was one factor. I think they were thinking about it [before].

P: There were no black students yet when you were in medical school.

B: No, none.

P: When you left here, there were no black students.

B: That is right.

P: The first black student was a woman, and I think she came in 1959, which would have been your last year. She would have come as a first-year medical student, so your paths would not have crossed.

B: No, they did not. I knew of her, but [our paths] did not cross. That was 1958.

P: We had the first black student in law school that came in 1958 as a result of court action.

B: I dearly regret I did not take a picture of those bathrooms and water fountains and saved those signs. That would have been a wonderful piece of history to have.

P: They began coming down gradually all over the campus then. It was not just the medical school, but all over the campus. They did not have black and white bathrooms on the campus because there were no black teachers or black students.

B: There was no need to have them.

P: There was no need. It was only when you had a hospital that you had black and white bathrooms. That was the first instance and the last instance on the campus.

B: Well, they were taken down there fairly promptly, and we were very proud of that.

P: Who were you talking with then? Were you talking with Harrell?

B: George Harrell. He probably does not even remember this. I have never mentioned it since. I just thought about it. The administrator was a little short, fiery Napoleon guy. He was really pretty good. He was always getting into it with the medical students because we kept wearing the scrub uniforms home, which was absolute taboo then. Now everybody does it. Every medical student had to have this little metal device that [was] used as a clamp. We used them when we drew blood. We were called the "scut team," which meant we got to go draw blood on the patients every morning as students, to learn how to draw blood. Really, we drew all the lab work that went to the lab to be done so the other doctors did not have to do it--we were the low man on the pole. So everybody had these clamps, these scissor clamps that you could clamp down on things [with], and they came from the hospital. I guess we took them home like pencils and left them. You do not happen to recall the name of the first administrator of the hospital do you? Jordan, Russ Jordan [Lenuel Russell Jordan, UF, College of Business Administration, director of University Hospital and Clinics; associate professor of management, 1959-1966].

P: No, Russ was the second. Wood [Joseph Wood, UF, director of hospital and clinics, J. Hillis Miller Health Center, 1954-1959] was the first.

B: Wood we did not much know. Jordan came along, and he put out an edict one

time that said, we are losing massive numbers of scrub suits and clamps. This is very costly, we think it is mostly the medical students--which was true--and we were very offended.

P: He was calling your hand?

B: It said, please bring them from home. What would happen is they would be in your pocket and they would fall on the table, and the next day you got it. So we said, okay, we will bring the dog-gone things back. We got a big box, and it was a whole box load of them and went and left it down in his [office] early one morning before he got there. We did not give it to him personally.

P: I think Russ Jordan is still living.

B: He might be.

P: In Anniston, Alabama.

B: He was not a bad fellow, but he got into it with the students.

P: Although, I think he has Alzheimers now somebody told me.

B: Well he was a little fire-brand. He got into it with some of the faculty.

P: I know.

B: Can you imagine him and Ed Woodward [together]?

P: Now you are bringing in faculty from all over the country, not just from the South anymore. They must have brought a lot of new ideas and new ways of doing things into the medical school.

B: Absolutely, and they were very much encouraged to do that.

P: How much of an emphasis were you beginning to feel about doing research as a student?

B: Well, it was very strongly emphasized. They wanted you to do research during your fourth year. Dr. Harrell [wanted that] very much. In whatever [field]--human things, biochemistry, whatever, but there was a big emphasis.

P: And the faculty encouraged that?

B: The faculty very much encouraged that, and some of the students did it.

P: Did you?

- B: I did not at that time. I did not in medical school. I did go back later, which we will get to.
- P: I noticed it in your publications, but I was asking because I do not see any dated for the 1950s. I see 1962.
- B: No. When we were in our senior year, we had to do a research project. That is how much it was emphasized.
- P: With a faculty member?
- B: [Yes], with a faculty member. Bud Prior, the man I mentioned as a medical student, and I signed up to do an experiment with animals--rats--with an extreme potassium-depleted diet under the tutelage of Dr. Maren [Thomas H. Maren, professor and chairman of the University of Florida department of pharmacology and therapeutics, 1955-present; graduate research professor of Pharmacology and therapeutics 1979-present]. It was a disaster because we could never manufacture an extremely low-potassium diet. We never got the diet low enough to do what he wanted us to do. He thought it was our problem and that we ought to be able to figure out how to do that. We went to everybody, including dieticians on the campus. We would make up these foods, and they would be analyzed and still had too much potassium. So our experiment failed.
- P: When did you begin to make up your mind [as to] what your specialty was going to be?
- B: It was just like my making up my mind about going to medical school--it was very late. When I finished medical school, although I had rotated through all the things and decided I either wanted to go into internal medicine through the influence of Jape Taylor or OB/GYN through the influence of Harry Prystowsky, [I still was unsure].
- P: You went with Harry to begin with.
- B: I went with Harry for a year because he said, look, you go off, take a rotation in internal medicine for a year, come back, and we will teach you OB/GYN, groom you for faculty and send you off, [to] get your Ph. D. in whatever you want to get it in related to OB/GYN research, and I will build you into a faculty member in OB/GYN.
- P: Now, are you making these decisions in your senior year?
- B: Yes.
- P: 1959?

B: Yes. So I signed up.

P: That is what you liked.

B: I signed up with Harry Prystowsky in OB/GYN not because I really liked that. I mean, I liked delivering babies and liked ladies when they were pregnant and talking to them and helping them through, but it was mainly because of him (Prystowsky). I was thinking about an academic career at that time-- very much so. So, I graduated and went to Chapel Hill in North Carolina and did a straight medical internship. That was in a way unfortunate for OB/GYN because I really loved internal medicine--I mean this is my thing, and yet I had committed to come back as a resident in OB/GYN when I got through with that year. The faculty there at Chapel Hill called me in at the end and said, you should not go back to OB/GYN. You are an internist personality-- that is the bomber pilot personality that ponders things and so forth. Thinkers, they say. You are not a jet pilot-surgeon type, and you are not going to be happy in that. We think you should stay here in medicine.

P: But you and Harry got along beautifully did you not?

B: Oh, I loved the man.

P: He still thinks you are the smartest student he ever had.

B: I am dying to see him again. I have not seen him in years. We were very, very close. I loved him dearly. I think of him with great affection. He was the type of fellow that made you a total colleague from day one. There is a very famous, interesting story of our class. Our class felt he was great because he was a great showman. I have to tell these stories about Harry because he probably does not remember. The first one was when he got our class together, and we were the first class in OB/GYN. You know, he had this thick Charleston accent which he emphasized to the hilt and which he loved. He loved it. He called us in--we went through ten students at a time--and said, gentlemen, I want to tell you that nobody in my class flunks OB/GYN--nobody. We all think, great. He says, now I want you to work hard; I want you to deliver some babies; I am going to come over there and watch you deliver babies. He says, but you know why nobody is going to flunk OB/GYN in this class? No, sir. I like to keep the crap flowing--except he did not say crap, he used the sh- word. I like to keep the crap flowing. I do not want any losers in my group staying here that would flunk OB/GYN. Now, get out of here. That was the way [he was], and he was just always a great showman. He had these wonderful stories about him. One of them [was] when I was on that rotation [and] when he called everybody together. The chief resident was a [man] named Ed Cathcart [Edward Reaver Cathcart, UF, assistant resident in obstetrics and gynecology, 1960-1965]. He went into practice. I do not know what has happened to him. Anyway, he said, Edward, get everybody together--we have to have a meeting here. So we [went] over

and met in his office, and he pontificates and mostly put on a great show that was totally hilarious. The guy should have been a movie actor. He [had] me in total stitches. Every month, [we] had a meeting where he [went] over the whole list of everybody who [had] delivered babies. How many was this? How many was that? How many breech deliveries? Feet-first? How many twins and all of that? He said gentlemen, we have a problem in OB/GYN here. What is that, Dr. Prystowsky, Cathcart said? We are having too many breech deliveries on this floor not being recognized. A breech delivery is a different delivery, delivering butt-first, and it can get to be very complicated. They usually called in their faculty members [to help them deliver]. The reason he knew that was happening is they were not calling him until the last minute. He said, you guys are waiting too long to call the staff in on these. That is how I know. He said, gentlemen, we are going to have a drill. Stand up. So, we all stood up. He said, put your right hand on your head. Feel it? Yes, sir. Put your left hand on your fanny. Do you feel it? He said, now gentlemen, can you not tell the difference? Now, I want you to practice that, because I do not want anymore of these unannounced breech deliveries. Take them away Mr. Cathcart. This was the kind of stuff he did on a great regular basis.

There was another story that was great. They were having problems in the OR with infections, so they hired this army nurse named Nancy McWillie [Nancy A. McWillie, UF, research assistant in surgery, 1960-1966], an old sergeant army nurse, to run the surgical suite. She was going to get this thing with infections straightened out. So she came in there, and basically what she was doing was watching the people scrub and so forth. She did not do it with the doctors very much, but she would time the students and the house staff. You are supposed to scrub your hands for three minutes, and you are supposed to rinse it off for thirty seconds. You are supposed to go in with your hands up and not touch anything.

P: I have seen that in the movies.

B: [You are supposed to] put these gowns and gloves on very carefully, and she would watch everybody. There was a window there, and if they scrubbed two minutes and forty seconds, and they came in there, she would say, go back in there and re-scrub--you cannot come in my OR. Of course, the house staff detested her very quickly, but she was right. Well, we complained to Professor Prystowsky and told him, she was driving us nuts. We cannot do our surgery, and blah, blah, blah. He said, well, Cathcart, let me do a hysterectomy next week when you have one scheduled. Let me come over and assist you, and I will be the chief surgeon, and we will fix this Ms. McWillie. We thought, boy, he is going to rip her a new one. This was going to be great. We could not anticipate what in the world he was going to do. We got in there, and he scrubbed about five minutes. I mean, he was just out there singing and scrubbing and scrubbing. He did everything and came in and said, and your name ma'am? She said, I am Mrs. McWillie. He said, I am Dr. Prystowsky, I

am so delighted to meet you. We really need your help here in this OR. We have had some real problems. He just complimented her the whole time. This went on, and the surgery was going along with no problem and everything, and we thought, when is he going to get on this lady's case? We were waiting. He did not say a word. Everything was great, and it was wonderful. Things were going along, and pretty soon it was getting close [to being done]. I mean, what was he going to do? Was he going to let us down? I was sort of watching, and there were others around, when his scrub pants started to slip down. He was wiggling a little bit, and suddenly his scrub pants came down to his ankles. He had on shorts underneath, but he said gheez, gentlemen, I have a problem here. My scrub pants have come loose. He said, Ms. McWillie, would you come around here and help me with my scrub pants please? So, she goes around there and pulls up his scrub pants and has to tie them around in front. He starts going, oh, oh, oh. Of course, she was terribly embarrassed, and when he gets through he got, oh, that is too tight, you are choking me to death. You are going to have to re-tie it. He makes her re-tie the thing, and so forth. That was it. That was his getting back. Later, she turned out to be actually very good. She is actually here now and a patient of mine, and we are very close friends. We have laughed about that. She says, now I was not that mean. I said, oh, you were mean. She does not remember.

P: Mark, talk about the early patients. They came from where?

B: They came from all over, but most of them were from in town.

P: All over where?

B: All over Northern Florida--Tampa or wherever.

P: Were you admitting people from out-of-state, for example, South Georgia?

B: Yes, they were all distant. Some of these patients came because of the faculty [that] were here. They knew who they were.

P: All of these are referrals once again?

B: All of these were physician referrals. There were people in Tampa, Jacksonville and Ocala that had been on faculties of medical schools that, for whatever reason, had left and gone into private practice. They were delighted to have a tertiary hospital closer by to refer [patients] to.

P: In those years, you only took people with serious illnesses?

B: Well, there was an emergency room, and you got some people with routine illnesses like heart attacks.

P: But not very many?

B: Most of them had pretty serious illnesses.

P: I mean, if you are getting somebody from Tampa referred?

B: They were usually quite ill. The pediatric unit that is headed up by Dick Smith [Richard T. Smith, UF, professor emeritus of Pathology and Pediatrics; professor and chairman of pediatrics, 1958-1967; professor of pathology, and immunology, 1967-present] was the first major tertiary pediatric unit in Florida, as far as I am aware. Maybe Miami [had one], but [we were the first] at least in Northern Florida, for sure.

P: When you say "tertiary," what do you mean? What is the layman [meaning]?

B: To the layman it is a patient with a pretty advanced serious illness, not just simple primary care, and not a simple gall bladder [problem]. [They would have] some complication from a gall bladder surgery or something like that. So they [would] have a lot of complicated illnesses, and they came from all over. The patients were very, very appreciative.

P: Black and white?

B: Yes. There were a significant number of blacks. Now, bear in mind also that they had sort of an agreement that [they had to take] charity patients in Alachua. That was another way they placated a lot of the physicians in Alachua General.

P: You take the poor people.

B: We would take a lot of them off their hands so they did not get totally hurt with it.

P: The people who could not pay came to Shands.

B: Absolutely. In those days, there was never an even inkling of rejecting somebody on a financial basis.

P: When you walked through the halls in those early years-- 1959, 1960, 1961, 1962--there always seemed to be large crowds of people in the halls--poorly dressed, black and white.

B: That was absolutely true, because when they came up from Tampa or wherever, they came with their families, and they literally camped out in the hallways.

P: There was no place for them to stay.

B: Not a lot of places for them to stay.

P: I mean, no McDonald's Houses or anything like that.

B: No, nothing like that.

P: They could not afford to stay in the motels, and there were not many motels [anyway].

B: Some of them slept in their trucks or slept in the hallways. That is the truth.

P: Or in the rooms.

B: Or whatever.

P: Was that a problem for the hospital, as you remember it, in your last year? [Did they want] to try to do something about the families?

B: Well, there was talk about dealing with the families, and the concept of social workers and helping poor people.

P: But as a student, that was not impressed on you necessarily?

B: No.

P: Were you encouraged by Harrell and others in these years that you were in medical school [to conduct proper] bedside manner?

B: Well, Dr. Harrell taught us bedside manner. Others did it by you emulating them.

P: But you saw what you wanted to see and did what you wanted to do.

B: Absolutely. But, there was discussion. Pete Regan, the psychiatry professor, discussed introducing yourself to patients. The truth was, though, that as a medical student, most of the time the patients loved you more than anything because you spent so much time with them.

P: And they were so sick?

B: They were sick, they very much appreciated it and they realized that you cared deeply what happened. They felt this intently. That is the tremendous advantage that a medical student has--they bond very quickly to patients with tremendous compassion and it shows. It is there. Unfortunately, after many years of residency and so forth, we tend to get hardened and it is hard to have that enthusiasm and natural [concern].

P: Did Shands have the equipment you needed and the facilities that you needed to treat serious patients?

B: Absolutely. They had everything, including open-heart surgery and everything else. Dr. Myron Wheat and Tom Bartley were two young hot-shot surgeons.

P: They were doing open-heart surgery.

B: They were doing it very early in 1958. Pacemakers and open-heart surgery came into use then.

P: What were the specialties, or was this a general hospital that took care of everything?

B: Everything. They had pediatrics, psychiatry and they had surgery.

P: The eighth floor was psychiatry was it not?

B: The eighth floor was psychology. Sixth was surgery and five was medicine, four was OB.

P: So it was not that Shands specialized in cancer or open-heart or anything?

B: No, it was a general specialty hospital for everything. Medicine was big, and they had an active faculty. Of course, within medicine you have pulmonary medicine, cardiology and neurology. Richard Smith--I do not know if you have talked to him, but I suspect you have--was a great neurologist and a wonderful teacher. I remember him very affectionately. He and Lamar Roberts, who was the neurosurgery professor, would have rounds. They were a great team. They were great teachers. They used demonstrations of neurological things. They were very fond of each other. They were friends, close friends, and they would tease each other in a funny, nice way. They also treated us [very well and were very accomodating]. When you came in on their service, they said, Dr. Barrow, welcome, how can we help you? They bent over backwards to teach you.

P: Mark, who paid for your medical school education?

B: My mother basically.

P: And your father?

B: Yes, but mother managed all the money in the family.

P: So you did not work? There were no student loans involved with you?

B: Not in medical school.

P: You got a check from home?

B: I got a check from home. It did not take much. It was very cheap.

P: But on the other hand, you had to pay rent and you had to buy food.

B: [I had to] buy food and pay rent, but it was not very expensive. I forget what my medical school total cost was. I told it one time, but [it was] nothing like my college cost--it was much more than that, but it still was not onerous. I think I got a check for \$250 a month.

P: Where did you live?

B: Well, initially I lived the first year in the Grove Hall temporary building, which is not too far from the medical school, near where the architecture building is now.

P: I had an office there, so I know where it is.

B: It is not there still I assume?

P: The architecture building is on that side now.

B: Exactly. The next year I lived in this house with these other people.

P: The eight others. They gave you a ninth bed.

B: They gave me a place to sleep, and then the next year, a group of us--five students--rented a house on Biven's Arm. [We] rented the place and lived there.

P: Sounds to me like by that time you had a car.

B: I had a car by that time--an old red Ford. [It] cost \$1,500 new. It was a great car.

P: That was kind of expensive in those years.

B: I borrowed the money to buy the car. My mother basically acted as the bank for my medical school, so when I graduated I only owed her. We kept up with it, and I paid her back, every cent of that [money was paid] back. Plus, after that, I continued.

P: Oh, I did not know that children paid their parents back. I am going out to Pensacola next weekend, and I think I will talk to my Mark.

B: You should talk to your Mark about that, but that is the thing to do now. In her

later years after she retired, I paid her the loan for medical school and then paid her \$100 a month, which was her "mad money." She could do whatever [whe wanted with it]. She bought dresses and antiques and a lot of things for the kids and family, but that was her play money. We did that until the day she died. At any rate, I did borrow money in residency from banks, but not anything like they do now. By the time I finished residency, I owed \$29,000 to the banks.

P: So you finished your four years in 1960?

B: Right.

P: That was the first graduating class.

B: I graduated June 6, 1960.

P: Where were the services held?

B: They were held in the gymnasium, and I remember it vividly because my parents and my wife [were there]. I had married the last year of medical school.

P: 1959?

B: Yes, [we] married in 1959. I met my wife through one of my roommates in this house that we had on Biven's Arm, which we called "Stud Stables." It was not really Stud Stables--we were too busy. We did not date a lot, but we did date some, and we were looking around. I dated a few girls on campus, and I had a girl back home. We were in process of breaking-up because she did not come to college, and there was just too big of a gap between our education levels. During the third year, my roommate's girlfriend needed a ride to Jacksonville, and I had the red Ford. So the deal was she was going to get me a blind date with her roommate, and I would take her to Jacksonville to go home to New York for Christmas. My blind date was this lady named Mary Besalski. She was a Tri-delt [Delta Delta Delta Sorority] [from Orlando] who lived in the dormitory.

P: What was her full name?

B: Mary Lynn Besalski. You have [interviewed her] about preservation.

P: Yes, but not about you.

B: We met on this blind date and she was the most gorgeous, beautiful thing I had ever seen. She was wonderful. We went to Jacksonville to catch the plane to New York and had time, so we went to a movie and saw Old Yeller. We still see Old Yeller every now and then. We cried in it--you know it is very sad. We started dating off and on. She had another boyfriend part-time, and I had the other girlfriend.

P: Now we are talking about 1958?

B: 1958 and 1959. During the summer between my second and third year, a friend of mine and I went to Europe. We got out of school, caught a freighter boat to Europe and traveled. We rented a Citroen 2V in Paris. We both borrowed \$500 for this trip, and we had gotten a book called Frommer's Europe On Five Dollars A Day. That same book now is \$50 a day. It said you could make it. This guy, Frommer, after the war was a service man, who traveled all over and found all of these great places to stay cheap. So we took him at his word, and we borrowed \$5 a day plus our expenses to get over there and back, [plus] the rental car was like \$100 for sixty days. [We] went over there and traveled all over Europe. During that time, Mary and I corresponded. Every time I came to a major city, there was a long letter waiting at the American Express. We had a romance from afar. During my third year, she graduated and was teaching in Orlando. She would come up on weekends, and I would go down there, and we got married.

P: You married her in Orlando?

B: We married first with the Lutheran Church there in Orlando. Her father was the minister.

P: What is Mary's birth date?

B: She was born in September 30, 1936.

P: September 30, 1936? So she is one year younger than you?

B: One year younger.

P: She was born in Orlando?

B: No, her father was a Lutheran minister and they moved all over. She was born in Jackson, Mississippi, and then went to Tuscaloosa for years where he preached and taught history. [Then they moved to] Orlando for many years, and that is where she was raised.

P: She happened to come to the University of Florida because she was living in Florida.

B: Her friends came. Her parents really did not have the money to send her to school and really wanted her to go to work because there was no money, but she went to Florida State [University] for a year and then transferred here because it was closer. [She] basically worked her way through school.

P: She worked on campus?

B: Yes, she was a sandwich maker at the cafeteria--the one in the center of campus.

P: When did she graduate?

B: She graduated in 1958.

P: And you were married when?

B: 1959.

P: What is the date?

B: Well, I always forget it. It was June 28, 1959.

P: That will get you out of a lot of trouble.

B: It is not so bad because we both forget that anniversary date for some reason. We usually catch it about the 30th. The kids remind us.

P: As long as we are talking about personal [subjects] now, let us get the children. What I would like you to do is to name each child and give me the birth date of each child. Also, tell me where [each] child is now.

B: We were married June of 1959, and Mary became pregnant fairly soon. For several months, I was a student rotating on OB/GYN.

P: By the way, did you have money enough to go on a honeymoon?

B: Yes, we went down to Fort Lauderdale. It was her money. She was a teacher--it was her money. She had graduated and had gone back to Orlando and was teaching. So we had money for the honeymoon. Our first child was born on June 6, 1960, and that is Mark Jr.

P: Give me his full name now.

B: Mark Velpheu Barrow Jr. We named him after me. He was born on the day I graduated. The reason I remember graduation so well is [because] Mary was in labor, and I had to leave. My parents and her parents had come down for my graduation, and we were all in this little tiny apartment sleeping there on the floor on mattresses. Mary woke up at 2:30 [a.m.] and said, I am having pains every five minutes. She said I said--I do not remember [saying] it--here is my watch, wake me back up when they are every two minutes apart.

P: The experienced doctor.

B: Yes, that is what we did in OB/GYN to the nurses--call me when they get two minutes apart and I will come over. We would sleep in the lounge. At any rate, she said, what are you talking about? Everybody woke up, and she was in labor and I had to leave to graduate.

P: You took her to Alachua [General Hospital]?

B: No, to Shands. She delivered at Shands. Smiley Hill delivered all of our babies except the one when we were living in Washington. Smiley came over.

P: In the middle of the night?

B: Yes. She did not deliver until about 12:00 p.m. the next day, but graduation was at 10:00 a.m. in the gym. I do not remember the name of the speaker, but he was from the Department of Health Education and Welfare. He talked about health. When he got to this point, he says, and right this minute there will be so many thousand babies being born in this world. Our class cheered and looked at me. He looked down there like, what are these insane people cheering for? It was an inside joke, but we laughed about it. The class laughed about it real big afterwards, and then I rushed back over as soon as I got my diploma. I ran down the stage and ran out and went back over. She had the baby about an hour later.

P: Oh, so you got there before [she had Mark, Jr.]?

B: Yes, about thirty minutes before. So Mark Jr. was our first, and Mark Jr. was always a little professor-type even as a baby. He sat around and looked and studied things most of the time. We thought we must have been ideal parents because he was just so easy-going and placid--never had colic and so forth. He now teaches history at Virginia Polytechnic Institute or Virginia Tech in Blacksburg, Virginia.

P: See, he is a very good person.

B: Yes, and he teaches history of science and technology.

P: And he took a Ph.D. where?

B: At Harvard. He has been teaching at Virginia Tech now about four years, and he has written his book on the history of ornithology which is coming out this year from Princeton Press.

P: Is he married?

B: He is married, and they have four children. Our second child was born August

16, 1961, and that is William Richmond. [The name] William [is] after my brother and [the name] Richmond [is] after my great-grandfather, Richmond. He was a wiggle worm. He wiggled coming out, and he wiggled ever since. Since he was a little boy, he was interested in mechanical things. When he got tall enough to reach the light switches, he must have turned on the light switches a million times in our house. We had to take up everything that was in reach because he would pick it up and explore it and break it. Mark never touched anything, and it was a real enlightenment. We have photographs and movies documenting them eating and taking baths. It is very interesting to watch them when they were tiny babies. He has become a great musician. He is a piano player in Manhattan. A starving artist.

P: Is he married?

B: No, he has committment phobia. Kids these days. Only one of the other kids is married. But all the others have what we call committment phobia. It means they get into a relationship and they get nervous.

P: And they back out.

B: They back out.

P: He is a jazz or concert pianist?

B: He is a jazz piano player.

P: In New York City?

B: He works in Manhattan at the clubs there and so forth.

P: Wherever he can get.

B: Wherever he can get a job, weddings, Bar Mitzvahs. He knows all the great Bar Mitzvah songs. He plays them sometimes. We have Bar Mitzvah night here when he comes home, and he goes through his Bar Mitzvah routine.

P: Is he a good pianist?

B: Well, we think he is superb, but he has not been discovered yet.

P: Where did he get his training?

B: He started taking here from a Mrs. Maskin, and she was a classical [pianist].

P: She is my around-the-corner neighbor, Bernice.

B: Right, Bernice. Great lady. She very much encouraged him. She said, you have the touch, you should go far. Now whether you should play classical or jazz, she said, you can do whatever you like the best. He liked jazz. The classical training is much more rigorous, of course. At any rate, he went Florida State and majored in music, and then went to Manhattan School of Music in New York and just stayed up there. He is writing and directing some small things. It is a grueling life, that life. You are up late at night and you get late home and you have to have a car in New York City, which is hard, to go to your gigs. You have to haul the equipment around.

P: And expensive.

B: The keyboard is very expensive, but he likes it. He probably will not stay there forever. Probably go out and teach somewhere in a junior college or university. Our third child was born February 5, 1964, John Robert Barrow. John from--I am not sure, I think we just picked John. Robert was from Mary's brother, Robert Besalski. John just graduated here in architecture and building construction, and he is here in town working with an architect getting ready to take his AIA examinations.

P: Who is he working with?

B: Jay Reeves--a very renowned preservationist and [the] only true preservation architect in town. I hope John leans in that direction.

P: John is not married?

B: Yes, he is. He is recently married. He married two years ago, one of his high school chums that he met at the ten year reunion named Carrie Dowd. They married, but they do not have any children yet. They have been married two years. They just bought a little house right near here, only a couple of blocks away. They live in the area. The fourth child is Mary Angela. Angie was named after [my wife] Mary, and Angela after a friend of ours in Fort Walton Beach. She was born April 20, 1966, and she went to Florida State and then came here and worked. [Then she] went to New York City because Will was up there, and got a job working in a record company there. [She] worked for four years and then decided she wanted to come back. So, she got her master's, an MBA in business, and then worked as the Acting Director For Admissions for the MBA school for a year.

P: Here?

B: Here. She worked as a graduate student there doing part-time work, and they liked her and put her in position. Actually, they wanted her to be the Admissions Director, but she wanted to live in Jacksonville and get out of Gainesville. There are more eligible bachelors over there, so she lives over there with her sister.

The fifth child, was Amy Elise. Amy Elise was made up by just going through a book. By then we were running out of family names. She was born January 21, 1968, and she graduated from Florida State and came here and just graduated as a P.A., physician assistant, last year. She and Angela live together near Jacksonville in Neptune Beach. She works for a doctor there in Jacksonville whose practice is similar to mine. They both wanted to live in Jacksonville.

P: So all of your children are grown?

B: They are all grown.

P: Honestly employed?

B: Finally. They all came back after a few years and completed more education.

P: Several of them are University of Florida graduates.

B: Yes, every one except Will. John went here. Well, he went to Florida State for a year or two and then came back here in architecture.

P: Tell me again how many grandchildren you have.

B: Four. Only by Mark Jr. Their names are Mark Richmond, after his daddy. Alex is named after Mark's wife's family. Mark married Marsha Houchens, and there is an Alex in that family. Hannah Hughes is named after a friend of theirs. Then the latest one is Elizabeth, who we call Lizzy. She is a two-year-old baby.

P: Now, Mark lives where?

B: In Blacksburg, Virginia.

P: He is a professor?

B: A professor, yes, or an associate professor. He is on the tenure track. He may or may not stay there, I do not know. He is pretty happy there.

P: If he is enjoying doing it, and he is going to publish a book, that is pretty good.

B: He is doing all right. We have always hoped that he would ultimately come back here in history, but I do not know if that will happen or not.

P: [Back to your present history]. You graduate and you go off to do your internship next?

B: You go through a selection process, and I wanted to go to Chapel Hill, North Carolina. [They have] a very active internal medicine residency. The reason I

wanted to go there is that many of our interns and residents at Florida, at Shands, were from Chapel Hill, and I liked them all. They said, it is a great place. They had gone to medical school there or done an internship there and then come down to the University of Florida mainly because Sam Martin and some other faculty members were from Duke and from that area. So they knew of him and so on. So a lot of students from Duke and North Carolina came down here as residents.

P: So that intrigued you?

B: Yes, so I went up there.

P: How do you become an intern? Do you apply?

B: They have a selection process. You apply to four or five places you would like to go to, and they take all their applicants and they have a match. They have a one day that everything is matched up, and if your choice number one is Chapel Hill and they are going to pick twenty interns and you are in that top twenty, [you go there].

P: It is kind of like a lottery.

B: Yes, sort of, it is a match. You match up, and if you do not match, then there is a scrambling around to get your second or third. Generally most people match up. You have first, second, third and fourth choice.

P: Was Chapel Hill your first choice?

B: Yes, I wanted to go there.

P: So it matched?

B: It matched.

P: So you are now going up with a wife and a baby?

B: Yes, a new baby. A fairly new baby.

P: So you packed up everything in a car?

B: And a U-Haul. Actually, I took everything up the week before. We got student housing up there, and I was paid a stipend of \$150 a month as an intern. We had student housing, the red Ford, and we made it. I think the rent was \$25 a month, utilities were \$6 a month, gas was \$15 a month with the car and the rest we spent on food, \$100 a month.

P: You did not have a lot of money to spend?

- B: No, it is amazing. I mean now you spend that much [before you know it].
- P: Going out to dinner?
- B: Going out to dinner twice.
- P: But you were living with other students?
- B: There were other interns and residents and students. We never went anywhere except over to the Duke campus and visited on a Sunday afternoon.
- P: As an intern, what were your responsibilities?
- B: As an intern, you are assigned a ward for a couple of months. Well, Chapel Hill has a different system that I always thought the University of Florida should adopt. They have two services. They have what is called the "private service" and the "non-private service." They did not call it the charity service. When you were an intern on the private service, you did all of the blood work and the histories and the physicals, but the attending [physician] made all of the decisions. There were few females but there were mostly men. You would present the patient to them, but they actually wrote orders in the chart, The patient was referred to them. There were some very famous physicians in cardiology, GI, and hematology. Chapel Hill was a referral base for all over North Carolina. They had this tremendous referral base, and you would get calls from Lumberton. I need Doctor so-and-so to admit this patient--he has got this complex problem.
- P: This was a referral hospital?
- B: It was a big referral hospital similar to this one, but they had the private service and non-private. So when you were on the private service, you did the blood work. You did histories and physicals, and you presented it to the attending, but the attending had total control. They wrote the orders. You could write some orders and they counter-signed them, but they wrote most of the orders and they would go and take care of the patient, and you observed how the pros really did it. On the other service, which was basically a public service--it did not have the private insurance or the wonderful director referral to attending--those same attendings attended. You have two interns, a resident and a chief resident. The resident was a second or third year resident and really knew what was going on. They watched everything you did and guided what you did. The chief resident rounded every day, early mornings--you all went together on rounds, and he double-checked and made sure everything was okay. Then you presented to the patient and to one of those same attendings to get their okay to make sure everything was going right. But the residents ran the service--they had total control. If they got in trouble, they could call an attending at any time,

day or night. But the chief resident, who had been there three or four years, was as good as any of the attendings and usually very smart--very sharp.

P: This was the North Carolina Memorial Hospital?

B: That is right. In Chapel Hill.

P: Were there any private patients at Shands?

B: Well, there were private patients, yes.

P: Right from the very beginning?

B: Right from the very beginning there were a few. The difference in what I just described at North Carolina compared to Shands is that Shands, when I was there early on, had this so-called concept, but they never really enforced it. [For example], private patients were referred to Sam Martin, and he would come over to see them. But he did not take total control. It ran through the resident's service. It ran much like the private service but with a little more supervision. The private doctor--whoever [the patient] had been referred to--would come in more often. When you get to surgery, it is different. If someone is referred to Dr. Ed Woodward in surgery, he did the surgery and you watched how he did it. On so-called "public patients," he stood hand-to-hand with you and helped you. You did the surgery, and he was right there, and if you got into any problems, he would take over and do it. So, they had private patients, but they were not recognized to formal services.

P: One of the things I wondered was if you got pressures or requests from the VIPs in Florida, politicians and so forth. They started to want special attention the very first year, did they not?

B: Oh, that was not uncommon at all. Even in 1958 you would get this call [that said], so-and-so from Soho is a senator from Bradenton, and he is bringing up a close friend of his. Be here 4:00 this afternoon and give him the VIP treatment.

P: They had that kind of political [pull]? You ran into that same sort of thing in North Carolina?

B: Well, it was not necessarily in North Carolina.

P: That is right, because you had [private and non-private services].

B: There, the politicians or anybody else called the attending--they called the chief of medicine and he would call attending and say, "Charlie, I have Joe so-and-so, the senator from Lumberton, coming in--you will be taking care of him." "Yes, sir." That was it. Attending took care of it.

P: So you were there as an intern for one year?

B: One year.

P: Is that the normal time for an internship?

B: For an internship, yes.

P: You had the run of the hospital, correct?

B: Well, no. I rotated on internal medicine. There are different types of internships. There is a general practice internship where you rotate two months on surgery, two months on medicine, two months on psychiatry, two months on pediatrics and [wherever else]. [With an] internal medicine [internship], you rotate two months within the sub-specialists--pulmonary medicine, hematology and cardiology-- and you rotate around within six services in internal medicine.

P: [Were] you leaning toward cardiology?

B: Oh, yes. I was leaning toward cardiology then, but I had committed to OB/GYN. I loved internal medicine.

P: You mean that is where your heart was?

B: Yes. The professors up there [during my] internship were wonderful.

P: Were you able then to make a comparison? Did Shands stand up to that? Of course, it was newer.

B: Shands stood up to that. Some of these professors had been there for years, and they were truly pros. They were outstanding, superb and well-recognized in their fields and societies. The ones here were good and so forth, but they were younger and newer. With some exceptions, they were not necessarily proven entities. Up there, they were all proven entities. But, they were southern gentleman, every one of them.

P: How large was that hospital?

B: It was about the same size as this one. It held about 400 beds.

P: Is that what this one started out as? 400?

B: Yes, about something like that.

P: It is greatly enlarged now, but that is what it was, 400?

B: I think around 400.

P: When you left here, or when you were still in medical school, had the V.A. Hospital started up?

B: No, it started during my residency.

P: I see.

B: They talked about it, but I do not remember the year it was built.

P: What I am really asking is if they were responsible for patients there.

B: I had no responsibilities for [the] V.A. when I was a student.

P: Was this a happy year for the Barrows in Chapel Hill?

B: We loved it, actually, even though it was very hard.

P: Little time for family.

B: It was grueling. You [were on] twenty-four hours, and [were] off twelve. You [were] on twenty-four, off twelve. Then you [were] on every other weekend.

P: So Mary had a major responsibility as far as the baby was concerned.

B: Absolutely. But, it was still a very happy year. We met a lot of wonderful people--the faculty, the attending faculty in medicine. One time during the year [students] went to dinner with one of the faculty [members] and his wife. They would invite four or five couples--they had a little agreement, I guess, I do not know because it was never discussed formally. During the year, you and your wife and three or four of the other interns or residents would go to dinner with every faculty member in the department of medicine, which was quite nice. They treated you as colleagues. All of them were true southern gentlemen--soft-spoken, and some of them were home-town products from North Carolina and some of them were not.

P: Were there any other Florida graduates there with you?

B: No.

P: They had gone elsewhere. Could you have stayed on as a resident there?

B: They wanted me to stay on as a resident, and I agonized over it. I decided to come back, and I had already committed to come back here.

P: You could have gotten out of that commitment.

B: I could have, but I would have been too embarrassed at the time. I thought I would try it and see for a year and see.

P: So, they liked you well enough so that you could have stayed there.

B: Yes. They encouraged me to stay in medicine either there or here and said, you know, we would like for you to be a resident here next year. So, yes.

P: When did you come back to Florida?

B: That was 1960 to 1961, so I came back here in July 1961.

P: So that was already arranged.

B: OB/GYN resident.

P: They knew that you were coming back and everything was underway then.

B: Exactly.

P: You are coming back now as Dr. Barrow.

B: Right.

P: You were to do your residency.

B: Doing a residency in OB/GYN with Dr. Prystowsky.

P: What did that mean?

B: Well, as a first-year resident in OB/GYN, they do not have any interns, so actually, [I was] an intern in OB/GYN just like I was an intern in medicine.

P: Does that mean you do the dirty work?

B: Yes. You do all the blood-drawing and all the initial work-ups, and you are the one who sits with the patient.

P: Are you delivering the child?

B: You help deliver, but you do a lot of holding the ladies' hands and assisting down to the last minute. Then somebody else does the actual delivery. They let you do some. If they are strictly easy or if somebody has had three or four easy babies, then it is not a complicated delivery. It is a hands-on situation.

P: I have been meaning to ask you as we have gone along here, Mark--does any of this turn you off, all of this blood and all of this cutting-up of dead bodies, working with rats and so forth?

B: All medical students when they start out are a little squeamish about being around blood, and that lasts for about a week. Then it goes because after a very short time, it is a physiological fluid, nothing more.

P: What about dead bodies?

B: Death and bodies becomes a routine thing for you. The first time you watch a patient die and take their [last] breath, it has an emotional effect on an individual. But, after a period of time, it does not.

P: Becomes routine?

B: No, it does not become routine, but you become used to it. It just does not bother you.

P: I guess the thing that would annoy me most of all is working with rats.

B: Well, I did a tremendous amount of research with rats, and I always had this tremendous ambivalence of the concept that I never resolved. That is in doing experimental research on animals--I did not like killing the animals, particularly--trying to produce congenital malformations in rats, we killed them by the hundreds and by the thousands. The only reason they existed was for that purpose. They were manufactured for that purpose. They were treated humanely and fed up to the time they were, what we called "sacrificed," rather than killed. Interesting concept. Until that moment, they knew nothing. They were given ether, put to sleep and they were terminated. I have agonized over that ever since. What is the answer? I do not know the answer to that. What is the answer to doing medical research that benefits people? How far should you go with the animal kingdom in doing that? I think our society is agonizing over that and shifting greatly to the tune that it should be less and less. For example, doing experiments with primates has become very, very detestable to the great majority of the population, at least in the states, because they relate this as being very close to us personally. Even with dogs and cats it has become very distasteful, and I find doing research on dogs and cats very distasteful. They are your pets and colleagues. What about rats whose sole purpose is to be made for that purpose? Or rabbits? It is a very interesting philosophical question that I have never resolved in my mind, but since I do not do it anymore, I tend to think that it is necessary in some instances, but it should be a pretty big deal. I think we do a lot more than we need to be doing of killing these animals. We could get the answers other ways, and that should be something saved for only [extreme cases] and should be done a lot less.

P: Mark, as a resident in obstetrics and gynecology, you are delivering babies--you

are helping to create life. How did that impact you?

B: Oh, that is a very emotional experience. The thing about medicine that is so attractive and fascinating--I was told this by Dr. Harrell and I was told this by Jape Taylor, who was very influential for me--is that you get into everything in life about people. People will tell their physicians everything. They tell their physicians what they would never tell their spouses, their best friends or their ministers. They will tell [us physicians everything] if we will listen and be receptive. They will tell you their deepest, darkest secrets. You may have some ignorant guy from Okaloosa County that never had a day of school in his life and has survived fishing on the lake out there come in and tell you his problems. Then you may have the governor, the mayor or a professor of chemistry for your next patient with similar problems, telling you the same thing in [his or her] own terms. You get this panorama of life constantly cast before you if you are willing to participate in it. It [is] just absolutely, totally fascinating. Of course, that is the great attraction to medicine. Unfortunately, because it has become so technical and it is so complicated now, sometimes that aspect of it is lost, and it becomes extremely cold and calculated, computerized and technical.

P: It seems to me that working with cancer would be so depressing because of the loss of life. On the other hand, working delivering babies would be such an enthusiastic kind of thing to do.

B: It absolutely is. I think is one of the big attractions for OB/GYN people is that very thing. On the other hand, looking at the other side of the coin, working with terminal patients is hard to describe. There is a tremendous reward in helping patients die gracefully and without pain. That is part of our role too. A big part of our role is to be able to know when to stop and back-off and let them die with humility and grace, still being a person and not dying after weeks or months with a tube in them when they cannot speak [or eat]. They are not people anymore--they are a piece of machinery, meat that you are sustaining technically, and instead of dying in a few days, they die in maybe two weeks or six months. So, you can be very involved in helping patients and families face up to these things and die with some sense of equanimity. So, there are accomplishments both ways.

P: You worked with Prystowsky one year.

B: Yes.

P: At the end of that year you moved. Was that an unhappy move on your part? Were you beginning to have second thoughts?

B: The problem was this: when I got back to OB/GYN, I was indoctrinated in medicine, and I wanted to work up with all these patients [with] anemia, hypertension and all this. The residents in OB/GYN were only interested in

OB/GYN. I would say, look, this patient has high blood pressure and I want to do this work up that we used to do up at Chapel Hill--x-rays of their kidneys and checking the sodium and their urine and all these things. They would say, well, that is for the fleas. They called the interns the fleas because they jump all around on patients. That is for the fleas to do. Send them to the fleas--we do not do that down here. As the year wore on, I just missed that too much. I sat down with Dr. Prystowsky and I said, I dearly appreciate everything that you have done, and I know that you have great plans for me, but my heart is not here. My heart is just not in this. I miss internal medicine.

P: Did he understand?

B: He, being the gracious man he is, looked at me and said, I think you are making a mistake, Mark, but, if that is what you want to do, you will not get any animosity and anger from me. It is your life, and you have to do what you want to do. Go into medicine. This is what I would like to do for you, I would like for you to go ahead and finish up your medicine. I want to send you off to work on a Ph.D. in genetics or whatever you want to do, and you can come back and we will create a division of genetics for you here. You can go up the line, and you can be a department head before it is over with, if that is what you want to do in academic medicine. I do not know what will happen if you go into medicine. We left very close friends. Actually, I was sort of his spy at internal medicine because I would tell him what was going on over there, even after I left to go back into medicine.

P: Do you think you made the right decision?

B: Oh, absolutely--for me.

P: At that time, did you feel like you were making the right decision?

B: Oh, absolutely. There was no question about it.

P: You would have been happy, however, if you would have stayed in gynecology, would you not have been?

B: I probably would have been reasonably happy. Medicine was more my personality and more my event. I had a professor, W.J. Taylor, as a student.

P: You start working with him now, correct?

B: I started working with him as a student. He was the most outstanding teacher that I have ever known. I cannot say in words the effect he had on students. Some students do not like him because he pushed us very hard intellectually. Bright students and good students adored him. The lower students who were struggling sometimes felt traumatized, but he did not mean it in a traumatic way. He taught you what was called "bedside thinking." He taught at the bedside.

When you presented a patient to him at bedside, number one, you had better be prepared and have already read about the patient's problems and know a little about what you think the patient has. Invariably, almost 100 percent of the time, when you presented your patient at bedside, he would find something about the history that was very important to that patient's problem that you had missed. Some little thing--it is hard to describe. Almost 100 percent [of the time], there would be something that was very important, and he would teach you and ask you, did you ask this? No, sir. You should have asked this because of this reason. You [should have] asked the patient, it is very germane to the problem. For example, have you ever been exposed to some toxic agent where you worked? I do not think so. Where do you work? I am an engineer at NASA. Are you exposed to fuels down there? Well, yes, I do work with fuels. Do you wear masks? No. What are these fuels? They are X, Y and Z and they are known as severe toxins. He would invariably do that. On a physical examination, he made tremendous use of his hands, ears and eyes to determine what was going on.

P: So he was training you to become just as intense.

B: To think at the bedside. It was tremendously challenging. Especially after you [were at] the residency level, it became traumatic to students sometimes. At that level, it is tremendously stimulating to you as an individual, especially if you could keep up with his brain or stay ahead of it on where he was. He was a tremendously stimulating teacher. When I finished my rotation in medicine, he talked to me and said, what are you going to do? I said, I am going into OB/GYN. He just laughed and said, you will not like it--not after being in medicine.

P: He was right.

B: Yes, when I came back after about three-quarters of the year and talked to Dr. Prystowsky some. He told me to go talk to Jape. He said he is your mentor for internal medicine, see what he thinks about it. I went and talked to him and he just laughed in that funny little way he has. You must interview him--very important. He has a lot of feelings and knowledge about the way things have happened. At any rate, he just laughed his funny little laugh and said, we [will] have a place for you in September--I knew you would be back.

P: He was saving it.

B: That is right. I started the residency in medicine after that.

P: So you were the right guy in the right niche.

B: Yes. I was very happy in medicine residency.

P: Now, do you have a second child by this time?

B: Will was born in 1961--right after we got back. Smiley Hill delivered Will.

P: Where were you living in Gainesville?

B: We found a little place right near the medical school on Depot Avenue that the University owned. We knew the people who lived there, and they said, we are moving out in June, go down there and see if you can get this little house. It is very cheap. You can walk to work. We went down and put in our application, and when they left, we moved into that little house.

P: As a resident, how much did the University pay you?

B: They paid about \$250 or \$300 a month--not a tremendous amount.

P: So you got a little raise.

B: Yes, a little raise. Mary was teaching even though she was having babies. She was pregnant a lot of the time. We made it all right.

P: You had someone taking care of the babies, I hope. They were not on their own.

B: We had a lady by the name of Granny Cook [Mrs. Cluster C. Cook]. She was from West Virginia. We heard about this lady who kept kids, and she took care of all our kids and raised them all. She is the most delightful, sweet lady. She is ninety-seven years old now and still alive here. We have adopted her--we look after her. She is in a nursing home now. She is the most wonderful lady--just plain, ordinary folk. Papa Cook (her husband) died years ago, but they loved kids. Our children just adored them. She was a white lady. She and her husband came down here from West Virginia--down-to-earth people. He was a mechanic and could do anything, and all his sons could do anything. They do things like manage door services. One of the grandsons is an attorney and they have done other things. The Cooks are still here in Gainesville.

P: During the year that you were away from Gainesville, what changes had occurred at Shands?

B: It started to grow. The school became a nationally well-known place. Dean Harrell is long gone, and the next dean, Manny Suter, had taken over as dean. They began to add institutes, and thinking about the vet school and the dental school. All of that was starting to come forward. Basically, things just grew tremendously. They had a peculiar system whereby department heads were basically the rulers of their kingdoms. As long as they could get grant money and space, they could expand to whatever level they wanted. So, there was

always this tremendous competition between department heads, and departments in general, for space, grants, money and house staff. The list goes on and on and on. As a result, the place grew without great vision and control. It just grew, and it has grown massively ever since. I am not sure it is under great control [now]. They still have that similar problem. They keep talking about changing it. The latest dean, a delightful fellow, was interested in doing some changes, but it is very hard to take away someone's power.

P: And he is gone.

B: Well, basically, he was sort of eased out. I think that part of it was because he wanted to change. I do not know. I am not blaming anyone.

P: You are talking about Alan Neims [Allen H. Neims, UF, Dean, College of Medicine, 1989-1997; chairman, department of pharmacology and therapeutics, 1978-1989; professor of pediatrics and pharmacology and therapeutics, 1978-present].

B: Right. I do not know if they solved that problem now or not. I understand with their whole new system that they are looking at it somewhat differently. Basically, all through my residency and when I was a junior faculty member, there was this tremendous acute competition between departments for space and power--basically it was power.

P: That has not disappeared.

B: I am sure it exists everywhere in the university and everywhere [else], but it was very acute there. It was very obvious.

P: Were you Jape Taylor's only resident or were there others?

B: Oh no, no, there were others. Another one who is a close friend of mine was Howard Ramsey [Howard W. Ramsey, UF, assistant professor in medicine, 1968-1973 assistant in medicine, 1961-1964; research fellow in medicine, 1966-1968]. We went through together. There were twelve residents, actually.

P: Was Taylor able to give a lot of personal attention to each of the residents?

B: He did it not by having them over to his home or to his office, though he did that occasionally, maybe once or twice a year. He did it at bedside. He was the consummate bedside physician.

P: So you were there and he was there, and you learned by watching him and listening to him.

B: Right. I learned from him. I learned a lot of my bedside manner from him. I

learned most of my bedside manner from my brother George, who was a family practitioner in Okaloosa County. I used to go around with him on rounds when I decided I was going to go to medical school. In the summers, during my vacation, I rounded and spent time with him. When I was in residency, in lieu of a vacation, I spent two weeks taking over his practice so he could have a vacation because he was all alone. So I learned what it was like being a family practitioner out in the boondocks. But, I followed him around, and he was a master with bedside manner. I have never seen anyone quite like it. It began when he walked in the room. He just commanded this aura of total confidence and total respectability. He was a hands-on physician that did a lot of toe-twitching, hand-holding and squeezing, and hugging--things we are a little bit loath to do with patients now.

P: In what way was Taylor your mentor?

B: He was such a great thinker at bedside, and he had such strong feelings. He was very much a liberal--if you can believe it. He is from Mississippi and trained at Harvard. That is a very interesting background, a combination of southernism that has been totally liberated, and very liberal points of view about humanity. He is not afraid to express them and is a very, very good debater and arguer.

P: And he is a good physician.

B: A wonderful physician--one of the best diagnosticians I have ever known. The original founder of internal medicine was Sir William Osley at Hopkins. He trained a group of physicians, and I do not know all the history on this, but, there where a whole group of physicians that were great bedside diagnosticians. Of that group, there was one named Jack Myers [Jack Duane Myers, University of Pittsburgh, professor and chairman of medical department, 1955-1970; associate professor of medicine, Duke University, 1947-1955] and another called Eugene Stead [Eugene Stead, professor of medicine, Duke University school of medicine, 1947-1978; physician in chief, Duke Hospital, 1947-1967; dean, Emory University, 1945-1946]. When these individuals went through residency at Hopkins, Duke and several other major places in the country--Pittsburg was another outstanding center--they were residents for years sometimes. They did not have a three-year residency program. Once you were a resident, you stayed a resident until you went onto the faculty or went out and practiced. Some of them were residents for like five, six and seven years, and they would be chief residents for two and three years. They were tremendous bedside diagnosticians. That is all they had for their tools--that, a simple chest x-ray and an E.K.G. The rest was at bedside. At the major academic institutions, when patients die, they had autopsies on all of them and they saw what they thought they had and what they really had. They used to have these rounds called Clinical Pathological Conferences. It would be where you take one of these physicians that did not know the case, present them the case and let them discuss it and find out what they really had, either by surgery or by death. These

people became master clinicians at bedside. Jape Taylor's mentor and teacher was a fellow named Eugene Stead, the chairman of medicine at Duke. Also, a fellow named Jack Myers was the chairman of the medicine at Pittsburg. Jape used to tell about these [people]. He would say, you think I am bad, these guys were murder. I mean, they would rip you apart at bedside if you were not prepared. They were not kind at all. I remember that we all adored Jape and respected him so much. I remember during residency once that Eugene Stead came down as what we called a "visiting fireman." He was getting ready to retire up at Duke, so we presented a case at bedside, and it was very interesting because the roles reversed and Dr. Stead became Jape's teacher at bedside. They really went at it, intellectually, at the bedside. It was real interesting to watch this kind of interchange. It was all friendly--do not get me wrong. It was not hostile, but it was very enlightening because all of a sudden Jape was put in the role that we were as residents again.

P: As a resident, you treated patients on your own. Dr. Taylor was not in there with you every time you went in, was he?

B: Well, the way it worked was your intern admitted the patient. [They would get] admission and physical history as soon as they got there and started things--drew the blood. Then the resident came along, a first or second year resident, and did a briefer history and physical and actually wrote the orders or counter-signed the interns and added to their orders. The next morning or that evening, frequently that evening, the chief resident, who had been there for about three or four years and knew what was going on, would come along and review everything and say, have you done this or have you done that? Hey, you are way off-base. They do not have this, they have that. The next morning you would present to an attending physician on the staff, and then they would counter-sign the chief resident.

P: Not necessarily Taylor?

B: He just rotated a lot through there, and most of the house staff tried to get on his service. There were other excellent teachers. I do not mean to down-cast the others. Dr. W.C. Thomas [William Clark Thomas Jr., UF, professor of medicine, 1957-1986; associate director of research, 1973-1986] was a wonderful teacher. He was totally different than Jape Taylor.

P: Well, Thomas was a downtown physician.

B: He is a local fellow. He went into general practice for a while with his father.

P: We are talking about Thomas Jr.?

B: W.C. Thomas Jr. decided that [general practice] was not his cup of tea. He wanted to be an internal medicine specialist, [so he] went back to Hopkins and

trained there. He came back on the faculty of the medical school and did research. He is still doing stuff. He is part-time at the V.A. on renal stones and stuff. He was an endocrinologist.

P: He told me he is trying to retire.

B: He has been saying that for years. He will never retire. He putts around with it. Dr. Thomas was a good bedside teacher also, but he was totally different. We used to call him "Billy Barracuda" because he could snap your head off, but he did not mean it in a belligerent way. For example, he would ask you, what do you think about this patient's problem or what do you think about this patient's EKG or their lab report? You would [tell him what you thought, and he would say], Barrow, that is the dumbest thing I have ever heard anybody say! If you were not expecting that, it was sort of intimidating. On the other hand, once you got to know him, he could be going along saying something--and we did this all the time--and we said, Dr. Thomas, that does not make any sense to me at all what you said. Instead of him getting angry or puffing up, he would say, wait a minute--why do you think that? Maybe you are right. He could take it either way, so there was this tremendous interchange. So could Jape Taylor. I mean, you could look at him and say, I do not believe a word you are saying. That makes no sense to me. I do not believe that. I do not buy that at all. He would accept it. There were others. Those two are the ones that stick out in my mind.

P: Was Lamar Crevasse [Lamar E. Crevasse, Jr., UF, professor of medicine, 1958-1995; associate dean for continuing medical education, 1968-1997] on the staff already?

B: Lamar was a young staff member, and Lamar was also totally different. He was the first chief resident in medicine here, and then he went onto the staff. [He is as] smart as he could be. He is a local boy.

P: I have interviewed him.

B: He went to Duke and was tremendously knowledgeable in cardiology. He ran the EKG station. He used to sit down there and basically go over EKGs and teach the residents and the interns and have a good time about it. He had a big sense of humor. [For example] when a new group of students came into the EKG lab, he would frequently do things like say, okay, hand me the first EKG, to the resident. Let's go over these EKGs, guys. They would introduce [the new medical students and he would say], hello gentlemen, how are you today? [He would say], okay, hand me the EKG. He would put it over his head. He would feed it over his head and run it backwards. [Then, effortlessly, he would say], that is an acute inferior myocardial infarction. He would put that one down. Hand me the next one! This would go on for three or four minutes and the students would be sitting there bug-eyed. What is this? Is it really for sure?

Then he would just laugh, but he would do things like that.

P: Sounds to me like you all had a hospital full of comedians.

B: Well, we did. We had a great time. It was a wonderful experience, and we worked very, very hard. You were there in the middle of the night. You slept little. You never really thought about it.

P: As you think about it now?

B: No, no. I could not ever do that now.

P: As a resident, did you treat patients on your own or were you always under the supervision of the chief resident and the attending physician?

B: As you ascended the ladder from first-year resident to second-year resident, you were given more and more responsibility.

P: With Jape Taylor, you are a second-year resident.

B: Say you are the second-year resident on cardiology, you are the chief resident in cardiology for that period of time. You are given a tremendous amount of responsibility. They are just watching over your shoulder, basically to make sure [that you are doing your job correctly].

P: So the spotlight is shining on you.

B: Yes. You have enough experience to know when you need help and know when you need to go and talk to somebody. You do not just sail along on your merry way. The system does not work that way. As you gain competence and expertise, you handle it until you are either uncomfortable or somebody else sees something is not right.

P: Are you only in cardiology [at this point]?

B: No. I am in general internal medicine rotating around. Another outstanding teacher was Bob Cade [Robert James Cade, UF, chief of renal medicine, 1965-1979; professor of medicine and physiology, 1961-present], the renal man.

P: I know that you work with him some on your research, too. I have done an interview with Cade.

B: I certainly did not mean to forget him because he was another absolutely unique teacher. He was totally different than any of the others.

P: I can see that.

B: Bob is a genius, number one. He is a genius that thinks on another level that most of us do not think on. He thinks on a different plane. So when he says something, sometimes it sounds bizarre when it comes out because he is not thinking on the same plane you are. He was a renal specialist and had to know all this complicated stuff about acid-base balance, and he knew it inside out. Bob is a genius. He can quote almost the whole Holy Bible. He can quote Shakespeare sonnets for hours.

P: He did a reading on Alfred Lord Tennyson last week that we were invited to, but we could not go.

B: He can do Kubla Khan--the whole thing. I mean, the man is a genius. He has not been treated fairly, in my opinion, at Shands because he is different. He is eccentric, and he is strongly opinionated. They have tried every way in the world to ease him out, but he has had tenure and no matter what they do, it does not bother him.

P: And he has got fifty-three Studebakers.

B: That is right. It is hilarious. At one point, he was doing all these weird things on patients with lupus, erythemetosis, a bad disease. He thought if you dialyzed them, you could get rid of the bad antibodies that they had. Nobody else in the world was doing it, and they came down hard and said, this is not acceptable research and does not have background. They took away his lab at some point or else they had to expand into his lab, and so he said, well, that is fine, but how about in the basement? There is some space down there. I have been looking around for some space. The basement at the medical sciences building had all these big pilings that go down 300 feet when they built it. Since that is a big huge sinkhole, the building sits on these huge pilings. In the bottom floor, the sub-basement, not the basement, is a brown dirt floor with all these pilings everywhere. This is where we are talking about, but you can walk in it. It is seven feet tall. So they said, well, sure, you can have space down there. So he paid to put flooring and walls in, [and now] he has this huge laboratory.

P: Now he has another building.

B: Well, this was for years that he had this huge laboratory. It did not bother him at all. Another human being would have been roundly insulted that they would dare take some of his space and walked out, but not Bob. At his teaching seminars, he had--this has to be documented because it was great--the Hepato-renal Symposium every Friday afternoon. This was the liver-kidney symposium.

P: Sounds fascinating.

B: Friday afternoons. You or any resident or student could come. You did not have to be on his service. So Friday afternoon, you gathered in his laboratory for a "teaching session." He made up President Madison's Whiskey Sour Recipe, which if you never had, you should have [some] because it is made with very concentrated lemon juice and lemon peel that you mix fifty/fifty with bourbon. You let it sit overnight, and it literally cooks the bourbon so you cannot taste it. It is 50 percent bourbon. Then you make [it] into a slushy thing and make this big pot of it. He made the stuff at home the night before, and his girls grounded [up] the ice. They made Jalapeno melted cheese stuff and crackers. So, you get in there and he talks for about fifteen minutes about something about the kidney or liver, some technical thing nobody understands, and you all get soppingly drunk--inebriated--for about two hours.

P: No wonder you enjoyed being a resident.

B: This went on for years and years, and we talked about everything--philosophy and everything. He always had these opinions, and he could hold forth on anything. The man is absolutely, truly, one of our true geniuses.

P: You know he is a musician?

B: He is. I know he is a violin player. He is very religious. He is an amazing person.

P: An amazing person. His daughter, Martha, was once in my class.

B: He has a thousand kids and they all have a thousand grandkids and they all go on these conventions. We have been friends with the Cades for years, but my son, Mark, is a very close friend with his daughter Emily. They keep up and visit all the time. So that is how we know all of what is going on.

P: One of the best interviews I did was with Cade.

B: Oh, I am certain. He has very strong opinions about things, and some of them are hilarious. The funniest one was the Studebakers. He started collecting Studebakers when everyone thought they were pieces of junk. I do not know how many he has.

P: Fifty-three.

B: They are worth a mint. They are highly collectable.

P: We drove in one to lunch.

B: He loves them and they are worth a mint.

P: He is going to a convention and taking fifteen of them. He told me it is a convoy.

B: He does that. They do it, half of them break down and one of his sons repairs them. It is a big deal. It is hilarious. It is wonderful. He is a true genius. I do not know how many geniuses we have on this campus, but [he is one].

P: That was an amazing collection [of professors] that you had when you were a resident there working.

B: Oh, truly.

P: I mean, Jape Taylor, Bob Cade [and the others].

B: Billy Thomas [William Thomas, MD, local Gainesville physician] and Richard Schmidt [Richard P. Schmidt, UF, associate dean, college of medicine 1967-1971; professor of medicine, 1958-1971] were the consummate neurology teachers.

P: I have done an interview with him.

B: The wonderful thing about Dick Schmidt was that he was very, very gracious with students. Where he came from, they treated them with [utmost respect and concern].

P: This is the same way now.

B: This is Dr. Barrow, my colleague, and he is gonna talk to you and I will be back. When you presented to him, he had this thing where he mimicked all the different neurological disorders, and he had them down to absolute perfection--all the different abnormal gait, the different kinds of movement disorders, seizures, and he would go through all these things. It was very interesting. He was the only one who could do it. He had done it for years, and it was something that ought to be on tape, really, to see the different types of seizures, for example. He would actually demonstrate.

P: See, he did not give me that in his interview with me. I missed all of that.

B: Well, he probably never thought much about it. He was in there, and there were other faculty members also.

P: Other characters.

B: There were other characters too, but, those were the big ones.

P: All right, now you are in residency for two years.

B: Right.

P: And you learned a lot.

B: Right.

P: A lot--not only bedside manner, but other things.

B: Medicine. The approach to a sick patient, basically, yes. I also learned bedside manner, although that was not emphasized. Some have it and some do not. I mean, what can you say?

P: The end of your residency comes in 1964.

B: Well, yes. After I graduated, I then talked to Jape. I had talked to him the last year and said, I want to go into cardiology. Another resident, Howard Ramsey, and I both wanted to go into cardiology with Jape as our mentor. So that is what we did and that is what a research fellowship is all about.

P: Now, he gave you a [research] fellow, or was this [through the department]?

B: It was done through the department of medicine, but he basically picked them. There were others. There were three or four others.

P: This was a prestigious appointment?

B: Well, yes. It was hard to get. There were only about four or five.

P: And it paid?

B: It was about \$800 or \$900 a month, something like that. It was better [than others] and you could live, yes. So that was a three-year stint, there. We ran the cardiology service [in this position]. It had two parts. One was the catheterization laboratory and the other was the clinical medicine. Then you were reading all the EKGs, consulting on all of the patients that were primary cardiology problems and the other services were calling on you every day to consult. You basically did consulting and all of them were presented to cardiology--either Jape or Lamar Crevasse. The other person was Russ Green.

P: He was my doctor.

B: Yes. We met a couple of times a week and went over the cases--over and over and over again until we became very expert. Some opt to go into a catheterization laboratory, such as Howard Ramsey did. He became a catheterization specialist. There were other ways to get into clinical cardiology, or be a teacher and take care of patients with acute myocardial infarctions or congestive heart failure and hypertension. That was what I opted for. That was

a three-year stint.

P: Was there a research component in this fellow period?

B: Sometimes yes. In Dr. Ramsey's case, he went into the cath lab and watched and helped assist doing caths for a year. The second year he did them under supervision, and in the third year he did them independently and taught.

P: But that was not you?

B: In my situation, the answer is yes, I did go into research. I spent probably half that three-year period doing research and the other half doing the clinical part. He and I were interested in doing research on the production of experimental malformations in animals, specifically heart malformations. We read, thought and discussed it a while and thought that maybe we could produce some interesting congenital malformations in animals, specifically rats, using antibodies to various and sundry things. That was a new area that had not been explored, so we set out to see where that would lead us. It actually was very productive in trying to produce experimental malformations. Our original concept was to try to produce a specific type of malformation in the [smaller] animals and then use a larger animal. If you could get ten goats or ten pigs with an interventricular septal defect, you could then experiment what would be the best way to prepare and treat them. We did not accomplish that--I was very naive to think that [we could]. What we did was produce a variety of abnormalities in these experiments, including the heart. It turned out that the antibody was not affecting the fetus directly. It was affecting the transfer of nutrients across the placenta which secondarily affected the fetus. I spent a year and a half doing that. After that, I went on to the National Institute of Health for two years following up with that.

P: I wanted to ask what this Ph.D. business was about in 1968. You had not said anything about working on a Ph.D. at all.

B: I started during that fellowship. When I started the research, I was a fellow in cardiology and a Ph.D. candidate in anatomy.

P: They had a Ph.D. program going on in the medical school?

B: That is right. I went to Dr. Wilson and explained that I was interested in producing experimental malformations in a field called teratology, which is a study of malformed individuals. He was very interested in that. That was his research specialty. He said, great. So, he, I and Jape got together and they structured a program for [a] Ph.D. The fellowship was usually only one or two years, but I extended it out to three. A year and a half was spent in anatomy taking the courses. They did not do any shortchange. It was not a sped-up course. I became a student again. I had to take all the biology and

microbiologists.

P: This was in the medical school. You are not up on the main campus doing any biology courses, right?

B: This was all in the medical school. I started as a graduate student.

P: This was a Ph.D. program from the University of Florida?

B: Yes. Over two-thirds of it I did while I was a research fellow. They basically gave me time off to do that, although I was still paid. I had not finished it in 1967. I was in the Barry Program, which meant I had been deferred from service during my residency and fellowship. This was military service, which was compulsory then. You had to go in at a certain point. The government had agreed to let me stay on until 1967. I had to go into the service. I applied to the National Institute of Health, which has the Public Health Service.

P: You had not finished with the Ph.D. when you go into the service, correct?

B: That is right. I went to Washington to the National Institute of Health as a research scholar. I got a position there in 1967 and was continuing the research with the experimental production of animals. The fellow that was the department head there that was doing that became ill after the first year. I was left alone. I had established a relationship up there--this was in the Dental Research Institute, but they were not doing dental research.

P: That was one of the questions I was going to ask you. How did you suddenly get back into dentistry?

B: Well, it was called the Dental Research Institute, but they were really doing research on tissue healing, collagen and the effects of antibodies on tissues. They were very interested in my research doing congenital malformations in animals and making antibodies. Some of the researchers up there helped me make antibodies. What we were doing when I was in Gainesville was making antibodies to whole tissue, like kidney. You make antibodies to kidney tissue in rats and inject those antibodies correctly, it causes all sorts of malformations in the fetuses. They were interested as well as I [and were asking], well, what is it that is doing that? So, up there we pin-pointed it. We took some kidney tissue and broke down the various components until we identified whether or not it was muscle, blood vessel structures, collagen (which is a substance that connects everything together) or basement membrane (which are structures that are between walls). We identified that it was basement membrane, the antibodies to that specific thing, that would cause the problem. Probably what was happening was that with the antibodies, we were interrupting the blood nutrients going back and forth across the placenta because it has a very thick basement membrane. We were messing up the antibodies. That is what I was working on there. The

second part of the year, though, a geneticist was in that institute and was real interested in diabetes and other genetic markers in Indians. He had been going out into the field studying blood types and various Indians in the southwest tribes.

He called me down one day from upstairs and said, I hear you are an internist and cardiologist. I said, that is right. He said, well, I need somebody to go with me on some of these field trips because we are going over to the southwest a month at a time and staying at Zuni, Hopi and different places in southwest. We are doing examinations on Indians and I need a physician there with me. I said, sounds great to me. So the second year, I was going genetic research on the Indians. That is how [I wrote the] book, Health and Diseases in American Indians North of Mexico: A Bibliography (1800-1969) [by Mark V. Barrow, R. E. Fortuine, and J. E. Niswander, University of Florida Press, 1972].

P: I was wondering how that came about.

B: After six months or so, I came back and we were seeing all these interesting things like diabetes and gall-bladder disease in all these southwest Indians. I thought, this was a research gold mine because they have a very high incidence of gall bladder disease and diabetes in the southwest tribes--like 70 percent of them have it. I went back to the chief of Indian Health Service who was there on that same campus in Bethesda and said, where are all your research files on diseases of the Indians? He said, they do not exist. Will you get us some stuff? I went to the genetic chief and presented this, and he said, take three months off and go to the national library of medicine. I will call ahead of it over there--I know them. We will set you up over there. We will do a whole big research, and you can write a book on it. So the book, Health and Disease of American Indians North of Mexico: A Bibliography (1800-1969) was all the research that had been done on Indians up until then. While I was doing this, I kept seeing an individual in the library, and he was looking up the same books they were bringing to me. I would go over there every day and get all these books, write them all up, look under their references, write them down and just kept pulling them back, back, back on diabetes, TB and all diseases. [I] kept on--boxes of the references--and kept seeing this same guy checking out some of the same books from the stacks which go five floors straight down in the ground. One day, after about a week, I went over and introduced myself. He said, hi, my name is Robert Fortuine [An author of Health and Diseases of American Indians North of Mexico: A Bibliography (1800-1969)]. I said, please tell me you are not doing research on diseases in American Indians--bibliography and research--because I see you are checking out the same books that I have been. He said, you know, I have been seeing you there and I have been worrying about the same thing. He said, no, I am doing it on the Eskimos. I am from Alaska, and they gave me three months off because we do not know anything about Eskimo health. I came over here to research the literature. So we put our two [researches] together. The other person, Niswander, [J. E. Niswander, third author of Health and Diseases of American Indians North of Mexico, A Bibliography (1800-1969)] was my chief at the genetics institute who let me off [to

do this research].

P: Meanwhile, you have left your poor family in Florida, or did you take them with?

B: No, no, they are up there [in Washington].

P: While you are cavorting around with the Indians, they are struggling. Did Mary continue teaching?

B: No, no. She was taking care of the kids.

P: She did not get a job up there?

B: By then, you see, she had Amy up there. The last child was born there. The first four were born here in Gainesville. Smiley Hill in gynecology [delivered them].

P: So she had her hands full.

B: Oh, absolutely. I am going off a month at a time.

P: To Indian reservations in the nice southwest.

B: Well, it was real interesting. When we went to Zuni we had very little money. I mean, we were paid a stipend of \$1,500 a month, but she was not working. I had taken maybe \$150 with me to Zuni land--to Zuni Reservation. They make the most incredible, beautiful jewelry. It was not out in the public yet. People who had been there the year before said, you need to buy some of this jewelry--it is exquisite. Then they told who the good master makers were. You go to their home and say, I would like you to make me a pendant, necklace, bracelet or a ring, and out of silver or whatever you need--they have some samples there--and they worked on these things all night. They stayed up all night working on the jewelry, and it never rained. Out in their front yards, they would visit and talk all night. They would sleep until about 1:00 in the afternoon and get up, eat, party around and then have their dance ceremony from five to six to seven to eight and then visit a little bit. Then, starting at about 11:00 p.m., they would work all night. Very interesting. In the meantime, we were trying to get them to come in to get their physicals and their blood and all that. I spent all the money I had in Zuni Indian jewelry and was so proud of it. Mary did not know anything about Indian Zuni jewelry and I brought this thing and she said, well, it is pretty and it is nice, but what do I do with it? I said, you wear it! It is beautiful stuff. Well, she just sort of put it away until several years later. We went to the Smithsonian Institution one day and they had a thing on Zuni jewelry and the value. It had gone up. These things I was buying for \$30 are now \$1,500 or \$2,500.

P: And now she is afraid to wear them---they are too valuable.

B: She loves it now. We have some beautiful pieces. If I would have had more money, I would have bought a lot more.

P: So you were up there how long?

B: Two years.

P: July 1967 through June 1969. You are listed here as a senior surgeon in the U.S. Public Health Services. Was that just a title?

B: They use everything surgeon--junior surgeons, senior surgeons.

P: So you were not walking around with a knife?

B: No, that was just a title. You go in basically like a colonel, which would be like a commanding [officer].

P: What was your research association in pharmacology training?

B: Well, it was experimental production of malformations in animals using antibodies. That was what it was about.

P: You were assigned to the National Institute of Dental Research?

B: That is right.

P: Genetics and pharmacology sections. Now you departed the capital city of the United States, right? Where did you go?

B: We came back to Gainesville. I had to finish my Ph.D., which was very difficult because while I was gone, my chairman left. Dr. Wilson left to head up the Wistar Institute, a very famous embryology institute studying teratology.

P: Where?

B: I think it was in Philadelphia. When I got back, I had no chairman and I had my research and my dissertation. There were new people on the committee that did not know me from Adam.

P: What was your dissertation?

B: It was *Experimental Production of Malformations in Animals*, the same thing. Instead of coming back and getting a meeting with a Ph.D., they suggested I do some other things. I came back as a junior faculty member in 1969.

P: When you say "they," who are you talking about?

P: The people in anatomy.

P: All right now. You left with a Ph.D. committee, Wilson was chair, but there are other members of the committee.

B: Four or five other members, one of which was Jape Taylor.

P: Nobody wanted to take over as chair?

B: Well, there was an acting chair. He was sort of a controversial person.

P: Who was that?

B: Marshall Johnson [Marshall E. Johnson, UF, acting chair of department of anatomical sciences, 1968-1971; professor of anatomical sciences, 1960-1972]. Marshall got into a little problem because while he was acting chair, he started doing a bunch of things like firing faculty members and some other aggressive things. He got in trouble with the dean, and they basically asked him to leave. But, he also, I think, had the feeling that since I was a MD and since I was a faculty member--I was coming onto the faculty of cardiology--that he did not want anyone to say that I had eased through that Ph.D. in anatomy.

P: So they were making it tougher.

B: Yes. They kept thinking of one more experiment and one more experiment. I would say, well, that is six month's work you are talking about. That kind of thing. You know how that goes. I actually became very upset at one point, and almost told them to take it and shove it, but I did not. Jape would not hear of that. He held my hand, and I defended it and got the Ph.D.

P: When was that?

B: [My] Ph.D. in anatomy was 1968.

P: You do not come back from Washington until 1969.

B: Well, that is right. That was while I was back and forth.

P: I know, but I thought that you did not get the Ph.D. until after you returned from Washington.

B: I did not get it before I left. I was supposed to get it right before I left, but I actually had to come back and finish some of the research up there.

P: So, you are awarded the Ph.D. not it 1968 then but in 1969.

B: No. It was while I was up there. I had to come back three times.

P: Then you come back in 1969 as assistant professor.

B: Cardiology.

P: Division of cardiology was then part of what?

B: Medicine. Department of medicine, division of cardiology.

P: Who was chair of medicine?

B: At that time, a new chair had been appointed, Lee Cluff [Leighton E. Cluff, UF, professor and chairman of the department of medicine, 1966-1976]. Have you interviewed him?

P: No.

B: He was also a good one. He was there for years. He is here now so it would be easy. You should [interview] him. He had a lot of different ideas and wanted to bring in some new blood. Basically, I came back to be a professor like Jape.

P: Well, that means Jape Taylor is a colleague of yours.

B: He was a colleague, right.

P: Why was he not chair of the department? What was Cluff doing then?

B: Well, Jape was only interested in cardiology. He was not interested in being chairman of medicine. He was chairman of the Division of Medicine, but when Dr. Cluff came back, he wanted to bring a lot of young, new people in, which was probably good. He was picked as chairman by the dean to bring in some new, younger blood. Then [the dean was] Chandler Stetson [Chandler A. Stetson, Jr., UF, vice president for health affairs, 1974-1978; dean of College of Medicine, professor of pathology, 1972-1978]. Dr. Cluff decided he basically wanted to get some new blood in the divisions and wanted to get some of the older ones to go lateral. He basically asked Jape to step laterally and brought in a new department head in the division of cardiology to head it up and bring in some other new blood from Hopkins and other places like that.

P: As an assistant professor, you are working with students, you are an academic person and you are also working with patients.

B: Right. You rounded on the wards, you read EKGs, you headed up the consult services and a variety of things.

P: What about the work that you were doing with students?

B: That was mostly just teaching medical students. I also headed up the physical diagnosis course. They asked me to do that and I liked that. So, I was running the physical diagnosis program for the second year.

P: So, you are in the classroom and you are in the wards.

B: Yes. Along about that time, nobody had any formal training in EKGs, and Gerry Shiebler [Gerold Ludwig Schiebler, UF, distinguished service professor in pediatric cardiology, 1994-present; vice president for external relations for health affairs, 1985-present; chairman, department of pediatrics, 1968-1984; professor of pediatrics, 1960-present] head of pediatrics, and I were talking one evening and said, you know, these kids really need to know more about EKGs. There is just not enough time. So we started a non-graded [class that] nobody had to attend. It [was a] voluntary EKG training course every year for about three years. [It was] held on Monday evenings there at Shands and we taught students how to read EKGs.

P: I did not realize they were that recent.

B: Oh yes. The EKGs had been around, but there was no formal training. They just picked up what they learned on the wards and so forth. We had a six-week EKG course that started from the beginning. We would alternate--we did not do it together. He would do it one day and I would do it one day. It was strictly voluntary, and it was strictly for fun.

P: What is Shiebler's specialty in addition to being a lobbyist?

B: He was head of pediatrics. [He was a] delightful fellow.

P: I know Gerry, he is on my list.

B: He has a wonderful grasp of everything that has happened, interesting opinions and a wonderful infectious sense of humor. He and I, since we taught that course, have been bosom-buddies. There were no grades, there was no nothing. They all came, and they just appreciated it so much. We did it in a very funny way. We would get a student up there to read the EKG and make fun of him.

P: But you liked being a professor?

B: Oh, I loved it. I loved teaching very much and teaching students.

P: Yet you left it.

B: I was going to explain why I left. When I got back, Jape was being moved laterally and other people were being brought in. My salary was only \$17,000 a year, if you can believe it. That was 1968. We had five kids. We no longer had that little house that we lived in. We bought a little house in Carol Estates for \$13,500. Mary was not working with the five kids. Howard Ramsey was running the catheterization lab, and I was teaching physical diagnosis and heading up the clinical cardiology service. We were talking about it and we said, there for the grace of God, that could be us. We could work our fanny to the bone, build up the ladder, get up to division chief and some new person can come in and you can be totally emasculated. It could all be taken away just like that. Is that what we really want? So, we became disillusioned, basically. I went in and talked with the chairman, Lee Cluff about it. In the mean time, a group of my colleagues that had trained at the university in cardiology and medicine and had gone out and practiced would see me and say, we need a cardiologist. Come on out here--you can make ten times more than what you are making and have just as good a time. The main reason I left was two-fold. One was the disillusionment with academia. The professor that I wanted to be was like Jape Taylor--a clinical bedside teacher who taught students, took care of patients and did a little research on the side. At the time there were tremendous amounts of money available through grants and NIH. I had been on some of the grants inspection committees, and there were millions of dollars going around being awarded to do research grants. That was available during that time frame. There was a lot of money to be made. The new breed of researcher and teacher was somewhat different. They came into the system and their predominant focus--I am not saying that this is good or bad--was to bring money into the institution, number one. [Their] number two [focus was] to do research; write papers and books; and get published. It was a whole new ballgame, and I just did not want to be that type of professor--that was not what I wanted to be. I wanted to be the old-type professor, which was fading. I wanted to be another Jape Taylor, and not a grants professor. The name of the game, and I saw this happening at NIH when I was there very many times, was you do some research on a project-A, and get six, seven, eight, ten colleagues and they are all doing the little research, B, C, D, E, F, G, H. You all talk about it a little bit and everybody's names go on every paper. So Mark Barrow is first author for this research paper, A, but he puts all of his colleagues on it who contribute--maybe very little like just discussion or maybe a little teenie bit and they do the same thing. You end up with ten papers. This has happened rampantly in our system. It is starting to change again, but if you pick up a research paper now in cardiology, even today, there may be fifteen, twenty names on it. Most of those contributed virtually little or none. It was not right, number one. But, it was not done deviously or cheatingly--it was done because the system demanded it. This was the way you got grants. You had to have a big bibliography and a big name. Then you took a specific area of your specialty and became a world authority so you go could around and travel and do talkshows.

P: What did Cluff say to you when you went in and talked to him?

B: He said, you have to make a decision. I can tell you what I like about academic life. He said, you are on the cutting edge of everything that is going on in academe and research. You can meet people from all over the world that are very fascinating and become your colleagues, so you are not limited or parochial anymore to Gainesville, Florida, and the University of Florida. You can travel extensively. You can write books and it will be very rewarding to be on the committees and to be in the national spotlight. That was very attractive, if you want to work your way up the line. It is very strange--I get as much personal satisfaction out of doing things in Gainesville, Florida, than as if I were in the committees in Washington.

P: Is this Cluff talking now, or is this you?

B: No, this is me. I am sitting there thinking, well, I do not know about the cutting edge part. Community hospitals now are getting on the cutting edge of everything. In fact, they are surpassing some of the university centers of being way out in front, which is true. It has turned out that they are there. They can take on new techniques quicker than it can work through the university system. Some new technique, a pacemaker or something, will be out in the community long before they get all through academe, so I did not know about that. As for the travel--if you make enough money, you could travel anywhere you want to anyway and meet people. I do not want to be in Washington and on the national committee or in a big mucky-muck in the American College of Cardiology. That is not for me. I would like to be just a physician first and teach some on the side.

P: So you really made your decision based on this conversation. I mean, it was the final decision.

B: That was the final decision. But, part of it was the economics of it. I felt, I cannot educate my kids, and we want a nicer home. We were looking for an old house to restore because when we were at NIH, we had done a lot of traveling around and gone to Charleston [South Carolina] and Savannah [Georgia] on our vacations. We had some friends who had restored an old house in Fort Walton [Florida] and we were hot to restore an old house. We did not have any money to do it, and [a group of] my colleagues out at North Florida Regional Hospital called Gainesville Medical Group were hot for me to join them. They said, you can make eight to ten times more. We love it and we think you will like it. I made the decision to leave, and Mary said fine. It was painful because basically up to that point, I had prepared myself for an academic life. I do have some regrets about it because the research stops and the writing stops, but there are other things.

P: In many ways, you have impressed me more as being an academic person than almost any other doctor I know.

B: That is because I have that academic background. Through all of this, I have always had this interest in history. That was epitomized during the 1964-1965 period when I was a research fellow. Jape and I were talking about it. We talked about many things because we were doing dissections together on these little animals--these baby fetus rats--to look at their hearts, so we spent many hours [together]. While you were sitting there working under a microscope, you talk about other things. I said, somebody ought to do some information about Shands and the Health Center, the history. He said, yes, they certainly should--you should do it. So, I went down and talked to the dean who said, absolutely, I think it is a great idea. Whatever files we have, you can look through. I contacted Dr. Poor and he said, he would be glad to come and talk to me over a weekend and talk to Jefferson Hamilton and others. I started working on this thing--the history of the new medical school. When I got all through with it, I gave it to Jape to read. He was a very stern editor. He says he is not, but he is. He read it and said, I am totally fascinated. You need to publish this. To show you the type of man he is, he spent probably thirty or forty hours on this manuscript with me and changed considerable parts to make it more readable. I said, I am going to put you on as a second author because you have helped me and I want your name on it. He said, absolutely not. That is your work. I am not going to go on your work. My job is to do this with you. That is my job. I am not going to go on that paper with you. That is the type of person he is. Now, we did some other things together that we are both on. We wrote a chapter in a book together on the genetic diseases of human beings. I took half and he took half, and we did equal shares. So we are on that together. On something that he did not participate heavily in, he would never [take credit for it]. That was the same way when research was going on in the department. Almost routinely in academic medicine, the department chief gets his name at the end of your paper because he is the chief--that is just a little nice thing that everybody does. They do not have anything to do with it, except he may edit it and review it very severely, but his name goes on it. Jape would never, never allow that.

P: Well, you made the decision, and you leave Shands and the University of Florida Medical School.

B: So, I leave Shands and I go into practice as an internist and cardiologist in 1972. In the mean time, we have bought this house, the Tigert House, where we are now, 224 North University Ave.

P: Where did you get the money for this? You have not gone into private practice yet.

B: We went to the bank and, interestingly enough, no bank would loan money for houses in this area. They said, this will be a slum in five years and be bulldozed down. Buildings and houses will be put here. We do not loan money here. It was totally through a fluke that we got a loan to buy this house. The loan was

only for \$25,000--we bought the house for practically nothing.

P: Whose house was this?

B: Well, originally it belonged to Parrish, M.M. Parrish's (one of Gainesville's building contractors) uncle, I believe, not his father. But, the Parrish family built the house.

P: I thought Parrish's father built it for himself to begin with.

B: It may have been Parrish's father or his uncle--might have been his uncle, I do not know. In any case, they built the house, got into some financial difficulties and sold it to some other group or couple--I do not remember. They rented it for years and years [to the university], then it was sold to Dr. [John] Slaughter.

P: I think the house was only one year old when the Tigerts moved in.

B: It was very early.

P: When they came, the first house the Tigerts lived in was one out on Newberry Road.

B: Well, it may have been very early because when this house was built--I think it was 1929--the financial problems arose, somebody bought it and immediately rented it to the University. They rented it for years.

P: Rented it, according to Mrs. Tigert [Mrs. John Tigert, wife of John J. Tigert, UF, president, 1928-1947], to the Tigerts, not to the University. She makes that point in her interview, on her tape.

B: I found a wonderful picture of him with his little cocker spaniel dog out front of this house the other day.

P: She makes that very point that, we [the Tigert family] paid the rent.

B: We bought this house in 1970.

P: Who did you buy it from?

B: From a Colonel [John] Slaughter and his wife. He taught history and was a military professor. His wife was quite wealthy, and this house was filled with the most incredible array of antiques that she owned.

P: You know, he died last year and she is living in Clearwater [Florida] now.

B: Well, we came over and they really had not touched it for about fifteen years.

P: We went through the house when the Slaughters lived here. He was my colleague.

B: Well, he was an interesting man. He had a key for every lock and every building, and he had them on this thing with them labeled. He was the ultimate labeler.

P: I cannot remember who the Slaughters bought the house from.

B: I have it written down. I may add that later, but I do not remember who they bought it from. We bought it from them. Lamar Roberts, the neurosurgery professor, had semi-retired and left the University and gone to Ocala. His wife, Louise, was a real estate person--wonderful lady. She liked Mary--they were big buddies. She was helping Mary look for an old house. She called Mary one day and said, I have heard that the Slaughters are going to sell their house. It is exactly what you are looking for. You want a big, two-story white house with columns, right? In bad shape? Yes, yes that was what we wanted. That was it. So we came over one afternoon and knocked on the door. There was no for-sale sign. They came to the door, we introduced ourselves and said, we understand that you might be moving and might be willing to sell your house. He said, well, yes, we are. We have not even decided what we want for it or anything, but yes, and we would certainly not like to go through a realtor. They were frugal. They were very nice and kind. We talked for a little while and we said, do you have any idea what you might want for it? She said, I do not know, honey, whatever you say. We really do not need the money. He looked at it a bit and said, Is thirty-five too much? We looked at each other. We did not know what they meant. \$35,000, \$350,000 or what? We had been in Washington, you see, and these houses up there in bad shape were \$300,000. We said, like what? He says, \$35,000. We said, yeah, we will take it! Louise, bless her heart, had a contract out in the car. We brought that thing in and put in the amounts, and they took a second mortgage. Finally, after three attempts with a bank, we borrowed the money. We kept going back to a bank called Fortune Federal, and there was an elderly gentleman in there that had been a bank president--he was now a greeter. We would go back and go through our plea, and they would say, we will consider it to committee. Then I would call this little young bank president who would say, I am sorry, [but] we are just not loaning money over there. We cannot help you. We kept going back. We figured, what the heck? We were really anxious to get it. We went to every lending institution in town, and finally we went back. We went back the third time and [a man who lived down the street here, Mr. Brookings] was out reading by his little desk and said, hello, young people, how are you? Hope you are going to do business with our bank. We said, actually, we are having a problem. We cannot get a loan here. He says, what are you talking about? We said, we want to buy the Tigert Home. [He said] Tigert Home? I know the Tigert Home. I just live three doors down there. It is a wonderful place! Sure, we will give you a loan. How much do you want? We said, we only want \$25,000.

Oh, that is no problem at all. We said, we have been here three times and your president, Mr. Brookings, said they are not loaning money there. [He said], what do you mean not loaning money there? I live there. Come with me. So, he took us in hand, knocked on the door of the young new president, and said, yes sir, Mr. Brookings (he had been the former president of that bank for years) what can we do? He said, I want to introduce you to these nice people that want to do business with our institution. Of course, he did not remember turning us down because we had been on the telephone. Thank you so much, we are delighted to have you. A physician? We want physicians. He said, they need a little loan on their house. He said, we can help them out. He said, it is a very small loan, Charlie. It is only \$25,000. It is the Tigert Home on 224 N.E. Tenth Avenue. That is only three houses from where I live. He said, yes, but you know we are not supposed to be loaning money over there. He said, what are you talking about? Loan those people the money! Literally. And he said, yes, sir, we will. That was the way we got the first loan on this house, believe it or not. The Slaughters took a \$10,000 mortgage.

P: But you needed money to rehab this house.

B: Well absolutely. We did not have a dime, and we lived in it empty, except for a mattress on the floor, for about a year-and-a-half. We would have friends [stay] in the living room.

P: Those poor five children just had a wonderful house to play in.

B: They played tennis in the living room.

P: They had plenty of room to run around.

B: Mary started restoring it, painting it and fixing it up. Every three to five years we would refinance it and turn all that money back into it.

P: Let's get you back into private practice so that you become wealthy.

B: I was with a group called the Gainesville Medical Group [out at North Florida Regional Medical Center]. It was a group of other physicians that I trained with: John Andrews [John W. Andrews, Shands, UF, clinic instructor, 1959-1973] who had been a chief resident at Shands; Dick Cunningham [Richard Wayne Cunningham, UF, chief resident in Medicine, 1962-1973], who was chief resident at Shands; and Mel Dace, who is still here. All three of those individuals are retired now.

P: Richard Cunningham is still here.

B: Yes, he is here but retired. [My other colleagues were:] Bobby McCollough [Robert H. McCollough, UF, clinical instructor in Medicine, 1967-1972], who just took over a position to head up the Hospice, medical director of Hospice, and

Bob Thoburn, who was a rheumatologist. We added two more: Homer Knizley [Homer Knizley, UF, assistant professor and acting chief of Endocrinology, 1967-1973], an endocrinologist, and Bobby Slaton [Robert Slaton, specialist in endocrinology]. So, [we were] a group of eight.

P: What was your position there?

B: Just in private practice. The hospital was just starting out, and we all took [please finish thought].

P: Who built the hospital?

B: North Florida Regional was built by a group called Hospital Corporation of America [HCA], which was out of Tennessee. There was a family of physicians [that] decided to start building their own private hospitals so they could compete in the market. Medicare and Medicaid were new at the time, this was in 1972, and they made a very serious error which has come back to haunt us all. Medicare and Medicaid had a very hard time talking to physicians in the AMA and to government medicine. The truth was, the day the bill went through, all of a sudden, there the doctors' incomes began to double. Up to that point in time, a poor patient came in to see you [was never charged]. When they came to see my brother, he never even sent them a bill. He said, why would I send him a bill and waste the postage? They do not have the money. If they have the money, they will bring me something back. My brother George, who thought it was just terrible at first, changed his mind. All of a sudden, his salary doubled in six months. It made it tasteful. The mistake that was made by Medicare early on was [that] they paid 80 percent of what you charged, and they paid hospitals a large per cent of what they charged.

P: Regardless of what they charged?

B: Regardless. So, what do you think happened? I mean, what happens every year when you sit down to talk about your fee schedule? This is the process. Nobody talks about these things, but I have been involved with it for years and it really should be discussed. You have a \$100-item, let's say it is for a stress test. Medicare in going to pay 80 percent and the patient pays 20 percent, \$20, right? Come time to look at your scale for your review, say, we will go up 5 percent, and somebody says, Medicare is going to pay 80 percent, so why don't we go up 6 or 7 percent? Whatever the traffic will bare. That is exactly what happened. Consequently, hospitals' physicians' salaries and income began to tremendously escalate. It was a very subtle, slow thing at first.

P: Then it became an avalanche.

B: Well, yes. What they should have done was say from day one, okay doctors, we are going to have this program. You can be in or you can be out, but this is

what we are going to do. We are going to pay you 80 percent of \$100 for this procedure, and that is it. [They should have] set the price right then. [For example, they should have said,] \$90 is the price we are going to pay for a stress test.

P: But, you had too many doctors working on the arrangements and too many pressures on Congress.

B: I know. It is a terrible problem. Now they have gone all the way around--the pendulum has swung all the way back over and they have overreacted. Now they are talking about saving \$150 billion for Medicare and Medicaid. It is not there anymore. They have tightened it down [so far that] you would not believe [it].

P: Wait a minute now, let me get you back to North Florida. The hospital was built by some private enterprisers who bought the land, built a hospital to compete with Alachua, and they hired a staff.

B: Well, they hired a staff of nurses, not a staff of doctors.

P: Well, who was doing that? Who was running the hospital?

B: The hospital was being run by Hospital Corporation of America. They had a board with physicians on it, but the board made policy decisions about patient practice.

P: Are they outside of Gainesville?

B: No. The board [consisted of] local physicians. I was on the board for years. They made policy decisions about the practice, cleanliness and running of the hospital, not about the finances. We were given some information like the profit margin, but we did not make any of what we charged.

P: How do the owners of the hospital get paid? Are they on the board?

B: No, the owners of the hospital--North Florida Regional--was the Hospital Corporation of America originally, and, however, well the hospital does--whatever profits it makes--goes to Tennessee to the HCA.

P: Do they supervise it to make sure that they are making a profit?

B: They supervise it to the extent that they hire an administrator who comes up and reports to them every month. If they get into a problem and they start losing money or going into the red, then they get rid of that one and bring another one in.

- P: Are the investors on the board? Are they on the stock exchange?
- B: Yes, they are on the stock exchange. Basically, they do it through an administrator.
- P: He has nothing to do with the medical practices of the hospitals. Who does that?
- B: There is a board within the hospital of physicians: a chief of staff, a chief of staff in medicine and a chief of staff in surgery. The day-to-day running is done in conjunction with the nursing service, which is hired by the hospital. None of the doctors originally were hired by the hospital. There are some now, but none of them originally were [hired by North Florida Regional]. The doctors make policy decisions about medical care, and the nursing staff and the administrators, who are hired by Hospital Corporation of America, run the hospital.
- P: When you were first vice chief of staff and then chief of staff? What were your responsibilities [in those positions]?
- B: My responsibilities were to make sure the hospital ran, at least from the patient care point-of-view, the way it should.
- P: Were you paid a salary for that?
- B: No, it was all voluntary.
- P: When patients come in, patients that you tend to, do you bill them?
- B: We bill them privately. The deal was that Hospital Corporation of America bought this property; they, in turn, built the hospital; they, in turn, sold the park called the Doctors' Park, or part of it, for doctors to build their offices. They kept a big portion around the periphery, which they are building on now, and then the doctors built their buildings at their expense. There was no money that flowed from hospital to doctor back and forth at all. You did not pay rent or anything.
- P: When the patient came in the hospital [for treatment how were they billed]?
- B: They get two bills--a bill from the hospital and a totally separate bill from the physician.
- P: Is the physician limited on the amount that he can charge the patient, or is that completely personal?
- B: It is completely personal, but you cannot gouge. There is a range of charges--the known charges are and what the recommended charges (by Medicare).

P: Who pays the nurses?

B: The hospital pays the nurses.

P: But you control the nurses, obviously.

B: It is a joint effort. The physician and the head of nursing services together control it. They have their own roles.

P: The hospital hires the nurses and pays the nurses.

B: They are from the hospital.

P: So, the physician and the head nurse work together and also the physician and the other nurses. When you tell a nurse what you want her to do, she is supposed to be doing it.

B: Well, the nurses have their roles in patient care and physicians have [theirs], but they work together. They have different roles--that is the accepted standard now. They are not your underlings or your slaves anymore.

P: As chief of staff, you had nothing to do with the cleanliness of the hospital?

B: You do in that if there is problem, you go to an administrator and say, the place is not good enough. If there is a problem with the floor or you are having problems with cleanliness or some of the employees on the floor, the chief of staff can go to the administrator and to his colleagues and say, we have a problem. They will respond very quickly because they do not want to get into a major [confrontation].

P: So the administrator handles the food, cleanliness, volunteers and all of that. You, as a doctor, just come in, see your patients, and you walk out.

B: If things are not going well, you gripe to the right person.

P: You have another office you go to to take care of the other things.

B: You run over and make rounds early in the morning, go to your office, see your patients, run back in the evening to see the sick ones and go home.

P: So, chief of staff was not a full-time job?

B: Minor, you spent a lot of time [doing chief-of-staff duties].

P: You are in private practice now. Where did you open an office?

B: We opened an office behind North Florida Regional Hospital. Initially, there was

a small building at Alachua General Hospital across the street. After North Florida was built, about six months after I came on board, we moved out there.

P: When you say "we," you are talking about these other seven guys you are in practice with?

B: The Gainesville Medical Group.

P: Together you purchased property?

B: [We] bought the lot and put a building on it, and then a little later, [we put] a second building on it.

P: Do you still own that today? Are you still part of that group?

B: No. I left the group ten years ago to get back on this side of town and to restore an old house as a Victorian doctor's office.

P: Why did you do that? I mean, why did you leave the group? Was it a lucrative operation?

B: Well, it was a lucrative operation, but I left for a variety of reasons. The predominant reason was that I wanted to come back over here and try to see how things would go independently on this side of town.

P: Have you been disappointed?

B: Oh no, not at all. It has gone extremely well. Of course, my colleagues thought I was a little crazy and that the patients would not come over to a place on the east side of Gainesville.

P: But they have.

B: Two of us made that decision at the same time, Dr. Marshall, an ophthalmologist, [and I]. We are actually close friends, and my wife and Dr. Marshall's wife, Jean, are close buddies. They wanted to do the same thing, and so they bought an old house called the Doig House. He is an ophthalmologist and actually started before we did. He was very nervous [and wondered if] this [would] be a problem. He had an office over near Alachua General, and we did the same thing right after that.

P: Are you nearing the end of your medical career?

B: Oh, sure, of course. Thirty-five years is a long time.

P: I just retired after fifty years.

B: I know. It is very hard, very grueling. At some point [I will retire]. I am now in the process of trying to get one or two individuals to come in, and then I will gradually move over. If I can, I want the move to be gradual. That is what I want to do.

P: Why, are you tired?

B: Yes, I am tired. We are buying a place in Melrose.

P: Are you tired of this routine of getting up and going to the office every day?

B: Well, medicine has changed. I must say, it is not nearly either financially or emotionally as rewarding because we fight constant battles with Medicare, HMOs, Medicaid and third-party payers. The practices are just not the same as they used to be.

P: You keep hearing about all of the paperwork that needs [to be done now].

B: The paperwork is onerous. I spend several hours a day doing nothing but paperwork.

P: What about the insurance for malpractice?

B: Horrible, yes. Internal medicine is not as bad as surgery. When you do things to patients that may harm them, the costs are unbelievable. They are still extremely [high for internal medicine].

P: Would you say now in 1997 that this whole business of medicine is not as exciting as it once was?

B: It is not nearly the same. The thing is, those individuals that are coming out in practice now do not know what it was like before. When Gerry Schiebler and I see each other, we look at each other and say, you know, we had the golden years and we did not know it, back in the 1970s and 1980s. The golden years meant that we were paid high salaries, we had absolute, total control of everything--maybe that was good, maybe that was bad. There was not a lot of governmental interference nosing around. Malpractice was almost unheard of. It was just an extremely rewarding thing without a lot of tremendous hassle except taking care of sick patients.

P: Is medical science still continuing to produce Jape Taylors?

B: Unfortunately, no. Not that there are not some very bright, very good, highly motivated, fine physicians coming out of academic medicine, but they are more of the grantspersons, grantsman-type physicians--grantsman bureaucrat, I call

it-- in my opinion. But, there are still some very fine physicians. In academic medicine, the salaries there paid very much, maybe the same. I do not know what they make. I know a starting out assistant professor like I was, making \$17,000 in 1970, now probably makes ten times that much in academic medicine, I would suspect. So, the salary levels are very good. There will always be those people who love to teach, and there will always be outstanding, wonderful physicians who are very personable and whose patients love them. There are plenty of those today, but it is a different world. The Jape Taylors are what I call a dinosaur. That was another era.

P: It is 1997. Are you dissapointed with what you are looking at in the field of medical science?

B: The technology is so astounding. The new things, the new techniques and the new ways of dealing [with] things are truly astounding and truly exciting. The dealing with it--the administration of it--is very disconcerting and has physicians as a whole, especially [those] in private practice, very disillusioned. What you are going to see now, in my humble opinion, is that physicians are going to quit in their early sixties instead of retiring at seventy and seventy-five. They used to just slow down a little bit but would keep in it because they loved it and their patients loved them. That is exactly what is happening. John Andrews, my old partner [has retired]. Dick Cunningham, my old partner, has retired. Mel Dace, my old partner, retired in his early sixties. Bob Thoburn, just barely sixty-one or sixty-two has made the decision [that he] wants to retire in the next year or so. I want to try to do it piece meal, and bring somebody in rather than just hanging it up and quitting. After thirty-five years of doing this, many of the patients that I have accumulated are not patients anymore--they are like family for gosh sakes. You are new into the scene of my practice, but I have known you all these years. I do not want just any old body to come in and take care of you. But, Blair Reeves [Frank Blair Reeves, UF, professor of architecutre, 1949-1988], Roy Hunt [E. L. Roy Hunt, UF, distinguished service professor of law, 1962-present], and even people that I took care of as a resident at Shands, and I now take care of their children who are now adults from Live Oak and other areas.

P: You are as bad as I am on the teaching. Children and grandchildren are showing up.

B: The same thing, exactly. I have people from Live Oak and Lake City that come. I know everything about them. I know all the problems they have had, all their terrible tragedies, the good things, and they know all about me. They all know my kids and they say, how is Mark doing now? We have talked so many times about things.

P: Let me ask you about something else. Mark Barrow is a multi-facseted person. I want to talk to him about some of these other activies, involvements, interests and enthusiasms. Let me start off by asking you how you became a historian.

B: I got interested in history because my parents were both very interested in it. When I was a little boy, we used to go visit family members and learn about family history. Mother and Dad would bring little things home from the old home place up in Baker, an old jug, a tool or a hoe. We visited the log cabin, and we learned about history of North Florida and our early ancestors and so forth by word of mouth. Grandmother Colvin knew everything about everybody in the Colvin family and loved to tell all about it. Mother wrote all of these things down about the Colvin family and the Barrow family. When I was in school here, I took some history courses that I always enjoyed, not the dates necessarily, but just the field and concept. When I went into private practice, Mary and I got turned onto historic preservation, which involves a lot of history on houses and things, and she actually started [with it]. I was very busy in practice. She actually was the founder of Historic Gainesville and on the founding board and very involved with the Bonnet House project down in Fort Lauderdale that helped get the Bonnet House for the state historic preservation group. We were just very, very involved.

P: Are you a history reader?

B: I do a bit, but not avidly--not like you history professors do or like my son Mark does. Every time one comes off the press, he quickly scans it, and if he likes it, then he reads it in great detail. But, no, I do a lot of scan reading or a lot of surveying. If it is something that I am particularly interested in [then I will read it].

P: Do you do a lot of magazine reading?

B: Yes, a lot of that. A lot of journal reading.

P: Because I see the publications you have in your office.

B: Yes, well, we bring those home after a month or two and look them over. I am very picky and choosy. I am what is called a ripper and a tearer with journals and things. When I see something I am interested in and like, I tear it out and keep it. That is the way that I have amassed such a tremendous amount of material on the history of Alachua County. I fell in love with Alachua County when I was a student. I came down here from Okaloosa County, which is fine, but it is very country, and was a small town of 10,000. The people are wonderful people and I love them, but they are very conservative. They are close-knit, very family-oriented. If you are in trouble they are very supportive. But, they are fairly conservative-minded about international issues. They are very colloquial--interested in what is going on there and not what is going on in the world. I got down here and the atmosphere was totally different because of the university, of course, or a big part of it. Very cosmopolitan. I love the area. I love Paynes Prarie. I love the Devil's Millhopper. I love canoeing on the Santa Fe River and canoeing on the Suwanee. You are only a few miles from either

coast. I just started getting interested in history and talking to people about it in the 1970s. I met Jess Davis, who was a postmaster. He really turned me on [to history] because he had been avidly collecting material about Gainesville and Alachua County since about 1955. He said, I have been looking for somebody to take my place who will save all this material because I am getting tired and I am quitting. He was saving newspaper articles and all these different things. We struck a deal that he would turn all of that over to me, which he did. So, I saved that, and he was very delighted. He was afraid it would be thrown away when he died because when families start cleaning out things, they find all this junk and they just pitch it. So we got all his material--scapbooks and stuff.

P: Mary started Historic Gainesville?

B: Mary is one of the founding members of that. I later got involved after a few years and was president.

P: What turned her on to preservation?

B: We both got interested in historic preservation, her especially. It is interesting in that we had some close friends who I had actually gone to school with--Sarah Ridgeway from Crestview who married a flyboy from Eglin Airforce Base [Fort Walton Beach]. They both came down here to school when I was here. His name was Bob Morrison. When they graduated, I graduated from medical school about the same time. Sarah and Bob were my dearest friends, and I used to take all of my girlfriends over there to visit with them to get their approval. This was when I was in medical school, in the second year or so. I would take this one over and we would have dinner at their house, and they would say, I do not know. I do not think so. I do not think this is the one. When I took Mary over, after we had dated a while, she came up from Orlando to visit. We went to meet Sarah and Bob. Sarah lights up. They are very much alike, and they just hit it off from instant one. I no more got her back in the car to go to Orlando, back to teach on Sunday, and they called and said, you have to come over here, we have got something very important to talk to you about. I thought that there was a problem or something and they said, this is the one. Do not screw this up! This is it. You have got to do it now. This is it. So, they were close friends. When they graduated, they both went back to Fort Walton Beach and they bought this old ramshackle beach house. We went by to see it when we were going up to NIH, and they were so proud of it. We are going to restore this house. We thought, they are nuts! This thing is about to fall over. It was leaning a little. When we came back two years later to visit with them, they had restored it and it was stunning. Not gorgeous--stunning. It had been totally re-done, landscaped, and it was beautiful. We said, we want to do that. While we were up there, we had studied a lot about it and visited and looked at houses in Washington and Georgetown. [We had] gone to Savannah and Charleston. When we got back, Mary was hot to do an old house like her friend Sarah did. Of course, it was not long after we bought the house until they came down and

visited. Her mother, sweet soul, Mary's dear mother Wilma Besalski, looked at it real funny and said, well, this is going be a lot of work here, Mary. But, you know, it would make a very nice funeral parlor. Actually, a black funeral parlor--whatever that means. Mary and I teased her about that many times since, because what I think she was saying is, you have a tremendous job in this big old house here. But, Mary was ready and she was hot to do it and just started learning about it. [She] got a little crew together, and then we decided that it would be [a great value]. All these wonderful old houses are still very good buys here, and in the meantime, I was watching prices go up around here. I was watching [the value of] houses' go up every month. There had been a stability for years and then it started just creeping up, so we made the decision around 1976 or so. By then I was making very good money.

[There were] old, two-story Victorian houses in this area in the northeast historic area as well as the southeast area. Every one that we could buy and borrow financing [we did], and [then] she created a company called Victoria Restoration that restores them. We were very young and very naive, and we did not realize that if the bottom had fallen out on us we could have been in very serious financial trouble. We were very optimistic, and restored these and started renting them out. We did not know that there would be a demand for them. They were building apartments like crazy all over, you know. But there was a demand, so she has restored twelve or fourteen different buildings. She has done it herself with a crew, but it is very hard. It is very difficult, and it gets harder as you get older. It gets harder dealing with all the city codes and so forth also.

P: What about your office?

B: The office we had bought with my brother-in-law and his wife, Bob and Elaine Besalski, and a friend of ours, Ed and Jan Baur.

P: This is Mary's brother.

B: Mary's brother.

P: What business is he in?

B: He is a minister, a First Lutheran minister, who just happened to settle here in Gainesville.

P: He lives here too? Her father was a minister?

B: Her father was a minister, and her brother, Bob, is a minister. He ended up getting a call to Gainesville and came here thirty-five years ago.

P: I do not think I know him.

B: Oh, he is a delightful fellow. He just retired from the ministry, actually. So we bought this building from the American Legion. The American Legion had done a swap with the Church of Christ, so we bought it from the Church of Christ. We were going to put either an old folks' home or something [else] in it. The neighbors objected to having an institution there, so then we decided we would do a halfway house for these people leaving Tacachale [mental handicap facility on Waldo Road] for [those] people who can work but needed supervision. The neighbors did not like that too much. Mary and I had been talking about it and said, well, we have always wanted to do an office rather than an apartment building and do it right and really the way it ought to be--a Victorian doctor's office. We had talked about it for years and years, and so we bought our partners out and went down and refinanced the whole shooting works.

P: You did not have to rezone or anything?

B: No. It was all for business or residential [property], either one, on University Avenue. She did it in 1987. She had a crew called Victoria Restorations which consisted of a couple carpenters, a couple of painters and a plumber. Everything else was subbed out. She jumped right in there and did the subcontracting herself.

P: You rent out the second floor?

B: We have [rented it] off and on, yes. Part of it [is] rented out right now.

P: I see a sign or something.

B: Usually it is people we know, friends of ours, a massage therapist or a young attorney starting-out.

P: It is a legitimate massage place?

B: Yes, as far as I know. I hope so.

P: You have not tried it out?

B: No, no.

P: Where did all the furniture come from?

B: As we were buying these houses, we also bought an old church at 418 East University Avenue. It had been a church for a long time, and then it had been a meeting hall. It was in really bad disrepair.

P: Oh, I remember when it was the church.

B: Gainesville Tabernacle.

P: It was a church earlier than that, too.

B: It was built in 1928 or 1930. Gainesville Tabernacle--it has a corner stone. We bought that and restored it early on, right after we got into the business.

P: Is there a restaurant there now?

B: Yes, it is a fondue restaurant. We put an antique shop in there.

P: I remember when the antique shop was there. I have not been in it since the restaurant opened. Is it good?

B: It is great. [It is a] great place to bring out-of-town guests, but it takes a couple of hours. They love the fondue.

P: You have to keep sticking pieces of bread in there.

B: Yes. Bread, meat or fruit. It is wonderful. It is a great evening.

P: It is expensive.

B: Relatively. We had an antique shop there, which I loved. Mary said, yes, we will do it, but she hated it before it was over because you had to spend every weekend on the road hunting for antiques. We were trying to furnish the house and some of our other properties, and we did do that with the antique shop. [We] did not make any money with it because we took so much home, but we got everything furnished and we kept that for several years.

P: So, that is where the stuff that is down there came from, the antique shop?

B: Most of that came from the antique shop, and most of the antiques here came from that or our family members that had given it to us.

P: You still own that building where the restaurant is?

B: We have a mortgage that will be paid off next year, which has been very nice. We own a group of buildings called Victoria Apartments that are old, restored buildings, and my son, John, the architect, manages them. At one point, the idea was that we were going to keep them, pay down the equity, sell them, put that money in the bank and live off of that, but we decided to keep them because they are doing so well and the rental market has gone up. When they built the new apartments near downtown, their rental rate was quite high, so there has been an adjustment in rent in Gainesville because of all these buildings. The

rent basically is twice what it used to be. [You] used to [be able to] rent an apartment for \$250, and now it is \$450.

P: What about the Bailey House? How did all that come about?

B: That was while we were in this expansive phase. I had got word that they were talking about tearing it down and then went over and looked at it. I sweet-talked Mary into letting us buy it, restore it, and operate it as a retirement facility. Once we got in there, we moved into some other buildings, bought some apartments around it and expanded it until suddenly it was a big operation. It was too big for us [to run]. It became very onerous trying to run it. In the eight years that we owned it, we did get it restored and stabilized--actually we restored it twice, which was my goal. In the mean time, during that period, the rules and regulations, codes and fire codes and HRS rules and regulations became extremely onerous. It is very hard to describe. I think [they are] all trying to improve safety and improve care, but it makes it very hard on the owners of these facilities because they are always coming around inspecting and making you put in new doors, new fire systems [and other things]. It is constantly one thing after another. It is just too big an operation for a couple to own when you get fifty or sixty clients or patients in these facilities. That is the kind of thing that has to be run by a corporate group and specialist in the field.

P: Did you sell it?

B: We sold it to a group out of Boston. They were buying up nursing homes.

P: How do you know they will protect the house?

B: It is to their great benefit to protect it. It would be very foolish to change it or tear it down because it is a show place. That is what they use it for now. They do not keep residents in there much.

P: This does not mean that someday somebody might come and say, we need this land to build a retirement complex or something.

B: That is a possibility we worry about, of course.

P: Did I remember correctly you telling me that you were able to get some of the furniture from decendants from the Baileys?

B: It went to three different family groups--the three granddaughters that live there. I tried to get pieces back and never did, but there was one piece, an armoire, that was left that is there that we own. They left it over there, but it is ultimately someday going in the museum if we ever get a place for it. It is the original. It was built out of red bay wood.

P: So there are decedents living?

B: There are decedents living, but none are from here though. There were about fifteen pieces of hand-tooled, hand-made furniture, very nice, primitive plantation-type pieces that would really be nice to ultimately get back, but I do not think it will happen.

P: Has anybody ever written a story, the Bailey story?

B: Not really. I have always sort of half-way thought that I ultimately might do that when I retired.

P: It would make a wonderful master's thesis.

B: It would be great. I would love to help. I have everything in the world on it. I have a [photograph of] all the furniture.

P: Remember, I ran down the Bailey letters at Chapel Hill and we have copies. I arranged to have them microfilmed--it was easier to do that years ago. They did not have any objections at all, and I brought them back to the P.K. Young Library (of Florida History).

B: That is all there. I have photographs of all the family members that they have loaned me. I have the genealogy. The hard work has been done. It would make a wonderful master's thesis. Now, one lady, Lucy Wayne, did an archeology dig over there and did her master's on that. We knew where the trash pit was--the main trash pit--and they got a lot of very interesting things, although nothing of value. She did a master's degree on it.

P: There is no buried treasure. This has nothing to do with the story of Mark Barrow, but I have always wondered [about the] row of oaks that go down from Sixth Avenue to Thirteenth Street. Was that the entrance into the house?

B: That was part of it, yes. That was part of it. There was a road that ran in front of the Bailey house, and that is why it looks like it is a little off-center if you go by it on Sixth Avenue. It looks like it is tilted. The original road was not Sixth. There was a road that came in front of the Bailey house, curved down to the north of it and then curved up and went to that row of oaks. Originally there were oaks along that road to the Bailey house, and unfortunately, a lot of them were water oaks or laurel oaks that have all fallen and rotted. There are a few left there.

P: They owned the property for a distance, did they not?

B: The Baileys owned property all over the place. They owned major portions of it and he gradually sold it off.

P: The planation where the house is extended for a couple of miles, did it not?

B: I do not know if it was that far, but it went north of it a good way.

P: Twenty-third or Thirty-ninth?

B: Probably somewhere up there.

P: That is what I always understood. How did you get involved with the Matheson House?

B: By being interested in some of the history, starting to collect things, local history, photographs and talking to people.

P: Is that what brought you into contact with Sarah Matheson?

B: Yes. I met her through the Alachua County Historical Society.

P: She was not your patient then.

B: No. I adored her and she was very interested in history. Then I met Helen Ellerbe who was virtually saving everything. You could not find it or get at it, but she was saving it nonetheless. I met with this group about six or seven years ago. I guess it was about 1986 or 1987. I had gotten to know this group of people through historic preservation in the university and through Mary. The group consisted of Roy Hunt, Blair Reeves, and your illustrious self, Sam Proctor.

P: The evil three.

B: The evil three or four. I was sort of the bastard child of the group not being in the University.

P: But you were an adjunct to the history department.

B: That is right. So we would meet every year or two over here and talk about "would it not be wonderful if we had a local history museum?" We did not have any money, no place, and suddenly in 1988 or 1989, Sarah Matheson announced that she would like to work out something as far as dedicating her house and property, [along with] the American Legion Building that was for sale on East University Avenue. Everything just began to fall into place. We created a group with those members and then we started adding other members. We started in 1989 and created this organization that was originally called "The Friends of the Matheson House." We changed the name to "Matheson Historical Center" when it became apparent that it was going to be the Matheson

House, American Legion building and the entity. We continued to meet here at my house. Of that original board that started in 1989, the same group of people stayed in there for nine years. I thought that was pretty amazing and still do. For nine years, that same board stayed together.

P: They did not have anything else to do in this small town.

B: Yes, but can you imagine? I mean that is just impossible.

P: Yes, but you were the stimulant, and you were obviously the major financial backer of all of this. When they needed the money, they turned to you.

B: True. I went out and raised some money and was very fortunate to get enough money. We were very fortunate to get a big grant to restore the building, the Legion building. [The grant was for] \$340,000. The last big grant that was given by the state of Florida was that grant--the biggie.

P: A magnificent restoration. Unbelievable.

B: It is. We were fortunate.

P: Remember when we first went into the building?

B: It was pitiful, true.

P: But you see, I remembered it from back in the 1930s when I was here as a student. They would rent it out for dances and parties. It was not bad then.

B: Not too bad. They neglected it, and it was in bad disrepair. Since I was making good money at that time in the 1970s, I had started collecting postcards, books on Florida history, stereo-view cards, photographs, maps, anything on Florida.

P: Is this where the country store came from?

B: The country store came basically from the old country store we had at the antique shop. Mary and I saved that stuff, packed it away and put it in our attic. We got it down again, and Mary and Jean Marshall, Dr. Marshall's wife, did the country store.

P: Where is all this stuff that you collected, the books and other things?

B: That is all the stuff that was put upstairs in this house for years, and as I would fill up one room, we would move to another room. [Finally], Mary said, enough is enough, we cannot continue this forever. When we got the Legion building done, we moved it all over there.

P: Where are all the books?

B: The books are in the library. There are 2500 copies. They have just gone onto the Alachua County library computers.

P: So the majority of the library there is yours, not Helen Ellerbe's?

B: Helen contributed [to] the cost of the library. She told us early on that she would like to build a library. So, I got an estimate from Gary Junior, who was a contract person, former mayor, and was in this kind of business. I went to him and asked if he would build this library and help us design it. He got some design specialists to do it and he said, I will do it at cost--I want to do it at my cost. It was \$50,000, and Helen gave us a check for the \$50,000 dollars.

P: Where did she get her money?

B: She inherited it from her father.

P: Judge Fred Ellerbe.

B: He had bought Coca Cola stock, IBM stock and all of these old wonderful stocks from the beginning and just held on. She was worth a lot of money. She just held on to them and let it ride. She could have had anything anywhere she wanted.

P: What has happened to her money?

B: Well, we got some of it. She has two sons who are very not very money-oriented and they have it. When Helen Ellerbe passed away, we wanted to get the historic things from her house. Her sons got us together and said, you can have anything of historical value in this house--we do not want to get money for this, and we do not want to sell it. You have carte blanche--we do not need my mother's money. They had no idea what she was worth. They did not have any idea--not an inkling--until they got all the papers and turned it over to the [brokers]. All of her stuff was through Meryll Lynch, and we stumbled onto it. It was worth a tremendous amount, that is all I can say.

P: She was a millionaire.

B: She was a millionaire and did not know it and did not care. They did not care either. At any rate, it went to them. We went through every item and everything that had anything to do with history, [we took].

P: I am sure she would have wanted the books to come [to the Alachua County Library].

B: I would say 10 percent of the books in the library are from her--the early, original

books are from her. Some of the very early ones are from Jess Davis--probably fifteen or twenty or so--and then the rest of them I accumulated over the years impressively collecting them.

P: I have not asked you this, but I know that you bought that postcard collection last year.

B: Yes. Well, I bought it for two reasons--one is so we would have things to sell in the shop, and the other was to increase our collection.

P: You know I was kind of instrumental in that--I was behind the scene. You may never have known that.

B: I did not know it. That is interesting.

P: The collection was originally accumulated by the Mickler's [Mickler's Floridiana, bookstore specializing in books relating to Florida].

B: Mickler's accumulated it, and then--I did not know they had any of this--when they retired, they sold their book business to another Mickler [of] no relation.

P: Sam Mickler--no relation.

B: He continued the book operation, and then I got this call one day from a couple in Jacksonville.

P: Ponte Vedra--that is how you got the call.

B: You had mentioned it? Of course, I took the bait immediately. There were a lot of people interested in the collection. Interestingly, none were from a historical point of view--these were dealers. They would have liked to have gotten into the collection, looked through it, taken out the good stuff and paid [little for them].

P: In this "Historic Gainesville," did you and Mary have anything to do with the saving of the Thomas Center?

B: Well, Mary did. The Thomas Center was due to be demolished, and she and the Historic Gainesville group--Mary, Sam Gowan [Samuel Charles Gowan, University of Florida, University Librarian, 1973-present], and [some others helped shape it].

P: Is this how Historic Gainesville came about?

B: That and the fact they were threatening to put a road through here where Boulevard is. They were going to cover it over and put a road. That was what generated the establishment of the organization. Roy Hunt and Blair Reeves

helped to tell them how to get it going. Then this came up--they were talking about tearing it up, destroying and using the land to build something there--and the HGI group got together and paid a fee to hold it for several months. It was a contract to hold it for several months to see if they could line up anything. Then Gowan and others went out to get a grant to do a study to see if this was feasible. They came back and said the land was worth a lot more than they were asking for it. It would be foolish not to buy and restore it, and it is totally restorable. The city said, yes, they would do it. That building would never be there if that group, Historic Gainesville, [had not intervened]. Mary was very involved in that--she was one of the key players. She does not toot her own horn at all, but she certainly was.

B: In one of the seminars that I did in oral history, they used to do special projects. That is how Mary became involved in our oral history program--that semester they decided to do historic preservation. They interviewed Sam Gowan, Roy, Blair, Mary and a number of people like that. Sara Drylie [wife of David Drylie, UF, division of urology, 1963-1997] was one. So we have all of those in the collection. Why were they not able to save the Baird House?

B: Well, the Baird was bought privately by some attorneys.

P: Who demolished it?

B: Mary and I went to those attorneys and said, are you planning to restore it or demolish it? They said, it is not worth saving, so we are thinking about tearing it down. We said, please wait. Let us take one of you down to Orlando just one afternoon and show you what could be done with some old houses. In Orlando, the lawyers have been buying up all these old residences on the lakes--beautiful places--and restoring them as their offices. They were stunning. We said, they bought that for \$60,000, which was a pittance, and you could restore it, in our opinion, if you put \$100,000, \$120,000 or \$150,000 into it. You could have a half-million-dollar piece of property and a beautiful law office. Will you just not do anything rash or anything like that and let us show you what could be done? They thanked us, thank you very much, and were polite and everything, and the next day [they] went down and filed for a destruction permit. They were afraid we were going to try to block it legally through Historic Gainesville. We did not have a way to do it if we wanted to, but they knew how passionate we were about it. So the next thing we knew, in two days it was gone. One of the lawyers' wives called Mary and said, I want you to know that we have saved the stairwell and we are putting it in our new house that we are building. We would really like you to come out and see it. Mary said, not on your life--like this was a real act of acquiescence. It was interesting that within three months--[this] shows you how things go--that group [of attorneys] got into a little altercation, busted up and separated. The thing still sits there as an empty lot, totally worthless. I do not know what it is worth as a piece of property. Today it would be worth \$700,000 to \$800,000 dollars [had it been renovated].

- P: It would have been a beautiful place.
- B: There was nothing wrong with the building--it was all patchwork.
- P: We have lost so much in Gainesville.
- B: Lost a lot, but we have gained a lot and saved a lot. The amazing thing is we have three antebellum buildings: the Bailey House, the Matheson House and the Haile Plantation home.
- P: How about the four ugly sisters [four old houses on East University Avenue]?
- B: The four ugly sisters are going to end up being stunning--you wait and see. I tell all my colleagues [that].
- P: You think something is going to really happen to them?
- B: Yes, I do. I think Giovanna Holbrook and her group will restore them if they could work something out with the city--if the city has enough sense to cooperate. What happens on these situations is these places sit and sit and everybody gets all upset around them because they are degenerating. To my mind, as a person interested in history, ten or fifteen years is nothing. That is nothing. That is not a long time. They will mostly use the shell of the appearance. Jay Reeves has a stunning set of drawings and a model of them that would just knock your eyeballs out.
- P: She [Holbrook] has done a beautiful job with the restoration of that property and the previous ones.
- B: Yes, absolutely. You asked me how I got into it, but [you did not ask] why I am interested in this project, what my motivation is.
- P: Yes, what is your motivation?
- B: What is my motivation in it? What is in it for me? Well, it is a little hard to explain. People ask me all the time, why are you so dedicated, so passionate about the project--the Matheson Historical Center? Underneath all that--a little glint, a little question, what is in it for you? What are you getting financially out of it?
- P: You may be overly suspicious, but go ahead.
- B: The answer to that is hard to describe, except there are things in this world that are very important to do just because they are important. The only thing you get out of it is the satisfaction of knowing that what you have done is very important

to the population as a whole. When I came here in 1953, I fell in love with this county, and I still love this county. The grass looks greener to me, the blue sky looks bluer, the air smells better when I come back here from a plane somewhere and get off the airplane. I love this county. I love the prairie. I love the Millhopper area. I love the Santa Fe, the Suwannee and all the areas around it. I love the parks and all those things that we have--the nature and things, and this is my legacy--the Mark Barrow family's legacy to Gainesville and Alachua County. That is all we ask of it. It is like a family member to me, so I have put a tremendous amount of time, effort, energy and money, as you know, into it. It is money that I think is well spent. So, I do it just because it is a very important thing to do. There are other individuals around that do that.

P: But not to the degree that you have. You are the most visible person, I think, in Gainesville who has been involved in holding onto the history of this community. I mean, other people have done bits and pieces. I have done some bits and pieces and Roy [has also]. You know, everybody. But, you really emerge as the recognized primary force.

B: Well, yes. One of them is the primary force, and you do get tired and you do get discouraged. We are working now on trying to go ahead and do the gardens, the walkway--the walk through history and the symbols of Alachua County.

P: But you see, you never give up. You never give up, and eventually all these things happen.

B: They eventually happen. Who would have dreamed in 1989 that we would have what we have today?

P: If you would have never walked through that building [we never would have had all of this]. A lot of people thought you were nuts.

B: Yeah, sure. It is basically my legacy to my family and to the community of what it means to me. I, when all this stuff first started, was a little bit embarrassed and timid about asking the people to participate their time and effort and those who had money, their money. I was timid and embarrassed. I am not that way anymore. All someone who does not want to do it can say is no. That is fine with me. The other thing I wanted to say is that there is an incredible talent around here for doing things, not just necessarily history things, but things in general. There is somebody that knows about or can do almost anything you can think of if you know how to get them. Now, you taught me that as a very valuable lesson. You set up a meeting with the University of Florida history faculty and museum faculty, about two or three, maybe three or four years ago. We decided we were going to get together and ask their advice about what should be in the museum and how we should present it. I wandered in there, and I was sitting there looking at all these people, and [thought], here was the world's authority on Spanish history, right there, Michael Gannon [Michael V.

Gannon, UF, retired Distinguished Service Professor of History, former director of the Center for Early Contact Period Studies, College of Liberal Arts and Sciences, 1967-1996]; here was the world authority on Florida Indian and Florida Archeology, Jerry Milanich [Jerald T. Milanich, UF, curator of archaeology, 1972-present]. They are all sitting in there--Jerry Milanich, Michael Gannon, and (Kathy) Deagan [Kathleen A. Deagan, UF, distinguished research curator of historical archaeology, Florida Museum of Natural History, 1982-1995]. I do not remember all the people that were there; there were eight or ten people. The world's--not the local authority, not the state authority--but the world's authority was sitting here, and I was sitting there. It was unbelievable that there was this array of talent right here, and it was even more unbelievable that they would agree to meet with us, a little group. It was because you called in a few of your chips, but I was so impressed. We probably should have recorded that.

P: Mark, another area that interests me as I go over this is how you have been able to retain your liberal philosophy. I mean, it is strange to find a doctor who is in the Civil Liberties Union, whose membership is for the common cause. I mean that just does not happen. Most of them are conservative Republicans.

B: Well, you are absolutely right. There are probably only two Democrats in the whole county, myself and Bruce Dstechmiller. We laugh about it. Well, a lot of that is through my parents.

P: I mean, you come out of west Florida.

B: I came out of west Florida, but even though they were west Florida and country people, my parents were very liberal-minded. They did not realize it. My mother and father, for example, regarding to blacks, addressed them by their first names and so forth. My mother and father always said and felt deeply these people were no better or no worse than we are, and we were to treat them as equals and not as underlings. That was instilled within me many years ago. Then, Jape Taylor had a very profound influence about that. He came from Mississippi, and he had a similar kind of background. His parents were school teachers and so forth. He had very strong feelings, and we spent many hours talking about these things. The bottom line is that there are those people that are fortunate and lucky, and there are those people that are very unfortunate through no fault of their own. There for the grace of God could be you or I--we could be in that situation very easily, and it is not always easy to pull yourself up out of a situation of being extremely poor. It is hard to get out of that situation, and I just always felt very compassionate toward people that are not as fortunate as I. That was just instilled within me, I guess, [when I was] very, very, very young. I just never let medicine destroy it. There is a destructive thing that happens in medicine when you are training. It is easy to become callous, and most of the medical students start off as these compassionate individuals that want to help mankind, love patients and want to do everything for their patients, and by the time they finish their residency, they are hardened technocrats. They

are technically smart and they know what they are doing, but they have lost their compassion. I think it's sad.

P: They have lost their humanity.

B: Lost their humanity, and I have pointed out to some of my colleagues that they have lost their humanity. [I ask,] what has happened? They do not understand what I am talking about. Part of the problem is not the individuals. It is the system. They, without realizing it, build it into you through your rigorous training. You have to cover so much material, that you cannot spend time with this poor little old lady. By the time you finish your training, you owe this humongous amount [of money]. All you are thinking about is the big boats, the big cars, country clubs, the trips and so forth. You are going to need [about] \$300,000 a year to do it. And so, the other goes second shift. It does not have to be that way. Still, the primary force and primary thing about medicine is what I described as that panorama of information that you pass back and forth. The communication goes back and forth with the patients. I do not classify myself as a "liberal," but I certainly do look at it from the underdog's point-of-view.

P: Well, you are a strange one. You belong to every environmental group, every history group, and you belong to every, as I say, liberal group.

B: I am identified with those liberal groups. I do not go to a lot of these meetings because I do not have time. I do not like to go to a lot of meetings, but I must say I thoroughly enjoy meeting with the native plant people, Audubon people, the "I'm against the cement plant" people, the ACLU and the Florida Defenders of Environment. They are all wonderful people. They are caring people who care what happens. Granted, they may get radical sometimes. Granted, they may get loud and vociferous. I look at these people called "tree-huggers" as a compliment. I am proud to be with them. I think it is great. They are interesting individuals, almost always, as people. If you get away from the thing they are working toward or what they are doing, they are just interesting people.

P: Well, now as you move toward retirement, you will have even more time to spend. I do not mean to spend frivolously, but on things that you will be interested in.

B: I have said this jokingly to my wife and family. I am waiting. I have been in practice thirty-five years. I have been to hundreds and hundreds of hospital meetings and hospital social affairs. I have been to hundreds of homes to cocktail parties of rich, affluent people--bankers, lawyers, and doctors. We do not get invitations to these much anymore because we do not go to a lot of them. I think we have sort of worn out our welcome. Of the ones I have been to, I am still waiting to have a really truly intelligent conversation. Have you had that experience?

P: Yes, indeed. I know what you are saying.

B: I mean, it is like, did you go to the fall game in New Orleans? Yes, oh, we had a great time--we went out to whatever and got really drunk and, oh, it was a hell of a game! That is about it.

P: Mark, do you like to travel?

B: That is one of our favorite things.

P: Do you all do a lot of things?

B: Well, we have not been. We have done a lot of traveling, but not nearly as much as we [intend to]. We have a bunch of things on our agenda. We want to do as much traveling as the Reeves, the Blair and Mary Nell Reeves, and also as the Proctors one of these days.

P: You are going to have to go a long ways to catch up with the Proctors.