

UFHC 48

Interviewee: Dr. Alan Block

Interviewer: Samuel Proctor

Date: November 27, 2001

P: I am doing an interview today in the office suite of Doctor Alan J. "Jay" Block in his place of residence here on the fourth floor of the Seagle Building. Today is November 27, 2001 and I'm Samuel Proctor and I'm doing this for the Oral History Program, the history of the J. Hillis Miller Medical Center. Jay, let's get started. First of all, tell me this Alan J. Block business.

B: When I was a little boy, I had a lot of aunts and uncles. I didn't like them and they called me Alan Jay all time.

P: Both names?

B: Yes, and so I decided I didn't like Alan after that because they called me Alan J. I dropped the Alan and just used A. J. I think that's the reason.

P: So you've been known as Jay Block with your friends ever since.

B: As long as I can remember.

P: What was your birthday?

B: April 11, 1938.

P: And where were you born?

B: Baltimore, Maryland, [at] Sinai Hospital.

P: Were your family long time residents of Baltimore?

B: Yes.

P: When did your grandparents come over?

B: I don't remember when my grandmother came over, but my mother was born in, I think, Frankfurt, Kentucky, so she grew up in the United States. Her mother came from Russia. She may have come from Minsk. She used to say she was from Minsk, anyway. My father's family came from England, but I don't know much about them at all.

P: They must have originally come from Europe and then came to England.

B: Probably.

P: Where were you living in Baltimore when you were born?

B: 2332 Ocala Avenue which is near Park Heights and Druid Hill Park.

P: I know that well because my family, on my mother's side, came to Baltimore in the early 1890s and had a second-hand store on 214 Eutaw Street.

B: I remember Eutaw Street. You wouldn't want to go there now.

P: I know. Their store is where the bus stop is leading right into the stadium. It's not too bad now, but I know the Park Heights Avenue because I had an uncle that lived on Liberty Heights.

B: Ocala Avenue was between Liberty Heights and Reisterstown Road. It just connected the two.

P: Their synagogue I think was on Reisterstown Road. I'm not sure exactly where it was, that was a long time ago. You were born in Baltimore and you spent your early life in Baltimore, and I presume, went to school in Baltimore. Tell me a little bit about what you remember of your high school years.

B: I went to Baltimore City College, which is a high school. It's way across town, it must have been a magnet school. I believe a friend of mine persuaded me to go with him and join up in the A-course, which was an accelerated course. I went all the way across town on the bus with my friend and we enrolled in the Baltimore City College. It was not particularly difficult and I was really lazy at that time. For the first three years, I did all right. They used to use a 0-100 grading system, 90-88 was what I was doing. In fact, I wasn't even playing fair in Latin. I was using ponies, to use American translations, so I forgot how to translate Latin. Then my father died, and that just completely changed my life. We didn't have any money and I would not have been able to go to college. I taught myself how to translate Latin, which was one of the more difficult things I've ever done. I got extremely good grades my last year in school and got a scholarship to [Johns] Hopkins [University]. Two of them, as I remember.

P: Are you an only child?

B: No, my brother Edward is here at the University of Florida.

P: He's a practicing physician at Shands. He's on the faculty there, isn't he?

B: He is, he is the associate chief of staff for research at the VA [Hospital] at the

moment.

P: It's just the two boys, no sisters?

B: Right.

P: What business was your father in?

B: Pharmacist.

P: He obviously had gotten a degree somewhere along the line. Where did he go to school?

B: University of Maryland. I think that's right.

P: What do you remember about your home life? Was it a religious household?

B: Oh, yes. My father was an orthodox Jew. My mother said she was, but didn't have the slightest idea what that meant. She did whatever my father told her orthodox Jews did, one of which was to say Kaddish every single day, twice a day when he died, which I did. You don't want to talk about this, but I got pretty good at dovening. I could read this stuff pretty good and they asked me to get up on the bema and lead the prayers. We used to race through. I realized about halfway through that I had no idea what I saying. I was just reciting words that I had memorized and this didn't have anything to do with praying or religion, as far as I could tell. So I quit.

P: Were you a sports fiend?

B: Yes. When the Baltimore Colts were very good in 1958-1959. I believe I was in medical school. I used to study all the time, but I would allow myself one half of the football game to watch on television.

P: When did you graduate high school?

B: 1955.

P: You earned a scholarship, then to John Hopkins University?

B: Yes.

P: When did you start at Johns Hopkins?

B: 1955.

- P: The fall of 1955. You enter as a freshman. Had you already begun to be science oriented? What were your best subjects in high school?
- B: I noticed in high school that I had some sort of aptitude for biological sciences. I just found them extremely easy and did very well on exams.
- P: Did you like them?
- B: Yes, I did. Actually, the same friend that persuaded me to take the accelerated course in high school pointed out that you could absolve English as a result of this course. You could absolve English and math in college at Hopkins by taking a test. Math, you actually didn't have to take a test. English, you took a test. I absolved both of them and I regret this to this day – having gone into medicine and now being an editor – that I never took any English or any math after high school.
- P: You just skipped over those and lost a lot of the fundamentals?
- B: No, I didn't lose them, we took a lot of math and English in high school, all the way up to calculus. I had a lot of math, I just didn't have any after I graduated from high school. Obviously, I do English all the time now and I know what to do, but I can't explain it to you.
- P: When you were a high school student, did you work?
- B: Not when I was in high school. Well, I was a soda jerk.
- P: You didn't need to work to make your way in school?
- B: Not before my father died. After that I had scholarships.
- P: Did you have scholarships that took you all the way through Hopkins?
- B: All the way through undergraduate school, which was only three years. I got my degree in three years.
- P: Why?
- B: I absolved English and math and I didn't have to take any of them. We didn't have much money and I was on scholarship. I needed to move fast.
- P: Were you able to make it on scholarship or did you work in addition to that in college?

B: I worked as a scrub nurse. I was an operating room nurse.

P: As a scrub nurse, you did what?

B: Handed instruments to Alfred Blaylock and some of the most famous – I didn't know they were famous then – but some of the most famous surgeons in the history of the United States. I was the nurse.

P: Where was Hopkins?

B: It was downtown in Baltimore on Broadway and Monument Street.

P: That's The Johns Hopkins. They use the "The" in front of it.

B: The Johns Hopkins Medical Institutions.

P: You didn't go into the medical school to start with, you went to Johns Hopkins University.

B: Undergraduate school is in a different place.

P: You got your B.A. when?

B: 1958.

P: Why did you get a Bachelor of Arts instead of a Bachelor of Science?

B: I have no idea. I don't even know that I knew what bachelors degree I was getting. All I knew [was that] I graduated.

P: Did you take courses other than the science courses: biology, chemistry, that sort of thing?

B: I took some, but I took mostly the courses that you needed to take because I was trying to get out in three years.

P: Did you go to summer school?

B: No.

P: What did you do in the summer?

B: I worked as a scrub nurse. I don't think I worked as a soda jerk anymore. I dug ditches one summer, I worked at a summer camp one summer.

P: What did the scholarship pay for?

B: [Tuition and books]. I lived at home [in] both undergraduate school and in medical school, so I didn't have to pay any room and board. They paid all tuition and books. I think [in] the last year of college, I got a third scholarship which I didn't even need. I met with the dean and I told him that I was just going to use this to buy a car so I didn't have to take the bus to Hopkins. He told me to go ahead and buy a car.

P: So you get a B.A. in 1958 and you took the science courses as you were working toward your bachelors degree. Was medicine already a thought with you?

B: Yes.

P: How did that come about?

B: My father died. It changed everything. I had no idea what I was going to do before that, but after that I just knew I was going to be a doctor.

P: Why?

B: I don't know. Well, they asked me that when I interviewed at medical school. My answer was, I can't see myself doing anything else. It's the only thing I could see myself doing.

P: Research science then was not a goal?

B: No, I wanted to go into practice. I never had any intention of staying in academics then.

P: You thought you would get a medical degree and perhaps stay right in the Baltimore area?

B: Correct.

P: In addition to all of the academic work you were doing, were you also a social person?

B: Mainly on Saturday nights. I shouldn't tell you this. I had a system. You had to study an awful lot, particularly in medical school. I used to drink enough on a Saturday night that I felt terrible on Sunday morning and I didn't want to do anything else so I would study all day on Sunday. It's a silly system.

P: It's a wonderful system though, if it works.

B: It worked. [Laughter]

P: You get your degree and you've already made up your mind that you're going to medical school. You obviously apply for medical school at Johns Hopkins Medical School. I presume you were accepted.

B: Actually I was talking to Vic Marder. I think he was the first Jewish boy to do this, to go to Hopkins undergraduate and go to Hopkins medical school. Everybody said to me, oh, you're doing what Vic Marder did. He must have been the first to do this.

P: But you didn't know Vic Marder.

B: I never met or talked to him until last week. He called me up. He had reviewed a paper for this journal that I edit.

P: So he's still around then?

B: He's still around. He's in California and he just called to talk.

P: He knew you and you knew him.

B: I wrote him a little note on a letter. I said, you remember from Baltimore... I told him that people told me I was following him. He wanted to talk about that.

P: Are you interviewed to get into medical school?

B: Yes. At my interview, they told me I was accepted. I remember that. I was proud of that.

P: Of course, that's something to be proud of.

B: Ten or fifteen people got interviewed that morning, and we sat out there nervous and talking, but I was the only one that got accepted.

P: That was a big deal, going to Johns Hopkins?

B: You bet.

P: I had an uncle, David Schneider, who later practiced on North Milton Avenue who was a graduate, but much before your time. About 1920, 1922 – you weren't even around in those early years. How much did Johns Hopkins ask you to pay? What was their tuition?

B: I don't recall, I never paid anything.

P: You were on scholarship there. Was that unusual for an incoming freshman to get a scholarship like that?

B: I don't have any idea. I know that the two [scholarships] I had to undergraduate school just kept going. The William Deitches Foundation, they're a cigar maker, Monument Square Cigars. They're out of business now. Actually, I promised to pay all the money back, but when I tried to do it they weren't there.

P: There was nobody there to take your check. I don't blame you, you just kept it. You go to Johns Hopkins School of Medicine and you get a degree when?

B: 1962.

P: Was it a big deal for your mother when you graduated?

B: Yes, it was.

P: Do you come from a big family?

B: Before my generation where there was only my brother and I, I had eight uncles and aunts on each side of the family, so yes.

P: Families were much closer in those years than they are now.

B: Not this family. They were superficially close. In other words, they got together. But the get-togethers were not very pleasant for me.

P: Particularly if they were calling you Alan J.

B: It was on the order of, you would see them and the first thing they would say is, why didn't you call me? Well, because you give me such a hard time when I do call you. That sort of thing.

P: I see, so they made you feel guilty right away.

B: It was an art form.

P: Let's talk about your support. You have your scholarships. I've listed them here because they were in your records there. You'll have to pronounce the names.

B: [William] Deitches.

- P: That was 1955-1962. Then you had one from 1955-1961, the Leonard R. Greif. That's not a cigar company, is it?
- B: No, that was a private scholarship administered by Hopkins itself. I got that from the school.
- P: You had two scholarships going at the same time.
- B: Until I got married.
- P: Well, that's not bad either. Then you have the Dean's Scholarship in 1958. What did that cover?
- B: That covered the purchase of a car.
- P: That's the one where you talked to the dean and he said, you go right ahead and get a nice model.
- B: Oh no, I had a 1958 Chevy.
- P: Did you do any other work other than while you were going to medical school? Were you a scrub nurse going in there too?
- B: Oh, yes.
- P: So that was a continuing activity.
- B: Correct.
- P: If you didn't become a doctor, you could have become a scrub nurse. You had a lot of experience doing that.
- B: I loved it. I loved the job.
- P: Why?
- B: Well, there were sixty women and three men. [Laughter].
- P: I asked you if you were a social man, and you didn't answer the question, Jay. You just told me exactly what it was. Did you do any other work at all?
- B: I'm trying to remember. One summer I did autopsies and got paid for it. Actually, we put together a very nice program that not many people did. There

was a free quarter in every year of the medical school and I took the last quarter of my sophomore year and I did autopsies. In the summertime, I worked them off with the pathologist, interpreted the slides and everything, went to all the pathology conferences. Then, I took the first free quarter of my junior year and I taught pathology. I loved it, I was going to be a pathologist until I saw patients.

P: Were there any outstanding faculty members that had an influence on you?

B: Ivan Bennett, he was an infectious disease man. He was trained in internal medicine, but he was the professor and chairman of pathology. He wanted me to be a pathologist.

P: Did you work with him?

B: Yes, I did.

P: What was your relationship with him?

B: Sort of a slave. [Laughter].

P: Was he the only man on the faculty that influenced your life?

B: For the good or for the bad?

P: Let's start off with the good.

B: Ivan Bennet was a positive influence. Philip Tumulty, he was a professor and the chief of the Marburg private service at Hopkins. The last year I was there, I went from the Osler service, [which] was the ward service, and then it was the Marburg service which was a private service. Since I was going to go into private practice, I thought, I took my last year on the private service. Philip Tumulty was the chief of that service.

P: Hopkins was a downtown hospital facility. Where did its patients come from?

B: The neighborhood. The private service is the famous one where you get suites and the king of the gypsies was my patient.

P: In those years, they already had those kinds of luxurious set-ups?

B: Yes.

P: Who was the king of the gypsies?

- B: He was a person who had, I believe, a heart attack and all the gypsies converged on Hopkins. You had all these station wagons and tents outside the hospital. The gypsies told us, the doctor is taking care of the king. Gypsy die, doctor die. So we took really good care of him.
- P: Many of your patients were indigents that came in from the outside neighborhoods?
- B: On the ward service where I interned and did my first year of residency, they were all indigent patients.
- P: Were they people who could not afford private practice fees?
- B: We didn't charge them anything as I recall, for anything.
- P: Were they able to get their pharmacy needs also, at the hospital?
- B: As I recall, yes. I don't know what happened. They got their inpatient pharmacy needs for nothing. I don't know what happened in the outpatient clinic.
- P: What were your hours at school?
- B: When I was an intern?
- P: Just when you were getting your degree in medicine.
- B: It depended what you were doing. When you were taking classes, one would go to school from nine to five or something like that and study all night, until midnight or so. When one was on service, when you were a student on the service, you could have any kind of hours. In obstetrics, I was there for thirty-six hours in a row. Surgery, you do surgery in the middle of the night.
- P: It's part of your medical training as a student. You're leading toward the degree, you work all over the hospital. You're exposed to every floor and every service and every activity that goes on. Do you work under the supervision of an attending physician, a member of the faculty?
- B: Actually, the supervision came from the house staff, the interns and residents. The attending physician, they didn't even call them that then. They were "visits" because they visited three times a week. Coming by making rounds for a couple of hours three times a week is certainly not supervision.
- P: By the time you get into your last year of medical school, have you begun to develop in your own mind what you want to do?

B: Yes, I've moved from pathology to neurosurgery. I was going to be a neurosurgeon until I was an extern, a substitute intern, on neurosurgery. All I had seen in the operating room was how you operate on brains, I like that, but then I saw the results when I took care of the patients and most of them were unconscious. I didn't want to do that. Then I decided on internal medicine.

P: What does pathology involve?

B: Autopsies, for one thing. Surgical pathology interested me a great deal. When they take tissue out at surgery they send it to the pathologist for a quick diagnosis which goes right back to the operating room while the patient is still asleep. [It shows] whether you have cancer or something else. They had a conference every week where we did surgical pathology. It was lead by Bill Shelley, friend of Smiley Hill. Bill Shelley was a guru. He knew what everything was and he taught me a lot. I forgot about him because he died recently. Not recently, he was in an airplane crash. I went to those conferences and I got pretty good doing surgical pathology. I was just as good as the house staff was, but Bill Shelley was wonderful. So I did that.

P: There are a lot of breakthroughs in medicine while you are in school, aren't there? A lot of new cures, a lot of new drugs, a lot of new things are happening.

B: I guess there always have been. They may have accelerated in complexity. I think molecular biology is a lot more complex than the physiology that we learned. Medicine moves forward. I've got to editorialize a little bit, if the politicians keep their hands out. At the moment, they're going to ban cloning research. I don't think you should ban any kind of research. Science is science.

P: You first think you're going into pathology and you decide against that. You then think about neurosurgery until you see the unconscious patients, then what?

B: Then I took internal medicine and it was kind of like a chess game. Sherlock Holmes – I had to figure out what people had. I liked that so I did it.

P: Did you guess right most of the time?

B: Yes.

P: I'm sure the patients appreciated that.

B: I watched a couple of really famous people see patients. Philip Tumulty used to use a rational approach. He'd put every conceivable diagnosis on the board and

then he and you, as students, would cross off the ones that were least likely to be what the patient had until you came to a logical conclusion. At the end you had one or two or three things that were the most likely. John Edgar Howard who was also famous, he just walked in and, gestalt! He would say, this patient has such and such.

P: Was he usually right?

B: Yes, they were both usually right, but they got there by completely different means. I liked that.

P: You, as the student, are standing over there wondering what was going on.

B: No, I figured that they just had their own methods. One of them was doing this differential analysis in his head and then just telling you the answer at the end, and the other guy was writing it down to teach you how to do it.

P: I've always wondered when the doctors and the interns and all of the others come into the patient's room, look at you and talk to you and then leave. Do the doctors then talk to the students?

B: They used to. We used to sit down. At Florida too, up until managed care came about, we used to sit in a conference room for a couple of hours and discuss several patients, not all the patients. We used to do that. We used to list all the things the patients could have and try to figure out which were the most common and then how would you prove it, which tests would you send off. I would say the last three years or so that I was over there in the department of medicine, the pressure to make money got so great that all you could do was say hello to everybody every day and you didn't have time to discuss the case with the students.

P: Had to get to the bank to count the money.

B: I don't know that we made more money. We had to do this to keep up.

P: You decide in your last year of medical school that you're going into internal medicine. You get your degree now and you're getting ready to be an intern. What procedure do you follow to become an intern?

B: I was talking to Vic Marder about that because today they want to know how many nights you're off and is the climate good. All kinds of things, social things. We had no idea of any of that kind of stuff. We all wanted to take the best, meaning the hardest, internship. The places I applied and he applied were all tough. Paid nothing, work all the time, that sort of thing. It never occurred to

me [to consider] the location, except for how much it cost to live in New York City, or the climate. Nobody got any nights off, so you never discussed that. It's entirely different now.

P: You got paid next to nothing.

B: My W-2 form when I was an intern listed \$356 for a year. That was working all the time. I was never off. Maybe we got Sunday afternoon off, one afternoon a weekend off. But then you couldn't get out of there because you were so far behind. You had to catch up on Sunday afternoon.

P: My uncle, the John Hopkins graduate, did his internship in Jacksonville in the 1920s. He got paid about \$15 a month or something like that. By the time you arrived, it's a little bit better than that, but not much better.

B: As I recall, they gave me a clothing allowance or a living allowance of something like \$1,300. They didn't take any tax out of it. Three years later, of course, the IRS [Internal Revenue Service] came back. I said, the hell with you, you have to come and get me. I don't have this money any more.

P: Where did you apply for internship?

B: Columbia Presbyterian which was too expensive, I couldn't live up there. The rents were too high. Yale, which never granted me an interview when I was in the area interviewing. It was too early for Yale. They went through my papers, called me back and wanted me to come up again and I said...

P: Can't afford it.

B: I said something worse than that. [I also applied to] Albert Einstein and Hopkins. I think I only applied to four places.

P: And you were accepted at Hopkins.

B: Correct.

P: What's the name of the program?

B: Osler medical service.

P: Where does that name come from?

B: Sir William Osler who was the first professor of medicine at Hopkins.

P: Did you handle private patients?

B: No, they were all ward patients, indigent patients exclusively.

P: Men, women, and children?

B: Not children, we didn't have any children.

P: It was a full-time job then, working you very hard.

B: We were never off.

P: It exposed you to everything, didn't it?

B: [To] more than I would have liked to be.

P: Was it a one year, twelve month appointment?

B: Correct.

P: Were you living at home?

B: No, you had to live across the street from the hospital because you were always there. I was married now and I had a kid. I lived one block from Hopkins hospital.

P: What were your duties?

B: I took care of patients with a little supervision from my resident, but I was expected to know how to take care of patients.

P: You came in with a white coat on and a stethoscope and you did what needed to be done as far as caring for a patient was concerned.

B: Day and night, never off. I thought I gave the best care I ever gave in that year.

P: Do you think you had a good bedside manner?

B: Probably not, because I was so busy.

P: You talked gently to your sick patients.

B: I did learn the lingo, I could converse with them. I was just too busy. I would come by at 6:30 in the morning to draw blood. We, of course, did that. They

didn't have anybody to do that for us. I wouldn't get out of there until 1:00 in the morning and I was probably the only one that got out that early.

P: The neighborhoods that the patients came from, these were no longer ethnic neighborhoods: the Italian neighborhood, the Jewish neighborhood, the German neighborhood.

B: Well, the Polish neighborhood around **Patterson Park** was still intact. Most of the other neighborhoods, there were some Italian pockets, but mostly [the neighborhood was mostly] black.

P: Did you have to learn languages in order to communicate?

B: I used to translate Yiddish for the private service. They were never on my service, and Ebonics.

P: What's that?

B: It's black talk.

P: I understand now. And your responsibilities to them were to try to take a sick person and try to make them well.

B: Correct.

P: Where was Osler located?

B: In Johns Hopkins Hospital.

P: Is it a separate building?

B: Separate building.

P: What was your pay again?

B: My W-2 form said that I made \$356 that year.

P: That's why the IRS is looking for you.

B: On the other \$1,300 they didn't withhold any money.

P: You next become a clinical fellow. What does that mean?

B: It's actually a funny story there. After my internship, my wife had a baby and we were so poor that we couldn't live on what they paid, so I applied for a

commission in the Air Force, which was rare. [It was] unheard of, actually, that a Hopkins intern would do that. They paid the most that I could make at that time.

I'd finish my training in the Air Force. I realized I had them, but I had a couple kidney stones prior to that. I passed a couple of kidney stones. I didn't pass the physical – not because they found anything wrong with me, but because I had written down that I had two kidney stones. I appealed and tried to go in the Air Force. I went to Walter Reed [Hospital] which wasn't too far from Baltimore and had another physical and they did an x-ray and found a third kidney stone. Somewhere in the black book that they had said, even as a doctor they would not take a person with two kidney stones or more. I got a call one day from Colonel Johnson, who was the head recruiter for the Air Force for the United States. He called me up and he said, Dr. Block I'd like to congratulate you. I've been doing this for thirty years and you are the only physician who has ever applied for a commission who was made 4-F. I said to him, is this forever? I still have my draft card. It was such a shock. I didn't have a job.

P: How did he answer you when you asked him?

B: He said, yes it's forever. But I didn't have a job because I thought surely I would go in the military, it would never turn me down. I had to look for a fellowship. I actually hated pulmonary medicine and I didn't know a damn thing about it. Everybody hated it so nobody wanted to be a pulmonary fellow. It was the only fellowship available. I rationalized that if I took a fellowship I would learn something about it. I did and I never left the speciality.

P: What kind of specialty is pulmonary medicine?

B: Lungs, then it was lungs. It's now taken on critical care, too.

P: The heart is not included?

B: Only as it is in critical care units. You see a lot of problems with the heart in the critical care unit.

P: If somebody had a heart condition they would not come to a pulmonary physician, but if a person had a lung condition, or tuberculosis or that sort of thing they would come. Would a pulmonary physician take care of anything involving the chest, other than the heart?

B: Correct.

P: Did you begin handling lung cancer patients?

B: Sure, yes.

P: I didn't know whether that was a speciality that you excluded or not. You were a clinical fellow in the respiratory division. What does that mean?

B: It was just another name for pulmonary, that's what it was called.

P: How long did you have this fellowship?

B: I did that for a year.

P: 1963-1964.

B: Then I went back on the house staff, a job I should have continued. After your internship, you become a resident, then you finish that and then you become a fellow, ordinarily. I had this interlude with the Air Force. It's a good thing I did not go in the Air Force because about two or three years later was Vietnam and I would have ended up over there. Most of my friends did.

P: Not a very pleasant place to be.

B: If we had a Vietnam War [when I applied], I would never have volunteered. We weren't at war when I volunteered. I did the pulmonary fellowship for a year and I got hooked. Now, I knew a lot about it. Then I went back on the house staff as a resident on the Osler house staff. Then I came back because I had a research project to finish for another year as a pulmonary fellow, as a research fellow. Then I finished another year in the house staff and then I went on the faculty. I don't know anybody else who did their training that way, but I did. Every other year I was something else.

P: You were an assistant resident for one year, from 1964-1965 at Osler.

B: Then I did another year of fellowship and wrote a paper. Then I did another year on the Marburg private house staff because I was going into practice.

P: From 1965-1966 you are a research fellow. Then from 1966-1967, you were an assistant resident, private medical services. What is the difference between those?

B: Now, they're the same. It's all the same service. But at that time, the Osler service was the most prestigious one, maybe in the country, but certainly of the two that Hopkins offered. The private service was a little less prestigious but got pretty good medical students to train there. That's where all the private doctors admitted their patients. All the patients there could pay. I intended to go into private practice so I thought the last year of training I ought to get to know these

people and see if I could get offered a job.

P: When you were going to Johns Hopkins, was it considered the premier medical school in the country, by reputation?

B: There were a few, but it is the same as it is now.

P: Right up at the top. When was that medical school first formed? Does it go back into the 19<sup>th</sup> century?

B: I think so.

P: The graduate school was always very prestigious. Alright, let's talk about the next episodes in your life, your appointments. You finish up as a resident around 1966-1967. Then what happened to you?

B: I joined the faculty at a whopping salary of \$14,000 at Hopkins and I was an instructor for a couple of years.

P: How did that appointment come about? Did you apply?

B: I decided I liked to teach and you couldn't teach if you were in private practice. That's essentially why I stayed in academic medicine – because I like to teach.

P: Right off the bat, you go into pulmonary medicine and now you're making the decision that you want to be an academic.

B: During the year on the private service when I was intending to go into private practice, I found that I liked to teach so I stayed to teach.

P: In 1967-1969 you are an instructor and then in 1969-1970 you are an assistant professor so you're beginning to move up the academic ranks at Hopkins.

B: However, somewhere around 1969, I spoke to the chairman of the department, A. McGehee Harvey, at Hopkins, a year before I left. I told him I wanted to move to the Baltimore City Hospital which is a pretty good hospital, but on the eastern part of town and start a pulmonary section there since there wasn't one. He said, no, you can't do that, we need you here. A year later, Leigh Cluff offered me the job here and I went to tell the chairman that I was leaving to do what I wanted to do last year. He said, you don't have to leave to do that, you can go to Baltimore City Hospital and do that. I said, you had your chance.

P: Is your brother now in medical school?

- B: He was six years behind me, he must have been. Yes, as a matter of fact, we had some patients together. He was the intern or the resident and I was the attending.
- P: He went to Johns Hopkins also?
- B: Yes, he did.
- P: Your careers, although they are not together, they parallel each other?
- B: He went to Franklin and Marshall [College for his] undergraduate [work]. He also sort of graduated in three years. They had a two-seven program there. You went to college for two years, you came to Hopkins, you did a year and you got your bachelor's degree and then you took four more years, so a total of seven [years]. Two [years] in undergraduate school someplace and five at Hopkins.
- P: What is his speciality area?
- B: Pulmonary, but he didn't go directly there. See, the Vietnam War was on at that time and he became what we used to call a yellow beret. He went to the National Institutes of Health and stayed out of the military. It was a prestigious job, but it was in infectious disease, it was not in pulmonary [medicine].
- P: How did you come to the University of Florida?
- B: Well, I got a call from George Caranasos. He was in my class at medical school and I knew that he had come down here, I think to be chief resident, very early, [in] 1966-1967 or something. [End of side 1, tape A] I knew absolutely nothing about being interviewed or anything. All I knew is that I was being invited for three days to Florida.
- P: Had you ever heard of this school?
- B: Oh yes, because I knew that Leigh Cluff and George Caranasos were here, but I didn't know where Gainesville was.
- P: The medical school here was so new, did it have any kind of a reputation in the Baltimore area that you would have known about or heard about?
- B: Only because a lot of people from Hopkins were here. Harry Prystowsky, Tom Maren, Leigh Cluff, George Caranasos.
- P: Are these people who you had known or worked with earlier?

B: Some of them, not all of them. I don't believe I knew Harry Prystowsky before.

P: The phone rings one day...

B: And George Caranasos asks me to come down to visit Florida and bring my wife. Well, my wife wanted to move to Florida a lot. She didn't like Baltimore at all. We came here and I brought my bathing suit. I thought we were going to the ocean. I didn't know where Gainesville was. All I did was get interviewed all day long. We never got to do any of that – what I thought we were going to do – down here. It was an interesting position because it was the position of chief of pulmonary at the VA, where there was absolutely no pulmonary [department] at all. As I recall, the chief of pulmonary at the university side was in Czechoslovakia, so I never even met him when I got interviewed. I don't think I met anybody in pulmonary. So it was exactly what I was trying to do, to start a pulmonary division someplace. I wanted to do it at Baltimore City Hospital and they didn't want me to do it when I wanted to do it. I came here for exactly the opposite reason that people go places. They didn't offer me anything, there was nothing here, but I had the opportunity to start something, and that's pretty much why I came.

P: They said, develop a program the way you want the program?

B: Correct. It was started in the VA because there was an overall chief here at the time, Edward Swenson was here. It's a good thing I didn't meet with him – he was in Czechoslovakia – because he was a strange fellow. I might not have come here.

P: What do you mean by strange?

B: How can I explain it? He was not goal-directed. He was a dreamer, so he would do his research and spend all his money with no practical end in sight. It's fine to have the acquisition of knowledge for its own sake, but you also have to know a little bit about taking care of patients, which I'm afraid he did not.

P: What intrigued you to come here, to accept this position?

B: Because I could start from scratch.

P: And build what you wanted to build. It was a challenge that you were pleased to be able to do.

B: That's what I wanted to do.

P: Did Gainesville startle you? Gainesville didn't look like Baltimore.

B: Oh, it was wonderful. I loved it here. It was a much smaller town at the time. People from big cities generally criticized the fact there was no shopping. There wasn't at that time, and no place decent to eat. It was all fast food. It didn't bother us at all, we loved it.

P: What time of the year did you come to Gainesville?

B: July 1<sup>st</sup>, 1970.

P: Was it hot and humid when you came down for the interview?

B: I don't remember.

P: How did all of this impact your wife?

B: She loves it. On the rare occasions when I would look at another job someplace, she didn't want to hear about leaving.

P: She fell in love with Gainesville right from the very beginning.

B: Correct.

P: And you did too.

B: I liked it here.

P: What did they offer you other than the fact that you could develop a program that suited you?

B: A little bit of a raise over Hopkins, but not much else. They didn't guarantee me anything.

P: Did they take you to Cedar Key and put you on the porch of the Island Grove Hotel?

B: No, but Ed Swenson drove us to Fanning Springs in the dark, in the rain actually, in his convertible. He had a Volkswagen convertible and he drove my wife and I to see Fanning Springs and it started to rain. The top was down. He said, don't you worry, if I go fast enough the rain will go right out the back. That worked in the front seat, but I was in the back seat. It did not work in the back seat. We got there. He had a houseboat out there. We got on the houseboat and here we were on the Suwannee River, heading toward the bank and I thought we were

going to crash because there were trees here, but that was where the spring came out. [We] went up into Fanning Springs, [it was] pitch dark, [and] from all I know coming from Hopkins, there's snakes all over the place. I didn't know it was Fanning Springs, I didn't know where I was. Swenson dives in the water and swims away. That's what I mean by strange guy. Disappears for an hour. My wife and I, we had some beer, but we didn't know what to do.

P: I hope Swenson reappeared.

B: He appeared and we went to dinner at Chris's Roadhouse. I remember this because Chris was a former highway patrolman, but he must have had cataracts removed. He wore those old thick glasses before the implantable lenses. He had the Gainesville paper, he had dinner with us, he owned the place. He had the paper up about two inches from his face so he could read it and he kept yelling about how Gainesville was going down the tubes like the other big cities. Meanwhile, we are from Baltimore, we thought the guy was nuts.

P: How was dinner?

B: Dinner was good, as I remember.

P: Have you been back to Fanning Springs?

B: We used Swenson's houseboat quite a bit over the next few years.

P: They've got a great seafood restaurant, the Lighthouse, there now.

B: I haven't been back there lately, I love that place.

P: It's wonderful. You should go back and try the Lighthouse, you'd get the greatest seafood in the world, much better than Cedar Key. So you moved to Gainesville?

B: Correct.

P: Where, when, how?

B: Well, at little before July 1, 1970, I drove down our old Dodge Dart, [a] great car. Then we all drove down, my wife and my two girls and built a house. We built a house when we weren't here. We were in Baltimore. M. Parrish built our house. We had no idea he was a big time builder. Actually, Linda's grandmother lived in Tampa. She was a Maas, of Maas Brothers. We asked her to have somebody in her corporation check out this M. Parrish guy, who we had met with, who is going to build us a house. Lo and behold the package

comes back with pictures of the stadium and office buildings and things that you would think a big time construction company built. She said he was okay, and he was. He was the first person I met in my life who [acted like he] was just an old country lawyer, I'm just an old country contractor down here. I'm not real smart or anything. And he was the smartest guy.

P: He built a lot of places in the Gainesville area. Let's stop here for just a moment and get your family history. Start with your wife, what's her full name?

B: Linda Ray Crone was her maiden name.

P: When were you married?

B: 1961, May 25<sup>th</sup>.

P: When was she born?

B: 1940, March 26<sup>th</sup>.

P: Where?

B: Baltimore, Maryland.

P: She's native to Baltimore also. How did you meet?

B: You don't want to hear this. I knew her in high school. She claims she had a crush on me in high school. I didn't know that. If I had known that, I would have done something about it. While I was school, she went away to Boston, she went to physical therapy school at B. U. [Boston University]. She got mono and transferred back to Baltimore, to the University of Maryland. I don't know whether to tell you this story. This is true.

P: It's going on the tape.

B: Whatever year I was in medical school, it was first year I guess. I was not old enough to drink. I was twenty because I had gotten out of college in three years and I had skipped a couple of times in elementary school. There were only three of us in our medical school class that were not old enough to drink, we were all twenty. I started dating a twenty-eight year old nurse and they'd never check my ID after they checked hers, and she was twenty-eight. They would never check mine. So I had it made, I could always drink. But she wasn't Jewish and my mother didn't like that. My mother offered me money if I would take out a Jewish girl. This is a true story. All of a sudden, a girl I haven't seen since comes walking down Broadway near Hopkins and says, you know Linda

Crone is back in town and you ought to ask her out. I was going out with this twenty-eight year old nurse, but [if] anybody would pay for my dates, [I was interested]. I asked my wife out. I got paid three or four times and then my mother reneged on the agreement after that because I never took out anybody else.

P: What's her relationship to the Maas family?

B: Her mother is a Maas, her name was Maas before she got married. Her grandfather, I think, founded the store. Abe Maas and Sol. I think Sol might have been her father.

P: They came from Georgia to Ocala and Ocala to Tampa.

B: They [have] sold the whole thing now.

P: Yes, I know, but they really were a legend in Florida and very important entrepreneurs in this state. Maas Brothers really made an impact, not only on the Tampa Bay area, but the entire state, as far as merchandising was concerned.

B: When we decided to move here, her mother – who is in town right now, she's still alive, eighty-five years old – grew up in Tampa. She said, you don't want to move to Florida, it's too hot. I said, now you've got air conditioning, it's not that hot if everything's air conditioned.

P: If you have an air conditioned house, it's not hot at all. You have two daughters. What are their names and birth dates?

B: Margo Dee Block, who is married. She was born January 17, 1962. Allison Lee Block was born four years later.

P: April 7, 1966. Both of your daughters are married?

B: Correct.

P: What are their names now?

B: Margo Cook and Allison Jaffe.

P: What about grandchildren?

B: Three.

P: Does your family live in Gainesville?

B: Two of them, two of the grandchildren live in Gainesville. Margo and her husband live in Gainesville and they have twins. They're twelve-and-a-half years old, a boy and a girl. The boy's name is Tyler Donald Cook and he's a hell of a baseball player. The girl's name is Erica Michelle Cook. The other daughter lives in Boca Raton and she's married to Paul Jaffe and he's a veterinarian. They have a son who's going to be six in January, named Michael.

P: When you come to Gainesville, what was the connection with the VA hospital?

B: I came here as a full-time VA employee, although I was an assistant professor at the University, they not only didn't pay me anything, but my negotiated salary was less than I would have made if I didn't work for the University.

P: Now when you say they didn't pay me anything, you mean the University of Florida or the VA did not?

B: The state of Florida did not and I got screwed out of eight months of retirement because of it. If they'd have just paid me a dollar.

P: You were appointed to the University of Florida faculty. In your negotiations, you come here as an employee of the VA.

B: For eight months, I was full-time VA, didn't get any money from the state at all.

P: You knew that when you came here, right?

B: Yes, but I didn't know what it was going to mean thirty years later.

P: The first eight months of checks came from the U.S. government, the VA hospital?

B: The money did, I don't remember that the checks did. If it [had] come directly from the U.S. government, they would have paid me a couple of thousand dollars more than I actually made. It must have come from the University.

P: What was your beginning salary?

B: \$25,000.

P: That was a very lordly salary in comparison to the other salaries in the University of Florida, I suppose. I don't know how they stacked up at the medical school.

- B: I didn't know what anybody made at that time, but it was more than I made at Hopkins.
- P: What are your responsibilities at the VA hospital?
- B: To start a whole pulmonary service, and I did.
- P: The facility is right where it is today.
- B: Yes, but there was nothing there that ever reminded you of pulmonary having ever been there, even though there was a previous faculty member there. I could find no evidence that he did anything. No lab.
- P: He was an individual, just one person?
- B: His name was Paul van Lith and he was gone by the time I came.
- P: There were pulmonary patients?
- B: Yes, in fact I started with Bob Elliot, a cardiopulmonary ward. For two and half years, we both attended on that ward service at the VA all the time.
- P: This man has disappeared and you're just arriving on the scene. Who took care of the patients who needed care in this interval?
- B: House staff, I guess, and other attendings.
- P: The mortality rate must have been pretty high.
- B: Actually, nobody understood pulmonary medicine at that time. The clinical physiology was just emerging, the understanding of how gas exchange pertains to human beings and disease. I was interested in respirator therapy [and] ventilators when I got here. Clinical pulmonary physiology started about the time I got here. We had something brand new to teach no matter where I would have gone.
- P: At the VA hospital, you're dealing with sick patients, not teaching at all, are you?
- B: I'm doing both, yes.
- P: What were you teaching? The VA doesn't have students.
- B: Sure they do.
- P: Are these medical school students from the University of Florida?

- B: Oh yes. Had a lot of them as a matter of fact.
- P: Did somebody say we've got an open checkbook so you can buy whatever equipment you need?
- B: No, no one has ever said that to me.
- P: To me, it would seem pretty expensive to set up a program like that.
- B: We made do with a lot of stuff, but the equipment was purchased – whatever I wanted to buy – from a pulmonary lab. I suppose the VA had the money for it at the time. They couldn't say they had a pulmonary department if they didn't have a lab.
- P: Where was your lab in the building?
- B: I think it was on the first floor when I got there, right behind the operating rooms.
- P: Were there lots of pulmonary patients?
- B: Sure, there always were. A lot of people smoked, there was a lot of lung cancer.
- P: Right from the very beginning then, you had patients waiting to be cured.
- B: Correct.
- P: Now, what is your relationship at this point, with the medical center across the street?
- B: I think in the first couple of years when I was full-time VA, I had so much to do at the VA that I sort of had an agreement that I would not go to the University and attend at all. I think it was three-and-a-half years later that I became division head. I was pretty young when I became division head and I had to run everything, so I started working at the University as well as the VA. We actually had more faculty, I had recruited some people. When I came here, I was it. It was Swenson and me.
- P: When you say you recruited people, you became a hiring person?
- B: Pretty much, yes. What happened was a bunch of chief residents became interested in pulmonary, year after year. Those that stayed at Florida became members of the faculty, became pulmonary fellows and then members of the faculty. So Jim Wynne and Phil Boysen [stayed], Rick Castle didn't stay but he

would have. [They] were three early fellows that stayed on, or would have stayed on, or were chief residents, one or the other. That sort of gave us a lot of credibility because we had the best of the residents for a number of years stay as pulmonary fellows and then come on the faculty. Then, I recruited my brother mainly to be a research arm.

P: That's how he came here, through your recruitment?

B: Yes, and it was not easy. Of course, the University of Florida has rules against everything. They certainly had rules against nepotism, but I constructed a book, as I remember of how rare pulmonary faculty were in the country and the credentials of other applicants, the credentials of my brother. I believe I had to sign an affidavit that we would not work in the same hospital, that he would be at the Shands and I would stay at the VA. Over the years, they forgot all about that and we flip flopped. They make you go through hoops to do these things and then they never enforce them anyway.

P: You are appointed in anesthesiology. How did that happen, since your specialty was pulmonary medicine?

B: It was during my interviews. Jerry Modell interviewed me and he said, what are you going to do when you come to the University of Florida? Well, I had opened a respiratory care unit and intensive care unit at Hopkins, [the] first one they ever had. I said, I'm going to open a respiratory care unit here. He said, you can't do that. We do that, anesthesia does that. I said, I guess I won't come here. He said, oh, you can do it and come here. You can join my department. So I got appointed as an assistant professor of anesthesiology.

P: You were never an anesthesiologist?

B: No.

P: I notice you went up in rank, from assistant to associate to full professor. I thought you were an active, practicing anesthesiologist. You start out as a pulmonary man, you continued throughout your medical career in pulmonary medicine and never deviated into anything else?

B: Well, I did some research that deviated into geriatrics and memory and other research that actually started the sleep field. You could say I deviated to whatever the sleep field became.

P: I want to talk to you about sleep in just a little bit. That's an interesting development. Before we do that, you start the pulmonary division, is that what it might be called, at the VA hospital?

B: It was called the pulmonary section and I was lucky enough to get a training grant from the Veterans Administration that paid fellows and supplies and a little bit of slush fund money.

P: Did you also set up a pulmonary service at Shands?

B: No, at the VA. I wasn't doing anything at Shands for a few years.

P: Did you eventually set up a pulmonary service at Shands?

B: Only the intensive care unit service.

P: Is there a pulmonary service there now?

B: No.

P: It never has developed there.

B: Never had a specialty service.

P: If anybody gets sick with a pulmonary disease, whatever it might be, do they have to go to the VA hospital?

B: No, they go to Shands. If they are real sick, they go to the ICU [intensive care unit] and the pulmonary division always attends in the ICU.

P: At Shands?

B: Yes, but there isn't a separate service. If you needed a bronchoscopy or something, you would be admitted to the general internal medicine service and you would be taken care of by whoever was on that month, an internist. The pulmonary people would be consultants.

P: When you came to work in the morning, you parked your car at the VA hospital, you went into the VA hospital, you went to your offices and your labs there. You did not go over to Shands?

B: No, I never even had an office at Shands for about ten years.

P: When you went to Shands then, you were a visiting physician?

B: Well, I was a full faculty member, I just had more to do than I could do with the VA alone for the first three-and-a-half years I was here. When I became division head, I obviously worked at Shands and I was the chief of everything.

P: How much freedom did they give you, as a doctor, to do your research, to do your work, to do what you felt was necessary to take care of your patients?

B: Pretty much complete freedom.

P: Was this different than it had been at Hopkins?

B: One of the reasons I left Hopkins because it was so old and people had been there for so long that everybody, all the old people, had good jobs. The only thing left for me to do there was what nobody else wanted to do. When I came here I could do what I wanted to do.

P: You were the new man on the block. That must have been a very pleasant way to develop.

B: Yes, but I learned some things that I didn't expect to learn. Now I went to conferences. Instead of just sitting in conference and attending conference, now I had to run the conference and I had to be the guy always to comment on what the mystery x-ray was or the sick patient. They always ask me. It changed completely. Wilmot Coles Ball was the guy who trained me at Hopkins. I guess I ought to say he influenced me a lot too. He was the person who sat in the first row and commented on all the cases. His word was what was [the] final word. When I came here, it was me and I couldn't sit in the back and relax, go to sleep, not pay attention. I had to pay attention. Well, that was different.

P: How did the VA hospital compare with Hopkins?

B: Yes, when I came here it was just as good a hospital. Can't say it is now, but it was then.

P: It's better now or worse now?

B: Worse.

P: Deteriorated in staff, deteriorated in quality?

B: In money. It's not funded well enough. You can't get certain tests at night because you can't pay people to come in and do them, that sort of thing. But at that time, I was amazed. It was just as good a hospital.

P: How did your pulmonary service grow?

B: It actually overwhelmed what was going on at Shands, which was very little. I

was funding all the fellows, I had all the research grants. Three-and-a-half years later, I got offered a job at Missouri, I think it was, to be chief of the pulmonary division. I went to talk to Leigh Cluff, like I went and talked to Mac Harvey earlier. He said, you don't have to leave, you can be the chief here. There was a little bit of controversy. Ed Swenson was on sabbatical, he was away for a year, which he did a lot. He was removed and I was put in.

P: You've always been interested in research. I see you've written, co-authored, been involved in lots of papers over the years. Now, did you have the time and facilities at the VA hospital to do this?

B: It isn't always true that I was interested in research because I was interested in private practice. I didn't have any interest in research at all. Questions occur to you as you see patients. Why did this happen? I just decided to find out the answers to those questions. So all my research is clinical, it's all related to patients, ultimately to normal human beings because I didn't like hurting people. I wanted to study normal people. I wrote a lot of papers, I suspect I wrote more papers than anybody else who was not interested in research. I got into it mainly because of questions that I had and anybody else can have when they see patients. We certainly don't understand a whole lot of things in medicine. You ask the question, why do people with emphysema drop their oxygen at night when they sleep? That was the question. How do we know they did? Hewlett-Packard gave me an oximeter, a thing that you put on somebody's ear. It measures oxygen levels all the time. They wanted me to calibrate it, so I calibrated it. I calibrated it by leaving it on somebody's ear all the time. The patients on my ward were all pulmonary patients, so I did it on pulmonary patients. When they went to sleep, they turned blue, the oxygen level fell. That sort of led us into everything else we did. It's pure luck. Almost everything that I've done has been luck. I didn't go in the military because of luck, I came down here because of luck, I got into sleep because of luck. It's good decisions, but mainly decisions [that] were brought about by luck, by circumstance.

P: Tell me about the sleep activity that you've been involved with for a number of years.

B: As I mentioned, we were calibrating this instrument for Hewlett-Packard and we wrote an awful lot of papers about this drop in oxygen level at night in various kinds of lung diseases. We sort of developed the first [pulmonary] sleep lab in the country. We figured out we needed to measure how much air was moving in and out, why did their oxygen level fall? Were they breathing? We figured out how to put a band around their chest to see if their chest was moving, put these thermistors in their nose and mouth to see if air was moving. We got into trying to find out what stage of sleep they were in, so we put electrodes all over their head. [We] did sleep studies, EKGs [electrocardiograms]. I've had one of these

studies. We really had people hooked up to a lot of stuff. In doing these projects right and writing the grants, you always had to have a control group to see what control patients did, not just lung patients. The control patients were either normal patients or people with other diseases in the hospital. It turned out that they did the same thing. We got into studying normal people, who snore, who have sleep apnea. We then got into the sleep business more than the lung business. We're into the sleep business in normal people and people without lung disease.

P: Is there a sleep clinic now?

B: Oh yes, at both the VA and Shands. In fact, I think Richard Berry [Dr. Richard Barnett Berry, professor, College of Medicine], who I recruited to replace me, he's one of our fellows from a long time ago, is a noted sleep doctor now. I think they've renovated a whole wing of Shands at Alachua General [Hospital] as a sleep lab. There are eight beds over there. I'm supposed to call him tomorrow and take a tour.

P: Is this clinic for people who have problems sleeping?

B: Yes, they would go there, but also people whose wives say they snore a lot or stop breathing during sleep. There are a lot of muscle disorder twitches, periodic leg movements, restless leg syndromes that would show up here. People with narcolepsy, [that] fall asleep while [they are] talking to you.

P: Did you know Bernie Webb [Dr. Wilse B. Webb, graduate research professor emeritus, department of psychology]?

B: Yes, I did.

P: Wasn't Bernie connected with the sleep lab in some way?

B: He had a real big sleep lab up on campus in the Space Sciences building, I think. I never saw it, but he and Agnew [Dr. Samuel G. Agnew, ortho, UF Health Science Center, Jacksonville] – the guy who worked with Webb – came down and advised us a bit when we were getting started.

P: Was there a conflict here, or was his expertise in one area of sleep disorder and yours was in another?

B: No conflict at all.

P: You complemented each other.

- B: Yes, he was very helpful to me, still is, I think he's still around.
- P: Of course, he's a very good friend of mine, I saw him just the other day. We compare travel notes all the time. He and his wife Mary are good friends of ours. When you come here in 1970, you have the appointment in anesthesiology which was meaningless kind of thing.
- B: It wasn't for me. I went to all their conferences at 7:00 in the morning. That was meaningful. [Laughter]
- P: You had to get up. From 1973 until 1995 you're chief of the pulmonary division. Was that at Shands or at the VA hospital?
- B: At the University of Florida. I gave up the VA chief to various people after seven years or so, then I took it back at the end when no one else wanted to do it. I was the overall chief of the whole pulmonary division for twenty-one-and-a-half years, I think. That was too long.
- P: Were you involved in any way on activities on campus?
- B: I was a senator.
- P: You were in the senate. That didn't take much of your time.
- B: I was on the academic status committee for a long time, thirteen or fourteen years.
- P: I notice you were a graduate studies faculty, what did that mean?
- B: Well, there were people in psychology, when I was doing sleep, who got their Ph.D.s and did their projects with me. There was one man in exercise science who did a project and I was on his committee and there was a nurse whose committee I was on also.
- P: You were on the advisory committees for M.A. and Ph.D. students. You didn't go to the graduate faculty meetings and make decisions on how money was to be allocated and programs were to be implemented, that sort of thing?
- B: No, I was just listed in the book, the graduate faculty.
- P: Was the library at Shands adequate for your needs?
- B: Yes. Of course, I came from a place that had one of the best libraries in the world, the William Welch Medical Library System. I never found the University

- of Florida library to be lacking in what I was looking for. The VA library was definitely lacking, but the University library started where the nursing school is now and then they moved it to the communicore. Certainly there was enough space, for me anyway, to be able to look stuff up and sit down and read things.
- P: How about office space, was that adequate?
- B: No. I don't know that I ever had a window in the office at the VA. I guess we made do with the space that was allocated. I designed a couple of pulmonary divisions at the university, one in the basement of the communicore and one on the fourth floor of the medical sciences building. The amount of space was not exorbitant, there was very little lab space involved. It was difficult to recruit researchers if you didn't have any lab space where they could work.
- P: Was lab space lacking because there wasn't enough room or because there wasn't enough interest?
- B: I guess it was both, because now I gather that Mark Brantly [Dr. Mark Louis Brantly, professor of medicine] has got a lot of space for his lab. We may not have had the right kind of people located in the right place because my brother and Jay Patel [Dr. J. M. Patel, professor of medicine] and Ocie Harris and Ricardo Gonzalez-Rothi all had labs, but they were all at the VA. Nobody had a lab over at the University.
- P: They had to walk through the tunnel.
- B: Correct. They all had offices at the VA. When I was running things, most of our research activities occurred in the VA. We didn't have labs at the University. Maybe it was because we didn't need them, but also because there was a space crunch.
- P: Were you pleased with the way Shands was run in the years you were there?
- B: Let me say that the University of Florida has done a lot for me. I think one of the best decisions I ever made was to move down here. I don't know why I made that decision, because they didn't offer me anything, but it was one of the smartest things I ever did and I owe a lot to the University of Florida. Was I pleased with Shands? It was a terrible hospital when I moved here. The VA was a good hospital, Shands was terrible, until it became private, not-for-profit. Al Stetson [Chandler A. Stetson, vice president of University of Florida Health Center and dean, 1972-1977] did that. I don't remember the other people involved. Once they removed all the decision-making from the legislature in Tallahassee and became private, not-for-profit, it became an excellent hospital. Now it is an excellent hospital. When I came here, we'd run out of needles. You'd have to go all the way to Tallahassee to buy new needles and new lab

stuff. It was terrible.

P: Have you been satisfied with the hospital's administration over the years?

B: The first person I remember knowing anything about was John Ives and he did a wonderful job of running the hospital. I believe he started the philosophy that the hospital did not pay the faculty of the medical school for running anything. [For example,] if you ran the pulmonary function lab for the hospital, they didn't pay you for that. If you ran the cath lab for the hospital, they didn't pay you for that. That is not so in most universities, in other places. Ives got forced out by Challoner [Dr. David R. Challoner, former vice president, UF Health Science Center], who is the other guy I think had something to do with making it a not-for-profit hospital. The guy that followed Ives was an accountant. He continued that philosophy so that Shands never paid us for anything we did over there, except we got a salary from the medical school, but we got no money at all from Shands hospital. Shands would make \$45,000,000 a year that would be profit. They'd reinvest it because it's a not-for-profit hospital, but the doctors that made it what it was didn't get anything. Just before I retired, Dick Gaintner [Dr. John Richard Gaintner, clinic professor, college of medicine; CEO, Shands HealthCare, 1997-2001] took over here. He was a classmate of mine. He took over for [Mr. Paul Metz]. I went to see him and I told him that I was fixin' – as they say in the South – to retire, but I wanted to tell him what I thought about this [policy of] not paying for anything that you get. I think he reversed that. I don't know now because I don't have anything [to do with it]. He retired too. I think they started paying money to some of the people that ran things. For instance, I had a meeting with [Mr. Paul Metz]; they wanted to start a lung transplantation program through my division. I said, I know it's opening a Pandora's box to pay everybody for everything that they never got paid for before. Can't you pay this guy for starting this lung transplant program that you want and I don't want? They wouldn't even pay for that. Until Gaintner came, you had to get your money from the School of Medicine. It was distinct and not contributed to by Shands hospital at all. I thought that was wrong. Otherwise, it was extremely well-run, made a tremendous profit, provided wonderful medical care. I suppose it wouldn't be hard to do that if you didn't pay the doctors anything for what they were doing.

P: You were part of the School of Medicine. Neims [Dr. Allen Neims, dean, college of medicine, University of Florida, 1989-1996; department of pharmacology and therapeutics] and that group, those were your bosses over there or at least they made decisions that impacted the faculty.

B: Started with Stetson, then Willie Deal, then I think for awhile Dockery, but that was an interim dean. Then Neims, then Ken Burns after him. I never had any dealings with Ken Burns but he was in medical school a couple of years ahead of me. He told me I knew him then, I don't remember.

P: Those were the people who made decisions and established policy and that sort of thing?

B: Correct.

P: Were you an inside person or were you always on the outside fighting the establishment?

B: I was on the outside because I kept my office at the VA, always did. I had an office at Shands.

P: You were apart from all of this day to day politicking?

B: I hated politics.

P: How did you and Malcolm Randall get along?

B: Fine, he was a tremendous hospital director, wonderful person.

P: You didn't have anything to do with the pediatrics, with people like [Dr. Gerold L.] Schiebler?

B: I did, yes I did. With Sally Chesrown [associate professor of pediatrics] and Jerry Loughlin. They had a bunch of chiefs of pediatric pulmonology. There was a Greek fellow, [John Machos?], he was followed by Sally Chesrown. She went back to school and Jerry Loughlin followed him. There was a lady after Loughlin, Jim Sherman [Dr. James M. Sherman, Jr., associate chair of pediatrics]. I got along fine with all of them. Worked together, saw patients together. We used to get called a lot to see pediatric patients. Jerry Schiebler, I met early in the game.

P: Did you open the door or keep it closed as far as women were concerned?

B: Eloise Harman and Runi Foster [assistant professor of medicine] are both women on the faculty. We've had a number of female fellows, but just more recently in the last ten years.

P: Did you encourage women?

B: Sure.

P: Was there a lot of difference to you between men and women?

B: No, about half of the medical students are women, you better want them in your

program.

P: What about ethnic groups? Blacks, for instance.

B: There never were very many black applicants. We did have a black fellow, Dwayne Thomas a number of years ago, and he was a very good fellow, but he's the only one we ever had. It wasn't because we didn't want them, we just never got any applicants. He's now the chief medical director at Charity Hospital in New Orleans. He was a good fellow.

P: How were your years here 1970 to the time that you retired? Grading them, how would you grade them?

B: On a 0-100 scale they were 95.

P: As you were going through medical school, you were thinking in terms of private practice. Have you ever regretted not going into that?

B: No, never regretted not going into private practice because I discovered that I really liked to teach.

P: You would have been a richer person though.

B: Hell yes, and I was offered a job that would have made me a very rich person. That wasn't the reason for doing what I did.

P: You could have afforded an even bigger house.

B: I would be living in Baltimore. I did the right thing.

P: You did the right thing in the right moment in time. Why did you decide to retire as a relatively young man? [End of side 2, tape A]

B: Dr. A. Fred Soffer had been the editor of this journal *Chest* for twenty-five years and he decided to retire. A letter came out and said, these are the characteristics of the person we want to be editor: active in the organization, I had been president of the organization in the past, scientist, that sort of thing. I recognized that I fit all the characteristics, but I didn't apply for the job. One or maybe more than one, one that I know of, of my former fellows wrote my name in, suggested my name. I got another letter that said [I] had been suggested, would [I] like to apply? I thought about it for awhile and I thought this would be a great way to teach. That's all it is, you're teaching one hundred percent of the time. I sent in my application and my curriculum vitae. We had that interview I told you about in Chicago and I was selected. At the age of fifty-five, I started that job and I continued doing everything else that I was doing before. The

journal, though, paid half of my salary and half of my fringe. Every day, I felt that I had to put aside four hours, which is half of a normal person's day, for the journal. Ultimately [I] got this office down here. At 1:00 or 2:00 [P.M.], I would come down here and edit the journal, but I still was chief of pulmonary medicine at both the VA and Shands. I think I took VA back. I actually had three half-time jobs, so I worked a lot of hours. It turned out that it was not a bad thing that I ended up here. I ended up something like sixth-eighths University and four-eighths VA. I was ten-eighths of a person for five years. This did wonders for retirement. They calculate your retirement calculated on your high-five, or high-three out of the last five. I knew I was working ten hours, twelve hours every day. When I was sixty, we decided to go another five years, repeat the contract. It was a five-year contract.

P: When you say we, you're talking about you and your family?

B: The journal and I, and my family. I said, I don't want to do it this way because in the three previous years, there had been a salary freeze here and the University of Florida was taking in a whole lot of money from the journal for half my salary and half my fringe. I wasn't even getting any raises. I inquired and I had been here twenty-eight years, eight months of which did not qualify for the University, the first eight months. I could retire. If you combine your age and the years that you work here for the VA, and it is graded at eighty-five, you can retire without any penalty at all. I could retire without a penalty from the VA, it was a five percent per year early from the University, but you get a three percent cost of living increase, so I figured what's two percent? I decided that I would sign a new contract with the journal but they would pay me directly, they wouldn't pay the University. What a concept! Get paid directly for what you do. I would retire from both the University and the VA and I would work twenty-eight hours a week for the journal and that's all I would do. I asked them if they would pay seventy percent of my previous salary and they said yes. This was wonderful, that's what I'm doing.

P: How old were you when you retired?

B: Sixty. I could have retired completely scot-free after thirty years at sixty-two.

P: Was there an effort made on the part of the university or the VA to hold onto you?

B: No, I don't recall any.

P: They just said, we're having a retirement party.

B: I didn't even want one, I never had one.

P: How did you and Jerry Modell get along?

B: Fine.

P: Is he an easy person to get along with?

B: No, no he's not, but we get along fine. He's a very, I guess you would [say], a chauvinistic person. When he ran the department of anesthesia, that was his baby. If you fool with his baby, you were in trouble. When he became a dean, and it was the whole medical school was his baby and you don't fool with him.

P: Now, all he has is horses.

B: They're fairly expensive, I understand.

P: It's a lovely set-up he has.

B: I get along fine with Jerry Modell.

P: Yes, I do too. I like him and I like his wife Shirley very much.

B: But he can be very aggressive when you fool with his baby.

P: I did an oral history interview with Jerry and also with Shirley, so I knew about your connection to anesthesiology.

B: Did he remember that interview?

P: No, he didn't. In fact, that never came up because I didn't know it to ask him about it. That was not a major part of the things that I was working on at the time. Tell me about the magazine. I understand how you became connected with it. Does the magazine come out monthly?

B: Yes, it's usually 300 editorial pages per month. Although recently, it's been 400 because we're getting very popular and getting a lot of manuscripts submitted.

P: Is it a slick magazine?

B: It's for people who are interested in the chest. That's the name, *Chest*, and it's directed at pulmonologists, cardiologists, anesthesiologists, thoracic surgeons, and critical care medicine specialists.

P: How many people get this?

B: I think our circulation is 23,000.

P: That's big. How much is an annual subscription?

B: If you join the ACCP [American College of Chest Physicians], [with] whatever [their] dues are, \$275, you get it. If you just want to get it, it's about \$125 a year.

P: Libraries, medical libraries subscribe to this thing. Where is it printed?

B: It's printed in Easton, Maryland, by a company that's based in Baltimore.

P: You have nothing to do with the shipping, the mailing, any of that activity. You're just the editor-in-chief, you receive the manuscripts. Do you have to solicit manuscripts?

B: I don't solicit many any more. Editorials, yes. I ask people to write editorials. Most of them come in spontaneously.

P: Do you review medical books in here?

B: Yes, I don't but there [are reviews in the magazine].

P: A medical book comes out and you find a reviewer for it. He writes a review and sends it into you. All the work is done here. You ship the manuscript off.

B: Most of the work is done in Chicago, most of the employees are in Chicago. The editorial office used to be in Chicago, too. Al Soffer was in Chicago. But it's here now, for the last eight-and-a-half years. It's going to change soon, but if you do it the way we do it now, you mail five copies of a printed manuscript to Chicago, they send me one in overnight UPS mail. I decide who should be asked to review it. We fax that person, usually more than one person, a request to review. If they say yes, they fax it back. One of the five copies is mailed to them for their review. As soon as they review it and write something down, they fax it back to us. Pretty soon, it's all going to be done electronically. We're looking at three different programs in the middle of next month. They're all coming here. I decided I'm not flying all over the country to look at these computer programs that do it on the Internet. They're coming here.

P: When the manuscripts are evaluated by the readers, who you select and communicate with, they send it here. Then you communicate with the author of the article.

B: Yes, the reviews come when they're all available, they send them to me. Now I

have the manuscript and two or three reviews of that manuscript. If they think it should be rejected, I reject it. If they think it should be revised, then I get the author to revise it. On rare occasions, it's a perfect manuscript, it gets accepted right away. All of this takes about six weeks.

P: Your job is to go over it and make sure that the punctuation is correct?

B: When it gets revised, it comes back to me. At that point, I can either decide to read it myself, or send it back to the original reviewers and see if they think the author did what they wanted him to do. Most of the time they say yes, and it comes back to me quickly. Then, since I've been doing this full-time, I review every manuscript at this point. The ones that get rejected, I don't read except to know who to send them to. Those that are ready to be published, according to the peer reviewers, I review then. Which is what I was doing when you got here.

P: Do you have to be an expert in every area that deals with the chest?

B: I think that's one of the reasons that I was selected as editor. I'm supposedly an anesthesiologist. I did do a lot of critical care, I'm certainly a pulmonary doctor. I probably have the expertise in a lot of these areas. I don't think I'm an expert in everything, but I can tell you right now that after reviewing every manuscript for three-and-a-half years now, that I am an expert reviewer.

P: You learned a lot.

B: Hell yes. I review for science and also for English now. I'm good enough in English that I can do that. I guess one out of five papers that previously peer reviewers thought should be accepted as-is, I write letters, like the ones I showed you, with a bunch of mistakes.

P: How does this magazine compare with other medical journals?

B: There's a rating system that is very imperfect called the impact factor, there's another one called the prestige factor. It's very much slanted toward research articles because the way it's calculated, it divides the number of times articles in your journal were quoted in other journals or your journal divided by the number of papers that you publish. If you only publish research papers, everybody kind of wants to use the same methods, and they always reference your paper. If you publish a case report or a letter to the editor or an editorial, people very seldom quote them. They don't refer to them, there's no methods to refer to. It's very much slanted toward research journals. Nevertheless, our impact factor has gone up every year that I've been an editor. I think out of twenty-nine chest journals, we're number seven right now. We're actually number twelve out of sixty-two cardiology journals. I wouldn't have thought we'd be listed as a

cardiology journal, but we are.

P: Now the subject of the chest covers a lot of different illnesses. Are there any ones that you consider yourself to be a super-specialist in?

B: I used to consider myself a specialist in sleep and breathing, oxygen therapy, that's what I was interested in before.

P: How about lung cancer and asthma?

B: The way it's evolved in medicine, it's evolved that the pulmonary see lung cancer patients first and do the procedures to make the diagnosis. Then the treatment, if it's surgical, is done by surgeons. If it's chemotherapy, it's done by oncologists. If it's radiation therapy, it's done by radiation therapists. Pulmonary people don't generally treat lung cancer, but they organize the work-up, figure out what the patient has, where the tumor is, where it's gone to, and then send them to the right place to get treated. The surgeons just operate. Some people end up coming back to you.

P: How about diseases like asthma?

B: Oh yes, we saw a lot of asthma. I think Eloise Harman, a female that I hired, runs an asthma clinic. She actually replaced me, she was chief of the division after I left.

P: Is tuberculosis still a problem?

B: Sure. Back in 1970 William Tucker was here. There's a historical name for you. He had been the chief of the medical service of the VA in the whole country and he retired to Gainesville. He retired because he had an office in the VA where he answered his mail and that's about all he did. He was an old man. He predicted at that time that tuberculosis would be eradicated, within our lifetime, from the face of the earth. That has not come to pass. AIDS came to pass. All of a sudden, tuberculosis broke out again in AIDS patients, in particular.

P: I didn't realize there was relationship between tuberculosis and AIDS.

B: All infections occur in AIDS patients. Weird infections occur in AIDS patients. Drug resistance appeared. Tuberculosis is still a very big presence.

P: In underdeveloped countries?

B: And here, there's a lot of tuberculosis in the United States.

P: Even in a highly developed country.

B: In Florida.

P: Why?

B: It occurs in people who are poor and homeless. If you give them medicine they don't take it themselves. You have to supervise, you have to be there and put it in their mouth. Otherwise, they'll get drunk and they won't take the medicine. The drugs don't cause the bug to mutate to resistance. [There are] one or two [bugs] that might be there, out of the million bugs in you, that have native resistance to that drug. If you use one drug, that bug will be the only one that can grow, then all of a sudden the population of bugs is all resistant to that drug. They all came from that one bug that started resisting. You have to use two and three and sometimes four drugs so that this one bug doesn't grow. It's become complicated. Used to be, you could just give them drugs. 1951, INH [drug, Isoniazid] and PAS [drug, para-amino-salicylic acid] became standard treatment for tuberculosis. We used to treat them a lot longer than we do now. That was when William Tucker made the prediction that tuberculosis would be eradicated. It didn't happen.

P: What is the Florida Thoracic Society, which you've played a major role in? You were president.

B: It's a constituent of the American Thoracic Society, which was the medical arm of the American Lung Association that sold Christmas seals. There was a constituent society in Florida and almost all of the pulmonary doctors in Florida belong to the Florida Thoracic Society. [They] put on a meeting every year. I was on their committee that gave out research money. A certain percentage of their money had to be used for research and for a long time, [it was used] for training fellows too. We'd get together once a year and decide who had the most meritorious applications and gave the money away.

P: Florida Chest Society doesn't sound very scientific to me.

B: It used to be called the Florida TB [tuberculosis] and Respiratory Disease Association (FTBRDA) or something like that. It's a lot better as the Florida Thoracic Society.

P: Have you regretted giving up your responsibilities at the VA hospital and the University?

B: Only the teaching. I don't miss seeing patients because that got to be difficult the last three or four years. I certainly don't miss the politics.

P: Did you actually go into the classroom? Was it that kind of teaching?

B: Yes, sure we did. They used to send that sheet around to make sure you had ten contact hours. They had passed a law in Tallahassee, the brilliant legislature, that the medical school faculty had to do the same thing as all the other faculty and they had to have a certain number of contact hours. All we did was contact hours. I would start my day, every day, with a lecture. There would be students on pulmonary, there could be ten of them. I'd go through all of pulmonary. I had about fifty canned lectures.

P: Did you sit down in a seminar room to give those lectures?

B: In a conference room. I usually did it with chalk, but I had slides, I could do it either way. I would make rounds and see patients with students. Then I would have clinic and the students worked in the clinic. They would say, document that you had ten teaching hours. Of course, I would have fifty teaching hours. All we did was teach. It was absurd to fill that thing out.

P: You had no problem doing it, obviously.

B: Obviously not. I didn't do it but I always considered [putting] something on there that was physically impossible, like I had nine hundred teaching hours this month. Does anybody look at those things? I know the VA doesn't, the federal government doesn't. There were three years where I was the pulmonary consultant [for the nation]. I judged all of the first year grants, they were called RAGS grants, Regional Advisory Group Service. I judged and told them which ones to fund, all the new faculty, the new grants. It was a great program. That's the way I first got funded. In this role for three years, I had to write a report at the end of the year. They would never tell me until the last minute what the report was to cover. It would be a letter I would get that said, we would like you to write a report that describes the best five pulmonary programs in the country in the VA. You think they'd tell me where the programs were? No. How was I supposed to know? I'd do it and of course the ones I knew. Ours was always one of the top five. Miami was good, I knew they were good. One year, I said, what is this for? They told me it goes in the Congressional Record. One year, I wrote something about Captain Kangaroo [children's television show host]. [I] put in right in the middle to see if anybody ever read the damn thing. I think I had a sentence in there that made absolutely no sense about Captain Kangaroo. I sent it in. It was my last year, of course. About two months later, I got a letter back from the VA. I thought, oh my God, am I in trouble now. No. It was a form letter thanking me for my outstanding service. [Laughter]

P: You departed from the VA hospital and Shands. Have you reestablished any

contact with them or is that just part of your past life?

B: I have, because last week on Wednesday I went over and gave a lecture to the medical residents, their lunchtime conference.

P: On what?

B: On how to do clinical research and how to review a paper. I don't really talk on medical topics much anymore, mostly on publishing or editing.

P: What kind of medical organizations were you involved in other than the Florida Thoracic Society?

B: I didn't even send you my list of lectures or abstracts. The American College of Chest Physicians, I've been very active in since 1987 or so. I was president in 1988.

P: That's a national organization.

B: Yes, they put the journal out, they are the publishers. I did almost everything you can do for that organization. I actually was active in the Alachua County Medical Society for three or four years.

P: I noticed in your records that you were involved in that. That's a little bit different from many of the faculty.

B: There were strange times when this happened. Billy Thomas was the president and he asked me to be treasurer. I don't remember him telling me that the treasurer had to plan all the programs, had to invite all the speakers, and make sure that the programs were appropriate. I did that for a year. About that time was the helicopter emergency medical services conflict between Alachua General and Shands. For some reason, this got to the Medical Society and there were two groups of members. There were those that were on the faculty and all of a sudden there was an effort to get all the faculty to join, they weren't even members of the Alachua County Medical Society. I remember Jim McGuigan would pay [the dues] for everybody who wanted to join. Then there was the Alachua General group of private doctors who supported their helicopter service and obviously Shands supported ShandsCair. There's a lot of consternation which I didn't want any part of. I knew both groups, I had friends in both groups. I remember being asked by the Alachua General group, whether I would run for president [as their] candidate. That would get me in terrible trouble at Shands. I decided not to run, I didn't want to be president, I didn't even want to be treasurer and I became inactive. I didn't want to get in the middle of a political fight.

- P: Had they already moved the little houses down on SW 2<sup>nd</sup> Street?
- B: No, they hadn't moved it yet. I think a woman named Georgealis was the administrator of the Alachua County...
- P: You know right down the street in the next block is our old synagogue.
- B: That I didn't know.
- P: You know the house I'm talking about? The old house, the wooden house, a block down from the Presbyterian Church as you go downtown.
- B: I don't believe I've been on that street.
- P: Isn't that the Alachua County Medical Society office?
- B: I haven't been active recently so I don't know where it is.
- P: It's been there now about fifteen years maybe, more than that. It's moved from the different site, it was a historic house that was moved there. [Discussion of location]. Have you been involved going around the world, doing these lectures and meetings?
- B: Yes, mostly for the American College of Chest Physicians. In fact, we actually have taken a trip around the world. You can get an around the world fare. It went to Amiens, France then through Hong Kong to Taipei then to Australia, Honolulu and Los Angeles and back to Atlanta.
- P: Florida Thoracic Society doesn't meet in those strange places.
- B: No, when I was president of the American College of Chest Physicians, it turns out [that] I didn't even know it, but I was president of the Asian-Pacific Congress on Diseases on the Chest.
- P: You had to go visit them.
- B: This is another true story. I don't know if you want all these stories. On this trip, I went to all these countries, and Emmer Travel told me I did not need a visa for Taiwan. They were wrong. We flew from France. We got to Taipei airport and on our plane was Tom Petty, believe it or not. Not the singer, but another pulmonary man. The people who picked us up were picking both of us up and my wife was with me. Tom Petty went right through customs, I did not have a visa and my wife did not have a visa because we were so advised. They put us off in a little room with a guy from South Africa who got sent back to Hong Kong.

We sat there. Tom Petty told these people that were picking us up that I had been on the plane, he didn't know what happened to me. They inquired, thank God, and after a couple of hours they took our passports. They needed a picture of us both. All I could find was a picture with my mother, it was not a passport picture of any kind. They let us in the country. We were there for three days without passports. We stayed in a beautiful hotel and we went to the opening ceremonies of this Congress. Beautiful hall, red banners on the stage, a Chinese orchestra with instruments I've never seen before, and some big chairs all around the stage. I found out how I got in the country. I opened up the program which was in Chinese, [the writing] is going up and down. In three places in the program, I see English. My name. I didn't know what I was supposed to do, but they led me up to one of those chairs on the stage. Everybody else was Chinese. It turns out I had to introduce the Vice-President of the country. That's [why] they let me in the country.

P: Then you learned Chinese.

B: It's true. I've been a lot of places.

P: It has been part of your professional life.

B: Yes, I think so. I don't really like to fly anymore, as you may well imagine. Not necessarily because of the highjackings recently but because it's so terrible to fly out of Gainesville now. It has been for years.

P: It keeps getting worse and worse. We go out of Jacksonville.

B: I have been doing so also, but I don't like the drive, particularly coming home when you're tired.

P: We spend the night in Jacksonville.

B: That's a good idea.

P: What have you been doing since you retired, other than publishing a magazine?

B: I come down here every day that I'm in town and I put in whatever hours are required for the manuscripts I get that day. We have a place at St. Augustine Beach that I like to go to. When I can, we go out there. Ocean Gallery, we have a condo there.

P: I wanted to ask you about the growth of Shands and the expansion of Shands into Alachua General Hospital. What's all that about?

- B: I was never on the inside there, but my interpretation of it is that when HMOs started to take over the care of everyone who was insured, a decision was made that the Shands name would become equivalent to an HMO. They bought practices [and] hospitals, they went to Jacksonville, they went downtown. [They] bought all these hospitals and practices that can funnel patients into Shands. My understanding is that it worked. It's not so good for medical education. Whereas many university hospitals have gone broke because they can't get any paying patients at all, these private practices and other hospitals can send patients to Shands. Apparently enough of them pay so that they can make money.
- P: Were you involved in the Jacksonville Shands operation?
- B: Not really, I was over there a couple of times. Every single pulmonary person they've ever hired over there has said, we're going to have a close relationship and do research together. I've had fellows go back and forth, and [they] never did. There's not much of a relationship, except in name.
- P: How about Alachua General?
- B: I spoke down there a couple times, but it was not part of Shands when I worked there. I didn't do much [there]. I never had any patients at Alachua General.
- P: Do you think that Shands over the years was stymied over the years in any way by locating it in Gainesville rather than in a larger city like Orlando? That was such an issue at the time.
- B: I personally am very happy that it's located here because it's a great place to live. I'm sure that the politicians in the state of Florida would rather have it in a big city.
- P: Because of the prestige it would bring?
- B: Yes, and they do have a point that Shands itself could provide care to inner-city, indigent patients. Of course, they'd go broke if they tried to do it. It would have greater stature, greater importance to the politicians from Miami to have it in Miami, Orlando to have it in Orlando, Tallahassee to have it in Tallahassee. Didn't they do that? They just started a medical school in Tallahassee because the speaker of the house was from Tallahassee.
- P: Or at least he was a graduate of Florida State University. I've interviewed a lot of people who were involved in the decision to bring it to the university. The point they made at the time was that Gainesville is here and it's surrounded by sixteen counties that are so poverty-stricken. People could come here.

Obviously, they have found their way to Gainesville.

B: Yes, but there are not many politicians in Tallahassee from Gainesville.

P: There are no more Bill Shands [Florida state senator, 1940-1958] running the show in Tallahassee as he did in the 1940s and early 1950s.

B: Within the first two years after I moved here, Claude Kirk [Florida governor, 1967-1971] said he was going to move the university medical school to Jacksonville.

P: And Jack Gordon [Florida state senator, 1972-1992] was going to move it to Miami.

B: That didn't make me feel good, having just moved to Gainesville.

P: How about funding? Did you have problems during the years you were here getting the money that you needed? Was it always a battle, always a fight?

B: There's a difference between research funding where you apply for grants, and state funding or VA funding. We never had adequate funding. We used to make do with what we had. You could request equipment and you'd never get it. That sort of thing. Research funding was on your own back. Either you wrote a good research grant or you didn't. Sometimes you got them and sometimes you didn't. The VA was very good to me, they funded me for many years. The NIH [National Institutes of Health] for a few. I'll never understand funding of research. Clinical research is difficult to fund. I had a three-year NIH grant in the beginning of the sleep business. We made enormous discoveries in sleep, wrote thirty-six papers in three years. When I applied for a continuation of the grant, it was rejected. Now, you explain that to me. How can you be more productive than that?

P: Did Shands and the university use you as a fundraiser?

B: No, I'm very bad at that. They tried to. I was always asked to talk to my rich patients and try to get them to give money. I'm terrible at that. I only did it once and then, just before I retired.

P: Were you successful?

B: Yes, for the pulmonary division, he funded a fellow for three years. I was terrible at that. I couldn't bring myself to do it. I never would have been a salesman. I forgot this, I had a job as a salesman. It was in college or medical school. I worked in my uncle's jewelry store. I was a terrible salesman. I just couldn't tell people that this looked good on them if it didn't. They removed me from sales

and had me wrap packages. I wasn't any good at that either. [Laughter].

P: Let's talk about you as a personal person, not as a professional doctor now. What do you do in your spare time? You have more spare time now, I presume.

B: My wife keeps telling me I need a hobby. I spend a lot of time watching my grandson play baseball and my granddaughter play volleyball and they're very good.

P: Are you a reader?

B: Yes, I read a lot.

P: What do you read?

B: Now, mostly mysteries. When I was younger, I would never read fiction, I would always read non-fiction. I wanted to learn real things.

P: Are you a sports person, other than watching your two grandchildren play sports?

B: Yes, [I] go to all the football games.

P: You'll be out there this Saturday?

B: Absolutely. If you'd had this interview last Tuesday, I wouldn't have been able to talk. So much yelling.

P: I don't know what it will be this next Tuesday, I'm glad I'm doing this interview before Tennessee arrives.

B: I hope I'm hoarse.

P: Do you go to the basketball games?

B: I don't go to the games but I listen to or watch as many as I can, particularly since [Billy] Donovan [University of Florida basketball coach, 1996-present] came here.

P: Do you and your wife travel much?

B: We're trying not to. We get invited a lot of places, but I don't like to fly as much as I used to. We go to Boca Raton and visit the other part of the family.

P: You and your wife don't take long trips going to London or other places?

B: Every once in awhile.

P: But you do it, you have done it in the past?

B: Oh, yes.

P: You've seen most of the world.

B: Yes, she still wants to see Scandinavia and there is a meeting in Sweden next year, so we'll probably go.

P: Are you a social person?

B: I guess so. I don't party all the time anymore, go to bed too early.

P: You and Mickey Smith were neighbors once.

B: Two doors away.

P: Now Mickey's moved to?

B: He built himself a house out in Haile [Plantation residential development].

P: What about politics? How much do you involve yourself in that?

B: The education issue has sort of gotten me into a little bit of politics. I wrote a letter to the *Gainesville Sun*, I've written a few letters. Connie Caranasos, she called me up, she liked my letter. She said that she was on the Gainesville High School's School Advisory Council. She was going off the council and would I like to help the teachers by joining the council. I said, yes. I never even set foot in Gainesville High School. My kids went to Buchholz [High School]. I got appointed to the council, I'd never even been there. I was kind of fun for a year. I'm now chairman. I guess I've gotten involved a little bit in politics.

P: Not national politics?

B: I've obviously followed it pretty closely.

P: And you vote?

B: Of course. I've been a Democrat my whole life, and I now am not a Democrat, I'm an independent. Not in the independent party, just no party. I got extremely angry at this legal battle [in the 2000 election] between Democrats and Republicans. I thought they were both way off-base. Once the election was

over, it should be over. I got angry at [Al] Gore [unsuccessful Democratic presidential candidate, 2000; U.S. Vice-President, 1993-2001] and the Democrats as well as the Republicans. I didn't want to be associated with either one of them.

P: Now, you'll have an opportunity to come back again. There will be another election shortly.

B: I won't have to vote in the primaries now.

P: You're not a religious person?

B: I wouldn't say that. I wouldn't say I was religious. I don't believe in organized religion.

P: Do you identify yourself as being Jewish?

B: Absolutely and I do believe in God, I believe in prayer. I don't believe I need a synagogue or church to do it in.

P: Were your children raised Jewish?

B: No. Well, they went to Sunday school.

P: In other words, they didn't go to church.

B: No. I believe that you should expose them to organized religion even though I didn't believe in it. If they wanted to be Jewish, they could. They went to Sunday school until they asked to stop. When they asked to stop, they stopped.

P: What do you do for just fun?

B: I go to Gator games, go to the beach.

P: And you go to Gainesville High School.

B: That's not fun anymore, now that I'm chairman, it's stressful. It was like moving here from Hopkins. As long as I could sit at the meetings, it was fun. Now I have to run the meetings, it's not fun anymore. I love to go to the beach, I'd go to the beach every weekend if I could. I don't do any sports any more myself because I hurt myself a lot in my thirties and I retired from exercise. As my wife says, I don't have a hobby. She doesn't want me to completely retire. I'm not going to for three-and-a-half years. I'm going to do this for three-and-a-half more years, then I'm going to write a book about dying. I've sort of kept a list. I've seen a

lot of people die. When you see people talk about ethics and DNRs [do not resuscitate orders] and living wills and things, the people that you see on television or in discussion groups are never the people that actually take care of dying patients. They're always ethicists and people who don't work in intensive care units. I've kept track of a bunch of things I've learned from different patients that the public would never think about, would never know. I'm going to write a book of short stories. I'll make up the stories, but these are really things that happened and see whether it's worthwhile, see if I can get it published.

P: Jay, what haven't we talked about that we should have as part of this record?

B: You've talked mostly about me.

P: The interview is about you. Have we left anything important out?

B: I used to be a lacrosse player, that's extremely important. [Laughter].

P: Is there anything in your medical, professional life that we haven't talked about?

B: Let's see. I think it's important to point out that once I did recruit my brother here, he's been extremely successful and I'm very proud of him.

P: He came five years after you.

B: Correct, and he's now head of the research service at the VA, has a lifetime NIH award.

P: I suspect he's one of the people who we need to get on tape also.

B: I think so. You might ask him why he went into pulmonary [medicine] because he was a fully trained infectious disease man and went back and became a pulmonary doctor.

P: You were his role model.

B: That's what he says.

P: He must be telling the truth. What else should we talk about? You likes your dislikes?

B: I dislike politics a lot, I don't like it at all. I dislike hypocrites more than anything. As you may have noticed from this conversation, I don't pull punches and I'm not dishonest and I don't try to hide things. There's so many people that do and I really dislike that.

P: The world is filled with them.

B: I can't think of anything [else].

P: You will have an opportunity when you read the manuscript.

B: I'm afraid.

P: No, we haven't said anything that shouldn't have been said, I think. I'm glad we have the record and I really appreciate it.

B: It's a pleasure.

P: It's been a wonderful experience for me.

B: I don't get a chance to tell my stories to a tape recorder very often.

[End of interview]