Robert William Schrier, MD, of the University of Colorado Health Sciences Center, talks to the editor

Robert Schrier is a major force in world medicine. He has been chairman of the Department of Medicine and professor of Medicine at the University of Colorado School of Medicine in Denver since 1976. That makes him the longest-running chairman of any major department of medicine in the USA. Dr. Schrier grew up in Indianapolis, Indiana. Although he was a 3-sport star athlete in high school, he went to DePauw University on a scholar-ship scholarship and while there was all-conference in both basketball and baseball during 3 of his 4 college years. He still holds the 4-year scoring record in basketball at DePauw. In college, he received a Fulbright Scholarship and spent a year at Gutenberg University in Mainz, Germany, before entering medical school at Indiana University School of Medicine in 1958. He interned in medicine at Marion County General Hospital and then did 2 years of medical residency at the University of Washington School of Medicine in Seattle. In 1965, he went to Boston where he was an endocrine-metabolic research fellow at the Peter Bent Brigham Hospital. He served his military obligation at the Walter Reed General Hospital in Washington, D.C. In 1969, he joined the faculty at the University of California Medical Center in San Francisco, and, in 1972, he moved to Denver where he became professor of Medicine and head of the Division of Renal Diseases and Hypertension. In 1976, he became chairman of the Department of Medicine. His research endeavors have been extensive, leading to the publication of 35 books; 289 articles in peer-reviewed journals; and 403 reviews, editorials, and book chapters. For his work he has received numerous honors including 3 honorary doctorate degrees and selection to the Athletic Hall of Fame of DePauw University.

William Clifford Roberts, MD (hereafter, WCR): I am speaking with Dr. Robert William Schrier in my office at Baylor University Medical Center on August 20, 1998. Dr. Schrier gave a wonderful lecture at Internal Medicine Grand Rounds at 8:00 AM, and at 12 noon he will give another talk to the medical house staff. We are in between these 2 lectures. Dr. Schrier, I appreciate very much your willingness to talk to me and, therefore, to the readers of BUMC Proceedings. We are honored to have you here at Baylor University Medical Center. I wonder if we might start with your giving a bit of your background. Where you were born? Where did you grow up in Indiana? Where did you train in medicine?

Robert William Schrier, MD (hereafter, RWS): Bill, it is a pleasure to be here and to be the annual Austin lecturer. I grew up in Indianapolis, Indiana, and went to DePauw University as an undergraduate and then to Indiana University Medical School. I left Indiana and went for a
residency in internal medicine at the University of Washington in Seattle. I decided that I was interested in endocrine-metabolic issues and was accepted for a fellowship at Harvard at the Peter Bent Brigham Hospital with George Thorn and David Lauler. During the first year of my fellowship, we studied mechanisms of renal sodium regulation. Then the Vietnam War came along. I was drafted, so I decided to commit for 3 years and go to the Walter Reed Army Hospital and Walter Reed Army Research Institute in Washington, D.C. I have been in academic medicine since 1969.

**WCR:** You were born February 19, 1936, in Indianapolis, Indiana? What did your mother and father do?

RWS: My mother was a nurse. My father died when I was 3. He was a printer. He had malignant hypertension. At that time, there were no drugs to lower blood pressure. My father was in the Lilly Clinic in Indianapolis when he died. The late Irving Page and some of the people who were involved at the earliest stage in the study of the renin-angiotensin system and hypertension were at the Lilly Clinic at that time. They had moved to the Lilly Clinic from the Cleveland Clinic. As a young physician, I reviewed my father’s medical records. Terminal, he had heart failure, renal failure, and encephalopathy, and the only drug available was phenobarbital. Now there are about 70 antihypertensive medications that can be used to treat systemic hypertension.

**WCR:** He died in 1939 at the age of 29.

RWS: Yes.

**WCR:** Did you have brothers and sisters?

RWS: I have 1 brother and a half-sister. They both live in Indiana. My mother died at age 63. She was a smoker and had 3 heart attacks, the last one fatal.

**WCR:** Were there physicians in your family?

RWS: No, and thinking back, I probably went to college primarily to play sports. I guess, because my mother was a nurse, I signed up for a premed major when I started. Medicine was not my long-term goal at that time.

**WCR:** You went to DePauw University on a basketball scholarship?

RWS: No, I went on an academic scholarship (a Rector scholarship). I was looking at some Big Ten schools, but I decided that if I got injured or didn’t make the team, I would still have an education if I went on an academic scholarship to DePauw. I also thought that I had a chance to start on the varsity basketball team during my freshman year.

**WCR:** You were a triple-threat athlete in high school?

RWS: Yes. I played basketball, football, and baseball in high school.

**WCR:** In college you played basketball and baseball?
RWS: Yes.

**WCR:** What position did you play in baseball?

RWS: Center field.

**WCR:** So you were fast?

RWS: Reasonably.

**WCR:** How tall are you?

RWS: Six feet, 2 1/2 inches. We had 2 tall players at DePauw who were 6'7" and 6'8".

**WCR:** So, you did play first team your freshman year at DePauw and even broke some records?

RWS: Yes, I broke the single-season scoring record in basketball during my first year at DePauw. I wondered if I should have gone to a bigger school, but I loved DePauw, not just the athletics, but the whole environment of a small school in a small town.

**WCR:** How many points did you score in 4 years in college?

RWS: Fifteen hundred or something like that.

**WCR:** What did you average per game, and do you still have any scoring records at DePauw?

RWS: Overall, during the 4 years, I averaged 19 points a game and 20 points per game in the Conference. The 4-year scoring average still stands.

**WCR:** How did you do in baseball, as compared with basketball, in college?

RWS: I was all-conference in baseball for 3 years and all-conference in basketball for 3 years (*Figure 1*).

**WCR:** So, you were a hitter?

RWS: I did okay.

**WCR:** You were all-conference in 2 sports, and you were in college on an academic scholarship?

RWS: DePauw did not give athletic scholarships then, and they still don’t. Every one of the schools that was in the Indiana Collegiate Conference (ICC) with DePauw, including Valparaiso, Evansville, Ball State, Indiana State, and Butler are all now in Division I of the NCAA. My senior year, the ICC teams were 6 wins and 6 losses against Big Ten teams. I also like to remember that Larry Bird played at Indiana State. The Rector Scholarship at DePauw paid my tuition, and I waited tables for my board and worked in the summers for my lodging. It
worked out well.

**WCR:** You finished DePauw University in 1957?

RWS: Yes.

**WCR:** Then you went away for a year to Germany?

RWS: Yes, I went to Mainz, Germany, on a Fulbright Scholarship. I thought it would be good to take a break before going on to medical school, so I applied for a Fulbright Scholarship and received one. I went to Gutenberg University and had a great year.

**WCR:** What did you study?

RWS: Anthropology. My anthropology professor, Dr. Von Eichstedt, was world renowned then. He said that I should get to know people from different countries and cultures. I was not studying physical anthropology, but rather social and cultural anthropology. All of the lectures were in German, and my roommate only spoke German. I was overwhelmed for the first few months, but then I learned to cope and still can speak conversational German. There was time for study and time for travel.

**WCR:** That year was an eye-opener for you?

RWS: Yes, it was great. Moreover, in the fall, I got a letter from a young lady with whom I had had 1 or 2 dates at DePauw saying that she was in a junior abroad program and was going with a group of students to Leningrad and Moscow over the Christmas holidays. I wrote back and asked if there was room for another person. We went to Russia together and then spent Christmas in Stockholm. She then decided to transfer for the second semester to Mainz. That was 42 years ago. We will have been married 40 years next summer, and we have 5 children (*Figure 2*).

**WCR:** All of your children’s names start with a “D”?

RWS: Yes, and the sixth was going to be a “D” also, a Norwegian name, “Dammit” (joke).

**WCR:** How old are your children?

RWS: They range from 30 to 38 years.

**WCR:** What do your children do? Any physicians among the 5?

RWS: Our oldest son, David, is an oncologist. He went to the University of Colorado Medical School and is in private practice in Denver. He and his wife, Brenda, have 2 children: Blake and Claire. Debbie, our second oldest, lives here in Dallas and is a partner at the Andrews and Kirff law firm. She went to Stanford Law School. She and her husband, Scott, have 3 children: Austin, Ashley, and Avery. Douglas, our third child, went to Columbia Business School and helped develop MediSource, a patient-specific drug-dosing system. He is now the vice president of Acquisitions at Scientific Applications International Corporation (SAIC), the largest employer in San Diego. He and his wife, Elizabeth, have 2 children: Tyler and
Our fourth child is Derek, who graduated from Princeton. The first 3 children went to DePauw. After graduation, Derek taught English in Japan and Portuguese in Brazil; he then spent 2 years in South Africa doing polling for the African National Congress (ANC) and Nelson Mandela. Stanley Greenberg, who was the ANC’s and Clinton’s pollster, asked Derek to join him in Washington, D.C. However, Derek decided to obtain a combined JD-business degree at Stanford University. He is now working for an investment banking firm in San Francisco. His wife, Cecily, went to Princeton and now works for the McKenzie Consulting firm in San Francisco. Our fifth child is Denise, an associate producer for 60 Minutes. She just produced a show on Palestinian and Jewish children attending a camp together in Maine. The show demonstrated how children can get along even though their parents may not. She also produced 3 of the 8 hours of Walter Cronkite Remembers for The Learning Channel. We are very excited because she was 1 of the 4 nominees for an Emmy in the outstanding documentary category for Cervantes’ Don Quixote, which she produced. She has 1 child, Maximilian, and a second on the way. Her husband, Mike, is a physician who is finishing his 4th year in emergency medicine at Bellevue. Thus, 3 of our family members are in medicine: my son, my son-in-law, and me.

WCR: You have how many grandchildren?

RWS: We have 8 with the 9th on the way in January.

WCR: When you graduated from DePauw University, were you first in your class?

RWS: No, but I did receive the Guy Morrison Walker Cup, which is given to the person who contributed the most to DePauw over 4 years, by vote of my classmates (Figure 3).

WCR: Why did you choose Indiana University to go to medical school? Obviously, that was hometown for you.

RWS: I only applied to 2 places: Case Western Reserve in Cleveland and Indiana University in Indianapolis. It was a financial decision; Indiana University was the least expensive.

WCR: Did studies always come easy for you, or did you have to work very hard?

RWS: I would say some place in between. I worked hard. Medical school was a lot easier for me than DePauw, because at DePauw I was waiting tables at a sorority house, playing 2 sports, and taking premed courses. I don’t think I ever studied or took a book home in high school, so college was a bit of a shock. I think the discipline I learned at DePauw through studies and extracurricular activities has been very important for my later years. In medical school, I did play in the city basketball league, but, in contrast to college, I had plenty of time to study, and it was relatively easy.

WCR: When you were in medical school, was it easy for you to decide to go into internal medicine or was that difficult? The reason I ask is that so many athletes, such as yourself, seem to end up in surgery. You are an athlete but are in a very scholarly arena in medicine.

RWS: I thought about surgery, and I actually worked one summer in surgery. Although it was interesting, I decided that I did not want to do that my whole life. I liked all aspects of
medicine, and I could not see specializing in a restricted area. My choice of internal medicine was not difficult. I liked the breadth and the scholarly challenge of internal medicine. After internal medicine training, I went into an endocrine fellowship. I was a house officer in internal medicine at the University of Washington in Seattle. Robert Williams was chair of the Department of Medicine then, and he recommended that I go to Harvard for training in endocrinology and metabolism. I am still an endo-cardio-nephrologist. I am intrigued by the whole body and try to integrate the cellular, molecular, and physiological aspects of endocrinology, nephrology, and cardiology together. There is reductionist research and integrative research, and I like to be most involved in the latter.

As I said earlier, when I was drafted during the Vietnam War, I went to Walter Reed Army Hospital where the metabolic unit was primarily focused on renal problems. Paul Teschan was head of this unit. During the first summer, we had a lot of heat stroke–induced acute renal failure patients. It was about the same time that Jim Knochel was in the Army Hospital in San Antonio. He is now chair of Medicine at Presbyterian Hospital in Dallas. We both found that heat stroke–induced acute renal failure is actually caused by rhabdomyolysis and myoglobinuria, and that the patients are very catabolic. We learned that the uremia in these catabolic patients could not be treated adequately with peritoneal dialysis. We talked Kevin Barry, who was quite prominent in the field of peritoneal dialysis, into allowing us to perform daily hemodialysis on these patients. We had been told that all of the organs are “cooked” in heat stroke, and that it was a 100% fatal disease. All 5 previously treated heat stroke patients at Walter Reed Hospital over the previous 5 years had died. The first summer, we had 10 heat stroke patients with acute renal failure. With daily hemodialysis, 8 of these patients lived. Jim Knochel had the same success in San Antonio. Heat stroke with acute renal failure was not a universally fatal disease; the previous patients were just being underdialyzed with peritoneal dialysis, because they were very catabolic. I have stayed involved in acute renal failure ever since the Walter Reed era.

I then spent a year in London with Professor Hugh de Wardener who wrote the first kidney book. He was very interested in nonaldosterone factors involved in sodium excretion. He coined the term “third factor” because he had done a study showing the kidney would respond to volume expansion, despite large doses of aldosterone and despite bringing the glomerular filtration rate to values below control. These 2 factors (aldosterone and glomerular filtration rate) were, therefore, not totally accounting for the natriuresis of volume expansion. There was a third factor, and he has been looking for it since 1960. It was a good year with “Prof.” He and I are still good friends. He is a brilliant man.

WCR: When you graduated from Indiana School of Medicine, you were first in your class?

RWS: I was fourth or fifth.

WCR: There were about 200 students in your class?

RWS: Yes.

WCR: Why did you decide to stay at Indiana to do your internship?

RWS: I had gotten married. My wife, Barbara, was an English teacher. We did not have any
independent funding, and we had 2 children. It was easier to take an internship there. I took a rotating internship, because I liked all aspects of medicine. The Eli Lilly Clinic was part of the Marion County General Hospital, which is now called Wishard Hospital and is an important teaching hospital of Indiana Medical School. It is a county hospital. By taking a rotating internship, I was exposed to OB/GYN, ENT, general surgery, neurosurgery, and so forth, and that gave me a feel for various aspects of medicine. Then, I decided I should train in internal medicine. The University of Washington in Seattle had a very competitive internal medicine program, and Dr. Griffith at the Lilly Clinic was a friend of Bill Kirby, head of Infectious Disease at the University of Washington. I applied and, surprisingly, they accepted me.

**WCR: That was the real beginning of your academic career?**

RWS: Yes, it was key. At that time, Indiana University was not comparable to the University of Washington academically. In recent years, Indiana has done quite well academically, but back then going to the University of Washington was a jump up academically.

**WCR: Did you have mentors in high school, college, medical school, or during your house officer period that really made an impact on you?**

RWS: I think a lot of what I learned about life was on the athletic field from my coaches. Hugh de Wardener was an important mentor. He always spoke clearly and took complex problems and made them intelligible. Bob Williams stimulated me to go to the Brigham, even though I strayed a bit away from the endocrine-metabolic subspecialty. When I got out of the Army, I looked at a lot of different places and decided to go to the Department of Medicine at the University of California, San Francisco, where Holly Smith was chair. Larry Earley was head of nephrology. He later became chair at San Antonio and then at the University of Pennsylvania. I was in San Francisco only 3 years, but they were 3 good years. Holly Smith was an excellent role model and has remained a good friend. Bob Petersdorf was chief of Medicine at Harborview County Hospital in Seattle and followed Bob Williams as chair of the Department of Medicine. Bob Petersdorf, Bob Williams, Holly Smith, Don Seldin, and Gene Braunwald have been preeminent chairs of medicine in the United States over the past several decades who have been role models for me.

Early in my career, I never thought about becoming chairman of medicine. After being an associate director of the Renal Division in San Francisco, I wanted to develop my own renal group, and I wanted to raise our children in a nice part of the country. We had moved from Indianapolis to Seattle to Boston to Washington, D.C., to London to San Francisco. Then we went to Denver, Colorado, established our roots, and have been there 26 years.

**WCR: You went to Colorado as head of the Renal Division in 1972?**

RWS: Yes.

**WCR: Only 4 years later you became chairman of Medicine?**

RWS: Correct. Actually, 2 years after I arrived there the chairman of Medicine, Gordon Meiklejohn, stepped down. He was an infectious disease person. The search committee looked around for a couple of years but did not have the resources to attract a qualified candidate. They then asked me if I would take the chair. The Renal Division was 1 of the 2 academically
oriented divisions at the time. In the department, there was about $3 million to $4 million a year in research grants with 76 faculty. Now we have over 350 faculty and about $53 million a year in research grants. I have been chair for 22 years. At the time of my appointment as chair, there was no new space, $100,000 in seed money, and 5 slots for new faculty, although it took 4 or 5 years before those commitments for the faculty positions actually materialized. There were 10 division head positions open, due to retirements, when Gordon Meiklejohn stepped down as chair. It was a real challenge. We did national searches and somehow raised sufficient seed money from the community for these recruitments. I was able to recruit people who had the same goals of building an academic department. I was very fortunate in our initial recruitments. Bob Allen came from Washington University in hematology. Eng Tan in rheumatology came from Scruggs Clinic and was internationally known. Alan Nies in clinical pharmacology came from Vanderbilt. Jerrold Olefsky in endocrinology and metabolism came from Stanford. He has received the Banting Award for his research in diabetes.

WCR: Have you enjoyed being chairman of Medicine?

RWS: I have enjoyed being chairman. However, had I not had the opportunity to teach, see patients, and continue to do research with young faculty and fellows, I would not have been fulfilled with administrative tasks alone. Because I have tried to stay personally involved in academic medicine, I only looked once into requests to consider being a dean or chancellor. These are full-time administrative positions that generally do not allow time for academic activities. I was offered the dean/chancellor position at the University of California, San Diego, about a decade ago, but I decided to continue with clinical, research, and teaching activities as chair of Medicine.

WCR: If one looks at the chairmen of major departments of medicine around the country, there are not many who have continued as actively in research as you have. You have been incredibly productive despite building a department of 350 faculty and doing a lot of teaching. What is a typical day like for you?

RWS: I tell my kids it is not work if you enjoy what you are doing. I try to get all the department administration done during the day so that my nights and weekends are for family and academic endeavors—reading, writing, or reviewing. It is not easy to do, but I think once you have a lot of experience and know your department and its people, they know what to expect of you and you know what to expect of them; the departmental administration becomes less burdensome. Nevertheless, with the changes in medicine, the past couple of years have been somewhat less gratifying.

WCR: What time do you get up in the mornings?

RWS: I get up between 5:30 and 6:00 AM.

WCR: Do you do some work before you leave home, or do you go in early?

RWS: I get in between 7:00 and 7:30 and generally do an hour or so of work before leaving home. If a member of my research group gives me a manuscript, I try to edit it and return it promptly. That may mean that I have to get up at 5:00 AM and work from 5:00 to 7:00 before I go in. I like working early in the morning when it is quiet. I do better in the morning than late at
night. Usually I work some every night, but I stop before midnight.

**WCR: What time do you get home?**

RWS: About 7:00 PM.

**WCR: You have dinner and then what time do you start work again?**

RWS: It depends on what time I get home, but I put in 2 to 3 hours every night.

**WCR: What time do you go to sleep?**

RWS: About midnight.

**WCR: And, as a rule, you get up at 5:30 or 6:00 AM? So you can go on 5 to 6 hours’ sleep pretty well?**

RWS: Yes.

**WCR: How are your weekends?**

RWS: I do some academic work on weekends but no administrative work.

**WCR: So, you do the fun academic things?**

RWS: Yes.

**WCR: Do you put in 8 hours on Saturday?**

RWS: No. I go in and take morning report and am usually home by noon. My wife and I usually do something in the afternoon: go to a movie, swim, or visit the children and grandchildren.

**WCR: Do you see a lot of private patients?**

RWS: No. I round on medicine 1 or 2 months a year and on the renal service 1 to 2 months a year. I have a half-day nephrology consultation clinic each week.

**WCR: Do you take morning report most of the time?**

RWS: For the first 10 years, I took it 100% of the time, but now I have a faculty member there every day. Of the 6 days each week I work, I generally go to morning report 2 or 3 days and join that faculty person. I wish I could take more morning reports.

**WCR: You have mentioned some other leaders in American medicine that you admire—Holly Smith, Bob Petersdorf, Don Seldin, Gene Braunwald, Bob Williams. What are their chairmanship abilities that you admire?**

RWS: They are positive leaders. I have never seen a good leader who is a negative person.
They are enthusiastic. They let people around them know that they appreciate their work, that they are excited about what they are doing. They get joy out of other people’s accomplishments. They are intellectually exciting people. They are good human beings. They have a sense of integrity and are very inquisitive.

**WCR: Do you have hobbies or interests outside of medicine?**

**RWS:** I like traveling and international affairs. I like history. I just finished reading a book that clarified some things about Franklin Roosevelt and his medical diagnosis. He did not die of metastatic melanoma. He died of hypertension and a hemorrhagic stroke. So, family, travel, history, and sports are my interests outside of medicine.

**WCR: What do you do to stay in shape now? When did you stop playing basketball competitively?**

**RWS:** I played basketball competitively until I was 45. In the Army, we won the First Army Tournament twice. When I was at Seattle, we won the state Amateur Athletic Union (AAU) tournament. Bob Petersdorf said he was reading the sports page and saw a Schrier was the most valuable player in the AAU tournament. He asked if that was I. When I said, “Yes,” he asked, in a somewhat stiff manner, how I had time to do that. I played in leagues when I came to Colorado, but I really burned out my knees, so I had to discontinue basketball and now either bike or swim instead. I don’t exercise now as much as I should.

**WCR: Are you contemplating knee replacements?**

**RWS:** People have been talking to me about that for a long time, and it probably will happen one day. I get around the office okay, but if I have to walk any distance, it is difficult.

**WCR: Is each step painful?**

**RWS:** Yes.

**WCR: You have done a tremendous amount of work from an investigative standpoint. Of all the work you have done, what are you most proud of?**

**RWS:** Ten years ago, if you read all the chapters on body fluid volume and how the kidney responds, we really did not know much. In the past 10 years that has changed. We just published our nitrous oxide–cirrhosis story in the *New England Journal of Medicine*, and we will soon publish an overview of our findings in heart failure. Our unifying hypothesis of body fluid volume regulation in health and diseases is becoming widely accepted.

Another area of my research is acute renal failure. We have learned a lot about acute renal failure. As we discussed, my interest in acute renal failure started at Walter Reed Army Hospital with the heat stroke story. It has not come to fruition as well as the body fluid volume regulation story, but there has been substantial progress.

I am proud of our work on polycystic kidney disease. With Patty Gabow, we have learned a great deal about polycystic kidney disease, particularly in the cardiovascular area, including the associated hypertension. Our ABCD study involves a clinical trial in appropriate blood pressure...
control in diabetes and has resulted in very important findings. Last year we published an article in the *New England Journal of Medicine* about the cardio-protective effects of angiotensin-converting enzyme inhibitors in diabetic patients. Overall, the body of work on body fluid volume regulation is probably our most important.

During my >30 years of research, we have answered many questions about sodium and water retention in edematous disorders, including cardiac failure, cirrhosis, nephrotic syndrome, and pregnancy. Medicine needs physician investigators who can do both basic and clinical investigation. Our program project grant from the National Institutes of Health was just funded for years 20–25 and involves the role of vasopressin, water channels, and V2 vasopressin antagonists in edematous disorders.

My involvement in research has helped me to be a better clinician and teacher. This has been the fun of academic medicine. There has always been clinical relevance in the research I have undertaken. Thus, it has helped me understand complex clinical problems, teach effectively, and maintain my strong interest in clinical medicine.

**WCR: Do you think it will ever be possible to make an artificial kidney to replace a native kidney?**

**RWS:** I don’t think that is going to happen. The next breakthrough will be xenotransplantation, once the immunology challenges of rejection are conquered. What needs to be done now is to prevent the progression of renal disease. This is the thrust of our ABCD study in type II diabetic patients. Diabetes mellitus is the leading cause of end-stage renal disease in this country. However, only 17% of diabetic patients have their blood pressure controlled below 140/90 mm Hg. There are a lot of epidemiologic data but fewer interventional studies and prospective randomized studies in type II diabetes. Type II diabetes accounts for 91% of all diabetic patients.

**WCR:** I can’t imagine your ever retiring. You are still publishing frequently in the *New England Journal of Medicine* and elsewhere. This is still your game. What would you do if you hung it up?

**RWS:** I am thinking about that issue. My wife and children ask me the same question. I will play it by ear. Because of all the new molecular and cellular tools available and the broad spectrum of questions still to be answered, it is a great time for research. This is my 23rd year as chair of Medicine, but I still enjoy the faculty, the fellows, the house staff, and the students. I just recruited outstanding chiefs of medicine for 3 of our affiliated hospitals. It has been a fantastic year.

**WCR: Focusing on the regulation of body fluid volume is ideal, it seems to me, for a departmental chair, because this area overlaps so many different systems. You mentioned that you have done a lot of traveling. You said when you travel, you use the time on airplanes and maybe some time in hotel rooms to do academic work. How do you afford to be gone from your department as much as you must be gone? How do you work that out?**

**RWS:** The one thing I try to do is not get behind on my departmental administrative responsibilities. I spoke recently at a diabetes meeting in Budapest on Tuesday and then went
on Wednesday to Vienna to speak at the European Cardiology Society. On Friday, I returned to Denver; and by Monday morning, I was caught up administratively. On the road, I am always in contact with my office. I try not to let something go through my hands more than once. After you have done something for 23 years, it is easier; people know me, and I know them. We have mutual respect. Administration of the department has to be a priority. I suppose I am gone about 20% of the time. Quite frankly, when I am gone, I get a chance to think more and put things in perspective.

WCR: Does your wife, Barbara, work?

RWS: She works hard. She was an English teacher. We have 5 children. She is the number 1 supporter of our 8 grandchildren, the children, and me (Figure 4). She does not work outside the home now; nevertheless, she is quite busy. We have an annual dinner for the department where we present our teaching awards to our volunteer and full-time faculty and have a guest speaker. Once, Governor Roy Romer spoke at our dinner, and I introduced my wife before introducing him. She received louder applause than Governor Romer—she does a lot for the department.

WCR: Is there anything you would like to talk about or mention before we call it quits?

RWS: Baylor is an excellent medical center, and I have very much enjoyed being here visiting with you.

WCR: Dr. Schrier, thanks for visiting Baylor and for speaking so openly about yourself, your family, your professional responsibilities, and your major investigative accomplishments.

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Figure 1

Figure 2