Charles Stone Bryan, MD: a conversation with the editor

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Dr. Charles Bryan (Figure 1) is one of the most interesting people I have met in several decades. He came to Baylor University Medical Center at the invitation of Dr. Marvin Stone and spoke at both the medical grand rounds and the medical housestaff conference in November 1998. I was introduced to Charley Bryan via his 1997 book, Osler: Inspirations from a Great Physician (Figure 2). This book certainly brings Osler alive; I keep it on my bedside table and pick it up for short periods every week. When Marvin Stone invited me to attend the Osler Society meeting in Montreal in May 1999, I realized that that was an opportunity to meet and to interview Charles Bryan. Our conversation in Montreal follows. Additionally, his grand rounds lecture at Baylor, “Caring carefully: Sir William Osler on the issue of competence vs compassion in medicine,” was recorded, and after some editing Dr. Bryan agreed to have it included in our publication as well.

Dr. Bryan is a product of South Carolina. He was born and raised in Columbia and after public high school entered Harvard College, where he remained for 2 years before entering Johns Hopkins University and Johns Hopkins University School of Medicine, obtaining his medical degree in 1967. He interned in pathology at Hopkins and then went to Vanderbilt University in Nashville to intern in medicine. After 2 years in the Public Health Service in Galveston, Texas, he returned to Nashville and Vanderbilt for another year of internal medicine and then 2 years as a fellow in infectious disease. In 1974 he returned to Columbia in private practice and was the only infectious disease expert in Columbia for more than 15 years. In 1977 the University of South Carolina School of Medicine was created in Columbia, and Dr. Bryan became its first chief of the Division of Infectious Diseases and associate professor of medicine. In 1980 he became full professor, and in 1992 at age 50 he became chairman of the Department of Medicine and Heyward Gibbes Distinguished Professor of Internal Medicine.

Charles Bryan utilizes his time, i.e., lives by Osler’s day-tight compartments, better than anyone I have met in a long time. His literary pen is a very active one despite a heavy clinical load. He takes weekend and night calls at his hospital. He does an enormous amount of teaching at his medical school. In 1977 he became editor of The Journal of the South Carolina Medical Association, and in that role he has produced 5 to 10 editorials yearly. (A list of some of their intriguing titles is published at the end of this interview.) Despite his multiple professional activities, his capacity for friendship and fun is considerable. It has been an enormous source of pleasure for me to get to know this splendid man.

William Clifford Roberts, MD (hereafter, WCR): I am talking with Charles Bryan in Montreal, Canada, on May 5, 1999. What were your parents and siblings like? What
was it like growing up in Columbia, South Carolina, in the mid-portion of this century?

Charles Stone Bryan, MD (hereafter, CSB): In retrospect, it was very privileged. It has been my good fortune to be able to do academic medicine in my hometown, a position in life that may have come more or less naturally and inevitably to me from my family roots and from my own inclinations. My father was a physician. He graduated from the Medical College of South Carolina during the Depression and entered general practice in a small town in upstate South Carolina, where he met my mother who originally was from Virginia. He decided to go into dermatology, realizing the futility perhaps of small-town general practice during that era. He trained in New York at what is now Columbia and came back to South Carolina to practice dermatology. In World War II he enlisted in the Navy, so I spent part of my early childhood in Anderson, South Carolina. I was an “Irish twin.” I was born on January 15, 1942, and my brother John was born on December 26, 1942. We were basically raised as twins (Figure 3). My boyhood, although full of events and pranks and escapades, was very pleasant. It was characteristic of the 1950s, growing up with a series of the usual challenges of being an adolescent.

WCR: You had one brother?

CSB: No, two. My brother John, my “Irish twin,” and then, in 1951, when I was 9, a third brother, Eddie, was born.

WCR: What were your parents like?

CSB: I became like Dad who was driven toward excellence. He limited the number of things he did but made a point of doing the ones he chose very well. He carried his hobbies to excess because he was a perfectionist. He got into camellias, for example, and was president of the camellia club and grafted species and came up with new varieties, naming one after my mother. He got into woodworking and made a great deal of furniture that became prized possessions. He was into fishing and hunting and was very good at both. He was almost unsurpassed at his ability to bring back 4 dozen bream in an afternoon. I like to think of him in the same way that J. Marion Sims, the greatest physician to come out of South Carolina, was characterized by the historian Fielding Garrison: a “kindly but compulsive man.” Mother, on the other hand, had an artistic bent. She was more right-brained; my father was left-brained. She was into social causes and was president of the state League of Women Voters. She also painted. I came out more like my dad. My brother John developed his artistic side and became an art historian.

WCR: What does your third brother do?

CSB: My third brother is a potter. He was born at a time when my father’s health was declining, and he got caught up in the Vietnam era. He has carved out a wonderful life for himself but has not been driven to compete as John and I have been. Looking back at my life from the point of view of the Oslerian model and the excellence that Osler achieved, I often feel that Osler’s standards were unrealistic because he was able to emulate Benjamin Franklin in being the youngest son in a large family (Osler was the eighth of 9 children), with a wise, philosophical man at the helm of the family; he was given values but also had “people sense.” His ability to understand people so well must have derived from having so
many different models in his older siblings. Most of us who are oldest sons, as I was, do not have that skill. Emulating Osler is, in a way, consciously or unconsciously, what most young physicians probably do. We are driven to excel in high school, then college, then medical school and residency. I was certainly a more flawed human being than Osler in the sense of being able to understand people.

WCR: You went to public schools until college?

CSB: Yes, I went through the public schools in Columbia, South Carolina. The schools then were segregated, a downside, which I did not realize until I went off and developed different perspectives on life. My life was sheltered. Only a rare person went off to preparatory school or private school from Columbia, South Carolina, usually for reasons of being bad and being sent to a military school. Private schools or so-called “segregation academies” did not crop up in Columbia or elsewhere in the South until the 1960s, after I had finished.

WCR: I gather that you made good grades in junior high and high school. What were your activities in those schools? Were you an athlete?

CSB: I had fun. I did a lot of the usual things. I took up golf and lettered in golf in high school. I was not particularly good at it. I was a cheerleader. O’Neal Humphries, our chairman of medicine at the University of South Carolina and later dean, also was a cheerleader at Dreher High School. Our high school was a large one and very much a powerhouse in the state. We won the state football championship 3 of the 4 years I was there, losing only my junior year. We missed being the state basketball champion in my last 2 years by a total of 3 points in the 2 championship games. We had more merit scholarship finalists than any other school in the state. Later graduates from Dreher included Kary Mullis, who won the Nobel Prize for discovering the polymerase chain reaction, and Alex English, the hall-of-fame basketball player for the Denver Nuggets. It was quite a successful school. I was on the student council, the honor society, the key club.

WCR: You must have been number 1 in your graduating class in high school or close to it?

CSB: I don’t know that I was number 1. I had the credits to graduate from high school after my junior year and flirted briefly with the idea of going to The Citadel, the military college of South Carolina. I decided to stay for a fourth year, and during that year, I believe because of a high school physics teacher who inspired generations of students, I got ambition and decided that my goal would be to try to get into Harvard or perhaps the Massachusetts Institute of Technology. I got into Harvard and went to Cambridge, Massachusetts, as a terrified 18 year old. That move certainly made a difference in my life.

WCR: When you went to college you did not think you were going to be a physician?

CSB: Correct. I had seen my father have a heart attack at a fairly young age. Medicine at the time did not look like the greatest idea to me. I chose Harvard believing that they must have the best professors of just about everything. I would see as much of the world’s possibilities as I possibly could. I went off with the idea that I would see what the world had to offer. I was reminiscing the other day with a young man who got off the plane at Boston’s Logan Airport the same time I did. We looked at each other and he asked if I were going to
Harvard by chance. I said, “Yes, I am.” We shared a taxi. His name was Lynn Taussig, and he later became a famous pediatrician doing a lot of work on cystic fibrosis. He is now the president and chief executive officer of the National Jewish Hospital in Denver, Colorado.

WCR: When you were in high school did you go to your father’s office some? Did you see what his life was like as a physician? Did you go hunting and fishing with him?

CSB: I did all those things. I would go to his office sometimes and observe what happened there. I spent time with him in his workshop. I went hunting with him but oftentimes lamented that I did not see as much of him as I would have liked. His values were good. In retrospect, he was what I would characterize as a quiet liberal. There was never a hint of racism or prejudice in my home. When he was disappointed or had an adverse opinion to express about someone or something, he would say it very quietly. My brother reminisced recently about something Dad had said to him, which I have written down as one of my principles, “Son, do the right thing and don’t worry about it.” I think this is good advice.

My father’s father was a self-made man. He had only a high school education in Horry County, South Carolina, in the late 1800s. He was one of a handful of men who were involved with the early founding of Myrtle Beach, South Carolina. He was the first man in Horry County, I am told, to possess an automobile. According to Dad, his father read a great deal, specializing in biographies. I think he read biographies to learn about the way people are, to develop a certain “people sense.”

Dad was always reading. He read very little fiction but was an avid reader of history. This probably rubbed off on me as well—the idea of studying the lives of others to look at aspects of their personalities, look at what was flawed and what was nearly perfect, trying to select the best to internalize for yourself.

WCR: Were there a lot of books in your house?

CSB: There was an enormous number of books in the house. There were books from all sources. Dad did not have a particular interest in medical history, but he was interested in a very wide range of things. One of his avid fishing companions was a man named Havilah Babcock, who was professor of English at the university. He was one of the luminaries at the University of South Carolina at that time, but his writing was mainly for such publications as Field and Stream and such books as My Health is Better in November and Tales of Quail and Such. He gave a course at the university called “I Want a Word,” which was a vocabulary course. He and Dad would sit in a flat-bottomed fishing boat at a place called Durham’s Pond and try to stump each other on words while bream fishing. This indicated Dad’s intellectual pursuits and his ability in a very quiet way to be able to hold his own in a conversation with just about anybody. Dad was very much a people person. He told me one time that to be a physician you just had to talk to hundreds and hundreds of people. He may have had a little bit of reservation about my going into medicine for 2 reasons: one was my being squeamish when we would clean fish when I was a boy and the other was my not having the obvious people sense that he did. One thing I remember about him warmly was the ability he had, like many physicians have, to make and retain friends among his patients. They would frequently invite him to go hunting and fishing and would become his avid friends, and then we would become family friends and go to other parts of South Carolina and stay overnight.
WCR: Did your parents have a lot of friends over on weekends for dinner? In other words, did you have an opportunity to see your parents interact a lot with friends of their age?

CSB: I did. Neither Dad nor Mother was socially ambitious, an admirable trait I think, although both of them felt very secure with who they were. They had a circle of friends. Having 4 or 5 friends you can count on your fingers is a very good record for most of us. There were certainly 4 or 5 couple friends who were frequently in our home. I had the chance to see them being social and being comfortable around other people. Dad would have over his group of hunting and fishing buddies and mother had her women friends who were politically active for that day with women’s voting and other low-key issues.

Dad had a heart attack when I was in junior high school which, in retrospect, was his second heart attack. After that Mother went to work in his office as his secretary. She gave up and perhaps sacrificed a lot of her cultural interests, her political interest, and her trying to become an amateur artist. She took an art class with Jasper Johns at the university. Jasper Johns later became a famous artist.

Dad had a wonderful, gentle sense of humor, and I think that was an important dimension of his life. What I saw of his office practice, I have tried to emulate in my practice, and that is to have gentle, sometimes self-deprecating sides and quips for your patients to put them at ease. One of his favorite stories to tell was of a woman whom he had patch tested and found allergic to both silk and nylon. He told her that she needed to wear cotton panties. She said, “Dr. Bryan, I can’t wear cotton panties.” He said, “Why not?” She said, “Well, I might be in an automobile accident and I would be taken by ambulance to the emergency room and there I would be in my cotton panties.” Dad looked at her and said, “There is nothing wrong with cotton panties. As a matter of fact, my secretary wears them.” Another quip of his was about seeing a patient with neurodermatitis with a lot of excoriations and chronic rash located perilously close to her gluteal crease. Dad told her not to scratch back there. She said, “Dr. Bryan, I don’t scratch back there,” to which he remarked, “Then you had better find out who does.”

WCR: What was home life like when you were a junior or senior in high school when you came home for dinner? Were there a lot of intellectual conversations at dinner? Did you debate the politics of the day?

CSB: Dinner at home was pleasant but not a forum for serious intellectual exchange. Dad had his own agenda. He had his projects to get back to. Probably like most American father mentors, our bonding to the extent that we bonded was shared activities rather than shared intellectual pursuits. He took a quiet interest in what I did. He was there when I played sports, for example when I played Little League. I would see him watching out of the window frequently as I was playing basketball in the backyard with the other boys in the neighborhood. We took a trip to New York when I was in the sixth grade, and we went to see the Yankees play every night while everyone else was doing cultural things. We shared activities but did not get into very many heavy or touchy-feely matters of opinion. Perhaps that was a commentary on the times because that was the 1950s, the Eisenhower era, in which America was in a postwar boom. There were no major burning issues, although the Brown decision was made in 1954. It did not affect my growing up at all. Only years later have I gotten to be friends, for example, with the African American judge who was a young lawyer at the time he tried the equivalent of the Brown case for South Carolina.
WCR: How many people lived in Columbia during the 1950s when you were growing up there?

CSB: The population was probably around 100,000. Today, the metropolitan area is around 400,000.

WCR: Columbia is the capital of South Carolina. Did that have an effect on you? Were you sensitive to the fact that this was a state capital? Did you see senators or congress folks from other portions of the state?

CSB: I was but I took it for granted. An interesting commentary on Columbia is that during this century there has not been a single governor for the state of South Carolina from Columbia, the capital and largest city. In some ways this is an enigma that I have discussed with a number of prominent people, and I have found no clear-cut answer. I was aware that we were the center of government. Columbia was the first planned capital city in the Americas, being laid out on a grid after the Revolution, and the geographic center of South Carolina because people in the state had gotten tired of having to go to Charleston to handle all their government, business, and social life.

WCR: You mentioned that in high school the physics professor had an impact on you. Did you have other mentors in junior high or high school who influenced you?

CSB: I don’t recall anyone who literally singled me out or took me under his or her wing, although there were several who came close. In Columbia when I was in the sixth grade we had a tracking system, which today would probably be opposed by any school board, based on giving a standardized examination to all of the 12 year olds. On the basis of that they were assigned a track in seventh grade. The tracks were numbered 1 through 20, 7-1 through 7-20: 1 being for the students who had done the poorest on the standardized test and 20 for those who had done the best. Those who were at 7-20 were set apart from the other kids. Early on I was able to realize that there were a lot of bright people in the world, and I was probably influenced by my peers to a larger extent than I might have been otherwise. Because of being in the special track we were given the option of graduating from high school early. When we moved to high school in the ninth grade we found ourselves taking 10th-grade courses. I recall taking a geology course during the 11th grade, and the teacher who was assigned to teach the class did not know much geology, and I found myself being invited to teach much of the course. This obviously incurred the resentment of a lot of the fellow students in the class. It also inspired me to go off to college listing geology as my probable major.

WCR: You say you applied to 2 colleges. Did your father and mother influence you to seek out colleges in the Northeast corridor of the USA? That was a long way from South Carolina. How did you actually choose your college?

CSB: I applied to 4 schools, including Davidson College and the University of North Carolina. I did have New England roots. Mother was raised in Alexandria, Virginia, but her ancestry can be traced back to the 17th century in Massachusetts, Maine, New Hampshire, and Pennsylvania. Mother was born in Maine, and in the summer we used to go to a dairy farm in New Hampshire to spend a large part of the summer. I worked there baling hay between my junior and senior years of high school, going through Boston and seeing
Harvard on the way up. I am not exactly sure, but I think I felt a latent desire to go off and see the rest of the world.

**WCR: Where did your mother and father meet?**

CSB: Mother and Dad met in Anderson, South Carolina. Mother had graduated from Goucher College during the Depression and was unable to get a job in Washington. Her mother was a widow. Mother was the youngest child in a large family and was no doubt earmarked by 100 subtle directions that she would be the child who would look after her mother in her mother’s declining years. One of her older sisters had married a Harvard graduate from Massachusetts who came (as so many people in the textile business had done, following the labor market trends) to Anderson, South Carolina, to be president of a textile mill there. Mother was sent to Anderson to have an extended vacation with her older sister and brother-in-law. As they were in a prominent position in Anderson, she found herself going to parties and enjoying an active social life. Dad met her at a dance and called her up for a date. She turned him down because she had other engagements. Mother’s mother decided that perhaps she was having too good a time in Anderson, so she came on the train with the idea of staying a week in Anderson (which is in upstate South Carolina) and then going back to Alexandria, Virginia, taking Mother with her.

During the week prior to Mother’s scheduled departure from Anderson, she was walking the family dachshund up the street toward the town square when she noticed at a filling station on the corner a group of men sitting on a bench chatting and among them a hound dog. The dachshund and the hound dog saw each other and instantly the hound dog rushed to the dachshund, they fought, the leash got wrapped around Mother’s leg, and the hound dog bit Mother on the leg. Mother went home crying, and soon the sheriff came around to the filling station and said, “Boys, we would like to know whose dog bit Mr. Nichols’ niece on the leg.” Obviously, the dog was not to be located nor did anyone claim the dog, so Mother was destined to receive several weeks of rabies shots. Her mother, therefore, went back home to Alexandria on the train without her. Mother stayed in Anderson, Dad called again, got a date with her, and that is why I am here. The morals of that story are, one, much of what happens is certainly contingent on luck and chance, and second, chance favors a prepared mind. When I think about that story I also think about the fact of how fortunate one is to be born in the first place, and indeed, one of my favorite quips is that whenever I start to feel sorry for Charley Bryan, I remind myself that from the point of view of my mother’s ovaries alone the odds against my being born were about 400,000 to 1. Imagine that, 400,000 primordial germ cells lined up in your mother’s ovaries and yours was the one that rolled down the fallopian tube at just the right time. It was as though I had won the lottery for the greater Columbia metropolitan area.

**WCR: Was your family religious when you were growing up in Columbia? Did you go to church every Sunday? Was the Bible a part of your home?**

CSB: Mother was religious. Dad was not formally. I did go to church and religion was an important part of my upbringing, but it was not something avidly discussed at home. There is a religious tradition in my family in that way back I am descended from William Brewster, who was the spiritual leader of the Pilgrims. He was the minister on the Mayflower. We were Episcopalian. Dad was not a churchgoer. He never expressed any particular views about religion. He was more or less quiet on the matter. In his own way he had a religious attitude that certainly carried over to a large extent. I remember saying, “Gaa,” and he jumped all over me and said it sounds too much like God, don’t say that. He would say “Negro.” He would not let anyone use a derogatory term for someone whom we
now call African American. He had very quiet values. His father had said, “You should avoid politics and religion,” and he did a very good job of avoiding both.

**WCR: You have mentioned your father a good bit more than your mother. What kind of impact did she have on you?**

CSB: Mother’s influence was quiet but less than my father’s. I tended to identify with my father, and perhaps my brothers, more with my mother, although they might have a different version. My father was a conventional man in many or perhaps most ways. Mother might be called eccentric as she tended to develop artistic interests and had what in Columbia, South Carolina, certainly passed for an artistic circle of friends, women who were intellectuals and women who were prominent in the community.

**WCR: When did your parents die?**

CSB: Dad died in 1972 at the age of 63. He had a host of risk factors. He smoked 2 packs of Lucky Strike cigarettes a day. His was in a generation of men who went off to World War II in the Navy in the Pacific theater and they all smoked. He had coronary artery disease. He had a stroke in 1966 which left him with a speech impairment or dysarthria, but to his enormous credit he continued to practice dermatology. He was still able to make and retain new patients despite his speech impairment. He was a very kindly man and apparently a very good diagnostician. Mother died in 1996 at the age of 80.

**WCR: You left to go to Harvard College in 1960. You were 18 years old and away from home for the first time. What was it like when you got to Cambridge, Massachusetts, just a couple of years after the Civil Rights bill had been passed? How did you fit in, so to speak, in Cambridge?**

CSB: It was cold and frightening. With regard to “fitting in” I would give myself perhaps a C+ or a B–. I was scared, but I was also conscientious. I felt Mother and Dad were making enormous financial sacrifices to send me off to college, and I really wanted to do well and not disappoint them. I worked very hard. In my first year I nearly made all As, but I weighed 10 pounds less than when I left high school. Dad looked at me and said, “Son, relax and have a good time and enjoy yourself.” He had enjoyed his college career, although that is another story. He left college after his junior year because he was afraid he was having too much fun. He left without a degree to go to medical school. I had a very warm circle of acquaintances, a few close friends, but I did not really enjoy the intensity of the debates and the word games that would take place in the dining rooms and particularly in the freshman union. It seemed everyone was trying to prove how smart he was and really playing the game that Socrates played so well in the Platonic dialogues, asking one “why” question after another until you drive the other person up against the wall. It was kind of arrogant and pointless. I ducked out of most of those long debates and soul-searching inquiries to flee to Lamont Library to study.

The one great event when I was at Harvard that might be recorded in the annals of the history of the undergraduate school there was my sophomore year when they had the Latin riots. The issue was that they had changed the diplomas from Latin to English, whereupon thousands of students rioted to the extent that they were capable of rioting. Someone dressed in a toga read a fiery, humorous speech from the steps of the Widener Library, and
then the students marched on President Pusey’s house. He came out to meet them and said, “What is pat in Latin and chic in Greek I always distinguish more clearly in English.” I know of the Latin riots mainly from looking out the window of Lamont Library because I was studying during that time. Again, I felt these were precious hours, and I took my courses seriously.

**WCR: You were at Harvard College for 2 years? Did any teachers have a major impact on you or did the impact come mainly from your fellow students or both? Were there any teachers that were exceedingly memorable in retrospect?**

CSB: It came from both. In my freshman year I was very excited by a course in philosophy called Humanities 5. There were a lot of generalist overview courses at that time. I also was excited about a course in Spanish philosophers during my sophomore year. I was particularly influenced in a course commonly known as “Mint Juleps,” the history of the South from 1790 to 1865. Then I took David Riesman’s course in sociology, during which I wrote a term paper which evolved into a major study when I went to Johns Hopkins. I also took Paul Tillich’s course, Philosophy 193, the last course he taught at Harvard, on the philosophy of religion. All 3 of those courses had a key influence in my life.

The idea of going to Johns Hopkins appealed to me because I felt Harvard was a waste of my parents’ money if I was only going to study premedicine. Premed was extremely competitive at Harvard. The students would line up outside the lecture room door 15 minutes before Louis Fieser, who taught organic chemistry, would start his lecture so that they could get a front row seat. It was well known that you had to make at least a B in organic chemistry to get into medical school. About a quarter of the class was probably premedical. It was well known also that Fieser would drop very subtle points during his lecture, and they would crop up on the examination. This struck me as being pointless and unnecessarily competitive. I am told that today organic chemistry is based much more on principles and theory than memorization, which was the case at that time. I figured out early in that course that Fieser was giving reactions that were in his thick book. I would stroll in somewhat more leisurely, sit in the balcony with the book, and simply try to figure out what page the reaction was on and circle it and try to pick up on his points and do the lecture notes later on my own leisure. It was my observation that the people who really had a grand time at Harvard, those able to spend their spring afternoons lounging on the grass on the banks of the Charles River, were not the premedicine majors. Had I stayed at Harvard I might have wound up majoring in history. I am glad things worked out the way they did. I am also glad I had that experience at Harvard.

**WCR: When did you decide that you should be a physician?**

CSB: After my freshman year in college. I came home and Dad asked what I was going to major in. I said, “Perhaps Spanish or philosophy.” He sort of rolled his eyes to heaven, and that might have been a subtle clue as to what he expected of me. I decided that summer. How I arrived at that process I am not sure. I had proven my ability to do science at Harvard. I had made the requisite A in inorganic chemistry and had done well in calculus. I always found at Harvard I could do a lot better on a relative scale in humanities than I could in science. Although it was not my conscious goal, several times I was number 1 in my humanities class at Harvard. I had to work to get the A– in chemistry.
WCR: Why did you leave Harvard College after 2 years and go to the Johns Hopkins University in Baltimore?

CSB: Dad was a subtle influence as I am sure fathers are, especially with their firstborn sons. After I decided to study premedicine and my default major was biochemical sciences, Dad saw an announcement somewhere about a 5-year program at Johns Hopkins leading, after 2 years of college, to both the BA and MD degrees. The first year, year I, was a transition year spent mainly on the Homewood campus. The BA degree came after the first conventional year at medical school, year II. A year would be saved. I applied to Johns Hopkins and to my delight was accepted. In the South, Johns Hopkins and then Duke were the high-profile medical schools. I saw that as a very good and positive opportunity and left Harvard with only mild regrets.

WCR: When you went to Hopkins as the equivalent of being a junior in college, you were automatically accepted into medical school at that time?

CSB: That is correct.

WCR: How did Hopkins work out for you? How did you compare it with Harvard College, at least the 1 year on the Homewood campus?

CSB: It worked out well in the long run, although I made things hard on myself in the short run. By that time I had gotten very interested in the history of South Carolina and particularly in David Riesman’s course. I had written a long paper, about 100 pages, on the history of slavery on a single rice plantation in South Carolina. I decided I would like to do a senior thesis in history without having the requisite number of courses in history. I approached David Donald, who was then a rising star and subsequently a very large star in American history. He is famous recently for his revisionist biography of Abraham Lincoln. He had just published the first volume of his work on Charles Sumner at that time. I approached him about the idea of doing a senior thesis in history on the history of slavery on this one plantation. He agreed to take me on. It was difficult doing physical chemistry and physics and the other courses while doing original work in history at the same time. I finished the thesis, and it was 200 pages long. It was quite something to write. I now look back on it in terms of the evolution of my thinking about a number of issues. Donald gave me an A for the thesis. That was an achievement, because on the first thing I wrote for him he said, “Dear Bryan, I have read your paper. It is quite bad.”

WCR: How did you take to Baltimore compared with Boston?

CSB: I loved Baltimore. Like Boston, it could certainly be cold and windy, although it did not compare with Boston in that degree. I had gone to Harvard without a decent overcoat and nearly froze to death that first winter, much as some of my ancestors who were among the Pilgrims nearly froze that first winter in 1620. At Johns Hopkins I and another fellow were elected into the Pithotomy Club, which was an undergraduate medical school club. It was an eating club, and there I got to know the upperclassmen medical students, hear their small talk at dinner, and get initiated fairly easily into the fraternity of medicine. It was a fraternity then more than a fraternity and sorority. At Johns Hopkins my class had several women, and that was never an issue for me. Things were pretty unregulated back then, with relatively few opportunities to meet people of the opposite sex. Entertainment on Saturday
night often consisted of going to the emergency room and sewing up lacerations. I was only 20 years old and had no training whatsoever. To do that now would be unheard of. We got the knack of it pretty easily. I am sure there are still people in Baltimore who have my signatures in their skin.

WCR: How did you enjoy medical school?

CSB: I enjoyed medical school a great deal. The first year was a difficult transition for me, particularly because I had a history project hanging over my head. The summer between year I and year II, I got a job with Owsei Temkin, the great medical historian who is probably the dean of American medical history. I asked him if I could work with him that summer and he said, “Yes, why don’t you take on the history of bloodletting.” Bloodletting declined in the 19th century, but we don’t know exactly why or how. It seemed to go out of fashion. One wonderful thing about that era was that in that postwar prosperity time one could get NIH money for nearly anything. Therefore, as an undergraduate student I was able to get some NIH funding, which allowed me to study in Baltimore. Because I was still finishing my thesis with David Donald, I did not get around to writing up my paper for Temkin until that fall. That made things difficult my first year, and I was not really as well prepared for anatomy and even biochemistry as a lot of my peers were, having had no anatomy and only superficial biology before going to medical school. I made up for that and worked very hard and got into the groove of medical school when I took pathology in year III. I fell in love with anatomic pathology.

WCR: Who influenced you the most in medical school?

CSB: Barry Wood and, to a lesser extent, Ivan Bennett. Also Walter Sheldon was a role model. Role models that I saw as being impossible to emulate were the great Johns Hopkins internists A. McGehee Harvey and Phillip Tumulty. I had heard about Barry Wood from Mother, because when she had been an undergraduate student at Goucher she recalled being so impressed at the Baltimore Symphony seeing Barry Wood and his wife in the standing room–only section in the back. Students and young physicians could not afford the orchestra seats! Barry Wood, of course, was a hero in his day as a well-known all-American quarterback at Harvard, where he was summa cum laude. He allegedly demonstrated the leukocytosis of athletic exercise by drawing blood from his teammates at the halftime of the Yale game. I doubt that story is true, but he was a very mild, unassuming man who could have done whatever he wanted to do, be a captain of industry or a Supreme Court justice. He elected to go to Johns Hopkins to medical school and then to Washington University’s chair of medicine at a young age (early 30s). Having done all he could to build up the now-famous Department of Medicine at Barnes Hospital, he had come back to Hopkins as chairman of the microbiology department. He somehow took an interest in me in year I and had me out to his house in Owings Mills, Maryland. He was a quiet man, who people recalled after his death never seemed to laugh, but he had a nice smile. We students later learned that he was in the upper echelon not only of American medicine but also probably of American thought and academic life.

WCR: Did he have an impact on your eventually getting interested in infectious disease?

CSB: In a subtle way. Several of my classmates wound up in infectious diseases. There was
Elliott Keiff, who is now famous in Boston; Elizabeth Jansson Zeigler, who was a leading investigator of endotoxin and had studied the idea of using the mutant E. coli J5 strain to develop monoclonal antibodies to endotoxin. That has not panned out yet, but she certainly did some cutting-edge research. There was Donna Mildvan, who is now head of infectious diseases at Beth Israel Hospital in New York City. She was one of the first people to recognize AIDS. There was Martin Myers, who has just stepped down from being chairman of pediatrics at the University of Cincinnati. I recall a remark made by one of the professors in the microbiology course, “If we could get 1 or 2 students from this class to become microbiologists we will have done our job.” The course was really geared toward teaching basic sciences and to convincing some of us to go into the basic sciences.

Barry Wood was an influence on me in a subliminal and inspirational way. During that course I made the habit of sitting in the front row on the right side and taking very good notes. In fact, I became reputed as being a very good note taker. Some students would actually borrow my notes if they had occasion to miss a lecture. I would go back to my room and type them over using the book. This was probably an inefficient way to take notes but it worked well.

Barry Wood was famous for 2 things particularly: discovering the phenomenon of surface phagocytosis and observing in experimental fever the role of what was then called “endogenous pyrogen.” One morning, Barry Wood showed a movie of Klebsiella spp. being engulfed by polymorphonuclear neutrophils. He was one of the first, perhaps the first person, to study phagocytosis using rabbit ears: spreading the ears so that they were very thin, injecting bacteria, and taking a movie under the microscope. His usual model was the pneumococcus, now called Streptococcus pneumoniae. During the movie Barry Wood suddenly grimaced, paused momentarily, clutched the podium very firmly, then regained his balance and composure, finished his lecture, walked across Wolfe and Monument Streets, and put himself in the Johns Hopkins Hospital with an acute myocardial infarction. He died at age 61 of coronary artery disease.

A number of years later I was invited to Duke to be a visiting professor by David Durack. Before going I called Peter Wood, one of Barry’s children who became a famous historian. Peter Wood was in my class at Harvard but I did not know him at that time. I knew him only by his reputation. He had written a wonderful book about the history of slavery in South Carolina called Black Majority, perhaps the book I would have written had I stayed in history, although I doubt I would have done it with the fresh perspective that Peter Wood did. We met in his office on the Duke campus, a classic office for a historian with high ceilings and the walls packed with books. He looked liked a replica of his father. He was a little bit heavier but he had the same gracious appearance. I said, “Peter, there is a story I want to tell you about your dad.” I told him the story I have just recounted and he listened to me and smiled and said, “You know, I was in England at that time, and I have never heard that story told quite that way. But you know, Mother would have said that is the way we Woods do it. You have your heart attack. You are not carried in on a stretcher into the emergency room. You stoically walk across the street.”

Barry Wood was an all-American in every sense of the word. Everything about his life was impeccable. He drove to work in a little Ford Falcon and led his very modest life. Barry Wood epitomized the ideal of science—of what is good and noble, of self-effacement, of losing your own identity in a life of service or dedication to a higher cause. When he came
back to Johns Hopkins, Barry Wood was made vice president of the University for the Health Sciences. He did that for a little while and then told Milton Eisenhower, “Look, you don’t need a vice president for the health sciences for Johns Hopkins University.” He stepped down from that position. Another thing that came out in his eulogy was that he never asked for more money or space. He was just good at what he did and he built up his department and the money and space came to him.

**WCR:** Ivan Bennett was also a good infectious disease person before he took the chairmanship of pathology at Hopkins. Did you get to know him very well?

**CSB:** Ivan Bennett took me under his wing when I was a medical student doing pathology, and he sponsored me to do my first research project. My first original idea was that meconium, the fetal stool, might enhance bacterial infection because it had gastric mucin as one of its many constituents. I had learned from experimental models of infection that to cause an E. coli infection in an animal, hog gastric mucin often had to be used as an adjuvant to increase the likelihood that the animal would get infected. I reasoned that if meconium contaminated the lungs in aspiration pneumonia or the peritoneal cavity as in meconium peritonitis, then bacterial infection would be more likely. I had the idea of testing that with the rat pneumonia model that Barry Wood had worked out and with a mouse peritonitis model using a strain of E. coli. Barry Wood critiqued the paper and said in a note to Ivan Bennett, “Please show Bryan how to write a scientific paper.”

**WCR:** When in medical school you decided to intern in anatomic pathology. How did that thinking process come about?

**CSB:** I loved pathology. There was something about pathology that was extremely exciting to me. In retrospect, I had followed the trends set by Morgagni and the other great pathologists. The tradition of the 19th-century anatomic pathologists, which of course William Osler epitomized, had an enormous appeal at that time, getting that visceral feel for what disease was like. It appealed to me so much that I could not imagine a career in medicine being more exciting. Also, the role models that were put forward in the Department of Medicine at that time seemed to be impossible to emulate. Pathology seemed to be something I could master, and if I could not master all of it, I could master a small part of it and not hurt anyone by failing to master the entire discipline. In medicine, the physician takes care of a patient in real time, and an enormous amount is at stake. I was awed by A. McGehee Harvey, Phillip Tumulty, and their ability to recite long lists of differential diagnoses and to know just about everything that was known about medicine. I felt I could learn surgical pathology well and the rest of pathology at a slower pace. The pace of the discipline, the thoughtfulness of the discipline, and its intellectual dimension appealed enormously to me. I went through the last 2 years of medical school just sure I was going to be a pathologist.

**WCR:** So you interned in pathology and then you decided you actually wanted to be an internist. What was the thought process there?

**CSB:** It evolved by degrees. We had an ongoing debate at that time along 2 lines. First, there was the issue of reimbursement in pathology and the fact that, although one could make a very good living in pathology, you made your living by running the clinical laboratory. The intellectual part of pathology did not reimburse well. In fact, I believed,
perhaps unnecessarily, one would starve just knowing anatomic pathology unless you could get a niche as Bill Shelley had done at Hopkins by being a famous surgical pathologist in a cancer center. There was that discrepancy. Today, of course, that dimension pervades a lot of medicine. As a pathology intern I thought about it a great deal and particularly at Johns Hopkins because there was not a program in clinical pathology. It was strictly a program in anatomic pathology. To become board certified in clinical pathology one had to go off somewhere else. That was one issue. The second debate was whether you could really be a comprehensive responsive pathologist without having done a year of medicine or surgery. I began to have doubts as to whether I would respect myself as a physician if I had not assumed patient responsibility. I got the idea of doing a medicine internship. A classmate, Marvin Mengel, teased me one day: “Charley, how is your slab-side manner?” That was the turning point. I decided to do a year of clinical medicine. I asked Dr. Robert Heptinstall, who at that time was the chair of pathology at Johns Hopkins, having taken that position over from Ivan Bennett, and he said he would not write a letter of recommendation for me. He wanted me to stay there at Johns Hopkins in pathology. Walter Sheldon, the pathologist of German descent at Johns Hopkins whom I most admired and respected as a great general pathologist, told me it was a great mistake to leave pathology. Nevertheless, I decided to do the medical internship. Although I still love pathology very much and have made a point throughout my career of reviewing the specimens in the autopsy room, I am pleased with the way things played out.

I got interested, and perhaps Walter Sheldon was the one who pointed this interest out to me, in infectious diseases. I became particularly interested when a young man had come to the Johns Hopkins Hospital because he had pain in the neck and fever. He was a hospital employee, an African American in the custodial service. His wife had just had their first child. A diagnosis of acute thyroiditis was made. He was given aspirin, and when the aspirin failed to eliminate his fever and toxicity he was given corticosteroids. About the fifth day of his illness, some other condition was entertained. He was taken to surgery where a large abscess was found in the cervical tissue in the neck and mainly anaerobic bacteria grew from it. He had a cardiac arrest on the operating table and died. That experience plus a couple of others piqued my interest in infectious diseases. This interest continued during my medicine internship the following year at Vanderbilt and continued as I began to sense that the patients about whom I felt the best and the patients of whom I felt the worst were those who had infectious diseases. There was nothing inevitable about either their cure or their death.

WCR: You stayed at Vanderbilt in Nashville for 4 years?

CSB: Yes, interrupted by 2 years in the service, having lost my 5-year Berry Plan deferment from service. During that era all male physicians were required to give 2 years to the government, usually the Army, Navy, or Air Force, but also the Public Health Service. Having lost the Public Health Service deferment in pathology, I had to go into the service after my internship in medicine. I did that and went back to Vanderbilt afterwards, doing a year of residency and then the fellowship in infectious diseases for 2 years.

WCR: How did Vanderbilt and Nashville compare with Johns Hopkins and Baltimore?

CSB: It was more relaxed. Clif Cleaveland put it very well in his recent book, Sacred Space.
Like myself he made the transition from Hopkins to Vanderbilt; he pointed out that Hopkins was like a workaholic’s idea of heaven—there was always something to do and your job was never done. One dominant thing I remember about Johns Hopkins was how driven everybody was. In the corridors of Johns Hopkins, which was laid out on a long U-shaped pavilion, everybody walked fast, as though they were on a mission to get somewhere quickly. There was a sense of being driven, a sense of urgency. Vanderbilt was a little bit more laid back. The faculty was smaller. The faculty got more intimately involved with the residents and students. The Osler residents were so good that they had their own culture in which they were pretty much autonomous on the wards with very little supervision. Not that we had enough supervision at Vanderbilt compared with today, which we did not, but Vanderbilt, although a quality institution, was less intense.

WCR: In your year II in medical school you were doing 2 major papers. Although you had made essentially all As in college, maybe that was not exactly the situation in medical school, probably primarily because you had so many other activities. Is that fair?

CSB: It is fair. The wonderful thing about Hopkins was that these activities were permitted, indeed encouraged. There were no grades. You never were told what your grades were or how you stood in the class until you began to apply for residencies. The quarter system was wonderful. The chance to be mentored by famous physicians, to get to know some of them, and to get steeped in the tradition of the place was very exciting. I got to know Thomas B. Turner, the dean at Hopkins. I have corresponded with him warmly in recent years, sending him copies of my books. I have also kept up with some of the other men there as well, including some private physicians in the Hopkins community, particularly Dr. Ralph Hills, known as Bruno, a private internist in Baltimore, who was famous in his day for having won the Bronze medal in the shot put in the Olympics. He beat the man who won the gold in a meet a couple of weeks later.

The last time I was hospitalized was in 1966. While lying in my room on the third floor of the Pithotomy Club at 731 North Broadway, I got an acute pain in my left flank with radiation down to my groin. Realizing that I might have a kidney stone (it was 1:00 AM), I agonized all night whether to walk to the Hopkins emergency room or to wait and call Bruno Hills, who was one of our faculty advisors to the Pithotomy Club. I waited until 7:30 AM and called Bruno Hills. He came to my apartment, took me out to his house, introduced me to his wife, and put me in a tub of hot water, which I learned was a wonderful substitute for morphine for the treatment of pain. Subsequently, I had to be hospitalized and cystoscoped, but the gentility of Dr. Hills was wonderful. He was a warm, caring man. There were a number of wonderful physicians in Baltimore. There were also a lot of great internists in Nashville who were wonderful role models.

WCR: Describe the impact that your residency in internal medicine and your fellowship in infectious disease at Vanderbilt in Nashville had on you as you look back.

CSB: To Vanderbilt I attribute my clinical training. Medical school, despite popular opinions pertaining thereto, is really undergraduate education and the year of pathology internship at Johns Hopkins in the long run proved to be a transitional year in my progression to be a physician. One can argue that residency and fellowship are really the education of a physician. The internship at Vanderbilt was vigorous at that time. Call was
every other night, so one was up every other night and your wife got to see you sleep the following evening. That was refreshing, though, compared with the alternative at Johns Hopkins, where on the Osler medical service you served every night on call except 1. Although you were able to go home, you were responsible for your patients the entire time. Training then was more imposing than it is now in terms of sleep deprivation. I think the Libby Zion case and its aftermath had a refreshing and necessary impact on American medicine.

At both Vanderbilt and Hopkins, I was amply influenced by both fellow residents and selected faculty. My major role models at Vanderbilt were Grant Liddle, the chair of the Department of Medicine and an endocrinologist; Thomas Evans Brittingham, who influenced an entire generation of medical students and residents at Vanderbilt; Glenn Koenig, who was chief of infectious diseases and who died of lymphoma while I was in training; Bill Schaffner, Zell McGee, Richard Bryant, and Bob Alford, all of whom were in the infectious diseases division there; and finally, and importantly, Roger Des Prez, who was chief of medicine at the Nashville Veterans Administration Hospital. I sometimes quip that Hopkins traded me to Vanderbilt for David Rogers because David Rogers was a somewhat legendary chair of medicine at Vanderbilt and the son of the great psychologist Carl Rogers. David Rogers went from chair of medicine at Vanderbilt to dean at Johns Hopkins to president of the Robert Wood Johnson Foundation, all at fairly young ages. He was en route from Nashville to Baltimore at the same time I was en route in the other direction.

The residency program at Vanderbilt was presided over by Tom Brittingham, who was a most memorable figure to everyone of that era. Dr. Brittingham, it was said, had roots in the Texas hill country in the Watts-Reynolds ranching family. It was said that Dr. Brittingham was quite wealthy, and it was even rumored that he worked at Vanderbilt for a dollar a year. He had been a successful chief resident at New York Hospital at Cornell and then a promising young hematologist at Carl Moore’s Department of Medicine at Washington University in St. Louis, where he had done autoexperimentation. In his Vanderbilt era he was the teacher par excellence. He was a unique teacher. He worked harder than anyone else. He would travel 20 or 30 miles to obtain further information about a patient’s past medical history or a patient’s family history and then would scoop everyone at the conferences he gave, particularly the death conferences, which were feared by all. He had a rather unusual academic bent in that he was an iconoclast. He would take a skeptical attitude and challenge us even on the idea that systemic lupus erythematosus or Hodgkin’s disease was a legitimate entity. He would maintain that most diseases were infectious diseases and also that patients had organic explanations for their symptoms, not functional ones. Dr. Brittingham and I had perhaps a slightly uneasy relationship in that we would tend to challenge each other from time to time. I did not always enjoy his extreme skepticism because I have always felt that the standard of care that we should exact for ourselves would be to take the very best of the medical literature and prevailing medical thought and apply it to the care of our patients. He was unique and inspirational, and his enormous compulsiveness, almost to a fault, drove home the ideal of perfectionism and dedication to one’s patient and self-sacrifice as certainly no lectures could ever have done.

Roger Des Prez was the best mentor I have ever had, not in the sense that he gave me any unique wisdom or insight, but that he had the ability to show his clay feet and all as he really was. He encouraged me to do research in his laboratory, which was a somewhat
frustrating experience because I did not have a natural inclination toward working on the alternative complement pathway with differential cation chelation using ethylene glycol tetraacetic acid. Roger and I have kept up to some extent over the years. Bill Schaffner got me interested in hospital infection control. As a fellow in infectious diseases I was ultimately able to branch off into my own independent lines of interest and investigation.

**WCR: You mentioned earlier that Dr. Barry Wood probably had an impact on you in regard to your ultimate decision to go into infectious disease. You had 2 years at Vanderbilt plus the 2 years in military service to change your mind on that, but was there anybody at Vanderbilt that kept you in line, so to speak, headed toward that subspecialty?**

CSB: Yes. I recall a conversation in medical school in which Ivan Bennett told us that the big decisions in life would not so much be made by ponderous thought but rather would come by chance, perhaps over a cup of coffee. That advice has certainly served me well, and it is also something I try to pass on to students. Richard Bryant made an excellent point to me as well. He said, “Get your cards and then play them however you like.” That is also advice I would pass along to younger people: to get your education, get your credentials, and then you will be surprised how you eventually choose to play your hand, but you won’t have the options to play your hand unless you do the preparatory work first. In my case, my training was somewhat unorthodox because I did the year in pathology and then a year in medicine. At the end of that year I was probably more knowledgeable about internal medicine than my peers among the interns at Vanderbilt only because I had done an extra year of thinking about disease processes and had a feel for organ pathology that one gets from doing autopsies and thinking about structure and function correlations.

I then went into the Public Health Service and was stationed in Galveston, Texas, in a now-closed marine hospital taking care predominantly of seamen and commercial fishermen. That turned out to be a wonderful experience for several reasons. On a personal level, my first child was born there and really could not have been born anywhere else, as it turned out, because my first wife had become sensitized to Rh by a miscarriage. There was an obstetrician in Galveston named Charlie Powell, who had the world’s only NIH grant to do intense plasmapheresis during pregnancy. We were therefore able to have a child there. Again, it was a chance telephone call that turned that decision. I had been slated to go to the marine hospital on Staten Island, New York. While working in the emergency room at Vanderbilt my last week there, I got a call asking whether I would like to go to Galveston, Texas, instead. I instantaneously decided I would rather go to Galveston. A second windfall of going to Galveston was that I figured out fairly early that my inclinations and talents lie in internal medicine, although I did 4 months of surgery there and 4 months of outpatient experience. The last 13 months at Galveston I was on an internal medicine ward, ward 1 east. The last 9 months I had the chance to work with Ewell Scott, who had just come to the Public Health Service after being chief resident at the University of Virginia. It was like being a resident there. We had conferences, and I was extremely dedicated and driven unnecessarily toward learning medicine, as it turned out, and perhaps ruinously to my first marriage. While at Galveston I read Harrison’s and Cecil’s textbooks in their entirety. I kept up with the literature by going to our library and also to The University of Texas Medical Branch. It was an academic experience. In the last 3 months of my Public Health Service experience I went to sea on an ocean-survey ship to the northeast Pacific. I set off to sea with a box of books including Hurst & Logue’s The Heart, Williams’ Endocrinology, and
the previous 3 years of The Annals of Internal Medicine and The American Journal of Medicine. I read every page of those works while at sea for 3 months. I lost 15 pounds. I had gained weight in Galveston and cooked my way through the entire seafood section of the New Orleans Restaurant Cookbook in several months.

I came back to Vanderbilt and found I was not learning much from my other fellow residents. The stimulation was not there because by that time I had been out of medical school for 4 years and had been conscientiously studying thereafter. I could not see much purpose in doing a second year of assistant residency. I was toying with what to do. Glenn Koenig had developed a lymphoma. He was being treated by Thomas Brittingham as though he had a fungal infection. This turned out to be very controversial because Thomas Brittingham gave him amphotericin for a giant follicular lymphoma, tending to deny a diagnosis of giant follicular lymphoma. I mentioned to Zell McGee at a cocktail party one afternoon that I was thinking about infectious diseases but was sorry to see that the infectious diseases division at Vanderbilt seemed to be deteriorating. The next day I got a call from Zell McGee saying he thought I was being unfair to them. I soon found myself in a room with Glenn Koenig, Zell McGee, and Bill Schaffner trying to convince me to go into infectious diseases. After giving it some thought I decided to do the infectious diseases fellowship. Dr. Liddle had offered me a fellowship in endocrinology, which would have been more prestigious training at the time, but I did not see myself as an endocrinologist. My 2 first loves were infectious diseases and cardiology. The first year of my infectious diseases training was somewhat frustrating because Dr. Des Prez, who had a grand plan for everyone, had a grand plan for me that I would become a complement chemist. I decided that it would be difficult for me to compete indefinitely for NIH funding year after year with the PhDs, and I did not see myself as being as gifted in the basic sciences as Dr. Des Prez seemed to think I was. That was a rather frustrating year of doing differential cation chelation which led to several publications. The next year Dr. Des Prez let me do whatever I wanted to do.

One day a question arose on the wards about the disposition of penicillin in patients with renal failure, the scenario being a patient who was twitching and stuporous and feared to be near death. Nobody could figure out what was going on because all of his basic parameters were reasonably controlled. We believed that we had his infection under control. We wondered if it were the penicillin. We stopped the penicillin and he woke up and made a full recovery. We asked how one might give penicillin to a patient with renal failure to assure, for example, the bacteriologic cure of meningitis or endocarditis and achieve the same blood level as in a normal person receiving 24 million units of penicillin daily. It turned out nobody had done that, even though it had been shown in 1942 by Charles Rammelkamp and Chester Keefer that excretion of penicillin is markedly slowed in renal failure. With a nephrologist, Bill Stone, I worked it out. This experience led to my first major publication in medicine and perhaps my only publication that may have saved a life. The manuscript was published in The Annals of Internal Medicine. That and several other publications were of lasting gratification from my training at Vanderbilt, which by and large was quite enjoyable.

WCR: When you finished your fellowship I suspect that you had some offers to stay in academic medicine, and yet you decided to return to your hometown of Columbia even though at the time Columbia did not have a medical school.

CSB: I did. My colleagues saw me pretty much as an academician. The job opportunities
that I had explored were to be chief of infectious diseases at a developing medical school or to go into private practice in Columbia. My wife insisted that we go somewhere that had a law school for her to enroll in because by that time she had gotten into the feminist movement. We had also adopted a second little girl. The place where I had an offer to become chief of infectious diseases did not have a law school. There were many allures to go home. Both of my brothers were in Columbia. Many of our friends from growing up were there. There were rumors that a medical school would start there. At that time there was a perceived shortage of physicians in the USA. The Veterans Administration, with backing from the federal government, had offered to fund up to 5 new medical schools in the USA in cities where there was a combination of a university and a VA hospital. In the meantime there was an excellent group of internists there led by Warren Irvin and Donald Saunders, both of whom were board-certified cardiologists. With my addition we came to 8 and then the following year 9 board-certified internists, each of whom had a subspecialty. It was a very arduous practice but it was a practice in which everyone, after being vested over a period of 6 years, earned the same salary. Everyone worked hard starting at 7:30 AM, when we all met in the cafeteria’s private dining room and discussed all of our hospitalized patients, and then worked until we were finished. It was a type of practice which, looking back, illustrated the need for full-time hospitalists and the ridiculousness of trying to do an office-based practice of internal medicine while also practicing intensive care medicine. It was very strenuous. Both Warren Irvin and Don Saunders were unusually capable high-energy people who seemed to be essentially unflappable and were able to work hard and to juggle many balls at the same time. I enjoyed that practice very much but it was quite taxing.

WCR: You went back to Columbia when?

CSB: August 1, 1974. I became full-time at the medical school on May 15, 1977. I was in private practice nearly 3 years.

WCR: When you joined the medical school did you give up your private practice?

CSB: No. When I joined the medical school I was still the only fully trained adult infectious disease specialist in Columbia. I continued to be the infectious diseases specialist. For the next 15 years I had no competition in Columbia to speak of. I basically had the entire city from which to draw infectious disease consultations. For a long time I had the best of both worlds: I saw all the interesting cases, the difficult fungal infections, the infective endocarditis cases, etc. I had a wonderful referral base but also did academic medicine. By making myself somewhat scarce and perhaps by cultivating a difficult telephone personality, I was not swamped with consultations for mundane or routine problems. When people needed my services it was because someone was really sick and had a difficult problem. I also continued to see a few patients as a primary care provider. There are still about 10 people who consider me their primary care physician, some of whom go way back to 1974.

WCR: You joined the medical school in 1977 and immediately became head of the Division of Infectious Diseases. At the same time you became editor of The Journal of the South Carolina Medical Association. How did that come about? How did you get the editorship of that journal at quite a young age?
CSB: It was a chance conversation. One day while walking into work I mentioned to an orthopedic surgeon, Ed Kimbrough, the editor of the state medical journal, that that must be an interesting job and that I admired what he did. A few weeks passed and I got a telephone call from Dr. Kimbrough asking me if I would like to be the assistant editor for the journal. I said I would love to. Subsequently, Dr. Kimbrough got into some difficulties with the executive committee of the state medical association, now known, but not then, as a board of trustees. He resigned and recommended that Charley Bryan become the editor. At age 35, in 1977, I found myself as editor of the state medical journal. There is a lesson in that, and that is to volunteer to do things that others don’t want to do.

Indeed, I recall at the time a physician who is extremely prominent locally telling me that editing state medical journals seemed like a chore: editing other people’s manuscripts and doing what is often called “a thankless job.” It turned out to have wonderful fallout for me both professionally and personally. As my first wife neared graduation from law school, she decided upon a separation. We had 2 small children. I was devastated, but through a progression of events that had started with my expressing to Ed Kimbrough my interest in the state medical journal I became good friends with a pediatrician named William Weston, commonly known as Bully, who was in his 80s. He introduced me to my second wife, Donna. We knew each other, but he manipulated a blind date without telling either of us what he was up to. In addition, it was through the state medical journal that I got to know physicians all over South Carolina and also keep up my writing. I had continued to do scientific writing like most people in academic medicine, publishing case reports here and there, and became interested in bacteremias. I had a number of publications on that subject, having meticulously studied all of the bacteremias in the entire city over a 5-year period. I also wrote many personal essays and editorials about medical practice, about professionalism in medicine, about the interface between medicine and nursing and other allied professions, etc. Over the years the editorship enabled me to continue to write and to think about what I needed to write. To this in part I owe my eventual ability to publish 2 books.

WCR: You essentially write an editorial in that journal every month. Is that correct?

CSB: It varies from year to year. There were years during which I would write relatively few major editorials when others volunteered to write editorials, but by and large that is true. I write an editorial about every month.

WCR: It looks to me like this has become a hobby of yours. In other words, you converted the editorship of the state journal from a chore, as you said somebody might conceive of it, to a labor of love.

CSB: I think so. The salary is certainly quite modest. If I were to cost out my time, you would say that it certainly is cost ineffective to be the editor of the state medical journal. It has allowed me to express a number of things and to think about many issues. I sometimes joke to others that being the editor of the state medical journal and having to write an editorial every month does not allow me the luxury of having an unpublished thought.

WCR: How many physicians does the journal go to?

CSB: Approximately 5000.
WCR: How much time does it actually take, not including the editorials and the other articles you write, to edit other people’s work? How much time do you spend on the journal weekly or monthly?

CSB: I never really budgeted that out but I would think no more than 2 or 3 hours in the average week. In terms of expenditure of time it is relatively minor, and I have had good managing editors to work with. Joy Drennen was the managing editor for many years, and she became one of my closest friends; I still keep up with her after her retirement. Since then the job has been filled by 3 young women.

WCR: If you hear a good talk at your hospital or at another meeting in the state, I gather that you can ask the speaker to write up the presentation and put it in the journal.

CSB: I certainly encourage that. One of my friends is a family physician from Clemson, South Carolina, named Bill Hunter. Feeling that our journal should be the best state journal in the country and should even be up there with The New England Journal of Medicine, he prevailed on a friend who had started a foundation to give a grant to our state medical journal for a $3000 award to be given each year to the physician who had written the best article the previous year. Believing that academic physicians and practicing physicians should not really be in competition for writing articles and that practicing physicians really have no chance against full-time academicians with rare exception, we elected to give this award known as the “Roe Award” on alternate years based upon the previous 2-year cycle of either articles by institution-based or academic physicians or by private practice physicians.

One reason that I have looked at the state medical journal as a labor of love has been my firm belief that medicine as “a learned profession” is now endangered. Practicing physicians in the latter half of the century seldom write and submit their manuscripts for publication. They cannot compete with the full-time academicians. They take up other interests. In the first half of this century, the way to establish or enhance one’s reputation as a practicing physician was to publish articles and observations in medical journals. Now there is little inclination for a practicing physician to do so, and indeed they are likely to run into hostile criticism from one or more reviewers, which is a further inhibition. I once analyzed the articles of the state medical journal and wrote a short essay for a journal known as the Forum on Medicine showing that the growth of medical faculties in South Carolina had inhibited practicing physicians from submitting their manuscripts for publication. In 1905, when the journal started, manuscripts came even from small towns and hamlets in South Carolina. I make frequent pleas to practicing physicians to send in a manuscript that would not fly in a major peer-reviewed journal. This is something that physicians can take a measure of pride in and that their family members, after they are gone, will treasure as a piece of tangible evidence that they were a part of a learned profession.

WCR: How did it come about that you became chairman of the Department of Medicine at your medical school in 1992?

CSB: I was chief of infectious diseases there with relatively little competition for many years, had crafted my own niche, and was perhaps influential in the medical school. I went to all the hospitals in town doing infectious disease consultations. Vick Murdaugh was the
first chair of medicine, but he remained in that position for <2 years and was succeeded, after an interim chair, by J. O’Neal Humphries, who then became dean of the medical school and held both jobs for a while. Then, O’Neill Barrett, Jr., a wonderful human being and a great clinical teacher, became chair but decided he would not stay on as chair after 5 years. We then had an internal search for a chair and there were 5 applicants for the position. Funds were insufficient to allow a national search. I was selected for the position out of that internal search.

WCR: Have you enjoyed being chair of the Department of Medicine?

CSB: I have. Robert Petersdorf once wrote that being a chair of a department of medicine is the best job in the world. That is saying a great deal in his case because, of course, he went from being a chair of medicine to being a vice chancellor for a major university and then president of the American Association of Medical Colleges. It is an opportunity to influence not only the growth of one’s department but also the residents and medical students in a way that one might not be able to influence them otherwise. For me, being a chair has put me in a number of political conflicts that I might just as soon have avoided. Some of these were quite tense because the institutional missions of the Department of Medicine were at odds with the institutional missions of the teaching hospital and the medical school itself. The liberating phenomenon for me was having to no longer jump whenever an orthopedic surgeon had a coagulase-negative staphylococcus growing from thioglycollate broth only from a culture taken during a total hip or knee replacement, for example, to be able to budget my own time. It also allowed me time to develop other interests. At about that time (April 1992) while attending a meeting of the Palmetto Medical and Dental Association, an organization in South Carolina predominantly composed of African American physicians, I began to sketch out outlines for what turned out to be my book on William Osler published 5 years later. Being chair of medicine allowed me to take on 2 lines of scholarly interest. One that I am still working on now is the ultimate relation of departments of internal medicine to other primary care specialties, notably family medicine, which I think is going to be a key issue in the next century. The second was to rekindle my interest in medical history.

While the search process for a chair was going on, anticipating the centenary of the publication of Osler’s great textbook, Principles and Practice of Medicine in 1892, I had decided to write the story of 2 other physicians who had published that same year, to their misfortune, textbooks of internal medicine. I asked what would have happened if Osler had decided not to take it upon himself to write this large, single-authored textbook of medicine. He was the last person to do so, and I sometimes think he did all of us a disservice inadvertently by so doing. Certainly, if I wanted to blame anyone I could blame him for the outcome of my first marriage, for example. I could blame Osler for setting this role model that you had to learn all of medicine, which became an increasingly impossible task. This led to an article in The Annals of Internal Medicine. As with most major papers, one reviewer liked it, and one did not. Rather than reply in the defensive I simply wrote a very detailed and very polite response to the second reviewer thanking him or her at every turn for the comments, and in re-review the manuscript was accepted. His or her only comment was that “the author should be congratulated for his gentlemanly response to my constructive criticisms.” This is perhaps a lesson to be a positive person and to look at feedback constructively, however it might strike you. The chairmanship allowed me the chance to do medical humanities. I felt that I had probably done about all that I was going to
do in academic infectious diseases—although I still had lots of HIV patients, I had no forum for laboratory research and no fellows. I was able to get Dr. Bosko Postic to come over from the Veterans Administration Hospital to take care of most of the clinical load. I also took on the responsibility of becoming the principal investigator for a Ryan White grant to take care of patients with AIDS and HIV who were uninsured or underinsured in central South Carolina, a role that I still have. I could nevertheless find time to do medical history as more of a serious hobby or even a major intellectual interest.

WCR: What is your day like now as chairman of medicine? Could you go through a typical day, if there is such a thing? What time do you get up in the morning? What time do you leave home? What time do you get to the hospital? How does the day go? What time do you leave the hospital at night? What is your evening like?

CSB: Days vary. I would describe myself as a man whose habits are irregularly irregular. In about one third of days it seems like I have to go out of my way to find time to brush my teeth or put my change somewhere because the day is so full and so replete with responsibilities, commitments, and interruptions that there is very little time to think. Counterbalancing days such as those are days when I sometimes feel that hardly anyone needs my service. I have time to do various other things on such days. Spending quality time with my wife, Donna, is important to me. My evenings are perhaps to a less extent filled with the need to be driven to get a certain amount of work done, but I still have a standing joke with Donna that I need 2 or 3 hours a night to turn into a “nerd” to go and work at the computer or work on one project or another. Like other chairs of medicine I take morning report. I serve as an attending physician on the wards for 2 or 3 months a year. This year, because our American Board of Internal Medicine pass rate was down, I am reviewing all Medical Knowledge Self-Assessment Program questions for the last 3 cycles. I have nearly finished that project to help our residents. I have sessions with the third-year medical students in which I go over such issues as time management, values in medicine, the art of making an oral presentation, how to present a patient, and how to do their histories and physicals. Two mornings a week I have an outpatient clinic and see private patients. I see patients by special arrangements at other times. Every third or fourth weekend I take call for our infectious disease group, and this means having the beeper for the entire city. Sometimes that can be very busy. It also can be refreshing, and it helps me maintain what semblance of confidence I may still have for doing infectious diseases consultations. As with other chairs of medicine and others in academic medicine, much of my time is taken up with meetings. I run faculty development sessions. One theme I have pursued over the years has been to try to teach my faculty how to be effective at meetings, whether presiding over or simply participating in the meeting: how to move agenda items along in such a way that every person gets a chance to express his or her opinion but things come to closure.

WCR: What do you enjoy most about your work now—teaching medical students, teaching houseofficers, writing your papers, editing works of others, studying medical history, or other things? You have certain priorities and goals, and if you had your druthers what do you prefer to spend your time on?

CSB: Two activities. One is mentoring and relating to the young people and my peers in the department and the second is my own academic work. Dr. Petersdorf indicated in one of his articles about how to be a department chair that over time your relationships with other people would become the major theme of your life, more important than anything else,
transcending all of the other issues. As Charlie Chaplain once remarked, “Nothing transcends personality.” It has always marveled me that when among our peers we begin talking about science with colleagues from anywhere in the country, usually the conversation will eventually evolve into discussions of various personalities in the field and people who are known in common to the parties of the discussion.

The second priority is the academic work. I continue to take pride in writing. I feel a little emptiness in my life if I am not actively working on a project. I have written about the idea of always having something out at the reviewer’s office. As a mentor to others, I have always stressed that you can have an academic career and be productive if you make a rule that every day you will try to do one thing, something to help move a manuscript further along the path towards submission or closure or successful revision. I have never had blocks of protected time. I had to craft my own protected time, and, like others, although I find frequently the best time is on airplanes or nights or weekends, I still can find little blocks of time during the day to go to the library, check a reference, do a MEDLINE search, do a little editing or revising, etc. I recall that Roger Des Prez talked about research being a dimension of life in which it gave you some excitement to go to the laboratory the next day to see what was going to happen. I certainly identify with that, even though basic laboratory research was not an avenue that I ultimately chose to pursue. It is nevertheless those dual interests. I enjoy to some extent the administrative aspects of the department, of making sure the department is running financially reasonably well, negotiating the important outside interfaces of the department with other entities, other departments within the school, with private practitioners, with power structures in the medical school and at the hospital. Those necessary functions are less fulfilling than relating to others, bestowing favors on others to the extent that I am able to because I espouse “servant-centered leadership”—that the aim of leadership is to help others get what they want and that we get what we want by helping others get what they want.

WCR: It seems to me that you are an ideal departmental chairman for many reasons, including the following 3: 1) Because infectious disease overlaps so many other subspecialties in medicine, you have had much contact through the years with the gastroenterologists, the hepatologists, the pulmonologists, the rheumatologists, and the surgeons—you are not a one-organ system specialist. 2) Because you publish a lot, that must be a stimulus for other members of your department to publish. 3) Because you are still seeing a lot of patients, that activity prevents other members of your department from asking too often for permission for them to decrease their clinical load. How would you respond?

CSB: You are kind. Power is not my thing. The brace for my midlife crisis when I was 44 years old was to go to the Human Engineering Laboratory in Boston, which is a branch of what is known elsewhere in major cities as the Johnson O’Connor Foundation, to do a day and one-half of formal aptitude testing. The analysis was that my thing was creativity rather than wanting to be powerful, and that certainly correlates with what else I know about my personality. It is very important for all of us to know our personalities as they relate to our own leadership skills or to our own follower style. I try to lead by example. I believe that leadership is a participatory sport. We have people in our department who would just as soon not take night call or weekend call. I think it is important that they see that I do. One of the better sermons I have heard was at a commencement service at my older daughter’s graduation, given as a takeoff of a television commercial, “Don’t let them see you sweat.”
The theme of the sermon was let them see you sweat. There is an emphasis in our society on being “Mr. Cool,” presenting an image that you have it all, that you are cool, calm, and collected. I think it is important that you be seen as someone who works. I can look back at my own mentors, the image of Barry Wood getting there early, staying late, leaving in his little Ford Falcon, and putting his technician Mary Wood Smith as coauthor on his manuscripts. There was Tom Brittingham staying later than everyone else, taking patients home with him—his destitute patients that he saw in the Nashville General Hospital Clinic—actually giving them money to buy their medications, and showing that he could be as meticulous as or more meticulous than even the most compulsive intern. There was Roger Des Prez wheeling patients down the corridor on gurneys as a powerful chief of medicine at the Veteran’s Administration Hospital. These were all people who were willing to pitch in and work and not simply sit back and tell other people what to do. I think that Osler was that way. Leading by example is very important.

WCR: Can you give some idea of the magnitude of your medical school and your department? How many medical students do you have in a class at the University of South Carolina Medical School?

CSB: We are approved for 75 students. Our department is a small department by most standards. We have on paper 13 divisions and about 60 full-time faculty members.

WCR: Do you determine all of their salaries?

CSB: Not all of their salaries. Some of these people are at the VA Hospital, in fact, a fairly substantial proportion of them. The salary structure at our school includes a base salary and then an incentive salary for the practice plan. Although I have looked at various models of incentive-based reimbursement, my philosophy is “let people eat what they kill.”

WCR: Your career seems a bit unusual in the fact that you have carried on a very active private practice for many years now and, at the same time, have been director of a division or director of the Department of Medicine for years. What was your life like in 1985 to 1986 when you were covering infectious disease patients in every hospital in Columbia and you were the only infectious disease person in the city and you were chief of the infectious disease division at the hospital? You were teaching medical students and housestaff. This must have been a pretty frantic pace.

CSB: It was a pace that was quite busy but quite enjoyable. I never tried to build up my practice in such a way that I would see patients for routine antibiotic consultations. Most patients I saw really needed my services. They had severe fungal disease, infective endocarditis, terrible wound infections, Rocky Mountain Spotted Fever, necrotizing fasciitis, or some other difficult problem. This is reflected to some extent in the case reports that I have done over the years. I always had a pretty busy outpatient and inpatient consultation practice. When I went out of town, frequently I would leave my telephone number where I could be reached and I would get calls, particularly from the cardiac surgeons and the neurosurgeons. Overall, I worked hard. It was a fairly balanced life.

I have been privileged to have a number of things that I do in Columbia socially that have given me a lot of pleasure, particularly men’s clubs and organizations. During the winter months, a difficulty is getting enough nights at home. Some nights 3 or 4 things are going
on. I organized a medical history club which is now in its 16th year. It meets 4 times a year. I belong to 2 clubs that meet monthly, except during the summer, with dinner, followed by a presentation, followed by a discussion of the presentation. I am active in our St. Andrew’s Society and also belong to an oyster club. Apart from those, I have essentially no major social ambitions. I don’t waste time at frivolous activities. I watch very little television and try to make most things I do be fairly purposeful (Figure 4).

WCR: What do you do on the weekends?

CSB: A typical weekend when not on call will involve going into the office both mornings. On Saturday morning I will go in and do paperwork because I find I am so busy during the week and so frequently interrupted that to clean my desk and to answer correspondence often requires Saturday mornings. It is particularly necessary to do projects. Then I will probably hit some golf balls at the local driving range, maybe play 9 holes of golf, and then do something fun with my wife on Saturday evening. On Sunday, I go to church and frequently sit in a special back pew where no one can see me. I come out for communion. I can sit there and edit a manuscript or read or privately reflect on what is going on in my life while worshipping at the same time. One might not call this a proper form of worship, but I would maintain it is better than not going to church at all. After mixing with people I go to the office for about an hour and then go home. I work 7 days a week, but I work as much as I can at my own pace.

WCR: You mentioned that you were married twice. Would you discuss your family life and your marriages and your children?

CSB: My first wife and I grew up together. We both were in Baltimore at the same time and got married when I graduated from medical school.

WCR: So you were 25?

CSB: Yes. We were married for 12 years officially. The divorce was her idea and a real jolt to me at the time. Indeed, I was 37, and we had one child by more or less a miraculous birth in the face of Rh sensitization and then we adopted a second child. My wife had gotten into the women’s movement big time and had gone back to law school with the 2 young children at home just as I was trying to establish my career. I am told that that combination carries at least a 60% mortality rate for marriage. We had moved back to Columbia and had comfortably settled into the liberal element of the young chic set. We moved into an older part of town and were both becoming known. At about that time 2 significant things influenced my thought and my reaction: one was Daniel Levinson’s book, Seasons of a Man’s Life, which I prescribe for anyone who listens now. Levinson was a psychologist at Yale who did the research that was then “borrowed” by Gail Sheehy, a journalist, for her best-selling work Passages. Knowing where you are in your adult life cycle is critical. Indeed, based on Levinson’s work I use this in counseling patients. The 20s are described in Levinson’s work, and my life certainly illustrates this, as a novice phase of adulthood in which you have 2 tasks that compete with each other: 1) trying to build a stable structure for adult life and 2) exploring the possibilities for adult living. Levinson calls the period from 35 to 40 becoming one’s own man, in which you break away from parental influences and from your earlier mentors and define yourself. It is now or never. He made the point in the book that if something traumatic happens to you during that time it can be extremely
disturbing, but if you can get past that it will lead to a much richer life. That was the first beacon for me that this really was a major challenge. Defining myself, keeping up my activities, and trying not to drop the beat with my clinical practice and professional life while at the same time kind of redefining myself socially were a real challenge.

The other thing that made a difference in my life at that time was taking, for what reason I cannot recall, a course entitled “Leadership in Action” led by Mooney Player, an interesting, charismatic, motivating person who had been a very successful high school football coach. This course, which basically was a time management course, stressed the idea of putting your dreams in writing, planning in such a way that you would meet those dreams, and acting on the basis of your plan. This course, which was in the evenings over several weeks, used a lot of jargon and had a lot of practical points such as “to eat the bad news,” or EBN, and to ignore the front page of the newspaper and the nightly news shows because they all give nothing but negative reinforcement. I wrote down some dreams that I thought could never possibly come true for me. I wrote that I wanted to marry again, obviously someone compatible. I wrote that I wanted to move and live in a house that was on water. I wrote that I wanted to serve on the vestry of my church, which would have been unheard of because the vestry of the elitist downtown Episcopal cathedral had never included a divorced man. I wrote that eventually I would like to write 2 books, including a best-selling book on medicine. I wrote that I would like to eventually have an administrative position at the medical school. I wrote that I would like to be the president of either the Columbia Medical Society or the state medical association, and no one in academic medicine had ever been president of either of those organizations. All of those dreams have come true, and they came true faster than I might possibly have imagined. I try to teach this philosophy to the students and residents. Even though I don’t see myself as a naturally charismatic person, some of my favorite experiences now are giving lectures along with models outlining the book on Osler to younger people, indicating the importance of this concept or to use the jargon from Mooney Player’s course, “dream-plan-act,” or DPA.

WCR: I have loved your Osler book and I keep it on my bedside table. I found I could not read that book straight through and retain what I wanted, so I read it a little bit a lot of evenings. I have found it enormously useful. It seems to me that you have lived the Osler pattern exceedingly well. It sounds like you run your department in an efficient fashion. You don’t seem to have problems making decisions. How did you originally get interested in Osler?

CSB: My interest in Osler began when my father gave me his medical school copy of Aequanimitas. I still have that copy. Now maybe I have 8 or 10 copies of the different editions, but that is one that I always savor whenever I pick it up and see his signature there in front. At Johns Hopkins I became particularly interested in Osler when working with Dr. Temkin. The stopping point in my first paper was 1892 or Osler’s Principles and Practice of Medicine. Then, as a medical student I won the William Osler Medal of the American Association of the History of Medicine in 1967, which is given annually on the basis of an essay competition open to students in the USA and Canada. I maintained an interest in Osler, but it was not a burning or an overriding interest until I took it up again in 1991, anticipating the centenary of the textbook. I wish that I had learned about the American Osler Society at an earlier time and gotten involved in this organization sooner. It has been a wonderful experience. I read somewhere that if you study any subject for an hour or two a day for 5 years you will be one of the world’s experts on that subject. That is literally what I
did with the book on Osler. I sketched out the chapters with the main themes that I saw in terms of motivational literature and motivational thought. I bought a little red notebook with indexes. When I had thoughts or saw writings I would indicate what chapter that would go into and reference it. Then I fleshed the outlines out in more detail, and I paid a senior college student, who was applying to medical school and came to me looking for work during the summer, to help me go over some basic background reading and to help me organize my thoughts. I systematically read everything I could about Osler and also everything from Osler’s recommended reading list, the 10 works or collections of works he prescribed as a bedside library for medical students. That was a tremendously gratifying piece of research (Figure 5).

Over the years, as I indicate in the introduction to the book on Osler, I made a habit of buying and listening to motivational tapes. One idea I got that I try to impart to most medical students is the idea of taking about 3% of our net earnings and investing them in ourselves, whether it is to take shag lessons to make you more comfortable in social situations or public speaking lessons or whatever. Over the years, I have bought sets of motivational tapes from the Nightingale-Conant Corporation. Most of the tapes say things I already know, but they nevertheless kind of charge my batteries. I feel if I pay $60 for a set of 6 audiocassettes and I get 1 or 2 ideas I can use in my daily living then it was a worthwhile investment. From that I had gotten some other ideas, and I got a good sense of what was out there in the motivational literature. Emerson built upon others. Motivational thought can be traced back to the proverbs of the Hebrew scriptures. That was fun to kind of develop these ideas in parallel: first, learning all I could about Osler and second, reading Osler’s recommended authors, and then third, continuing to study contemporary motivational thought.

WCR: Do you take off much time each year? Do you and Donna go on a long vacation or several short ones? Do you have time away from medicine?

CSB: We do, and I think that is extremely important. Both Donna and I believe that the best peace and quiet we can have is to get out of Columbia. We have a little cottage on Fripp Island, which is off the coast of Beaufort, South Carolina. We don’t get there nearly as much as we would like, but it is nice knowing it is there. She is very active in her own work. We also like to vacation in the mountains of North Carolina, where her family has a little cabin. We like to travel. For a while we took trips abroad regularly. After going to El Salvador in 1986 we stopped going abroad for a while, but we spent 10 days in Scotland last summer. We have recently gotten interested in the Indian cultures of the American Southwest. We really enjoy traveling to Arizona and California in particular. We plan to go to Arizona, New Mexico, and the Four Corners area for 10 days next month. We do very much enjoy our trips and just getting away.

WCR: So you do take off a month a year or something like that to recoup?

CSB: Probably over the course of the year, 3 or 4 weeks. In addition to my trips with Donna, every summer for the past 12 years or so I’ve gone off on an outing with 2 high school classmates—Mac Ogburn and Wickie Wheeler—for some intense golfing and storytelling, sometimes in Scotland (Figure 6).

WCR: Could you talk a bit about Donna? What makes Donna such a good wife?
CSB: Donna is a wonderful person with an enormous heart. She has gotten very interested in the plight of poor farmers in South Carolina and has arranged something called the Seeds of Hope Farmer’s Project, of which she was the initiator and is still the only employee run on a grants economy. Its mission is to link up small farmers in South Carolina, primarily African American farmers, to churches and synagogues in such a way that the farmers can market their fresh produce directly to consumers in the parking lots of churches and synagogues with the organizational people providing all the labor. She has had up to 25 or 30 churches or synagogues throughout South Carolina involved in this project to help small farmers who face the competition of large farmers and middlemen. The larger social problem is people leaving the farms and going into town where there is work, and their children are descending into lesser ways of life involving various combinations of drugs and alcohol. We have a very nice home life (Figures 7 and 8). We like to go to movies, perhaps at least every other week, and just kind of hang out.

WCR: You are 57 years old; you have been working very hard for a long time. What would it take to get you to change your present position? Let’s say someone came along and said, “Charley, we would like for you to be editor of the Journal of the American Medical Association.” How would you handle that?

CSB: When you want ultimately to serve a higher cause, whatever walk of life you are in, you want to be committed to a cause that transcends yourself. I have 2 higher causes now that I can identify with professionally. One is to promote the ideal of medicine as a profession. The second is to promote good medicine in South Carolina. For me to make a radical departure in my life, something would have to be toward one of those 2 higher causes. Something that would help me promote the ideal of the profession of medicine and professionalism, of course, is a difficult entity to define. I am concerned that medicine in the next century may become a matter of midlevel practitioners referring to physicians who are really masquerading as technologists. I love South Carolina, and I will probably eventually retire in South Carolina. The other attraction to me would be to do something where I could have more influence in South Carolina.

WCR: Suppose somebody came along, though, and said, “Look, if you take this position your impact on physicians will not be those just located in a single state but will potentially influence those in the entire country and maybe also abroad. Your impact on the profession could be enormous.” You would have to look at a position that might afford that possibility, would you not?

CSB: That would be very difficult to turn down. It certainly would be an opportunity. Like Osler, I suppose, I would like to see myself eventually as being someone who could make an impact on medicine. The feedback I have received from my book has been positive in that regard. Certainly I don’t see myself as someone who could define medicine for the next generation but rather someone who could collaborate with numerous others, seeing leadership as a participatory sport.

WCR: How many copies of your Osler book are out there now?

CSB: Probably around 14,000.

WCR: Charley, I appreciate your sharing your thoughts, insights on life, with the
readers of the Baylor Proceedings and myself.

CSB: Thank you, Bill. It has been a pleasure.

See CSB’s important publications.