

## Peter Emanuel Dans, MD: a conversation with the editor

**P**eter Dans (*Figure 1*) was born in New York City on June 17, 1937. After attending Catholic elementary schools, high school, and college, he graduated from Columbia University College of Physicians and Surgeons in 1961. His internship and first-year residency were on the Osler Medical Service of The Johns Hopkins Hospital, during which he spent 3 months at an infectious disease hospital in Calcutta, India. A medical residency year at the Presbyterian Hospital of the City of New York was followed by 3 years in the US Public Health Service as a research associate in the Laboratory of Viral Diseases of the National Institutes of Health (NIH) and a 2-year fellowship at the Thorndike Memorial Laboratory of the Boston City Hospital in infectious diseases.

In 1969, Dr. Dans joined the faculty of the University of Colorado Medical Center, where he served as director of student/employee health services. While there, he founded an adult walk-in clinic and an evening sexually transmitted disease clinic at the medical center as well as a migrant health clinic in Fort Lupton, Colorado. In 1976, he received a Robert Wood Johnson Health Policy Fellowship at the Institute of Medicine of the National Academy of Sciences and stayed on for an extra year as project director of a study entitled "Aging and Medical Education." In 1978, he returned to The Johns Hopkins Hospital to establish an Office of Medical Practice Evaluation aimed at improving patient care and decreasing costs. For 8 years, he directed the required first-year medical school course, "Ethics and Medical Care." He joined the *Annals of Internal Medicine* as deputy editor in 1991 and moved to part-time faculty status at Hopkins. In 1996, he became a medical consultant with AdvancePCS, a pharmacy benefits management firm, working on geriatric polypharmacy and patient safety.

Since 1990, he has written a column entitled "The Physician at the Movies" in *The Pharos*, the quarterly publication of the Alpha Omega Alpha (AOA) Honor Medical Society. Dr. Dans is a fascinating and multitalented man. I was fortunate to have spent a year with him as a houseofficer in 1962–1963 at The



**Figure 1.** Peter Dans during the interview.

Johns Hopkins Hospital and to have witnessed firsthand the excellent characteristics of this splendid physician. He also is a wonderful guy.

**William Clifford Roberts, MD (hereafter, WCR):** Peter, I very much appreciate the opportunity to talk with you today, September 11, 2001, a day that will be historic in the annals of the USA because of the catastrophes in New York City and Washington, DC. Dr. Dans had just finished giving a talk on doctors in the movies at medical grand rounds at Baylor University Medical Center (BUMC) when the attacks on the World Trade Center and Pentagon were announced. We are now in my office at BUMC, and later Dr. Dans will talk to the medical residents on polypharmacy in the elderly. Peter, thanks so much for the opportunity to talk to you and therefore the opportunity for the readers of BUMC Proceedings to get to know you better. Could you discuss your early life, your family, the atmosphere of your home?

**Peter Emanuel Dans, MD (hereafter, PED):** Thanks very much. It's an honor to be here at Baylor and to be interviewed for your readers despite the terrible events that have occurred. I was born in New York City in 1937. My earliest memories are growing up in a cold-water flat at 344 Water Street on the lower east side of Manhattan within the shadow of Brooklyn Bridge. Having no hot water, we used a wood stove to heat the water and cook food. The toilet was on the landing. It was one of the old-law tenements that had been upgraded to meet new codes. The building, which was 2 blocks from the East River, had been built in the 19th century. It was an interesting time and place to grow up. The building had been targeted for "slum clearance." I am now writing a book about the neighborhood I grew up in, which no longer exists. The houses were torn down to build the Alfred E. Smith Project. The neighborhood had buildings that people pay high rents for now. They were solid buildings replaced by high-rises. A number of the inhabitants, like us, were relocated to another nearby tenement on Madison Street when they built the first phase of the project. In the second phase, my mother, stepfather (hereafter "father"), and I were moved to a housing project uptown. My grandmother and grandfather were moved to a different housing project downtown.

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**Figure 2.** As a cadet lieutenant colonel at LaSalle Military Academy, 1953.

I got a lot of my values from my extended family and my schooling. At 4, I started kindergarten at a boarding school on Staten Island. When my mother divorced and remarried, I returned to the lower east side and entered third grade at Transfiguration School in Chinatown, a Catholic school run by the Salesian Sisters and, later, the Maryknoll nuns. Sister Mary Berchmans, who taught a combined fifth and sixth grade, skipped me by moving me over a row and then told my parents to get me out of the neighborhood if they could because the school couldn't meet my needs and she was afraid I was going to get into trouble.

My father was a marine engineer. He shipped out when he was 15. My mother interpreted Italian and Spanish in the courts nearby. Both of them worked hard to send me to LaSalle Military Academy in Oakdale, Long Island. It was like dying and going to heaven because the location had been the Bourne estate on the Great South Bay before being bought by the school in the late 1920s. It was quite different from the inner city. At 14, I was named the cadet lieutenant colonel, the battalion commander for the school's cadet corps of 325 students (*Figure 2*). This gave me a lot of confidence and leadership skills that have served me well. I applied to only 2 colleges—Manhattan and Holy Cross. Holy Cross would not give me a scholarship, but Manhattan gave me a half scholarship and I also received a New York State Regent's scholarship, so the 2 together paid my way. Manhattan College was a short subway ride from where I was living on Dyckman Street, and I got an excellent education there.

**WCR:** Peter, let me ask you more about your early life. You were an only child and you lived in that project for how long?

**PED:** I lived in Water Street for about 10 years, in the tenement on Madison Street for 2 or 3 years, and in the Dyckman housing project for 3 or 4 years. Then we rented an apartment in a private house. We went through the whole American dream.

When I finished medical school, my family bought a house. We were able to go from a cold-water flat to owning our own home in my lifetime!

**WCR:** Were your mother and father born in the USA?

**PED:** Yes, but their parents were not. My mother's parents were from Italy and my father's parents were from Spain, and they immigrated to the USA. My grandfather worked for the Long Island Railroad. My grandmother worked as a cleaning woman and did piecework; she never went beyond the fifth grade but was the brightest woman I have ever known.

**WCR:** That was your mother's mother?

**PED:** Yes. My grandmother on my dad's side was a very nice woman, but I didn't know her very well. I never knew my grandfather, a bartender, who died when my father was young. My father got the idea to send me to military school from his father, who had planned to send him to military school before his early death prevented that. I guess my father was a troublemaker as a youth, because military schools were often places where children were sent in those days to be "straightened out."

**WCR:** How far did your mother and father get in school?

**PED:** My mother ultimately graduated from college. She dropped out of Hunter College when she married at age 18 but then went back to school during World War II. I'm not sure if my father even graduated from high school. He was a merchant marine during World War II and sailed on a lot of transport ships in both the Pacific and Atlantic theaters. He rose to be a lieutenant commander in the merchant marines. He spent lots of time at sea until he was almost 60 years old. After the war he was a marine engineer on the Grace Line ships which sailed to South America. He'd be away about 5 weeks at a time and then home for 1 week. I knew him, but he was usually gone. I was raised by my grandmother and uncle because my mother was often at work or at school.

**WCR:** Your grandmother was your mother's mother and your uncle, your mother's brother? Did they live in your apartment?

**PED:** On Water Street they were in an apartment below us. On Madison Street they were in the apartment next door. We were split up when we moved into the projects. I had another uncle who at age 3 had meningitis, which he survived, but he was severely retarded from then on. My grandmother reluctantly placed him in a state school when he was 20 years old. He is now 82 and still in that state school. My grandmother visited him every other Saturday. She'd take the train to the state institution, which was about 120 miles north of New York City, even though she worked the 4:00 PM to midnight shift during the week as a cleaning woman. She had a lot of strength.

**WCR:** What was home like when you were still going to school in Manhattan? How far was school from your apartment?

**PED:** It was a different era. That era had a lot of richness even though many people thought we were deprived. My grandmother took me for walks in this area. She was big on history and patriotism. Every Columbus Day she'd dress in her Italian outfit for the parade and wave her American and Italian flags. I have a picture of me walking with her along Fifth Avenue (*Figure 3*). On our walks we'd see the plaque where the first White House had stood at 3 Cherry Street. We'd go to Nathan Hale's statue at City Hall Park and read his last words. There was a real waterfront there, not a false one like now. Fulton Fish Market



**Figure 3.** Peter Dans carrying the American flag in the Columbus Day Parade with his grandmother dressed in her Italian costume, New York City, 1947.

was there. There were leather shops, coffee-roasting plants. There were Jewish, Chinese, Italian, Spanish, Irish, and Greek people. When we moved to Madison Street we lived above a Greek café, where the old men used to gather. That was real diversity, and it's gone now courtesy of Robert Moses.

**WCR:** *Your mother worked during the day.*

**PED:** When I finished school, 2 things usually happened. Either the nuns took me to their convent to study or I went to work at the candy store and waited there until my mother came to pick me up. When I was home sick or on holiday, my grandmother took care of me until 3:30 PM when she would go to work.

**WCR:** *You were the only child in your family and in your grandmother's family. You received a good bit of attention despite the fact that there was relatively little money around.*

**PED:** You betcha.

**WCR:** *What did you do for outside activities as a boy? You mentioned walking with your grandmother.*

**PED:** My uncle used to take me to play softball on John Street (a wide expanse called Burling Slip) because the Fulton Fish Market and Wall Street areas were deserted on Sundays. He also took me to hockey games, baseball games, and to Coney Island. In the house, I used to play cowboys and Indians with my grandmother. She also took me to the aquarium which was in Battery Park until Robert Moses thought it should be demolished to build a bridge to Brooklyn, but Franklin D. Roosevelt blocked it. We would play store where we used money made out of paper (5¢ and 10¢) to buy the canned war rations. I'd also listen to *The Lone Ranger* on the radio and use my Captain Midnight badge to decode secret messages which usually said, "Drink Ovaltine."

**WCR:** *Were there any books in the house?*

**PED:** My grandmother had bought a set of Dickens. In those days salesmen used to go around to the old neighborhoods and sell books to the immigrant groups. My grandmother was very much for education even though she couldn't go to school herself. She regretted the fact that she had to drop out at fifth grade to go to work. I remember those books and still have a couple of them. When I was 9 my mother bought me a set of *Encyclopaedia Britannica Junior*.

**WCR:** *You read a good bit.*

**PED:** Yes, I read but I was not a great reader except for *Classics Illustrated* and other comics. Later on I got more into reading.

**WCR:** *Did your father talk much about his voyages?*

**PED:** No, he did not. Sometimes he'd awaken suddenly and be scared, probably the result of his World War II experience. A lot of people of his generation just went and did their job and didn't talk about it afterwards. He was very quiet in that regard. He didn't brag about things.

**WCR:** *You didn't see him too much. He just wasn't around?*

**PED:** Correct. He wasn't around.

When he did come home it was exciting. Once I met him in his uniform at Grand Central Station on his return from San Francisco. When he would come back from his trips, he'd stop by Baldy's Newsstand and get a bunch of comic books for me.

**WCR:** *Was he warm? Was he easy to talk to?*

**PED:** He wasn't easy to talk to but he was warm in his way.

**WCR:** *What about your mother?*

**PED:** My mother was a remarkable woman. In some respects, she made herself unhappy because she was a perfectionist and wanted to be more than she could be, but she was very good to me and pushed me to be better. Both my mother and father vicariously lived through me, I think.

**WCR:** *When was your mother born?*

**PED:** She was born in 1917 and died in 1991.

**WCR:** *And your father?*

**PED:** He was born in 1910 and died in 1991, 6 months after my mother's death. My grandmother had died in 1990. In 1991 I left Hopkins full time, and my uncle died in 1993. That was a group of years that I wouldn't want to live through again.

**WCR:** *What was it like when you went to LaSalle Military Academy? Here you were in the eighth grade and only 11 years old. This was an enormous expansion of your perspective.*

**PED:** Yes, it was. My family really scrimped to send me there. At that time (1948 to 1953) it cost, with room and board, \$1500 a year, which was a chunk of change for them. My father had a 1939 Lincoln Zephyr. He was very proud of that car. When he drove up to school, he'd point to some of the fancy new Cadillacs and say, "See that 'Z' plate. That's a rented car. Our car may be old but at least we own it." It was right after World War II so there were military people stationed at the school from the First Army. Military schools were still big at that time. They unfairly came in for a hit after the Vietnam War, and enrollment dwindled. Sadly, the school closed in 2000. The school was very good for me because it was structured and had a merit system. If you did your work you could earn merits and move up. The Brothers of the Christian Schools ran it. They were committed to teaching and they were good mentors. I found it to be mind expanding. I played intramural sports. On the many weekends I didn't go home, I'd go to the movies on Saturday afternoon at Patchogue Theater.

**WCR:** *Did you play sports in high school? You were younger than your classmates.*

**PED:** I played intramural sports but I never was good at any of them. I played baseball, basketball, and football. I played tackle and never handled the football, so football seemed to be “no-whereville” and I stopped playing after my second year.

**WCR:** *Were you in the band?*

**PED:** No. I was on the debate team.

**WCR:** *Manhattan College is located where in Manhattan?*

**PED:** It’s in Riverdale, a part of The Bronx. Originally it had been in Manhattan. I’m on their board of consultants for the school of arts and sciences. It’s a good school academically and it worked out well for me.

**WCR:** *You lived at home during that time. You went back and forth on the subway.*

**PED:** Yes.

**WCR:** *How big was Manhattan College when you went there?*

**PED:** About 1800 students total. It became coed in 1974 and now is equally split between men and women.

**WCR:** *What was your major in college?*

**PED:** Biology and chemistry. I toyed with studying law, but the summer before college I got a bad case of poison ivy. In those times people ate poison ivy to protect themselves! My father had done this and had gotten a bad case. They had crazy ideas about treating poison ivy then. One idea was to rub salt in the wounds. It was a very painful experience because I got infected. I think the poison ivy experience, in addition to seeing my uncle’s illness at the state school, probably influenced me to become a physician. My mother worked in the court so I got to see lawyers. I didn’t think I could defend somebody who was guilty. I’m not good at lying, not that lawyers have to lie, but they don’t always want to know the truth. From my parents’ viewpoint, my mother’s especially, I was to be either a lawyer or a doctor.

**WCR:** *There was neither a lawyer nor a doctor in your family? Were you the first generation to go to college?*

**PED:** No. My mother had completed college. I was the first one to go to graduate school.

**WCR:** *What did she take in college?*

**PED:** She majored in Spanish and Italian.

**WCR:** *You spent 4 years in college. How did you do academically?*

**PED:** I got straight A’s.

**WCR:** *Did your grades come easy for you or did you have to work very hard?*

**PED:** I worked hard. I mostly studied. I was kind of a nerd and didn’t have a lot of outside influences. Physical chemistry was my lowest A. I did take extra courses. I was supposed to take 18 credits and in my senior year I took 21. I added a Shakespeare course. That is how I got into writing. I had a great experience. Our first assignment was to write an essay on “Antony and Cleopatra,” and the teacher said to the English majors: “This guy is a science major and he writes better than you.” That was a high point in my writing career.

**WCR:** *Did you have any teachers in high school or at Manhattan College who really had an impact on you?*

**PED:** Yes. I kept in touch with Sister Mary Berchmans, whom I later met in Hong Kong in 1963 when I was on my way to Calcutta to take care of cholera patients. She was the one who

got me out of the neighborhood. We visited her with our children in the Mother House near Sing Sing Prison. She was a big influence. There were a number of Brothers at LaSalle whom I kept in touch with. Brother Walter O’Rourke stimulated my interest in history. Robert Beardsley at Manhattan College taught biochemistry. He had just completed his doctorate in biochemistry at Columbia. He taught us what they taught him at Columbia, which later turned out to be a boon when I went to Columbia and took the biochemistry course because I’d heard a lot of it before. Professor DiLascia taught logic. I just reread a letter from him. I wrote him a few years ago when he got an award. I wanted to thank him for teaching me logic. He sent me the nicest letter about how teachers don’t hear from students. That’s one of the things I really have tried to do. Brother Basilian at LaSalle had a lot of enthusiasm. He was my eighth-grade teacher. He was very important to me. He introduced me to the school. He was very sick recently and I gave him a call. It was wonderful talking with him after all these years. It’s easier to remember people only after they have died. It’s nicer to connect with them when they are alive. Teachers often hear the bad mouthing, the complaining, the grumping, but they infrequently hear the “thank yous.”

**WCR:** *What did you do in the summertime when you were in high school and college?*

**PED:** The family went to the Catskill Mountains for a couple of weeks each year. Ultimately, my grandmother bought a little cottage there for \$3200. We spent time there fixing it up. It was not too exciting. We’d go on some car trips. The longest one we took was when I was in medical school between my junior and senior years. My folks had bought a new car and we went to California to look at internships and to see the country. Before that it was mostly staying in the city, going to Coney Island, going to the Catskills, maybe taking some car trips into the Adirondacks.

**WCR:** *Almost until you graduated from medical school, New York was your universe. You didn’t get out of New York State.*

**PED:** Exactly.

**WCR:** *How did it come about that you went to Columbia? Did you apply to several medical schools?*

**PED:** I applied to 3 medical schools—New York University (NYU), Cornell, and Columbia. I was going to go to a school in New York City or I wasn’t going to go.

**WCR:** *Why was that?*

**PED:** That’s all I knew, and I couldn’t afford to go out of state. I had a very nice interview with a Dr. Lamb at Columbia. We connected in a great way. I told him that I had applied to NYU. He said, “If they accept you, you let me know.” I got an acceptance from NYU, I called him, and then I was accepted at Columbia. I got a rejection from Cornell. So it was an easy decision. I was a “day hop”; I didn’t board there.

**WCR:** *You lived at home.*

**PED:** The tuition was \$950 per year. I got \$350 from a Regent scholarship again and then I needed \$600. Columbia said they wouldn’t give me any money the first year but if I did well, they’d give me money after that. And they were true to their word. I got my tuition paid from the second year on, and I still lived at home.

**WCR:** *So your expenses were quite small. How long did it take you to get to Columbia every day from home?*

**PED:** About 60 minutes.

**WCR:** *You didn't have much time in medical school for anything but studies and classes.*

**PED:** I was a "grind." I didn't partake in a lot of the activities at Bard Hall student residence. When I go back for the reunions, I can't relate to all the camaraderie around Bard Hall with the people who lived there. It goes over my head because for me it was work and study.

**WCR:** *How many were in your class at Columbia?*

**PED:** One hundred and twenty, 71 of whom were from Princeton, Columbia, Harvard, and Yale. The 10% quota of women couldn't have gone to those schools. So, that left only 37 places for non-Ivy League male college graduates. It was an interesting group. My best friend remains my cadaver mate, John Robinson, now a cardiologist at Ohio State University, who was from Yale. I got to know his family. My other partners from Yale and Williams College were the ones I got to know right at the get-go because anatomy was the beginning course.

**WCR:** *Who had an impact on you in medical school?*

**PED:** The most important one was David Seegal, a marvelous teacher. He had an impact on a lot of people. He took me under his wing. I rotated through Goldwater Memorial Hospital, where he taught. He had a wonderful philosophy of medicine. There is a whole cadre of Seegal acolytes, so to speak, who tried to live up to his philosophy. His assistant was Dr. Arthur Wertheim. They taught what medicine was all about. Then there was Dana Atchley, who taught history taking. Ed Leifer, who took care of my folks, still teaches at Columbia. He is a marvelous man and still seeing patients at age 83. We had a number of these kinds of doctors there. Columbia now is a different place than it was then. Then, you felt like you were part of the Ivy League. It had that "Yale look" that Harkness (benefactor at Yale) gave it. There was the Harkness Pavilion where all the famous folks were hospitalized. Cole Porter was there, but you couldn't see him. When I was a resident, we were not allowed to go into his room. The poor and middle class were on the wards and the affluent on the private service, but there was not as sharp a contrast as at Hopkins in 1961.

**WCR:** *During medical school, was there any area of medicine that really turned you on? When you rotated through pediatrics and medicine and surgery, did you find it easy to decide to go into internal medicine?*

**PED:** No. Originally, I was going to become a psychiatrist. I decided to go into internal medicine as a result of the influences I talked about. I guess psychiatry scared me because you learn too much about yourself. I always thought that internists were "closet psychiatrists" anyway because most of the people they see don't have objective problems. They have problems, but the problems are not diseases that can be labeled.

**WCR:** *Did some of your classmates become very prominent?*

**PED:** A lot of my classmates were psychiatrists who became chairs of psychiatry. I don't have a classmate's name that I can throw out and everybody would know.

**WCR:** *Of 120 in the class, do you have any idea where you stood? You made AOA as a junior.*

**PED:** I had to be among the top 5 students.

**WCR:** *When it came time for internship, how did you decide on The Johns Hopkins Hospital?*

**PED:** It was strange. Actually, I wanted to go to Presbyterian (Columbia) Hospital and ranked it first, but I was rejected. The reason I went to Hopkins was because an anatomy partner was going down to Georgetown to visit his brother in the State Department and I'd never been there. He said he was going to interview in Baltimore and I said, "Fine. I'll go along with you and interview there too." Then we went to Washington, DC. I met Al Owens, Leigh Cluff, and C. Lockard Conley, a Columbia graduate, at Hopkins. They couldn't have been nicer, and I couldn't have had better luck in interviews. Hopkins was my second choice, but getting an internship there was the best thing that happened to me. I wasn't smart enough to make it my first choice. It opened another world to me.

**WCR:** *Amazing! How could Presbyterian Hospital reject you after being possibly the top student in your class?*

**PED:** I found out later on. I was giving a talk at the Veteran's Hospital in Washington, DC. The chief of medicine had been the resident for my first rotation on medicine in medical school. I was bright but pretty clumsy. I didn't know what I was doing. He gave me a bad recommendation at the time. After the talk (he had not known I was speaking), he came up and told me that he had said, "I think I know this guy," meaning me. "If he says something cynical in the first 30 seconds, I'll know it's him."

**WCR:** *You went to The Johns Hopkins Hospital to intern in 1961. This was your first training experience outside of New York.*

**PED:** Yes. It also was my first time away from home since high school.

**WCR:** *How did Hopkins strike you?*

**PED:** I guess I was depressed originally. I wrote to Dr. Seegal and received some great letters from him telling me to buck up. I got homesick, and it was tough. I was living in Reed Hall, the residence across from the hospital. I was trooping back and forth past the statue of Christ. Sometimes I wanted to throw myself down in front of him. The wards were open wards. They were very hot. It was not a pleasant place. Neither was Baltimore at that time. I overcame my homesickness and it worked out great.

We got very good clinical training, as you know. We were very fortunate to have a lot of senior residents who would now be fellows or junior attendings. They had been out of residency for a number of years and came back with expertise in cardiology, infectious diseases, etc. The reason I got invited back was because of the great people I trained under, Drs. Ross, McKusick, Harvey, and all sorts of great folk. We had excellent clinical attendings who were on the part-time faculty, like Warde Allen and Katie Borkovich (my first attending).

My first rotation as an intern was on the "minimal care and diagnostic" ward. At that time it was a ward where patients were hospitalized for weeks, something never done today. None of the patients was very sick. There was a licensed practical nurse, a couple of interns, and a resident taking care of the patients on this floor. The reason they put me on this ward was because I was from Columbia. They didn't trust my clinical skills. They had had one other graduate from Columbia who they felt wasn't that great clinically and couldn't match the Hopkins students, so they did me a favor by putting me on this easy ward to break into the place. Katie Borkovich worked at the Caroline Street Clinic. When we'd admit somebody with a chest problem she'd say, "I work at the clinic. I will check and see if he has any x-rays." She'd

bring previous x-rays over so we could see if there was anything abnormal earlier. She was gruff but dedicated, a heart-of-gold kind of person who really cared about patients and trainees. I found that to be the case with nearly everyone I had contact with at Hopkins.

**WCR:** *Hopkins was a very broadening experience for you. You were at Hopkins for 2 years.*

**PED:** The last few months I went to India. Sam Wells and I were the first 2 residents sent to India under a program called the International Cooperation for Medical Research and Training. “Mac” Harvey was chairman of medicine at the time. When he went through differential diagnoses, it was just incredible. Dr. Harvey and Fred Bang, who was in the School of Public Health, entered into an agreement with the Indian government to send some residents and fellows to work with Indian doctors to improve the treatment of cholera.

**WCR:** *You were in Calcutta how long?*

**PED:** Three months. We lived in a youth hostel (the Rama Krishna Mission) in Calcutta and were taken out each morning by car to a God-forsaken hospital in a slum area on the outskirts of Calcutta (Figure 4). It was a series of sheds housing people with tuberculosis, tetanus, smallpox, and cholera. We set up a little experimental ward next door to the main ward and took the 2 sickest patients every day and used modern techniques of fluid replacement, electrolyte replacement, antibiotics, and so forth. We had a zero mortality rate, while the mortality rate in the main ward was about 25%. It was difficult seeing that we were saving a small group and that many in the large ward were not being saved. My chief told me that we were not there to take over the care of the hospital but to try to show them in a cooperative way how to do it better.

It was my first experience out of the country. It was a great experience in many regards. In those days you got “around-the-world” airline tickets. I made many stops on my way there and back. I flew there via San Francisco, Hawaii, and Hong Kong. It was my first experience with understanding how politics can manipulate health policy. We had been assigned in October 1962 to arrive in India by April 1, 1963, when the cholera season would start. We would leave when the epidemic ended, which usually coincided with the monsoon rains starting in mid-June. When we got to Calcutta, the *Calcutta Statesman* newspaper headline said, “Epidemic catches authorities by surprise.” That was ludicrous because we knew almost 6 months before we went when the cholera epidemic would begin.

**WCR:** *Could you describe the hospital a bit more? How many patients were in this cholera hospital? How were the Indians treating those patients compared with the 2 patients you were treating every day?*

**PED:** The hospital was primitive. The intravenous equipment included needles which sat in some red juice (merthiolate) in a kidney basin at the end of the ward and rubber tubing hooked up to open flasks. Each patient was given only 1 liter of fluid made on the unit. Talk about pyrogenic, patients often spiked to 105° or 106°. It showed me how tough the human constitution could be. The patients lay on “cholera beds,” which had holes in the middle, so that their feces fell into pails that could be emptied. There was no use of bicarbonate and no attempt to keep up with the fluid loss. An Indian physician was there in the mornings for rounds. Both he and the nurses left in the afternoon. The pa-



**Figure 4.** Age 25 years at Infectious Disease Hospital in Calcutta, 1963.

tients were then left with the sweepers and litter bearers who admitted the patients. By contrast, we had good equipment and sterile intravenous fluids. We did blood gases. We had 100% survival! The contrast was tremendous.

A number of things struck me. As good as our work was, if the patients had had good water to drink—water not contaminated by sewage—they would not have been sick in the first place. It was better than any public health course. It showed me where the USA probably was in the 1800s—we had tetanus, smallpox, and cholera, but we had instituted preventive measures to counter these, whereas the Indians and their English overseers had not. Some of it had to do with insufficient resources, but some of it had to do with an outlook on life and politics. If you are constantly surprised by the epidemic, then you are really never going to confront it!

The trip clearly expanded my horizons. We were in Calcutta in 1963 right after Sputnik. The Russians had an airplane shell atop their consulate trumpeting their technologic breakthrough with Sputnik. When returning to the States, I visited Cairo, Istanbul, Vienna, Moscow, and Paris. I got into Russia on my own. It was an interesting time because I was a clueless American and that probably is what saved me. The contrast between Vienna, Moscow, Paris, Calcutta, and New York was incomparable. I came back with a world view but also a greater appreciation of how lucky I was to be an American.

**WCR:** *You got back to Hopkins about July 1.*

**PED:** Actually, I went directly to Presbyterian Hospital in New York. I took a month off to travel with my folks in Europe and started residency at the end of July. I became jaundiced and lost weight after returning from Calcutta, probably from hepatitis. We never drank the water unless it was boiled—only Cokes and tea. We ate little cucumber sandwiches at the hospital.

**WCR:** *Why did you decide to go back to Columbia and Presbyterian Hospital for your senior residency in medicine rather than stay at Hopkins?*

**PED:** It was my third year. Hopkins had asked me to stay. In those days there was a pyramid, and when you were an intern you weren't sure if you were going to make it to the residency. A couple of people did not make it, and it really left a mark on them. I went back to fill a first-year residency at Columbia because their program that year had a lot of rotations through specialties and I



Figure 5. In the NIH Laboratory of Viral Diseases, 1966.

wasn't sure what I wanted to do at that point. Hopkins did not have a lot of divisions or a lot of rotations through specialties at the time.

**WCR:** *Were you glad to be back in New York and at Presbyterian?*

**PED:** Yes. I enjoyed Presbyterian Hospital. What really was good was that it affirmed the excellence of the clinical training I had received at Hopkins. When I came back to Presbyterian I was looked on as one of the premier clinicians in that residency group. It was all due to Hopkins. I was trying to decide between nephrology and infectious diseases. Harry Rose, who was head of microbiology, convinced me, especially after my Calcutta experience, to go into infectious diseases. I was able to move from the Berry Plan into the Public Health Service. I got an NIH appointment with Bob Chanock at the Laboratory of Viral Diseases (Figure 5). My interview was on November 22, 1963, the day that Kennedy was assassinated.

**WCR:** *You spent 3 years at NIH?*

**PED:** Yes. To switch from the Berry Plan to the Public Health Service I had to commit to 3 years rather than to 2 years.

**WCR:** *This was the first time that you had really lived in a community with houses.*

**PED:** I lived in an apartment in Bethesda, Maryland. It was the first time I lived in an apartment on my own. Before that I had lived at home or in Reed Hall at Hopkins.

**WCR:** *How did you like NIH and your experience there?*

**PED:** It was wonderful. The experience was marvelous. I got to see a lot of people who were involved in the Armed Forces Epidemiology Board, including Gordon Meiklejohn and a number of other people who were big names in infectious diseases. I also met my wife there. She was working at the National Institute of Allergy and Infectious Diseases in another building. I met

her at church in 1965. We were both assigned by the priest to help him with the youth group. It was the start of a wonderful relationship. We were married in 1966.

**WCR:** *You were still in Bethesda at that time?*

**PED:** Yes. I owe NIH a lot. I met Chuck Smith in the laboratory, and he was going back to be a clinical fellow in infectious diseases at the Thorndike Laboratory with Max Finland. Again, it was one of those, "Well, why don't you try to go there?" things. I had never thought about it. I went and saw "Uncle Max," who was a marvelous guy. He helped me get a \$10,000 grant for the fellowship. He offered my wife a job, but by that time we had a child and she wanted to stay at home and care for her. He was a good person and a good mentor. In the second year I got a raise to \$10,500 because we had had twins. But there was no medical insurance with the grant. I had to buy that on my own. I bought it from Traveler's Insurance but, because I didn't read the fine print, I didn't realize that children weren't covered during the first 3 months of life until our twins had to go into the neonatal intensive care unit because they were very jaundiced. I had to pay the Boston Lying-in Hospital about \$1000. So it was welcome to Harvard and welcome to the wonderful world of medical care insurance for people who can't afford it. That was an interesting experience.

**WCR:** *Is your wife a physician?*

**PED:** No, Colette was a chemist. She graduated from Trinity College in Washington, DC. She says she's had 4 careers: chemist at NIH, mother, substitute teacher, and now permanent French teacher. She went back to college and got a second degree in French. Her first language is French. She teaches in a French immersion program in the public schools in Baltimore County. She was the first one in her family to go to college.

**WCR:** *Where was she from originally?*

**PED:** Woonsocket, Rhode Island. Her parents are from France but came through French Canada. Woonsocket is a mill town with a lot of French Canadians.

**WCR:** *Did you enjoy Boston? You were married but you didn't have much money.*

**PED:** I'm not sure we did. We lived in Quincy. I used to go back and forth to the Boston City Hospital. We had 1 child and 2 on the way during the second year. We didn't get into Boston much. Before we left for Denver, I took Colette on a Gray Line Tour of Boston just so she could say she'd seen Boston. She didn't enjoy Boston, but we had some good friends that we've kept in touch with, including Ed Barry, the fire chief in Quincy. Mr. Barry had 2 young girls who took care of our twins. He and a classmate, John Powell, saved Colette's life when her pulse dropped into the low 30s after vigorous nursing by the twins and she started to get numbness in her face and side.

**WCR:** *How did it work out that you went to Denver?*

**PED:** Originally I wanted to go to a medical school that also had a program involving developing countries. Hopkins, Tulane, and San Antonio had such programs, but the Vietnam War had soured international ventures and, besides, we had 3 children. I decided to go to Denver, and it turned out to be a good choice. It was a lovely place to live. We moved there in September 1969. During the first 2 weeks, there were 2 blizzards. I barely made it into the hospital both times. The second time I went to the dean and said, "I'm out of here. This is not what I came here for. I'm

a New York City guy.” He said, “Just calm yourself, Peter. When the sun comes out, it’s going to melt.”

Those 2 blizzards changed my life because they stranded a group of migrants north of Denver in a primitive migrant camp. This led some Chicano students to petition the governor asking what the state was doing for these migrants. That filtered down to the university medical center and ultimately got to Dr. Richard Chase, a pediatrician in preventive medicine, and myself. I helped him start a volunteer health clinic on weekends. Later, I decided to go beyond that because I felt that volunteers could volunteer in and volunteer out, and that they could be of minimal quality and untrained. I worked with the local migrant labor office in Colorado. James Mongan (now the head of the Massachusetts General Hospital) was a Public Health Service officer assigned to the migrant health office in Denver. He worked with us and a community activist group called Foundation for Urban and Neighborhood Development. We got some money to develop a migrant health center in Fort Lupton, Colorado. It’s now thriving. It’s a big community health center with 9 satellites and 2 more in the works. That’s the thing I’m most proud of—helping to get that going (Figure 6).

In the process, I moved from the infectious diseases division to general medicine. I started an adult walk-in clinic. Drs. Loretta Ford and Henry Silver had pioneered a pediatric nurse practitioner program. My colleagues and I started an adult health nurse practitioner program. We used nurse practitioners in the walk-in clinic. I also started a sexually transmitted disease (STD) clinic and ran the student employee health services. So, from 8:00 AM until 10:00 PM we had the health services, a walk-in clinic, or an STD clinic in the same area and often all 3 at the same time. It was an economy of scale in delivering episodic care. That experience was why I got into health policy and health services research and became a “doctor of systems” (my wife hates that term). It was because I saw that most problems occurred when the system didn’t work. People would come into the walk-in clinic from all over Colorado because the state had promised they’d deliver all sorts of care to them. Our job was to try to figure out what their problems were and who in the center could and would help them. That was a great experience. I left there to go to Washington, DC, for a sabbatical year. I was an associate professor with tenure by that time.

**WCR:** *What year did you go to Washington, DC?*

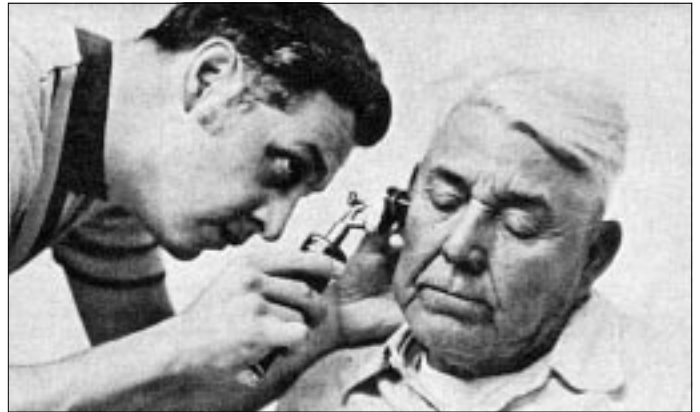
**PED:** In 1976.

**WCR:** *What was that like?*

**PED:** It was great. I got to see how health policy is made. I spent some time in the US Senate. I came to realize that most times there ought not to be a law, because by the time the laws are passed and the regulations are put in place, the people for whom the laws were made can skirt them and the rest of us have to live with the consequences. It also opened my eyes to the cost of health care and issues surrounding it.

**WCR:** *What did you actually do in Washington, DC? Whom did you work with? Where did you hang out? Did you have an office?*

**PED:** I had a desk in the Watergate Building where the break-in was—on that floor. That is where the Institute of Medicine had its offices. The first couple of months the institute introduced me to many people involved in health policy from different agencies and lobbying groups. Then I was able to de-



**Figure 6.** Examining a migrant patient with hearing loss, 1970.

velop assignments with various senators and representatives. I worked in the office of Senator Gaylord Nelson from Wisconsin. The reason I chose to do that was that he was on both the Subcommittee on Health Care and the Committee on Finance. I got to see both sides of the coin—authorization and appropriation. I got to work with the staffs of Senators Kennedy and Javits, who were the key players on the health subcommittee.

**WCR:** *What did you learn from that? How long did you stay? When your tour was over how were things different?*

**PED:** I learned much about how the costs of medical care were going out of control and how little we were doing in medicine to take care of that and saw that nonmedical people were going to make rules for docs. The problem was best captured in the Winter 1977 issue of *Daedalus* entitled “Doing Better and Feeling Worse.” It explained why the public in the USA was doing better healthwise but feeling worse about the health care system. I stayed on at the Institute of Medicine for another year and worked with Paul Beeson, a wonderful human being. That was one of the greatest experiences of my life. He was chairman of a committee looking at how we taught about aging at different levels of medical education. In addition, I got to meet different types of health services researchers.

In 1978, Dick Ross and Bob Heyssel recruited me back to Hopkins to start an Office of Medical Practice Evaluation to look at how we could improve care and decrease costs. I ran that office for 13 years at Hopkins (Figure 7). Actually, they gave me my salary, a secretary’s salary, and a hunting license to go out and get money for this “great idea”; if I managed to do it in 2 years, I could still hang around. The Kellogg Foundation came through with almost \$800,000 just under the wire. We did a number of projects to improve cost-effectiveness and efficiency of care in different departments. I also directed a required medical ethics course called “Ethics and Medical Care” for 8 years.

**WCR:** *How did you get into medical ethics?*

**PED:** I came in from the medical care side and when the course director left in 1983, I took over. I’m proud to say that the course went from being one of the most disliked courses in the medical school to being one of the favorites. We revamped it and dealt with important issues—not just cost of care but issues of death and dying. We also challenged students about how they made moral decisions so that they could know where they ended and the patient began. We had a panel of addicted caregivers and their significant others present their stories, be-



**Figure 7.** With Osler bow tie at farewell party from The Johns Hopkins Hospital, 1991.

cause it's estimated that about 10% of doctors are addicted to alcohol or drugs and that the rest of us are enablers. Where students identified problems in themselves or others, confidential assistance was made available. We also showed videos like *Whose Life Is It Anyway?*, *Dax's Case*, and *Frontline's* excellent "Abortion Clinic" and followed them with small-group discussions. Dean Ross let me administer anonymous questionnaires to all incoming freshmen to determine their attitudes and past behaviors such as cheating and lying, and we used summaries of the responses during appropriate sessions.

**WCR:** *How many lectures did you give a year? How much ethics did they get?*

**PED:** The ethics course ran from November to March, 2 afternoon sessions of 3 hours every week. When I left in 1991, they kept the same format for a year and then got a large grant to expand it over 4 years to what is now called "Physician and Society."

**WCR:** *What were Paul Beeson's attributes that made him such an admirable figure?*

**PED:** First of all, he is humble, though he has little to be humble about because he is a great man. He is very warm. He thinks and writes clearly. It may be an old-fashioned word, but he's a real gentleman with an emphasis on the "gentle." Marie Kerr, a fellow staffer, and I wrote a summary of the aging and medical education report as a manuscript. It was published in *The New England Journal of Medicine*, and I tried to put his name on as an author. He refused, saying "no, just you and your assistant." So, Marie Kerr and I were the authors of an article that was essentially a synopsis of the report from a committee he chaired. His idea was to put trainees and others forward. He is a remarkable man. I still keep in touch with him.

**WCR:** *Peter, how did you get interested in the movies?*

**PED:** I had a long interest in movies since my days on the lower east side, when going to the movies was my ticket out of the neighborhood. I ran a movie series at the University of Colo-



**Figure 8.** With *Miss Susie Slagle's* poster, 1986.

rado Medical Center. It was in the 1970s before videos became available. I rented 16-mm films to show children of staff as well as children who were patients. I also ran an adult series for which I would bring in movies that didn't come to Denver or passed through quickly. Faculty members from Boulder would lead discussions after the films. When I went back to Hopkins, I was the faculty counselor for the AOA Honor Medical Society and we invited Ralph Crawshaw, *The Pharos's* original "Physician at the Movies," as a visiting professor to join me in exploring the arc of medicine's portrayal in film. We started with *Miss Susie Slagle's*, a 1940s movie with Sonny Tufts and Veronica Lake. It's about men coming to Hopkins medical school and living at Miss Susie's boarding house, in loco parentis (Figure 8). On the other end of the spectrum was *The House of God*, which was being filmed at the time but was never released. It was an irreverent film about medicine, so we discussed the change from lionizing medicine to disparaging it. We also showed *Hospital* with George C. Scott, a 1971 film that retains its power. When Ralph decided after 11 years that he was tired of reviewing, he suggested to the editors that I take it on. I've written "The Physician at the Movies" column for *The Pharos* since 1990.

**WCR:** *You review 2 or 3 movies every 3 months in The Pharos?*

**PED:** Correct.

**WCR:** *Do you see most of the movies on video?*

**PED:** Sometimes I see them on video, but most of the time I see them in the movie house. By the time the review comes out, they are gone from the theaters. My son says the column should be called "The Physician at the Video Store."

**WCR:** *How many movies have you seen?*

**PED:** Probably over 1000. It's hard to say.

**WCR:** *How many videos do you have at home?*

**PED:** Over 100.

**WCR:** *Does your wife like them as much as you do?*

**PED:** She's gotten used to them. She used to say, "Oh goodie goodie, a black and white." I'd say, "You've got to sit through it because they don't make them like this anymore." She'd say, "Thank God." I think she has gotten more into them over the years.

**WCR:** *You have 4 children. Can you talk about your family?*

**PED:** My wife is wonderful. She teaches French and math in French 5 half-days a week to fifth graders in a public school. My oldest daughter was an East Asian studies major at Princeton and went to Japan, became fluent in Japanese, and spent a couple of years teaching English at a hospital at Kumamoto. She was back one time when Colette was getting over the flu. She said, "I need a doctor. Your father is getting old, and I need a real doctor." My daughter said that she was thinking of going to medical school. She called Goucher College on the spot because she had placed out of her science requirements at Princeton. She took a postbaccalaureate program and got a full scholarship to Washington University School of Medicine and now is a resident at Stanford in medicine.

I have twin sons who were lifeguards at Bethany Beach and shared the same room through high school. We had 4 bedrooms, and the girls got their own rooms, so one of the things they will be able to tell their psychiatrists, if they ever see one, is that they never had a private room until they got to college. They can also complain that none of the children got their own car. One son went to Massachusetts Institute of Technology and one went to Brown. The Brown attendee went into Russian studies and spent time in Russia during glasnost. After working for Merrill Lynch and Allen and Company, he joined a US-Russian investment firm and spent a couple of years in Russia. He's an investment analyst now in New York. He's married to a wonderful woman from Houston, Texas, and has a son. The other son, a lawyer in New York, went to the University of Virginia Law School after studying economics and urban studies at MIT. He is single. He's the francophile of the group. He spent a year in Paris attending law school (at least that's what he told us).

Our other daughter went to Princeton and majored in the classics. She spent a summer in Rome studying Latin. She then went to law school at the University of Virginia and is now a lawyer working in the office of the chairman of the Securities and Exchange Commission. She's married to a very fine man who is also a lawyer at a firm that specializes in technology law in Washington, DC. He's from Tennessee so they are big "Volunteer" fans.

**WCR:** *Peter, you've done a lot of different things in your life. Of your accomplishments which ones are you most proud?*

**PED:** My family first of all (Figure 9). My wife used to say (as much as I liked Hopkins and still do), "When you die, the people from Hopkins may come to the funeral. If they come to the gravesite, they are going to be gone while the rest of us are still looking at it." That, and some other words of wisdom about having 4 children and their not knowing me, helped me reorient myself to spend more time with my family. It also made me think what I would want on my tombstone. One of the things I'm glad is not going to be on there, I think (maybe the children will disagree), is "at least he didn't screw up his family." The sec-



**Figure 9.** With family in 2000. Front row: Scott (Suzanne's husband), Suzanne (daughter), Colette (wife), Laura (Tom's wife), and Henry Emanuel (their son). On floor: Maria (daughter). Back row: Paul (son), PED, Tom (son).

ond thing I'm proudest of is the migrant health clinic/community health center and the work starting the STD clinic in Colorado. And the friends that I've made in places along the way. The work in Calcutta. Starting the Office of Medical Practice Evaluation at Hopkins, even though it was before its time and before outcome measurement became the rage. I tried my best. It didn't survive. I've learned that some things are going to outlive you, others aren't. The important thing is to be able to do something that you can pass on to somebody else to take to the next plateau. Finally, the ethics course and a children's book about Baltimore that will appear in 2002.

**WCR:** *Are you going to write an ethics book?*

**PED:** I tried it one time but I'm not "an ethicist" so it has sort of languished. It's probably one of those things that won't get resurrected. The other thing I'm proud of is a piece I wrote under a pseudonym. It's called "Dirtball." It was in the *Journal of the American Medical Association (JAMA)* and was about the use of pejorative terms for patients. Apparently, it's had a tremendous impact. I used a pseudonym because I didn't want to bring any disfavor on Hopkins. They didn't send me the letters to the editor. A number of months later, however, JAMA published "Readers Respond to 'Dirtball'" because of an outpouring of letters. Ironically one of the letters was from an ex-Hopkins intern who said he "heard this non-word everywhere in the 70s" there. [This issue of *Proceedings* includes Dr. Dans' revisitation of "Dirtball."]

**WCR:** *What was the pseudonym you used?*

**PED:** Cato 6.

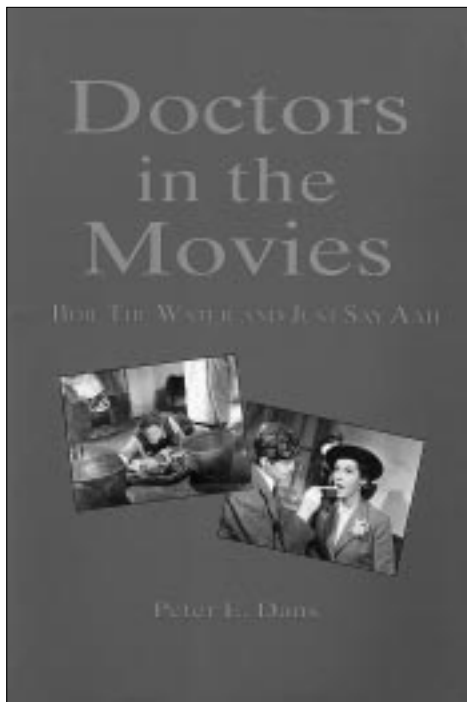


Figure 10. Dr. Peter Dans' recent book.

**WCR:** How has your book *Doctors at the Movies* done (Figure 10)?

**PED:** It's probably not done as well as it could have. The manuscript was rejected by about 20 publishers before I found a small "mom and pop" publisher (now a "mom" because the husband died). She's remarkable except she's trying to do 16 different things. The company doesn't have any publicity or marketing capability, but the book is beginning to catch on. I like to think that it's the best book nobody knows about. It got into the hands of Colin Powell, who sent me a very nice handwritten note of congratulations, which is now framed and hanging in my office. And Michael Medved, the movie reviewer. I got a nice note from Ken Ludmerer, who has written on medical education. If you look at the Amazon.com Web site, you can see a description and some reviews.

**WCR:** I think it's wonderful. You're a terrific writer.

**PED:** I appreciate that.

**WCR:** What are your evenings like? When you get home, what do you do?

**PED:** Write, watch videos. I have a nice dinner and chat with my wife. I play a little at the computer and, when my wife finishes preparing for school, we may watch a video or get together with family.

**WCR:** Your family is sort of scattered now.

**PED:** Yes, it is.

**WCR:** Is there anything you'd like to talk about that we haven't?

**PED:** No, but if I think of something I'll add it.

**WCR:** Peter, thank you.

**PED:** Thank you, Bill, for your courtesy and generosity in interviewing me. I hope your readers find it interesting.

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