**DEPARTMENT OF ANESTHESIOLOGY: Julien F. Biebuyck, Chairman (1977-1997)**

**JENKINS**: Today is Monday, February 8, 2010, and my guest is Dr. Julien Biebuyck who served as chairman of the Department of Anesthesiology from 1977 to 1997. For the record, I want to emphasize Dr. Biebuyck that you should feel free to make any comments that you wish. Our discussion will be known only to you, me and the transcriptionist until the transcribed copy is approved and released to you in whole or in part. And, at that time, you can decide if you want to release it or not.

Could we start with your early childhood including your parents and other family members who may have helped to mold your character? Particularly, interested in learning about people and events and that influenced you to become a physician and pursue the activities, the successful activities you have until today.

**BIEBUYCK**: First of all David, thank you very much for doing all of this hard work and reviewing the materials that I gave you over the weekend, and it is a pleasure to be part of this project. Perhaps the very first thing I should mention as far as my background is concerned, and I have mentioned some of this to you before, is that my father was an educationist, and a very intellectual person who spoke several languages. He was a teacher and then a headmaster and then director of education for one of the provinces in South Africa, and he believed very much in his children being educated to the greatest extent that they wished, and also for them to pursue their careers to the highest level of success. He was very ambitious for himself and for his children, wherever that may take them in the world geographically. I have one sibling, a brother, who is 11 years younger, and who is now a consultant with Irving Oil, a very large Canadian oil company headquartered in New Brunswick in Canada.

In any case, I went to school where my parents lived at the time, and I went to the Durban Preparatory School for Boys for the first part of my education which was just after the Second World War. Durban, is a port city which was very, very important during the second world war for ships that could not use the Suez Canal, and would round the Cape to take oil to Britain and the United States. That is where I received my earlier education, and then my father moved and my family moved to Pietermaritzburg which was the capital of Natal, and I then attended Maritzburg College (High School) until I completed my matriculation examinations (US twelfth grade). After high school I went to the University of Cape Town to medical school.

**JENKINS**: How many years was your education?

**BIEBUYCK**: Well, the University of Cape Town as in all of the other British Commonwealth countries, with the exception of Canada, has a British system of medical education which is six years of medical school, not four as in the United States. But, on the other hand, they do not have a system as in the United States, where you attend College for a Bachelor's Degree before entering medical school. As it happened, I actually did two years of preliminary science courses, because I was only 16 years old when I went to the University of Capetown, which, in the United States, would mean one was just about to start the junior year of high school. But, I was younger than all my classmates at school. So, I was only 16 when I went to the University of Cape Town, and as in all medical school in the Commonwealth, you spend your first years studying zoology, botany, chemistry and physics, and only then do you start the formal medical school which encompasses anatomy and physiology in the second year, pathology and pharmacology in the third year, and then in the fourth, fifth and sixth years are clinical years, and that is the British system, the same system under which Graham Jeffries was educated in New Zealand.

**JENKINS**: When you finished, you were certified, or you were then ready to do what we would call an internship?

**BIEBUYCK**: Absolutely. And, in fact, yes, and the internship is compulsory. I do not know when it became compulsory in the United States, but you could not be licensed to practice medicine unless you had completed an internship and then there were certain other rules if you wished to specialize in internal medicine, surgery, obstetrics and gynecology etc. So, in my case, despite being awarded the named prize for Pediatrics in my final year at Medical School, I decided I was going to become a general practitioner focusing on certain areas that I was interested in and at that time, as you would recall, there were no formal residencies in family medicine. Not in this country, not in Britain, not in South Africa, not in Australia. There was no such thing as a formal residency. So, the way to become an excellent general practitioner was to spend longer than one year in specific residency programs, which I did. I then did six months of surgery, six months of internal medicine, six months pediatrics, six months of orthopedics and anesthesiology as a basis for general practice, as there was no general practitioner residency at that time. At that time, I fully intended to stay in my home town. I had returned from the University of Cape Town to my home town where I had gone to school originally and started practice there as a general practitioner.

**JENKINS**: Then, you changed your career focus to anesthesia? What caused that to happen?

**BIEBUYCK**: I think what contributed to that decision was that I had already done six months of anesthesiology which I really loved and enjoyed doing, and I also liked above all, the wonderful people who were in the discipline of anesthesiology in South Africa. They were mainly British-trained anesthesiologists, British expatiates who had come to practice in South Africa. Britain, at the stage that these physicians trained was actually ahead of the United States, in starting formal training and scientific education in anesthesiology, which included a primary examination which consisted mainly of basic science: physiology, pharmacology, biochemistry, and applied anatomy, which has never been part of board certification in this country. Anyway, I enjoyed that so much that I decided to specialize and also I realized that I did not want to spend the rest of my life as a GP referring people to other experts. I wanted to become the expert, and I was working very closely with a surgeon, Malcom Mackenzie who had trained in cardiac surgery at Mayo Clinic and at the same time as Chris Barnard, and he encouraged me to go and do anesthesia training in Cape Town and come back and become “his anesthesiologist” in my home town --which never happened.

**JENKINS**: How long were you in General Practice?

**BIEBUYCK**: I was in General Practice for a couple of years. Then, I sold my house, my cars, took my wife and two small children, Richard was only 9 months old, Gavin was 3, and went and started all over again in Cape Town, living on a very, very low small resident salary and working very hard. I will never forget I spent many, many, many nights after getting back late from work as a resident with Richard who was crying 10 months old on my lap while I was studying for my primary examination which I said was anatomy, physiology, all over again but a much higher standard than when you are in medical school, and biochemistry and that was a very, very busy time. But, I was determined to do this, so it did not seem so bad for me. Probably, was much worse for Jeanette.

**JENKINS**: You went to Cape Town for your residency.

**BIEBUYCK**: Yes. The Groote Schuur Hospital and the University of Cape Town.

**JENKINS**: Were there other choices that you might have made?

**BIEBUYCK**: Yes, there was an anesthesiology residency just a little way away in Durban at the University of Natal, and then the biggest university, perhaps, but not the best, is in Johannesburg, the University of Witwatersrand called Wits, and but I chose to go to Cape Town because I had always wanted to go there, and I knew how good it was, and after I all I had done my medical training there. So, my decision to go to medical school was a similar one, rather.

**JENKINS**: And, was there a lot of competition for those positions at that time?

**BIEBUYCK**: Yes. Yes, there was a great deal of competition. In fact, the only way I got accepted for residency then, because the residents, as you know, David, very well from, as it happens here, the residents usually get taken right from people who are right on the spot so to speak and already in the training system. So, I had to have a number of people whom I had worked with tell the professor who was Professor Arthur Bull at the University of Cape Town that I had a lot of potential, because, obviously, it was a risk taking me as a resident, someone who had done general practice rather than somebody who had come straight out of an internship and chosen a residency. On the other hand, I was a much better physician because of my experience. And continued to be for that matter.

**JENKINS**: I will let you speak from here. Your career in anesthesia really took off in Cape Town, and I will let you just tell us about it.

**Biebuyck**: Well, David, you know, I have given you a lot of material which included my biographical sketch and so on. I do not want to…

**JENKINS**: Well, that's okay.

**BIEBUYCK**: Rehash all of that again?

**JENKINS**: Just the highlights of your training and your subsequent professional experience before you came here. It does not have to be too detailed.

**BIEBUYCK**: Sure. Okay. Well, anyway, I think it is important though because while I was a resident in anesthesiology in Cape Town, I became interested in research, and this happened because we had had several patients who had had jaundice postoperatively, and it turned out that these patients had all received halothane (trade name Fluothane made by ICI), a relatively new inhalation anesthetic about which we were all very excited. It was the best non-explosive anesthetic to be discovered after ether. Chloroform was not explosive, but is very dangerous, in its cardiovascular side effects. Ether was explosive, and a good anesthetic. Halothane was synthesized by ICI in England after examining a series of essentially “refrigerant fluids” with anesthetic properties. After halothane was in general use we started seeing reports of patients with postoperative jaundice. So the Chair of Anesthesiology in Cape Town said to me, I was a second-year resident, “we have some of the best hepatologists in the world here. Stuart Saunders had just come back from a three-year fellowship at the Mass General Hospital with Isselbacher who was a very well-known hepatologist, and he said why we can study this as well as anybody else can.” So, I began having an interest in liver disease. There was a liver research group in Cape Town which was preparing for liver transplantation, and the surgeon had just returned from training in Bristol, England. He was setting up a liver transplant program using pigs, landrace pigs, for liver transplants. Because I was starting to do research around the liver area, I was asked to join the research team as an anesthesiologist for the pig transplant program. And, so I was given two days a week of non-clinical duties to get involved in research, and the surgeon said to me as a surgeon would, “I must warn you these pigs are very difficult to anesthetize, because the leading veterinary anesthesiologist in England has told me that they are one of the most difficult animals to anesthetize because they have a very difficult anatomy. They have a very long epiglottis which curls around, so when you try to look at their glottis to intubate them, you literally can't see anything. Anyway, that was a technicality, but the point is we had a major complication with the very first pig that I anesthetized The surgeons started operating and within 30 minutes, the pig’s blood pressure dropped precipitously, and we did not know what was going on. The surgeon said to me, “I told you these were difficult animals to anesthetize”—effectively blaming me for this fatal event. So, then, the next one we anesthetized, we noticed when the surgeon opened the abdomen, that “steam” was coming out of the peritoneal cavity. Literally, steam was coming off the intestines, and we measured the pig’s temperature which we had not done at that point, and the temperature was then 43 degrees centigrade. This serendipitous event played a very important part in the rest of my academic career. We had stumbled upon a genetic variant of landrace pig which was susceptible to the syndrome of ***malignant hyperthermia*** which was triggered by anesthesia. And, at that time, there had only been one report in the world literature, and that was from somebody called Mike Denborough from Australia who wrote a very important article in 1961 about a single family of ten Australian children who had all died during general anesthesia. See:(<https://www.youtube.com/watch?v=QifvHX4pba4>) One other paper had been published from Wolf in Cambridge in England, where he had said that he had anesthetised some animals, and they were susceptible to succinylcholine which is a muscle relaxant, and that they had become hyperthermic. Anyway, the point is, this gave us a magnificent opportunity to work on a rare human disease using an animal model that no one else had.

**JENKINS**: Impressive

**BIEBUYCK**: Very unusual. And, in fact, we got very excited, and I started then working with a biochemist who later published several papers in *Nature* on the subject. We then designed a set of experiments in which we would anesthetize a Landrace pig from the same litter, and monitor the animal’s temperature and blood gases and acid-base balance in multiple sites and organs after exposing the animal to different anesthetic agents to detect whether any specific agent or drug was the trigger of this extraordinary hyperthermic event and metabolic derangement. So, we were then able to write several papers on this newly recognized syndrome of ***malignant hyperthermia.*** One paper in the British Journal of Anaesthesia became a ***Citation Classic***, in Current Contents, because it was cited more than any other paper in this field. In this paper we proposed a method of detection and prediction in an individual who may develop malignant hyperthermia when exposed to anesthetic agents and drugs. In other words, by taking a muscle biopsy, we could discover which patients might be susceptible, and we became very excited thinking that perhaps this could almost be “worth a Nobel Prize” if we could unravel the genetic and biochemical basis of this syndrome, which resulted in a perfectly developing a ten degree rise in body temperature in a period of only ten minutes, accompanied by a dramatic fall in arterial pH and an equally dramatic rise in arterial lactic acid concentrations. It was clear that the most incredible metabolic disaster was occurring in these animals. Anyway, and so that got me very, very interested in research, and we published several papers from that, including, as I said, one citation classic. Then, however, I went on with my liver research, working with the Professor of Medicine, Stuart Saunders, and perfusing small animal livers to look at the effects of halothane directly. The whole controversy surrounding liver damage during anesthesia involved the question of whether the liver was damaged by the anesthetic itself, or by a drop in blood pressure caused by the anesthetic and resulting in reduced liver perfusion; or by pre-existing hepatitis, or by blood transfusion, or by infection related to surgery, Etc., Etc. The only way to eliminate all of the extraneous causes is to have an experimental model of isolated liver perfusion where the liver is exposed to anesthetic drugs in the presence of carefully controlled normal pH, normal pO2, normal pCO2, and so that is where my work started on isolated perfused livers.

**JENKINS**: You were using what type of livers?

**BIEBUYCK:** We were using rat livers then because most of the work for isolated liver perfusion, of which most was in the United States, was using isolated rat livers. This is an *in situ* preparation where the liver is isolated and perfused through the vena cava, portal vein and hepatic artery. The bile duct is also cannulated. But, the point is, we gained a great deal of important information by excluding all of these other variables. The work I did in the Krebs Lab in Oxford arose from the papers we published before I left Cape Town.

**JENKINS**: You were young, just finished your training, and you became interested in the possibility of becoming a Nuffield Fellow.

**BIEBUYCK:** Yeah.

**JENKINS**: So, how did you go about obtaining that?

**BIEBUYCK:** Well, I was then a third-year resident, and I published several papers, and I had my own lab that I was actually working in, and I was doing both the liver transplant work and the other work, and so, I became very excited about this, and it seemed that I had gone from leaving general practice to doing anesthesia to come back to my hometown and now suddenly I was working in a field where the publications were all in the United States and England. We were publishing in British journals. So, we were extremely sort of ambitious and you know nothing seemed to be holding back my future career. Anyway, it was then pointed out to me by Arthur Bull, the Chairman of the department that he had been at Oxford University and worked in the Department of Anesthesia there, and said why don't you think about applying for an Nuffield Fellowship which would take you to Oxford and you could continue to do your research there. Because, I was actually planning to do a Ph.D. in Capetown at that point.

**JENKINS**: I see.

**BIEBUYCK:** And you asked in your questions that you prepared here what is the competition of the Nuffield Fellowships.

**JENKINS**: I did.

**BIEBUYCK:** Well, it is quite extensive. As I mentioned to you, there is one Nuffield Fellowship per country of the British Commonwealth countries per year and that is for all disciplines in medicine. Usually, it is internists as you well know, are the main ones who become interested in research like this. So, I think there were about 25 or 28 people applied the year that I applied. I think the reason I was selected, I mean the selection committee consisted of people being been to Oxford before, being Rhodes Scholars there. Professor Brock was a very famous person. He was another Professor of Medicine. He had been in Cambridge, and he had been a Rhodes Scholar at Oxford. So, the selection committee I think was obviously interested in me (A) because the of the research I was already doing, and (B) because I had done some other extracurricular student government activities as a student including being Secretary of the University of Cape Town Rugby Football Club. and being Editor of the Student Newspaper, and they were looking people who were more rounded and would interact with people at Oxford, and not just go as very narrow-minded scientists.

**JENKINS**: You worked at one of the most prestigious labs in the world at that time. How did you arrange that when you went to Oxford?

**BIEBUYCK:** As soon as I was selected, the Professor of Anesthetics at Oxford, the Nuffield Professor, was informed, and he wrote to me and welcomed me, and then he said, and what are you interested in, and I wrote and told him that I was interested in hepatotoxicity, and I told him what I was I doing at that time, so, he wrote back immediately and said, oh, we do not have anything like that in our department. But he said that downstairs Hans Krebs is working in the same field, and he said, I could talk to him and see if you could perhaps go and work with him. And, that is how that started. However, as I mentioned in my little autobiography which you read when I got to Oxford, Crampton -Smith (the Nuffield Professor of Anaesthetics) said to me “why don't you just come to work with us?” You know, we are very good at pulmonary physiology. And, in fact, we are working on exactly whether it is 1.31 or 1.38 mL of oxygen which combines with 1 gram of hemoglobin. Ours is a very well-known lab. In pulmonary physiology circles, he said. But I was determined to continue with this liver metabolism field.

Anyway, traveling to Oxford University to spend three years there, was a huge change in our lives and of course I think a terrible shock to Jeanette who was now taken from one of the most beautiful cities in the world to a world-famous academic institution, and being asked to live on a research fellow’s three-monthly stipend. We were now going to be sailing on the mail ship from Cape Town to Southampton, England with our three small children. It is interesting to recall that in 1969 you had to get special permission to fly overseas because flying was more expensive than going by sea! It is unbelievable now, but you would go by sea for two weeks from Cape Town to Southampton on a ship with beautiful accommodations, beautiful food and that was cheaper than flying. So, suddenly, there we were in Oxford looking for somewhere to live, and very exciting of course too. But, we then had three children. Because, during my residency, our third child, Clare, had been born in 1968. So, we now had a little child of 15 months, a child of 3, and a child of 5 or 6. So, we arrived, that was a challenge.

**JENKINS**: So, when you went to work with Sir Hans Krebs, how did you arrive at the project you were going to work on?

**BIEBUYCK:** Well, I was totally ignorant of the fact that when you are an Oxford D.Phil. student, I mean of course, you know the Ph.D rules in the United States, but I should point out that things are different in England. You are allowed to have some ideas and some opinions. I know in this country, Ph.D. students do not really have much such opportunity. But, in any case, no one who had worked with Krebs had ever done anything apparently like I did, in submitting my own proposal. I discovered later that I should have presented myself and said “ here I am sir, what do you want me to work on?” And, he would put you on wherever probably he needed work. However, I went with him with a very carefully structured proposal, and I brought a copy of it for you to see. I had worked out a whole program of the background and the motivation and the reasons for doing this, and what work had been done before, and I handed this to him, and I was very proud of myself. I spent a few weeks getting this document ready which I gave him because I said well I knew he did not know about anything about anesthetics. Why would he? But, he was interested. He pointed out to me immediately, that several Nobel Prize winners including himself had been interested in the mechanism of action of barbiturates including his mentor, Otto Warburg. Anyway, he only told me the end of the conversation that no one had ever suggested what work they would do. He would suggest the work. Anyway, I think I got his interest, and then it became a great privilege and wonderful experience to work with him. I think one of the most exciting things about working in that lab, the Krebs Lab in Oxford, was, that it was a mecca for people from all over the world to come and do sabbaticals but particularly for United States academic leaders, and of course that would be from internal medicine. So, I got to know about American medicine from speaking to chairs who never would tell you these things in the United States, but, when they are over there having a beer with you, playing tennis on the lawn, they tell you all sorts of things because you are not part of their competitive hierarchy which you would be in the US. So, there was Alex Leaf, Chair of Medicine from Mass General, Lou Welt who had actually just, while we were there, been appointed as a Chair at Yale, of Medicine, was then at the University of North Carolina. In fact, he died soon after he got a Chair at Yale, unfortunately. Franklin Epstein who was also at Yale, but, while we were there, had become the Chief of Medicine at Beth Israel in Boston and Bob Petersdorf, who was Chair of Medicine at the University of Washington in Seattle, who was there to work closely again in the Krebs Lab, but also close to his mentor, Paul Beeson who was then the Regius Professor of Medicine in Oxford. So, I had all of these leading American academics in the same lab in which I was working. We would have coffee together twice every day and go for a beer and lunch next to the Thames River if it was a nice day. If it was not a nice day, stay and work in the lab. We saw each other socially. So, I learned a tremendous amount about American medicine which was really quite amusing later when I needed advice and received my first letter of appointment from Harvard and from Mass General Hospital, and I went to show the letter to these new “career advisors” of mine from the United States, being totally ignorant of the fact that that nobody discussed salary in the United States. In England the Professorial salaries are all common knowledge and published in the British Medical Journal. You know exactly what the salary is. In America, no one talks about salary. So, when I got my letter from Dr. Kitz, the Chief of Anesthesia at the Mass General Hospital, eventually, I went along with this letter, and I asked for Beeson's opinion, and I asked for Alex Leaf's opinion, and Alex Leaf looked at this letter and said, “oh my God, is that what Kitz pays the anesthesiology assistant professors?” Because, apparently it was double what the internal medicine department paid. Anyway, I learned then very quickly that salaries were not discussed.

**JENKINS**: So, you completed your Doctor of Philosophy with Sir Hans.

**BIEBUYCK:** Right.

**JENKINS**: And, then, what happened then? How did you happen to come to the US?

**BIEBUYCK:** Well, after I had been at Oxford for two years, I realized that much of the work that I was interested in and was quoting and citing in my thesis was actually being done in labs in the United States, particularly at certain places. So, I was funded by the Nuffield program to come on a trip to the United States, and I chose places where people were doing similar work to mine which included the Department of Pharmacology in Indianapolis, the Departments of Surgery (Starzl) and Anesthesiology (Peter Cohen) in Denver, Colorado, the Departments of Anesthesiology in Stanford, UCSF, the University of Washington, Seattle, Mass General, Beth Israel, Boston, and also Yale where Nick Green was doing similar work on the metabolic effects of anesthetic agents. And then I went particularly to New York City because I wanted to speak to the famous pathologist at Mount Sinai, Hans Popper, who had written wonderful and intellectually stimulating articles about hepatotoxicity. So, that was really the basis of my trip to the United States. I gave talks at each place. I also learned then about the honorarium system where people did not mention before, or they did mention it, but then when you finished giving your presentation, if you did very well, then they would give you more, but that was very interesting.

**JENKINS**: And you visited Harvard during that trip also?

**BIEBUYCK:** Yes, Mass General and Beth Israel actually in Boston, and I gave a talk at each place. First of all, I was totally impressed by all the social aspects of each American center I visited. Living here was so much like we knew it from Cape Town, whereas England is very austere, I don't how to describe it, very socialist-minded. The Krebs lab in Oxford lab was really leftwing politically. It was suddenly wonderful to be here and see these and exciting and beautiful cities, and meet such entrepreneurial and unapologetic people. I saw the elegant homes where the academics lived, and I was also extremely excited about the work here. In fact, the most important lesson I learned was when I met John Hanson, in Seattle, who was a Professor in the Anesthesiology Department at University of Washington. He was a New Zealander. He said to me, “one becomes incredibly schizophrenic when you move around the world, and he said he has now decided that the ***best place to live is England***, and I could see that perfectly, and the ***best to work is*** ***the United States,*** and the ***best place to go on a vacation is New Zealand***! So, that's the schizophrenia one does develop. Anyway, so, when I got back to England after my five-week trip to the United States in 1971, I was pursued by the Chairman in Seattle (John Bonica) and by Dr. Kitz in Boston with job offers to come back here. Things then moved very rapidly. I left the US at the end of April, and by November, I remember it was Thanksgiving weekend, I flew back invited to Massachusetts General. When I got back after Thanksgiving, I had an offer from Massachusetts General to come here the next year and basically emigrate and come and settle in the United States. But, it all stemmed from my trip which I instigated to go and look at the labs of people of similar interest.

**JENKINS**: Were you expected to go back to South Africa or?

**BIEBUYCK:** Well, the terms of the Nuffield appointment are that everything is paid for. Your entire family and your travel both to and from England from Oxford and then you receive a stipend while you are there, every three months, not a salary. That was very difficult. And, they pay all of your university fees and your College (D.Phil. fees and so on). Part of the whole philosophy of Lord Nuffield who was William Morris (MG cars), and maybe you can mention that later, was that people would come from the Commonwealth and take back knowledge from the one of the great academic centers of the world and go back to their home countries, and I am sure that was true in the early 1930s, 40s and 50s. However, when I finished, I decided that the best place for me to continue my research was not in South Africa but was in the United States. So, I told the Nuffield authorities that I was doing this, and they seemed really hurt and felt I was morally and ethically obliged to go back and share with the South African medical establishment what I had learned in Oxford. So, that became something that was in the back of mind all the time and eventually when I had settled in Harvard, and I actually had a lab going and I had three different grants, two center grants that I was part of, I kept getting letters from Cape Town saying that I really should come back there for a period, and eventually it was very difficult, but I did decide to go back but I continued my Harvard appointment, and I continued my labs, and, in fact, we got permission from NIH to pay for my travel every three months I would come back to my labs which was quite a stressful time. So I did go back to the University of Cape Town for late 1975-1976…

**JENKINS**: Were the people in South Africa disappointed and/or angry when you eventually left there?

**BIEBUYCK:** Yes, I think so, but there was also a political situation then. 1975-76 was a very, very bad time. There were a lot of problems building up, and there were riots where many of the African people were rioting because they had been forced to go to school and be educated in the language of the nationalist party which is called Afrikaans which is sort of a derivative of Dutch.

**JENKINS**: I see.

**BIEBUYCK:** And they were forced to learn that language, and that was one of the reasons ostensibly that they were rioting about, but it was really because the whole apartheid racial separation regime. But, anyway, things were very bad then. But, in addition, it really was the best for my research to be in the United States, because there was a feeling, and I think you could probably subscribe to this, David, that if you were in Africa, maybe you should do research more looking at African problems which would be malaria, and malnutrition, etc.. I was so ambitious that I was not interested in that. I was interested in being just as competitive as anybody in England or in the United States about molecular biology.

**JENKINS**: Understandable.

**BIEBUYCK:** So this was really the gist of it all.

**JENKINS**: When you eventually returned to the United States, did you have the blessing of Professor Bull and the others?

**BIEBUYCK**: Yes. I think certainly their understanding. Yes.

**JENKINS**: Understanding, right.

**BIEBUYCK:** Yes, and I suppose feeling that the United States would recruit their best people which was sort of irritating to them.

**JENKINS**: So, you were at Harvard and also spending time in South Africa and spending time at Harvard when you were recruited to Penn State?

**BIEBUYCK:** Yes. I was at both places at that time, and I would like to be able to spend time on this, this is one of the most important things that I do want to emphasize, because I think important to the project that you are doing…

**JENKINS**: Fine.

**BIEBUYCK:** I want to give my view, and I think the danger of this book is that everyone will be on the same bandwagon about why they came to Hershey. There were six or seven reasons why I even looked at this job.

**JENKINS**: Yes.

**BIEBUYCK:** Forget about why I came here. Why I looked at it at all.

**JENKINS**: Yes.

**BIEBUYCK:** Can I do that now?

**JENKINS**: Absolutely. The agenda is entirely yours.

**BIEBUYCK**: That's fine. I do not want jump around, you know.

**JENKINS**: Just do whatever you want to do.

**BIEBUYCK:** Okay. Well, when I left Boston to spend time in Cape Town, as I said, I kept my labs going in the US. I kept coming to meetings here. My lab people were presenting at Federation meetings, so you know, I was seeing scientists. I was going to Atlantic City. I was going to the Federation meetings in Disneyland, and so we were presenting papers there, so I was seeing people at the time, and I was receiving letters of offer from the United States, but it was not until this particular offer that piqued my interest, and what I received was a letter from Fred Rapp (Penn State Chair of Microbiology) who was Chairman of the search committee for a Chair of Anesthesia here at Penn State, and even that letter did not tell me anything, So then I started asking questions. I said I never heard of (a) of Hershey or (b) of Penn State Medical School, certainly not of any anesthesia department. However, within a couple of weeks, I had received information that Fred Rapp had invited Harry Wollman who was Chairman of Anesthesia, later the Dean at Penn, and Dick Kitz, who was the Chair at Massachusetts General and invited them here as consultants. And, so, I then…

**JENKINS**: They came to define what the department should look for?

**BIEBUYCK:** Well, no, not so much that, what the problem was in the department because it was not going anywhere, and the previous chair had not done very much the last few years, last couple of years and they came to see what the potential was. That was the first issue. So, both Wollman and Kitz, said there was a lot of potential here. A new medical school, a lot of space, new buildings, some very good scientists, and this was somewhere where one could really do something startling as opposed to just being in a big city more famous hospital but with no space and no ability to do anything intellectual possibly. So, they saw this as maybe a little gem which is what they both thought had possibilities. That was one reason why I even thought of responding to come and look at this place. The next reason, as I started to analyze things, in Cape Town, having received Rapp's letter, was to find out a little bit more and I discovered by doing some reading and talking to some people that there were really some very good scientists here. Particularly, Howard Morgan in physiology, Vesell in pharmacology whom I had actually quoted or cited on some of his work on three or four occasions in my thesis, work that he had done when he was at NIH and with people at Hopkins at the University of Maryland, and also Rapp obviously was very well known. Interestingly enough, there I was having received a letter from the Penn State University College of Medicine, Hershey Medical Center, knowing everyone I had spoken to, and most of the well-known; and well-traveled academics at the University of Cape Town who had all been around the United States academic centers many times, had never ever heard of Hershey. Suddenly, I saw a little notice on a bulletin board in the Groote Schuur Hospital saying that there was going to be a talk by someone who was a Chairman of Pathology at the Hershey Medical Center, Penn State College of Medicine. It was unbelievable. I mean, just literally serendipitously, and there was Naeye, Dick Naeye, going to give a talk. He had a lot of research going on at various parts of South Africa at that stage, and so he was traveling back and forth, but I did not know. So, I arranged to go and talk to him, and I asked him about this place which was actually fascinating, and he was actually quite charming at that time, and told me how much he enjoyed living here and how it was lovely to walk in the country and yet go to your lab and so on. Anyway, it all sounded very nice. So, he was charming. And, that made a little difference. That was the third thing. And, the fourth thing that made me willing to come and look was that one of my trips which I mentioned, I was coming to the United States, I was at a meeting at NIH on hepatic encephalopathy which was the work we were doing then in Cape Town on the brain, and in animals that had hepatic failure, and the Chair of the meeting was the Chairman of Neurology from Cornell, Fred Plum.

**JENKINS**: Good man.

**BIEBUYCK:** And, after I had spoken, he and I were chatting, and I told him that I was thinking about looking here, and he said, “oh, you would have a great time there”. He said Bob Brennan, who is the Chief of Neurology at Penn State, and Bob Vannucci in Pediatrics at Penn State, both did work on cerebral metabolism with him at Cornell. He said, no, you are going to have a great time there, and he said there are other people from Cornell there too. So, that made it sound good, and here I was in a neutral place at the NIH in Washington hearing this, and then two other points. The one was that Fred Rapp was chairing the search committee. If a surgeon was the Chair of the search committee, I would have never have looked. Never. I have never looked at a Chair offer since either, where the Search Committee was Chaired by a surgeon, because that merely indicates that the dean is looking for a “service chief” and not a Clinical Academic Department Chair!!

**JENKINS**: Yes.

**BIEBUYCK:** So, the fact that there was a really, really good scientist chairing the search committee meant an incredible amount to me. I mean, it told me something about the school. And, then finally, the fact that the Department of Surgery was well put together, was well organized. They had very good division chiefs and I had heard about a couple of them. That was the background of my coming to look at this job.

**JENKINS**: How did the negotiations go?

**BIEBUYCK:** Well, it was very interesting. It was a huge performance, and I only realized later on, Rapp pointed out to me that this was Dean Prystowsky's first big recruit because all of the Chairs were here when he arrived, and no Chair had ever resigned or left. So, it was Prystowsky's thing. It was his big opportunity to make a big statement. So, Jeanette and I both came out. We thought it wouldn't be a big, but then as we arrived presented with this sort of 12-page list of events which occurred every 30 minutes for several days. Of course, now I know. I have personally organized hundreds of those things, but, at that time this was really quite a big surprise. Anyway, the recruiting went well, and of course, I was then, and nobody warned me of any problems. Of course, nobody ever told me anything about Prystowsky. I mean, how could anybody describe Dr. Prystowsky, because he really was a unique person, a totally unique man full of incredible acting and mannerisms and affectations. I did not know all of this, but I am still in full of admiration for myself. Now, think about it, I was very calm, and I did not let him push anything. But, after you met him, we had several sessions with him, about two hours of time, and I remember saying to him, for example, and I remember to this day, this is how I know what he was like. I said to him, well I understand how many people there are here now, and many people have left, but what I need to know is how many paid slots are there in the department? How many positions? So, Dr. Prystowsky in his typical manner, threw up his arms and pushed back his chair on its wheels in his office, and said slots? Slots?! I don't know what you are talking about slots. I do not know what the position is. You can have as many people as you can afford. You know, you can use all the money there. But that was very important at that time to know exactly, because there was always an underpinning of money from so-called hard money at Penn State, and now that has also disappeared really, but that was very important to know how much money there was, and he immediately called in Brockman and Fulginiti who were his henchmen, and they had to work on all sorts of things. Anyway, the recruiting, I enjoyed meeting everybody. I thought everybody was charming. We had huge dinners at the country club with all of the Chairs and each Chair to say something, and it was the first time I realized how important a Dean was in the United States.

**JENKINS**: They are indeed.

**BIEBUYCK:** Because when we left the Hershey Room (at the Hershey Country Club) overlooking the golf course, we had all been sitting around the table including Elizabeth Jeffries, shortly, two years after her allergic event, I started walking out, and I was chatting to somebody, and Naeye said, “no, no, wait. No, no, we must wait for the Dean to leave first”. That's interesting. So, this is almost a military operation. But, certainly, Prystowsky wanted to have that aura, I think . But, he and I, got on very well, and we had a lot of actual negotiation, and I was very happy. I was then going on to look at a position at the University of Washington at Seattle after this.

Jeanette and I were going straight to Seattle, and then we were going to fly back to South Africa. At the airport Fred Rapp came with an envelope with a letter of offer from Harry which Harry had written in his own hand which I gave you a copy of, which was most unusual obviously, but he wanted me to have this in my pocket before I got to Seattle which was really interesting. Then, we flew back to South Africa and had a chance to think about all of this, and then he called us, and I now know where he called from. He went every year to Florida to the Florida Keys to Marathon Key, and that is where they went, and he would lie in the sun there until he was really on the way to skin cancer. Anyway, he called from a public telephone on the key on the dock.

**JENKINS**: Yes, the Marathon Key.

**BIEBUYCK:** And he said, well, what do you think? You know, about the offer. I then did accept the offer, and then it was a major challenge to prepare for this move.. Well, we now had six months to arrange our whole move, and at the same time, I fully realized that I could start working on trying to organize the department in Hershey..

 So, I got permission. I demanded and got permission from Prystowsky to start recruiting immediately, and so, during the trips that I was coming out here, paid for by NIH to visit my labs, I would come to Hershey three times during the next six months and meet candidates whom I had invited from Boston and New York and San Diego and Florida, and as I said, it was quite amusing that I was meeting people driving them around, telling them why they should live in Hershey. These are Americans telling them why Hershey was the most wonderful place in the United States for them to live. I had not even decided that for myself yet. Harry was very helpful, and John Waldhausen was very helpful. We would meet a couple people who were candidates for Chief of Cardiac Anesthesia. We would have dinner together and then twice we had dinner at John's house too with them because John was obviously helping me with my recruitment which was in his best interest but also very helpful to me.

**JENKINS**: You were able to define the number of positions that you were going to get in the space, et cetera, that you would need to build the department?

**BIEBUYCK:** Yes.

**JENKINS**: Were there any glitches in that along the way?

**BIEBUYCK:** No, there were never glitches in the number of people. The only thing I found that would surprise me was that Harry Prystowsky was extremely conservative in terms of salaries and reimbursement and remuneration which I felt was very un-American. I still do not quite understand. I know he had this very conservative upbringing at the military school in South Carolina which accounted for the way he was always very properly dressed and so on. I still don't understand why he was so very conservative financially. Now, I do know that he played an important role in this place in getting this Penn State College of Medicine in the black, because it had basically, as you well know, under George Harrell the first Dean, had gone downhill financially, or not taken off, would be a kinder description.

But, Harry was very conservative, and that despite the fact that he got the money ($30 million) to build the whole South Addition to replace the Elizabethtown Children's Hospital from the State. But, anyway, coming back to it, he was difficult about salaries. In fact, I remember the very first time we met, he said to me, well I want you to promise me you will never offer anybody more money than you get. I said, how would I? I mean, I work 24 hours a day. Of course, I will get more money than anybody else. But, he had some strange ideas like that. But, when I tried to recruit certain people, he was difficult about the salary. Now, I only wish when one thinks about it that he was more like Mac Evarts who was incredibly open financially. You know, he believed in the great American capitalist thing that you just dangle the dollars and people will jump to get them. The sky was the limit for money as far as he was concerned. As long as you worked yourself to death.

But, Harry did not care if you worked yourself to death. His absolute limits in salaries made it difficult to recruit quite honestly. Because he would never lift that ceiling of the money, and I knew also that I was being paid less than I should have been paid, but unfortunately I discovered that too late because Penn State then, you could not suddenly change your salary by more than a certain percentage.

**JENKINS**: Very limiting.

**BIEBUYCK:** But what became an issue was he would have to give me a large amount of extra space, and he said to me one day, we are going to be building an extension on the Crescent. I don't know if you remember, but it is difficult to even notice it these days, but the Crescent stopped short of all Harrell's plans, and so the area you may remember the front part of the Crescent where Cardiology finished and Radiology, on those floors, there were another four bays built on as the semi-circle went on later, but, anyway that did not happen for about three or four years. But, Prystowsky said to me, but until that happens, I am going to make space available to you. So he must have gone around with Rapp before I arrived, and looking and finding what space was not being well utilized. I did not know that. I know now because of the Chairman of the Space Committee for many years, and I then advised the next deans about that. So, he took me around with his key unlocking certain labs and said, well, I am going to give you this space, this space and this space and this extra office space and this extra space, and it was all satisfactory to get things going. Because, remember, I was going to recruit a couple of basic scientists who needed a lot of space. I didn't know, however, until the end of January when I started to see some letters circulating that some of the space he had appropriated ostensibly belonged to Anatomy, and also more sensitively, in a way, to certain people in Anatomy who did not have any grants but were sensitive appointments. I cannot go on while I am on this tape and tell you that. So, I did not know that. So, the first thing I saw, and I did not hear from the Dean or anybody else, but I just saw some letters circulating that were sent to me. They started sending me things that were circulating around the executive committee, were from Munger complaining about the Dean's high-handed action in appropriating the space and are requesting a special meeting of the executive committee to pass a resolution that the Dean may not appropriate people's space which was quite amazing because, of course, that is the kiss of death to circulate something against the Dean without speaking to the Dean. Anyway, but I started then to become suspicious about the space promises made to me. Furthermore, Munger said in one of his letters, why don't you let me just settle this with the new Chair of Anesthesiology, and I knew, of course, that that was the kiss of death too. You don't start negotiating with somebody who did not give you the stuff in the first place.

This is an effort to make you feel bad. So, I was not going to talk to anybody other than the Dean. So, that was one issue that I then had to write to Prystowsky about, and I think Prystowsky might almost have been testing the water a little bit because he did not say anything, but he might have been wanting to see if I had said, oh, okay, well it is not that important. Maybe I only need the space in a couple of years or so. As it happened, actually, I used it immediately. But, in any case, I had to then write to Dr. Prystowsky and say, you know, I have no issue of space when I accepted the job, but if the institution wants to make an issue of space, then it is an issue, and my whole acceptance which I had already given but would now possibly be called into question. And, that was one thing. The other thing is, of course, the hospital continued to operate and the Department of Anesthesiology continued to get weaker and weaker because people were jumping ship as they always do when one leader leaves, and they were doing it anyway, but they continued. So, Waldhausen started getting worried about his cardiac program, and started thinking, calling his buddies and saying well, what should I do? Can you help me out? So, eventually, he must have come up with a scheme, because the acting Chair, Kermit Tantum, called me on the telephone actually and said we have an urgent problem here that Waldhausen, first of all, is fighting with Jean Messner (pediatric Cardiac Anesthesiologist), whom I mentioned to you.

**JENKINS**: Yes.

**BIEBUYCK:** He and she have had some terrible altercations. Secondly he said he wanted to recruit his own anesthesiologists and have his own little group outside of the Department of Anesthesiology. So, I had to write to Prystowsky and Waldhausen about that, and said, well, if you do that, then all cards are off the table too. That, I would not be coming for that reason either. So, obviously it was difficult because Waldhausen was trying to keep his program going, and I was not here yet, but, by the same token, it had to be made very clear you know for the future of the whole department that I was taking over, about who was the boss of this department. But, nevertheless, during the six months, these little hitches occurred, but they did not last longer than a week or two.

**JENKINS**: So, you arrived in July of 1977?

**BIEBUYCK:** Yes, 19th of June in 1977, that was my start. Yes, I arrived here on my own. Jeanette followed six weeks later, and we lived for the first year in a house that belonged to Hiram Weist who was one of the founders of the Department of Family Medicine. He was on sabbatical for a year in England. So, we lived in their house on Elm Avenue which was a nice start because there were almost no houses were available, I mean literally.

There were no houses on the market. I could have bought yours. No, you were gone already. So, we settled in, and I will never forget one obnoxious comment. Never. It was made, would have to be by an orthopedic surgeon. Bob Greer was the head of the Division of Orthopedics and one of John Waldhausen's buddies, and Greer saw me in the OR change room. I think I had been here three days. And, he said, oh, because remember it is July now, and it is a bad time to start anything because all of the residents have left and new residents are coming. In this case, there were no residents coming, and Greer said to me, okay, well, I am going to my little cabin in the mountains. He had a cabin somewhere up here in the wilds of northern Pennsylvania. He said, well I am going to up to my cabin for a couple of weeks. I expect when I get back, you will have everything fine and dandy and going back the way it should be. You know, I thought it was entirely obnoxious, and he did not say what can I do to help or who are you or how are you? It took a while. I asked for a lot of advice from experienced Chairs in anesthesiology. They all told me the longest time before success would be the residency program because residents, and medical students are so susceptible to rumor and so on that it would take six or seven years before you build the residency because they all have decided not to come or even to apply.

**JENKINS**: That long?

**BIEBUYCK:** If a program is having problems. That turned out to be a real issue. It took a long time to get the residency right. However, I immediately had several great successes in faculty recruitment and also in research faculty and clinical faculty and one of the most important recruits that I made was Richard Hawkins who was a Ph.D. from Harvard who had been in the Krebs Lab with me and who was then back in New York in the Department of Neurosurgery at NYU and he came here to head the whole research division so that was important to show that this could happen because you could fall into the trap of just building up the clinical side, then the academics won't come because they will say it is only clinical. So, you have to do all three at the same time.

**JENKINS**: If you are going to be doing all of this as a chairman, your research will suffer.

**BIEBUYCK:** Absolutely. And, I did not want the message to get out that this was not an academic place because the whole reason was that people had regarded this just as a clinical and eventually a weak clinical department. That's all it was.

**JENKINS**: And then you lose funding and the whole thing. Did Dr. Hawkins stay with you?

**BIEBUYCK:** Yeah, he stayed for 10 years. No, he stayed for 12 years, and we published many, many papers together. In fact, it was quite amazing. I mean, it is amazing how things happen, and I think I mentioned in my little autobiographical memoir, I seemed to always be facing this issue. When I got to Massachusetts General, Dr. Kitz had just actually been there two years, he had been recruited from Columbia to succeed the famous Harry Beecher at Massachusetts General, and the surgeons at Massachusetts General had said well we need more anesthesiologists here coming out of the doors and windows, you know. They felt they needed clinical anesthesiologists and Kitz was getting academic people. So, soon after I got there to Massachusetts General, in fact, two weeks after I got there, I had two major reviews published. One in *Anesthesiology* which is the major journal here and the other in the *British Journal of Anesthesia*. And, with both addresses on, Oxford and the Harvard address, and so Kitz could say to these people, well you know, you say you want another clinician but we also need some academics around here. Soon after I got here, in fact, within four weeks of my starting, Rick Hawkins and I had an article in *Science*, and I will never forget Bill DeMuth who was a great practical surgeon that Waldhausen had recruited here from I think from private practice, but he was sort of academic from Penn originally.

**JENKINS**: Yes, he had a clinical appointment at Penn.

**BIEBUYCK:** And Bill DeMuth and Tim Harrison (Endocrine Surgeon) then would share offices down the part of the corridor in General Surgery area. Bill DeMuth came down the corridor with the issue of the Journal, *Science,* because he also subscribed to it-- which tells you something, and he said, oh my God, you got an article in *Science*. I think they could not believe that suddenly, number one, they did not have anybody of any renown in Anesthesia, and suddenly there was an anesthesiologist with an article in *Science*. Hawkins and I had that together. So, we had a great collaboration, Rick Hawkins and I. He was the only person I could speak to. He was a good person to have, because some of the advice that I got from people who had been chair for a long time was number one, you need somebody whom you can talk to you, that you can bounce things off. You cannot talk to anybody in the department. It is a sign of weakness. But he was a very astute person who had grown up in San Diego and into Harvard, and he was astute and educated me about a lot of sort of things, and we would sit down together, and he would say, no I would be careful about that. I would not do that. I would not say this. I would not say that. He was very, very astute. Let me give you an example of astute. He taught me about American politics. Do you remember Arthur Hayes who as Head of Clinical Pharmacology here? He became director of the FDA during the Reagan Administration. He had decided his big thing was not going to be to stop smoking, It was going to be salt for hypertension and so on. So, *Time* magazine had a two-page spread and across the fold, the centerfold of *Time*, was a huge pile of all of the types of salt that are made in the United States, packets and cartons and so on. And on top of it was sitting Arthur Hayes, and they said, this is the man who is going to stop you eating salt. And Rick Hawkins came into my office and said, you see this? I will give this guy six months, he will be out. These guys will get him. I said, how will they get him? He said, they will find something. They will never say why. The will find something. Well, within six months, Arthur Hayes was out because it was discovered that he had accepted rides to the West Coast on a company plane on official business, and Hawkins would always warn me, he said, you got to be so careful. He said, this is what would happen, if they want to get rid of you, they will never do it openly. They will go to Fulginiti, for example, and say, you go and look at every expense report that this guy has ever put in for meetings, and go through them with a fine-tooth comb. He said, you know, that is how they get you. So, it was good to have somebody to bounce things off anyway about politics, about medical politics.

**JENKINS**: Very practical counsel. .

**BIEBUYCK:** So, he was that person. The other advice that I got was from John Bonica, the well-known Chair in Seattle: he said that if you are really going to be a Chair for a long time, it is a really stressful, exhausting, lonely business. Your wife must go with you to meetings, you know, “keep your wife going with you” he said.

 Otherwise, I think the most stressful thing about being a Chair is recruiting and losing people. I will never forget it at national meetings. After I became Chair, I had invited John Nunn, who is a very famous scientist in pulmonary physiology in England . He was also a leader in anesthesia in England. He often visited the United States and he stood up at a meeting of our Honor Society, a small group called the Association of University Anesthesiologists (about 200 members at that time, selected from 30,000 anesthesiologists). Anyway, at one of these meetings, he stood up and said, “well I don't know how you Chairs in the United States can possibly be responsible for finance, clinical activities, research, teaching, administration, etc., because in England all a Chair is responsible for is research and a little teaching of mainly medical students—all else is the responsibility of the National Health Service Consultants! The clinical side is totally run by the National Health Service and not the University Department.

So, a British Professor (Chair) a “proper academic”: you run your research program and you write your book. And, so, he said, “I don't know how you American chairmen can deal with first of all these incredibly aggressive surgeons, secondly with the business of the department, thirdly, with getting research funds, fourthly with paying the right salaries and recruiting people, --I just don't know how you can do it. I mean, I think it is impossible.” And, so, Bill Hamilton, Chairman from UCSF, stood up and said, “but, John, the thing is we actually take pride in doing all of those things. We do not regard it as an overwhelming task.” And, that is the difference between academics in the United States and elsewhere.

**JENKINS**: Yeah. It is very interesting. I am aware of the English system, of course. All physicians are signed as consultants by the National Health Service.

**BIEBUYCK:** Absolutely. And the consultants don't answer to the professor. They are employees of the NHS. The professor could not call everybody together and say, well we won't do this next week. No. You can only call together your secretary, the Reader who is your second academic person, like Hawkins would be to me.

Your senior scientific support staff and that’s it. That is all you are in charge of. And yet, you become famous, and they come here. John Nunn warned me. He said, “don't go to Massachusetts General. I said, why not? He said, they are the most aggressive surgeons. They’ll kill you, they’ll kill you. All they want is anesthesia for their next patient—they don’t care anything about the Department’s academic activities!”

The American response would be that “we will build a great academic department AND take care of all those aggressive surgeons at the same time!”

**JENKINS**: But, you were able to be productive scientifically despite all of these multi-tasking things you had to do.

**BIEBUYCK:** Yes, because I was extremely ambitious. Yeah, right. I was extremely ambitious all the time, and I worked too hard, I suppose. I mean, I could never believe how these people in internal medicine could go and play golf and so on. Seriously, I couldn't. Now, I am sure they are much better people and far more balanced people, but I am just saying that, you know, I could never believe that one could step out and have a balanced life. Anyway, this book does not go into, which I think is wrong, does not go into the next Dean, Dean Evarts, but I could tell you a lot about that. But that is not of interest to this book. And, by the way, let me say again, I think it is ridiculous that whoever decided that this history would only be told up till 1986----if anyone **IS** interested in this history, why would they only care up till 1986???

**JENKINS**: I think, in honesty, there was some thought that Dr. Evarts was actually planning to do something on his tenure here.

**BIEBUYCK:** Yeah.

**JENKINS**: But I don't know that. I am not a policy setter in this project.

**BIEBUYCK:** I know. I am just telling you that things sort of flow together. You know, there is no artificial barrier anyway.

**JENKINS**: I understand. How did the faculty recruitment go?

**BIEBUYCK:** Well, the faculty recruitment went very well indeed. Then, the faculty helped to recruit residents, and there is one step that I took which would make my mentors in Cape Town and Oxford turn over in their graves which was I recruited a small cadre of five very good nurse anesthetists. Now, that is an American phenomenon. You may not know that. But there is no other country has such a position.

**JENKINS**: I know.

**BIEBUYCK:** However, the fact is that America does have them, and they started here in the 1930s. And the problem with them just is, I suppose, over the years, is they were started in the Midwest when there were no proper physician anesthesiologists. And, so, therefore, starting in the Midwest they were recruited by the surgeons, and, therefore, they were under the control of the surgeons, and there was never a syllabus about what they should know. What they were taught was never really developed by the anesthesiologists, and that is what became a problem in this country. However, at Massachusetts General Hospital which is easily you know the best department in the country, they had a small group of nurse anesthetists as well, and that is where I first met them. So, a small group of nurse anesthetists in an academic department and can be extremely helpful in terms of, for example, freeing up residents for education activities. It is also a very positive feature when recruiting residents to be able to tell candidates that, in this department, your education is paramount. Of course it is equally important to ensure that the nurse anesthetists are seen to be part of a team, under the direction of faculty members, and not practicing independently in any way.

**JENKINS**: There is a dynamic tension between surgeons and anesthetists.

**BIEBUYCK:** Yes.

**JENKINS**: And, it would have a different equilibrium when it is a nurse anesthetist.

**BIEBUYCK:** Yes.

**JENKINS**: Because the relationship traditionally between physicians and nurses has been not the same as collegial it has been…

**BIEBUYCK:** Right.

**JENKINS**: Yeah, chief and Indian so to speak.

**BIEBUYCK:** Yes, yes. Exactly. But, at the same time, I could have come here with my background and come and said well I am sorry, you will just have to wait until I recruit all the right people. Dr. Waldhausen, you and your surgeons will just have to wait. We have only got so many people. It is not my fault…..

I wanted to recruit at my own pace. And, the clinical service would have almost come to a halt while I was busy getting my intellectual academic people. I was very cognizant of that. I knew that I needed to get these surgeons off my back. This is what I learned at Massachusetts General. If you doing a superb job clinically, then the surgeons show off about your academic prowess. They say, oh, we've got this guy that has an NIH grant and all that. But if you are not delivering a service, then they say, oh, these idiots, they are always in their labs. We cannot get them to the operating room. You see, and I learned that very, very quickly. So, what you are going to do is run a superb service and then you can do the academic side. But, I mean, you actually have to do both.

**JENKINS**: Well, they have to be balanced.

**BIEBUYCK:** Yeah, but I just mean you cannot, they won't praise you or accept unless you are doing, you know… Now, one of the brightest people in the United States in Anesthesia, always was Bob Epstein who came from Columbia. He was a Chair at the University of Virginia Charlottesville. He took a different aggressive approach. He would say to people at 3 o'clock on a Thursday, “I am sorry, there is no surgery because that is when we have our rounds. That is when we have our grand rounds and our lecture. How do you think I can have residents if they just do the surgeon’s clinical work all the time?” And, boy, but he was so powerful politically down there, he managed to pull this off. That was a way to cause trouble. But, nobody else has ever tried that.

**JENKINS**: But, from the beginning, there has been tension in many departments in Hershey which is present in many university medical centers. Between scholarly pursuits and taking care of patients. If you emphasize one over the other, it limits your success. Although the immediacy of patient care, which is after all why we are physicians really is a difficult one to turn down.

**BIEBUYCK:** Yes. David, yes, that is quite correct, but at the same time, we are all physicians to take care of patients, but we did not all know when we were becoming physicians that we also had to get NIH grants. So, let me just give you one classic example. When I was being recruited to Washington University in St. Louis, this is when I was here, and I went back there three times, once, but anyway, David Kipnis, who was very well known was the Chairman of Medicine.

**JENKINS**: Yes.

**BIEBUYCK:** He said to me, I would never, he said, I would never take my NIH-funded faculty in Medicine and make them go and see patients all the time. I would never be able to do that. He said, I have these private practitioners in Saint Louis, I got them seeing patients in the afternoons. I let my guys do one afternoon clinic, one, and then they are in the lab, dammit. But that is another ruthless approach which could be really criticized if you said that if you are such a wonderful doctor, how come you are not going to see patients. But this is a dilemma for the whole American academic system.

 If you subscribe to the notion that the whole purpose of academicians is to get NIH grants, then Dr. Kipnis is protecting his people. And, he would therefore call in the private practitioners to do this sort of…

**JENKINS**: And to take care of the patients when they leave the hospitals. But, financial pressures in many, even places that have huge amounts of NIH support, financial pressures have forced them to look again at the patient care side, as you know.

**BIEBUYCK:** Sure.

**JENKINS**: And not just in anesthesia, but in all clinical disciplines.

**BIEBUYCK:** Oh no, absolutely. No. All disciplines. Absolutely. And, look how little academic activity there is in many of them. I mean surgery departments have very little academic activity for the same reason you know.

**JENKINS**: Yes.

**BIEBUYCK:** And, internal medicine always had, well, we are going to get around to talking about researchers. Now, I do want, if I could just interrupt for one second, I would ask you please, I made a copy of this list for you, because I would like you just to read this, because it really is important. This is a letter I wrote to professor Krebs after I had been at Massachusetts General Hospital for a year, and the reason I want you to read it at home is I made a copy, because I was writing to him to say that I am now looking at my first year here, and the whole point is the whole philosophy when you been trained in research, and you are interested in research, you are walking on a knife edge all the time to please people on the clinical side and the research side, and you run the danger, which I mentioned, of being regarded as neither by each group.

**JENKINS**: I’m very aware of that.

**BIEBUYCK:** And, I knew you would know enough. I thought you would be interested in that whole challenge. It has affected my whole career.

**JENKINS**: I understand.

**BIEBUYCK:** Because, I had seen people who had tried very hard to do the science and then being described by the scientists, “oh, well he is really a clinician”, and then you talk to the clinician, and he said, “oh, he is really just a scientist”. That is a horrible outcome for somebody who is trying to pull the two together.

**JENKINS**: Yes, it is. I have lived that. Anyway, so how did things go. You were Chairman for 20 years. When you look back on it, what are some of the highlights of that?

**BIEBUYCK:** Well, I think, first of all, it is, you know, there have been people who have been Chair for longer than 20 years. Obviously, there have been in various disciplines. But, it is an incredible stressful, I mean many, many people have said to me, how on earth could you have done that for such a long time. Now, of course, some people do it for a long time, because they do not take it that seriously.

So, it does not really eat into them. But, we were trying to get better, and better and better all the time which we were. I suppose if I look back on it, if I had to be advising myself earlier, I would have said the reason that you should not be Chair for 20 years because after about 10 years you should probably go off and go to the next rung of the academic ladder in the United States. You see, that is what internal medicine people do.

**JENKINS**: Yes.

**BIEBUYCK:** You should not just stay being Chair, if you are really ambitious and you want to become president of a university, and then go off with that after about 10 years of Chair, and just go off and become a Dean and so on. So, that is a whole different issue. You know, if I was advising someone else who was very, very good, I would tell them to do that.

**JENKINS**: Were you satisfied with the faculty you were able to recruit? I mean, if not satisfied, pleased anyway.

**BIEBUYCK:** Very, very pleased. In fact, you would be somewhat amused, we had eventually had two “camps” with different philosophical approaches. Several faculty from the University of Pennsylvania and several faculty I recruited from Massachusetts General and others from you know Wisconsin and California, but the point is those two had a totally different philosophy. At Massachusetts General, the philosophy of the department is more that if you are very bright, you can do anything you like, as long as you can justify it scientifically. At the University of Pennsylvania you had to do everything “by the book”. And “these are the rules, and this is how you work clinically”. Totally different so that Massachusetts General person would say to the resident, well, tell me what you are going to do, and tell me why it is a good thing. The University of Pennsylvania faculty would say to the resident, if you do not do exactly what I say, you know, I am going to fire you.

So, that was interesting tension that developed. But that is good, very healthy tension. I recruited some very good clinical investigators including someone called Michael Snider from Massachusetts General who was an up-and-coming star then. He came here and established an artificial lung program which was fascinating and got very well-funded from the NIH. But, he also started running the ICU.

And, in a different, much more intellectual way. So, that we developed the whole intensive care unit team. Developed cardiac anesthesia, mainly by training our own people in fellowships here, but also recruiting a real star, David Larach from the University of Pennsylvania. We built a very strong cardiac anesthesia group with a fellowship. Now, we had fellows as well. Fellows in intensive care, and then we developed a very nice group in pediatric anesthesia. That became very strong group, developed around Lester Proctor from Wisconsin.

**JENKINS**: Did you have the intensive care responsibilities from the beginning? Is that something Anesthesia should be responsible for?

**BIEBUYCK:** You are asking a good question because around the country, there has always been a fight between surgery and anesthesiology about that. But, actually, no, we really had it from the beginning.

**JENKINS**: Well, it is also on the medical side, it is pulmonologists who opt for that.

**BIEBUYCK:** Yes. Well, when Herbert Reynolds came as Chair of Medicine following Graham Jeffries, he came with a pulmonary background from Yale . He started….. I did not even notice what he was doing. But, he was actually fighting about the fact that which was not that important to us was the respiratory therapy group. You know, all of these respiratory therapists. Because, apparently, the Division of Pulmonary Medicine at Yale was in charge of them and made a lot of money from them.

I knew that the money here was being made by the hospital, anyway. So, that did lead to a little bit of tension, but that is later on when Reynolds came. Remember, under Jeffries, there was no pulmonary division at first. The first pulmonary person recruited was Cliff Zwillich who came from Colorado in the mid-1980s, I think. Recruited by Graham but at that time there was no Pulmonary division. After Reynolds came, there was tension about that. But from the beginning, in fact, Intensives Care was Anesthesiology. That is why I recruited, I had three fulltime people doing intensive care, in fact, you know, which is a big thing to have.

 And until Reynolds came, there was no argument about the pulmonary side of it. Then, there was certainly no medical intensive care unit .

**JENKINS**: Although we are not talking about the internal dynamics after 1986, we are talking about people after 1986. You developed an interest in management or academic affairs. I am not quite sure how to describe that, but you became first the Associate Dean for Academic Affairs, and then senior.

**BIEBUYCK:** Yes. I started because well before that, I had worked myself up through by being Secretary for three years of the Society of Academic Anesthesia Chairs which was a group of 125 Chairs and I had also been elected to the Association of University Anesthesiologists very early, which only 200 members and so on. So, then I became President of the Society of Anesthesia Academic Chairs in 1985, at a time when there was a lot of federal regulation, so I started getting very involved in reimbursement, national reimbursement issues. And, I realized that, you know, I had lot of interest and talent in that whole area. So, I think when Mac Evarts came, then that is when I started being interested in becoming Associate Dean for Academic Affairs. Then I did more and more of that during Evarts' whole time here. Under Prystowsky though, I had also done a lot of different things because I was Chair of the Medical Selection Committee, and I was Chair of the Operating Room Committee from the first day I came here, because he wanted Waldhausen off that because they were having such fights and so on, they wanted somebody different to be in charge of that. And, so, you know, I really got involved in cross disciplinary issues quite early on. Just one other thing, I would like to go on this recording, just when I was building the department, when the important things, was the Pain Clinic, the Chronic Pain Clinic…

**JENKINS**: Yes.

**BIEBUYCK:** Because, this was very, very important. Then, later we also developed the Acute Postoperative Pain Management Unit. Finally, we added a Palliative Care Unit to our Pain Division. There was a gap in this area in the United States as compared to Australia and England. Anyway, so that is just to round off the clinical development.

**JENKINS**: So, your interest in academic affairs led to your work the AAMC.

**BIEBUYCK:** Yes, what actually really led to that was that Mac Evarts (who followed Prystowsky as Dean in 1987) wanted to question the whole point of tenure for Clinicians. What is the meaning of tenure? We know the meaning of tenure at the main campus. What is the meaning of tenure in the medical school, especially for clinicians. So, I led a task force to examine “The Meaning of Tenure in a Medical School” with members from every discipline. The findings and recommendations of this Task Force were published in a major document within the University. This publication is still looked as being excellent document on tenure. That came to the attention of Bob Jones at AAMC and so when he organized a national meeting on tenure, I was invited to give a keynote address at that because of this work I had done here. What he liked about it, was not just an intellectual exercise, we had all of the actual statements from different disciplines in quotation marks throughout this whole report. After that, I was invited to speak at several national AAMC conferences, and I gave keynote addresses, and I really enjoyed working with the AAMC very much. In fact, I will tell you that probably what I enjoyed most in my entire career was my time at Oxford and my time in Washington which represent the bookends of my academic activity.

**JENKINS**: You were a Petersdorf fellow? And, that was named after Bob Petersdorf?

**BIEBUYCK:** Yes. He was the head of the AAMC for 10 years I think.

**JENKINS**: He was.

**BIEBUYCK:** Yes. After he stepped down as Chair of Medicine at the University of Washington, he became I think it is called a vice chancellor for the whole San Diego UCSD campus.

**JENKINS**: Right, right.

**BIEBUYCK:** And, then after that, he was recruited to Boston because Harvard was having big trouble with their teaching hospitals fighting with each other. So, he was recruited to be the head of two of them, and he should never have taken that job. To be the head of Beth Israel and Brigham and Womens. So, he was dealing with some very arrogant, powerful clinical interests. That only lasted two years and then he was head of the AAMC for 12 years, and he was very, very good. He was wonderful in pulling together all the medical schools of the United States. He ran the place so well, that they moved from that very tiny little floor space at 1 DuPont Circle, and they built a whole building, beautiful building which was lovely to work in on the corner of 25th Street and N Street just around the corner from Georgetown. He got the money by making a profit by actually running the place well. After his tenure, the “Robert G. Petersdorf Scholar-in-Residence” position was established at the Association of Academic Medical Colleges in Washington, DC.

**JENKINS**: When did he finish there?

**BIEBUYCK:** He finished when Jordan Cohen took over, so it must have been in about, I suppose maybe 1995 or something like that. Then Jordan Cohen came, and he too was an excellent leader of the AAMC. He actually had been at the University of Chicago as Chief of Medicine and then was the Dean at Stony Brook.

**JENKINS**: Then Darrel Kirch succeeded him.

**BIEBUYCK:** Yes. Darrell Kirch succeeded Jordy Cohen. Yes. After Kirch left here. Yes.

**JENKINS**: So, when you look back on your tenure as Chairman of the department, do you look back with pleasure, satisfaction and pride?

**BIEBUYCK:** Yes. As you have noticed, most of the time I speak about the research side and all of that because that is more easily quantifiable. But, in fact, my wife keeps telling me and so do many of my faculty, that one of the greatest contributions that I actually made here, was recruiting some very talented residents and very educated people from top schools and they then interestingly enough a lot of them went into practice around this area of Pennsylvania. They increased enormously the quality of Anesthesiology in the major hospitals of the area. That is why I always tell the Pennsylvania legislators that the question they should ask, in relation to State Funding of Penn State, is not, how many of the Penn State students stay in practice here, but rather, how many of the residents Penn State Hershey train stay and practice here.

So, there was really very low standard of practice around this whole area before I came. I have of my residents, seven at Lancaster, ten at Harrisburg, five at Holy Spirit, four at Allentown, four at York, four at Reading, and I am sure it is much more. I am just saying. Then, in Pittsburgh, Colorado, California, and Washington State, Illinois, Montana, Minnesota, Minneapolis, Arizona, New Mexico, Florida, Tampa, Connecticut at Yale, and then I will talk about the academics in a moment. But, I mean, those clinical people have improved the standards.

**JENKINS**: Definitely.

**BIEBUYCK:** You cannot just ask me how many went into academics. You fell into that trap too. But, what about improving the standards of clinical anesthesia around here, and putting out these very educated people who still write to me and say that they will never forget what I have taught them which is “that you taught me to be a consultant, and not a technician.” I taught them that they have to know more about perioperative medicine than any internist and any surgeon. Because, then you are irreplaceable, but if you act like a technician only, you can be replaced. But, you can never be replaced if you are consultant. How could you be replaced? How could a nurse anesthetist or anybody replace you if you are a properly educated consultant. And they all say that they never, ever, ever have forgotten that.

**JENKINS**: Some of the best physicians I have worked with were in Pittsburgh with the Anesthesia Department interacting when we were all working together on the Liver Transplant Program. They were superb physicians.

**BIEBUYCK:** Yes.

**JENKINS**: Exactly what you said.

**BIEBUYCK:** Exactly. But the trouble is it is so easy, the reason I say all of this, not to you, I am just telling you, is because it is so easy in this country to fall into the trap of just going to the operating room every day. And leaving it and not taking any part in what is going around the whole medical facility. You can do this and make a lot of money. But, then one day, you will be in trouble and you will be eliminated.

But just a list of people who trained here doesn’t tell the whole story. Because had I stayed, by the way, you did not ask me why didn't ask me why didn't I stay at Massachusetts General. I mean, Kitz would have given anything to keep me.

Because I decided that a real challenge was to develop a great program in a new institution. and this is what I regard as one of my biggest contributions to American academic medicine. Of course there are a whole group of people in places like Boston and Philadelphia who regard most of the United States as flyover territory.

Of course they do. They think it is nothing. But, I would have been in middle management had I stayed in Boston. Middle management. Easy, I would have done very well and I was being paid very well. We had a lovely house in Wellesley, but it is much more difficult to come here and start something and make it grow. At that time there were only four proper academic departments in the United States, Massachusetts General, Columbia, Penn and UCSF. There are now 30 to 35. That is a huge achievement. By the way, why shouldn’t that be the case in a country of 325 million people?

Anyway, Kitz always said to me, he said, you don't know how lucky I am. He said, if I speak, everyone listens, because it was from Harvard. Although we were doing things here that Harvard said they would do, when it came out the next day in the Journal *JAMA* it was stated asthe “Harvard guidelines” for operating in the operating room. Because, as he said, as soon as we speak, they listen. But he said, you would have to get a Nobel Prize before anybody would listen to you from Hershey. And, he said, you would have been in the Institute of Medicine years ago if you had my position. Just by virtue of having got this job. Faculty and Fellows went on in academic medicine: So, one become the dean of the medical school at the University of Nebraska, others became Chairs at the University of Connecticut and Hartford Hospital, another Chair at MCV in Richmond. And, at the St. Francis in Maryland, allied to Hopkins. Then, faculty, two at Brigham, two MGH, two at UCSF, two at UCSD, three to four at University of Washington, one or two at the pediatrics there, that makes four, and then 18 plus at Penn State in academics.

You have to count them. The University of Wisconsin 1, University of Pennsylvania, University of Pittsburgh, University of Alabama, Cleveland Clinic. Now, those are where some of Hershey’s residents have gone as faculty. And some of them have done very well. A couple of them, about three or four, have done very well in research too, but, of course, you remember most of the people start off in research. That is by the way, the other thing that you didn't ask me, and that is why so many MD/PHD’s leave academics? I feel that it is terribly important that I did a Ph.D. after my M.D. because I realized there were important clinical questions to be answered and you could only answer them by using scientific techniques as opposed to what puts people off in this country, is often Ph.D.’s then do medicine to make more money. Not to answer any question. So, that is an important order of events in many, many people. So, I recruited many Ph.D.’s here, many, as residents and they were the first to go to practice often.

**JENKINS**: I see.

**BIEBUYCK:** Demonstrating and proving that the reason they left science was to make more money, not the other way around. Whereas if you make the sacrifice once you are in medicine, and then say, oh my God, I cannot answer this question, unless I have more scientific training. I mean it is totally different issue.

**JENKINS**: You have received numerous awards and honors. Are there some that you are particularly pleased with?

**BIEBUYCK:** Well, I suppose I am pleased with all of them. I am overwhelmed with the wonderful opportunities by being able to go to Oxford with then Nuffield Fellowship. And, I suppose the other lesson I learned very, very quickly was I accepted the job at Massachusetts General and immediately got a letter from Kitz saying well before you get here, you need to have some money to work in the lab, so I want you to write these following grant applications. I thought, I couldn't believe it.

 And, then he added by the way, the one is due next Thursday. So, before I arrived there, I had gotten that money from Medical Foundation by becoming a Medical Foundation fellow, and there are some very, very famous people who have had that fellowship there. It was George Cahill, father of diabetes research in the United States, and head of the Medical Foundation who was my mentor there, particularly. So, that was a wonderful sort of introduction into the United States to knowing that you got to get your own money and quickly. Otherwise, you do not succeed. But, it was very nice to have those honorary fellowships from Australia and New Zealand and England because that means you know one has been achieved. That is sort of international recognition, but, as you know, in the United States, that is not as important as doing well here.

**JENKINS**: We Americans tend to be introverted sometimes and not aware of the rest of the world.

**BIEBUYCK:** Yes, and you know it is like saying like I have told people, rather than, it would be much more important to have an NIH grant here and a paper in the *New England Journal* here rather than something somewhere else. And, I suppose one of the nicest things is I suppose is having this named professorship is very nice.

**JENKINS**: And of course you had two named Chairs at Penn State. Your initial Chair was University Chair and your second Chair was Eric Walker Chair.

**BIEBUYCK:** Eric Walker Chair which actually was I must say credit has got to be given where credit is due because Prystowsky stepped in and said a few years before he left, we cannot leave for the next Dean these large amounts of money in the “academic enrichment fund” of certain departments because the next Dean will steal them instantly. He will just say, okay, I am taking all of the AEF together, you know, I need it for a new building.

**JENKINS**: Yeah.

**BIEBUYCK:** So, that was part of the basis of forming the Oswald Chair for Surgery and the Eric Walker Chair for Anesthesia by Prystowsky.

**JENKINS**: And so Waldhausen had the Oswald Chair.

**BIEBUYCK:** Precisely. They were both formed and you with Departmental monies. There were no others created at that time, but there were no other departments who were running that well.

**JENKINS**: The other challenge starting a new medical school, and Penn State has made many, many accomplishments, but there are certain limitations being here as opposed to more established places and by those, what I mean are financial limitations. I stay in close contact with Vanderbilt where I taught for 15 years.

**BIEBUYCK**: Yes.

**JENKINS**: They are just always getting huge sums of money donated to them.

**BIEBUYCK**: I know.

**JENKINS**: And, then the other thing, because they are among the top in NIH funding, so they have all of the overhead coming in.

**BIEBUYCK**: Yes.

**JENKINS**: That was one of the troubles with getting off the ground here.

**BIEBUYCK**: Yes.

**JENKINS**: The makes the success that you have had is all the more impressive.

**BIEBUYCK**: Because I would like to make some remarks about that.

**JENKINS**: Yes.

**BIEBUYCK**: I mean, the thing is this, and from being in the leadership situation and you remember when I became Chair, when I first looked at this Chair, I was only 41 years old, I mean, you know, I cannot believe that my children are now at that age.

**JENKINS**: Yeah.

**BIEBUYCK**: But, right from the beginning, however, we had this incredible problem here of being called Penn “***State***” which had all my national colleagues thinking we have state funding which we don't. As you know, we come 76th out of 76 in state-related funding. And, secondly, because we are called “***Milton S. Hershey***” Medical Center, people think we get money from them. So, we had those two strikes against us when it comes to going to wealthy people, donors, and that has always made it difficult to go and get private money because we were not supposed to be private. But we really are like a private medical school. In fact, we get less money than some private schools. We get less money than the University of Pittsburgh gets. And everyone thinks they are private and so on. Anyway, that is one thing. The other point which we have not touched on which I think is very important for this book is that the statement was made many times and apparently George Harrell had this in mind was that this will be a place to produce “family practice type” people.

 And, they “only needed surgery and anesthesiology and so on to run a hospital, so you could teach the medical students so they could become family practitioners”!! Certainly I speak for John Waldhausen myself when I say, we did not come here for that. We came here to compete with Hopkins and Penn and Massachusetts General. That is a totally different set of goals.

**JENKINS**: For sure.

**BIEBUYCK**: And, I think on looking back now, it is now 2010 and looking back to 1976, the first time I met people here, so what is that, 34 years? I think, unfortunately, John Waldhausen and I were wrong. In other words, not wrong in our ambitions, because our two departments rose to national prominence. But wrong because the place Medical Center has truly become an excellent and first class regional hospital. Look at NIH funding. We have gone down in NIH funding in the order of merit in the United States in these 34 years, down, not up. I mean, it is unbelievable. And, so, here is the latest list. Now, I have got this for you, please take this, and here we are sitting at 66th in the NIH funding.

**JENKINS**: Of how many? What is the total number?

**BIEBUYCK**: 127. And at 45 million dollars and at one stage we were 60. I want to also say something, one has got to be educated enough to know every time you hear from some spokesman at the medical center that they brought in $100 million in research funding, that is not in NIH funds. I am talking about NIH funds.

I am not talking about other funds. You can keep that. I also got you the official, this is not brought out by somebody called the Blue Ridge Group, and I brought you this, I emailed AAMC this morning for the latest results, and he points out that the Blue Ridge Institute for Medical Research is now doing this study here, and that is what this is. This is the Blue Ridge…anyway, the only point I am making is that is has been…let me talk about the reasons for that.

Okay, we always knew that…I will tell you what me must do, we must see some of the schools that are above us in these lists…..

**JENKINS**: Yes. But, of course, Harvard is misleading because the MGH and all the other hospitals and locations that are funded separately.

**BIEBUYCK**: Absolutely. And, this is pointed out here. Harvard does not even worry about that. Because Harvard as it is pointed out here, Harvard has 17 teaching hospitals. And they are reported separately. Now, I understand that. It does not make us any better. It makes it worse.

**JENKINS**: Right.

**BIEBUYCK**: You speaking on behalf of Harvard now and saying well it is not fair, Harvard has got more than…right, correct, but we don't. Nor does Hopkins. Nor does Penn. It all comes in one report.

 And, you know, and University of Maryland and so on and so on and so on, all Wake Forest, University of Cincinnati, Medical College of Wisconsin, University of Arizona, Medical College of South Carolina. Where is the University of Massachusetts, here the University of Massachusetts 45, now I will tell you why that is important. I mentioned it in my email to you last night because the University of Massachusetts started the same time as we did.

About five schools started in the early 1960s. University of Connecticut was another one. They have not done well. University of Massachusetts has done brilliantly.

You know, now why? Anyway, let me tell you, so, Rapp did very well with funding. Courtney has gone on doing very well with funding. Jefferson and Morgan's group were always very well-funded.

 But here is the point that those well-funded Penn State Hershey basic-scientists say, they say that they cannot be expected to bring in all the funds, and that all the schools that are better funded than we are have exceptionally strong research funding in their Departments of Medicine.

**JENKINS**: Yes.

**BIEBUYCK**: And they are saying that the problem is that our medicine department has never been well funded. And, so, what they are saying is the schools above us are built on strong Departments of Medicine

**JENKINS**: Yes.

**BIEBUYCK**: And that is, so that is disappointing. But, I am not saying it, I am not attacking medicine. I am saying that that is what these basic sciences are saying. That the best funded schools you could look at any of them, they have incredible funding through their departments of medicine.

**JENKINS**: Right.

**BIEBUYCK**: And, we never had had. And, they say you cannot rise to these levels unless your Department of Medicine is in the upper echelons of funding. What is your feeling about that?

**JENKINS**: I can't say too much. Yes. I understand exactly what you mean. The Department of Medicine has to be a bellwether of scientific activity in order to have a successful academic institution. And the thrust was never in that direction here.

**BIEBUYCK**: Well, I didn't say that. I am just saying that these basic scientists say that that they worry about this too, about this effect, because this is, you know, how could we after 34 years not have gone up in our national ranking in NIH funding. How could we not have? Despite the fact that we built and built and built and built and built new buildings and research facilities. So, that has been a great disappointment.

**JENKINS**: That is very interesting. What else would you like to discuss?

**BIEBUYCK**: You asked could you comment on your association with other Departments and their leaders.? As I mentioned in my email to you, I did not understand how this list was developed.

**JENKINS**: Off the top of my head I do not know how the list was developed. No, the letter that I sent you and the prompting is what Max has been working on, and these are the names he added. I didn't make up the list myself.

**BIEBUYCK**: I thought so, and that's why I thought it was important to make a comment about because if that is what he is working off, he has left a lot of things off. Now that I have the privilege of meeting with you, there are some things I would like to point out. Behavioral Science is not even on the list for discussion, and that of course that would exclude Pattishall and Marshall Jones . Then, Vastyan was followed by David Barnard in Humanities. David Barnard. I am not even talking about the current people, I am talking about over many, many years. Family and Community Medicine, after Tom Leaman was Herman who is still here. Bob Aber comes after Herb Reynolds. But anybody knows that. And pathology, you have Naeye and Abt. You see, what did not make sense to me is Abt was very recent. So, how do you think he threw Abt in the mix who was long after Prystowsky. I do not understand the reasoning.

**JENKINS**: Abt was included because he served as Chief of Anatomic Pathology one of the major divisions of Pathology for over 20 years (1976-1997).

**BIEBUYCK**: And then Nelson was followed by Poland for 10 years. I mean 10 years. Weidner was followed very early. He was followed by John Madewell. Waldhausen was followed by Krummel. And Krummel was followed by Souba. He is now the Dean at Ohio State. Then Russell who was not here when I came was followed by Corley before Peterson.

So, I mean, those are just, as I said, they are just off the top of my head. So, what worried me somehow. The list is not accurate or consistently inclusive.

**JENKINS**: I didn't think it is appropriate for me to set policy on this project, because I was not here for all the time period covered in the interviews

**BIEBUYCK**: But this is not policy, these are facts.

**JENKINS**: No, no. I understand that. But there is no way that I would know all of those people you mentioned.

**BIEBUYCK**: I understand that, but there is also, it is possible that somebody who is in the basic sciences would know those.

**JENKINS**: So, whom would you like to discuss?

**BIEBUYCK**: Well, we can discuss relationship with any of those people.

**JENKINS**: Very well.

**BIEBUYCK**: But, I don't know. I mean, it is your project, do you want to discuss that?

**JENKINS**: If you would like to talk about it, it is my project but only as a format or as a vehicle for letting people talk about things.

**BIEBUYCK**: Okay, but I mean, is that a question that has been asked of everybody else?

**JENKINS**: Yes.

**BIEBUYCK**: Up to now?

**JENKINS**: Yes, to some extent. Yeah. You don't have to speak about each person, it is just individuals.

**BIEBUYCK**: Obviously not. No, that would be silly.

**JENKINS**: And, in fact, when a similar document was prepared for Elliot Vesell, it just talked generically about Deans and Department Chairmen and administrative people. So, you know, it was just a prompt.

**BIEBUYCK**: Yeah. Sure. Well, maybe just for the record, let’s start with the real Deans. I mean, I didn't know George Harrell and he didn’t know me. So, that's obvious. Waldhausen was not a Dean, so I would not comment on his being Dean. Prystowsky I think did a great deal for this medical school, and there are some people, there are a couple of Chairs who were viciously against him. Afterwards, even in his memory. But, I believe strongly that the building called the South Addition should be called the Prystowsky Building, and he did a great amount for this place, and I got on very well with him, and he recruited me, and I had a very, very good relationship with him. John Waldhausen and I had a very good partnership. And, I think, you know, his development of his department depended on my department being good and vice versa, and I think we had a very good relationship. He was also very helpful to me in national activities. Because he knew obviously more people than I did nationally in surgery, and he nominated me to be the editor for American Physiology Society clinical science books.

**JENKINS**: Very nice.

**BIEBUYCK**: It was a clinical science subcommittee which was a very prestigious thing to be on. We brought out several books which are about various aspects of physiological science, and John was instrumental in nominating me for that. He also was invited to bring out one of a series on cardiac surgery and anesthesiology and he invited me, and we edited that jointly, so that was very good. It provided a very good example to the other surgeons in the building that we had an academic relationship and that we respected each other. What had gone before was a very poor relationship between surgery and anesthesia. John and I were determined that was not going to continue, because we both respected each other academically and did joint academic things, and that was excellent. We also did approached the Dean jointly on many occasions about expanding operating room and so on, and I think, so that was very successful. He was also helpful in my recruitment of faculty. As was I of his recruitment. So, I think that was a very good combination.

Howard Morgan and I got on very well and Howard and I started an NIH Training Program for medical students. I became the principal investigator, the PI of the medical student training grant, NIH training grant. So, part of this grant was to give funds for medical students to work in established labs during the summer. Howard and I would sit together and interview every applicant before we chose the final 12, and we had a great time, because I learned a lot from him, but he also learned a lot from the process. He said he enjoyed that.

In fact, in one of his farewell speeches (given for him at the Country Club) he said that he enjoyed working on the training grant with me more than anything else he had done here, because of what we were doing. We kept saying the entire medical student selection committee should be sitting in the room with us, because we were doing what nobody ever does. We were looking at the products of the admissions process a year or so later which no one ever does. After you choose a candidate for admission you do not know how they do eventually, because you are choosing at random. And, when we were interviewing these people, and Howard would be so amusing, because we would look through their CVs and I would say, oh, this fellow did very well at college, he would say, oh, ignore that, that’s a “rinky-dink” college. Take no notice of that whatsoever. Ignore that. Anyway, so Howard and I did that together, and he was also very helpful. He was always very forthcoming in giving a joint appointment to anyone who deserved it, whether from one of the basic sciences or people from my department or any other clinical department.

And, he detested bureaucracy. He had the title of Associate Dean for Research. And, I said to him once, well, do you like doing that? So, he said, no, no, but I don't want anybody else to do it. And, he would come walking along in the way he would walk to my office, knock on the door and say, can you just look through these three things here? Well, what do you think of these three applications here, and I would look, and he would say, well, I think this one might be the best. What do you think? I think yeah, that one looks good. He said, okay, fine, we will set up a meeting, and this person has my support. This was for some sort of research accolade up at University Park. But, anyway, very amusing. He would say, okay, we had a meeting, that was the end of the story.

One of the most enjoyable times I had was as chair of the search committee for Howard’s successor. It was my first experience as a search committee chair although I chaired of the six or seven here later. It was a wonderful learning experience. And it was really fun too. Because, I got from Howard the names of the five leading people, chairs of physiology and one Biological Chemistry, to get advice on how we should proceed in terms of understanding the mission of the department, the focus of the interview process etc. What should the department be like? Because, even under Howard, it was not physiology as one remembers physiology. It was really biochemistry and metabolism, but it was called physiology.

And, so, we got these five people to come in. I had them staying at the country club because there were rooms there, and they came and looked at the department and looked at the school to give us advice, just before we started the search, the right thing to do. Basically, in a few days here, they gave us advice about which directions they thought the department should probably go in. And, then, we started getting applications, at least we started advertising, and sending out letters. And, the first thing that we said is that this is not physiology, and it probably should not be called that because of the direction the department had taken under Howard and that direction should continue. So, the very first person that we decided was the very best person that should be invited for interview, was actually a senior person in Biological Chemistry, the Chair of Biological Chemistry at Case Western. He wanted the job because of Morgan's name. Remember, at that time, Morgan was also Chairing the Howard Hughes Committee, choosing Howard Hughes investigators and so on. So, Howard was very, very well known. He was a member of the Institute of Medicine and had been president of the APS. So, people wanted his job, quite frankly.

So, we were very excited about this relatively young person who was a biological chemist. And, the first thing he said when he was interviewing with the faculty here, and remember now, he was dealing with some entrenched faculty because who had been a long, long time: Mortimer, Jefferson, Pegg, Kay LaNoue, and Rannels, one of the younger ones.

The first thing this fellow said is, oh, I never heard of anything like this where their entire salaries were covered by “hard money”. That is why you cannot recruit anybody to be Chair. You have to free up some money. So, he said, now the very first thing we got to do is put everybody on 50% hard money. And the rest of the money must come in from grants and then we free up immediately those 50% of the hard money to go and recruit some more people. Well, the existing Physiology faculty went absolutely crazy in the department. And, they wrote letters, and they said they were going to leave, if this fellow was appointed. It was basically a mutiny. And, this was not under Prystowsky. It was the very first few months after Prystowsky left by the way. So, that was a real test of the new Dean who happened to be Evarts. Now, I am not going to say any more about that because some people are still here.

**JENKINS**: Yes, we discussed this before.

**BIEBUYCK**: A seventh reason I looked at this place (I gave six reasons before) was that the animal research facilities were so good. And, in fact, I used that example constantly when recruiting scientists here. An outstanding Comparative Medicine Department composed of academic veterinarians who had NIH grants.

And, you could take your animals and you could actually get space to go work on animals down in Comparative Medicine. You could send blood work off to the animal veterinary lab down there and it would be done just as if you were sending it to the clinical labs. Of course, one could always use Bill Pierce's program as an example. So, I should have mentioned that before. That was an incredible recruiting strength. Where the people then actually got space to work, that was another issue.

**JENKINS**: Any other people you wish to mention?

**BIEBUYCK**: Nick Nelson, incredible intellectual sparring partner. He would always keep everybody on edge, and nervous and would come out with sort of crazy ideas in Promotion and Tenure meetings and be very helpful at other times. I mean, he always had extremely high intellectual standards, certainly in his own mind.

But, I enjoyed him. You know, he was fun. He could be seen by some people as obstructive I am sure, but he was fun. I will never forget sending him a CV of somebody that I wanted to bring up for promotion, and he sent the CV back to me and he had circled several grants that that they had from the American Heart Association and he said, oh, this is a local “gimme”… You are not going to get this person promoted.

At another P&T meeting Nick said that he had interviewed the Nurse in charge of the Emergency Room to enquire as to her view of the candidate for promotion. “Oh,” she said, “he is a very good physician……..EXCEPT in an emergency”!

Anyway, those are some of the main actors. Perhaps the person I most enjoyed intellectually in the school, over the years when I was an Academic Dean, was Marshall (Bush) Jones. What an incredible person. What an incredible person to talk to about philosophy, and he reads *The Economist!*. He reads the *New York Times*. He reads the *Wall Street Journal* every day. What a wonderful philosophical person. Absolutely, he made life worth living just to go and just sit and talk to him because he was in neither camp really. He was neither a normal basic scientist or usual basic scientist, a lab type basic scientist, nor a clinician. Wonderful.

 The biggest surprise to me, contrary to what was advertised, was that there was very, very little interdisciplinary research here. I had a joint NIH grant at Massachusetts General with cardiac surgery; a center grant with radiology (with Juan Taveras, a famous radiologist there), looking at brain function. In Oxford worked with many different disciplines, and in Cape Town with surgeons, internists, endocrinologists, biochemists and pharmacologists. I thought I would be able to develop similar collaborative studies here in Hershey. In retrospect, I think the fact that this was a new school and most people were still trying to prove themselves, was at the heart of the problem. You have to be secure to collaborate. If you are insecure, you are frightened of collaborating, and afraid that you may not get the credit. And, yet modern research is collaboration. So, that has been a great disappointment here.

Quite frankly it is almost unbelievable that Graham Jeffries intellectually sort of avoided me. I mean, here I was coming from having worked and published hepatic encephalopathy, liver failure, having worked with Isselbacher, famous hepatologist at MGH, Rudy Schmidt (UCSF hepatologist, and later Dean there)who worked in the same area, and not once ever was I invited to give grand rounds in medicine on hepatic encephalopathy which was my actual subject!!!

**JENKINS**: That's interesting.

**BIEBUYCK**: Why would that be? Because I had been pigeon-holed probably as an anesthesiologist? What would an anesthesiologist know about things like that. Did the existing people at Hershey feel threatened? A couple of years ago I sent Graham a reprint of my little autobiographical memoir, and he said, “huh, gee, you are quite an accomplished and important person aren't you?” But, I mean over all of those years. I mean, he didn't call me up to his office, he did not write. How could I not be asked to give grand rounds in medicine? Anyway, so, that was surprising because that is the intellectual home of a medical school, is medicine. Medicine grand rounds in any medical school is the weekly intellectual gathering of brains. That is the way it is supposed to be.