
William G. Anlyan, MD

The Lighter Side of Giants

A handwritten signature in grey ink that reads "W. G. Anlyan". The signature is written in a cursive, slightly slanted style.

There is usually a fun and humorous facet of each giant in academia. Other publications have related the great professional achievements of the subjects presented below; these sketches share a more personal side.

Wilburt C. Davison, MD

As the founding dean of the Duke University School of Medicine, Wilburt Davison was also a character. He loved to eat—especially Turnage’s Barbecue. It was his main restaurant for entertaining visiting guests, fellow faculty, and graduating students. The combination on the menu included chopped barbecue, Brunswick stew, coleslaw, and hush puppies.

One day in the 1950s, a visiting delegation of Egyptian physicians was to be entertained. Dave knew that I was born in Alexandria, Egypt, and included me on the guest list. My instructions indicated that I should accompany the visitors to Turnage’s for dinner. I had an uncomfortable feeling that the Dean’s office might have

overlooked the fact that the visitors were Muslims and did not eat pork nor drink beer.

On arrival at Turnage's (which was literally in the Duke Forest on Morreene Dairy Road), we were greeted at the entrance by the usual dozen or so free-running hens. Once Dave arrived and the problem was recognized, some of the hens disappeared, and within 30 minutes dinner was served with fried chicken as an alternative to barbecue.

Another of Dave's habits was to speed excessively on the highway. On one of his trips, his rearview mirror indicated that he was being trailed by a state trooper. He pulled off the road, dashed to the hood of the car, which he unleashed. The trooper pulled up behind him and joined Dave under the hood. "Can't figure out why the accelerator gets stuck." No ticket was issued.

Dave didn't waste time. Flying with him was an experience. The sequence of events upon boarding a plane was: blow up a balloon ring to sit on (he presumably had coccygodynia); pull out the eyeshades and place them on his forehead; take a pill (short-acting barbiturate?); take a swig from a flat bottle wrapped in newspaper (bourbon?); take out a stack of clippings from a variety of publications (for editing future background inclusions in the next edition of his textbook, *The Compleat Pediatrician*); yawn three times; and request his seatmate to "wake me up when they serve the drinks and food." On landing he would be the serious professional after he tightened his tie.

The final anecdote relates to his attempt to have Duke University confer an honorary degree upon Vice President Richard Nixon in 1954. He mobilized the medical center faculty by having the hospital's PA system announce a reminder to attend the afternoon meeting of the university faculty. This was announced every few minutes. Since the main hospital corridor was the path frequented by university faculty, it was heard by many.

To support "the Dean," many medical faculty members showed up in their white coats

or even in their scrubs suits. President Hollis Edens chaired the meeting, which was in a large hall with standing room only. The prolonged debate on Richard Nixon hit an impasse. The decision was made to adjourn and meet in one week to reconsider the motion. The following week the hospital PA system modified its message to the medical faculty (and all within hearing distance): "Please do not wear your white coats." The motion to award the honorary degree was defeated. It was also the last time that many of us ever wore a white coat to campus meetings.

Barnes Woodhall, MD

Barnes was a world-renowned neurosurgeon, the second dean of the School of Medicine who had a "Maine Yankee" background.

My first rotation as a surgical intern was on neurosurgery. The two senior surgeons were Barnes Woodhall and Guy Odom—very different backgrounds and yet a wonderful team. Barnes was a Hopkins graduate who had trained under Dr. Walter Dandy. Guy was from Louisiana, talked with a Brooklyn-like accent, and trained under Dr. Wilder Penfield in Montreal.

Barnes was quite short, but (in faculty respect) he was a towering figure. Everything he did was crisp and to the point. In the late '50s, he emerged as the top candidate to succeed Dr. Davison in 1960.

Barnes was a moderate smoker of cigarettes. Yet he never developed a cough or any of the sequelae of smoking, such as pulmonary fibrosis.

Just before his appointment in 1959 as dean, Barnes and his wife, Frances, were with us at the International Surgical Society meeting in Munich. Master surgeon (Barnes) and his former intern (me) became socially acquainted. It was the beginning of a long-term friendship and collaboration. Subsequently, the four of us traveled to Puerto Rico (Mayaguez) to check out a deep hole in the ocean floor as a potential "laboratory" for hyperbaric studies. Later we traveled to Grand Cayman for a joint vacation. While there, we received an SOS message from [then-Duke president] Douglas Knight because

of the growing unrest of the students during the protestations against the Vietnam War and the civil rights issues on the campus. Doug wanted us back immediately. We left our wives in Cayman with the expectation that we would return in a few days—which never happened. Our wives made it back alone.

Doug was the subject of increasing wrath from a few trustees. It probably started with the construction of the new president's house on Pinecrest Road, because of inadequate communication about the costs to be incurred. The subsequent student protests added to the dissidence and a growing feeling amongst some of the trustees that Doug was not "tough" enough to handle the situation. Doug trusted Barnes and me because on at least two occasions we had been approached by two trustees of the executive committee to support their efforts to depose Doug and we had both refused. One episode was at a meeting in Lyford Cay in Nassau, the other at Lake James at a weekend retreat traditionally hosted by the Duke Power Company [now Duke Energy].

In the final year of his presidency, Doug persuaded the trustees that he was carrying the responsibilities and work of two persons and therefore needed a chancellor to share the job. His choice was Barnes Woodhall. The trustees approved the appointment. Months later, Doug resigned. Barnes was left as part of the troika (the chancellor, the provost, and the vice president for business and finance) to run the university until a new president was appointed. After Terry Sanford was inaugurated as the new president, Barnes returned to the medical center as a senior professor.

One final note about Barnes: he could not stand long, boring meetings. He became adept at recognizing such upcoming events. About 20 minutes into such gatherings, he would receive a message from his secretary that he had an urgent patient problem. He would excuse himself; no one was going to argue with the renowned brain surgeon who was still seeing a few patients in consultation.

J. Deryl Hart, MD

As the first chief of surgery, Dr. Hart was a genius to develop a major department in the middle of the Great Depression. His major role in the evolution of the Private Diagnostic Clinic as the prototype of geographic full-time clinical practice has been adopted by most academic medical centers in the United States. He was a master surgeon. He had the reputation throughout the university of being fair and having the welfare of the entire university as his number-one priority. His principal "lighter side" was his family—his wife, Mary Johnson Hart, and their six children. Mary was the perfect lady to complement Dr. Hart. Every Wednesday evening preceding Thanksgiving, she and Dr. Hart had all the residents in general and thoracic surgery for dinner at their home. She kept up with each family, the children's illnesses, and their names. When Dr. Hart became the interim president of Duke from 1960 to 1963, she performed admirably as the first lady. Subsequently, the trustees made Dr. Hart the full president with all the privileges of the office.

When Dr. Hart became president, he realized that he would need to get a top-notch academic team to assist him with the affairs of the university. He chose wisely by selecting Professor Taylor Cole, a distinguished political scientist, as his provost and Dr. Frank DeVyver, a labor economist, as vice provost.

During World War II, Taylor was reputed to be the "top spy" of the United States, residing in Sweden and taking occasional trips to Germany. He was proficient in German and for years later would keep up with German publications. True to form, he would not talk about his World War II experiences. He and his wife, Nan, lived close to the university, and their rose garden was one of their hobbies.

"Uncle Frank" (DeVyver) kept an eye and ear on the major issues that could be problematic within the university. From time to time, he offered me his sage advice. As a labor negotiator he excelled in avoiding conflict.

Almost a year before the Cuban missile crisis, Taylor and Frank called me in to express their

concern about a possible conflict with the Soviet Union. In particular, if Oak Ridge, Tennessee [one of the primary sites associated with the Manhattan Project], was a nuclear target, the prevailing winds from the west would blow radioactive material over Durham. They were anxious to protect the university community and its environs from nuclear fallout. At the time, I was head of the Medical Education for National Defense (MEND) program in the medical center.

We formed the University Fallout Preparedness Committee, whose charge included mapping out campus buildings that were safe from anticipated penetration of radiation. Secondly, we had to stock the same buildings with water and crackers for people in the shelters to survive for as long as three weeks. I had a great team of staff and faculty from the medical isotope laboratory (Conrad “Nick” Knight) as well as one senior university architect to assist.

As part of the preparation, we organized a “dress rehearsal.” Ninety volunteers in three groups of 30 would be confined to a shelter for eight hours. The behavior of the group and the interactions would be observed. The group I was assigned to (I had no voice in the selection) included university and medical center faculty and Provost Taylor Cole. Part of my own family was put in my group. Everybody brought reading material, knitting, and other backlog projects. What happened? Backlog readers did not recall what they read, the knitting accomplished had to be completely redone, eight hours began to be uncomfortable, and the problem of the day was that the provost acted crazy (none of us knew that he had been coached to act that way). How does one handle the top academic of the university who becomes psychotic during incarceration? Fortunately we didn’t put him in a straitjacket or have to subdue him with drugs. As a matter of fact, I don’t recall how we did handle the situation.

When it was all over, we were pleased to have survived the exercise and become familiar with potential psychosocial problems that might arise in confinement.

Shortly thereafter, the real Cuban missile

crisis occurred. We were comforted slightly by the fact that we thought we were prepared. I have no idea as to what ever happened to the stored water or biscuits.

On the subject of exemplary university leadership, I would mention two subsequent provosts. Marcus Hobbs was a revered professor of chemistry. He became dean of the university and subsequently provost. He was wise, fair, effective, and highly respected. A subsequent provost, Dr. William (Bill) Bevan was a research psychologist. Bill and I solved many issues on the telephone without prolonged discussions with multiple committees. His previous service as provost at Johns Hopkins had prepared him well to cope with the medical center/university interface.

Finally, one of our contemporaries, Dr. Richard (Dick) White, professor of botany and current university marshal, stands out as a special person. He was my collaborator in the grant from The Commonwealth Fund of New York to open the medical school basic science courses to undergraduates.

Philip Handler, PhD

Phil became chair of biochemistry around 1950 succeeding Dr. Perlzweig. He was a genius. He never used notes in his lectures or speeches. Phil was brilliant in terms of the current and the future of science and politically astute in terms of how things come to fruition in Washington. He served on boards of the NIH, the NSF, the White House Science Council, and the National Academy of Sciences. Some said he had “Potomac fever.” Others might have been slightly jealous, but on key issues everybody wanted to know, “What does Phil think?”

He took the biochemistry department to its international acclaim. In his last decade of deanship, Dr. Davison had mixed feelings about Phil (as he did about most people). Dave was championing the challenges of primary medical care whereas Phil represented the future of science. However, each respected the other, and divergent issues never divided their loyalty to making Duke an outstanding institution.

Phil, in his second term as president of the

National Academy of Sciences, was looking forward to returning to his professorial duties at Duke. His office had been refurbished. However, he died of a widespread malignancy. Just days before, he delivered a great speech on the future of science. He had a mellifluous voice. At times I had the privilege of playing Broadway musicals on the piano with Phil joining the chorus. He probably imagined being an amalgam of Ezio Pinza and Rex Harrison.

Eugene Stead, MD

Dr. Stead was perhaps the most revered clinical teacher at Duke. For over 20 years he was the most admired, feared, respected “rounding man” on the medical wards. As a result of his indefatigable stewardship of his department and its multiple interfaces with both basic science and clinical departments, he probably expected (and achieved) to make students, residents, and younger faculty work harder, read more, and produce more results in research or clinical care. Personally, I had four interfaces with Gene—three professionally and one socially. I first met Gene, the very distinguished leader of the Department of Medicine, when I was just an ordinary house officer in surgery. I used to sneak into his weekly Sunday School at 9:00 a.m. and sit quietly in the back, absorbing any “pearls” that were cast out (1949-1955). The next phase of our interactions was between 1955 and 1963, when I was a young surgical faculty member. To my surprise, Gene referred some patients with complex problems to me. In particular, one late evening he called me about the elderly secretary of Osler Ward. She had developed an acute abdominal catastrophe. We transferred her to the OR immediately; she turned out to have areas of gangrene of the colon from acute colitis. We had to resect most of the colon to save her life. Throughout the procedure, which went on into the early hours of the morning, Gene had put on a surgical gown, mask, and headgear to stand behind me and observe. We had a running conversation as the pathologic basis of her acute abdomen unfolded. Somehow, it reminded me of the stories of William Osler taking his students to

the autopsy room to get a first-hand report of the patients’ underlying pathologic process.

My next interface was to be promoted to the deanship, a choice in which he participated. It was an awkward position for me, especially when he and Phil Handler greeted me as “their boss.” Actually, Gene and I never had any major disagreement. Like with Phil, I would never have dreamt of making a major departure without hearing his opinion. He felt strongly about retiring ahead of schedule to leave a vacancy to which Jim Wyngaarden could be attracted.

Around 1965, Gene came to see me. He told me about the 22,000 corpsmen trained in health care who were discharged each year from the military. Unlike pilots or engineers in the services, they had no place to go in civilian life. He proposed taking on three former corpsmen and seeing how they would fit in the non-military health system. The main reason for informing me was to ask my help in the event that the nursing profession might feel threatened. It was the beginning of the Physician Assistant Program.

The last interface was our social relationship. In 1957, Dr. Ewald (Bud) Busse, chairman of Psychiatry and head of the Center For Aging, and I jointly bought a property on Kerr Lake, a.k.a. Buggs Island, which abutted Gene Stead’s land. We got to know each other as neighbors. Gene and Evelyn built their retirement complex with their own bare hands. Of particular note was the fact that stage one of construction was a joint kitchen-bathroom unit. I suggested that he could not pass the grade for public health.

We had many good times as families. Evelyn and Gene were at the height of their advocacy for low-fat diets. There were times when we furnished good ice cream to the gatherings including their children.

After Evelyn’s death, Gene continued living at Kerr Lake. He was found dead in his bed at the age of 95. He was a great friend and contemporary who actually influenced my own career.

Gene Stead and Phil Handler were jointly major forces in attracting some of the chairmen for the next generation—Roy Parker, Dave Sabiston, Jim Wyngaarden, Tom Kinney, Dan

Tosteson, and Harvey Estes. In turn, the new leaders helped to attract and retain Sam Katz, Bill Joklik, Ike Robinson, Merel Harmel, and Andy Wallace.

President Terry Sanford

When Doug Knight resigned, I was asked by the Duke trustees to serve on the selection committee for the new president of Duke. Terry Sanford became the leading candidate supported by some of the most influential trustees of the university.

They wanted a person who was “tough enough” to make decisions in the turbulent academic times of the '60s and '70s.

I went through the personal catharsis of weighing political strength versus academic credentials. At that point, I was reluctant about his appointment. I had not really sat down to chat with him about his specific views. I got the feeling that he was an administrator who delegated authority and didn't worry about minutiae. He was also a “people person” and didn't hold any grudges.

After he became president, I also realized that he thought like a non-academic—a divergency from traditional academic thinking. He knew when to gamble conservatively, such as building the Bryan Student Center lacking the basic finances. He knew when to gamble on the fortunes of a Fuqua School of Business or an Institute for Public Policy. He put his bets on individuals like Joel Fleishman as entrepreneurs of major endeavors including fundraising.

In the early 1970s, Terry called me when I was attending a continuing education course sponsored by Duke at Atlantic Beach, North Carolina. It was 7:30 a.m. After the introductory amenities, he asked if I'd like to go to China. At the time, the United States had no relationship with China. His source of contact was through Canada. Once he established the authenticity of the question, I responded positively. Three years later in 1975, we got the official invitation from the Chinese government to assemble a delegation to go via Beijing for a three-week tour. Originally Terry was to lead the 12-member delegation. However, when the specific invitation arrived

for the tour, it was to start in October of 1975. Terry had decided to run for the presidency of the United States. I happened to be the second-ranking member of the Duke delegation. He asked me to head the group. Mrs. Sanford (Margaret Rose) would be the leading lady of the group.

During the preliminaries of the presidential campaign, Terry developed some chest pains. Worrying about an impending coronary artery problem, I contacted Mr. Walter Davis to see if I could “borrow” his private jet plane to go to Boston to rescue Terry. The answer was a resounding “yes.”

I got to RDU with Dr. Robert Whalen (Duke's “senior cardiologist”), the head nurse of the coronary care unit, and some emergency equipment. Mr. Davis was on board waiting to help. We landed at Logan Airport in Boston at the private terminal. Terry was waiting for us. He did not want to be wheelchaired to the plane. He walked like a parachute trooper and got on board. In the meantime, I had alerted friends and colleagues in New Haven, Philadelphia, and Richmond that we might have to make an emergency landing and need urgent care. The plane landed uneventfully at RDU. Once back at Duke, he was worked up and given a good report allaying anxieties about any impending cardiac catastrophe.

Late in Terry's Duke presidency, he called me one summer morning at 9:05 a.m. I was at my Beech Mountain home. After the brief social preliminaries, he said he had an upcoming meeting at 9:30 a.m. with the Executive Committee of the Academic Council. Then he said, “Wouldn't it be wonderful to request that Duke University be the future site of the Nixon Library?” The purpose of his call was to ask me to intervene in a small way. The two members on the Executive Committee of the Academic Council from the medical center were known liberals who might be opposed to the Nixon Library being located at Duke. Would I please call them and hopefully make them supportive of the effort before they showed up in the president's office? It was now 9:17 a.m. I

told Terry I would try (which I did), though I thought both individuals were probably in transit to his office and unreachable and unpersuadable. Terry lost, but as a veteran politician he knew how to lose without losing his cool. The only victim of this episode was Alex McMahan, who was chairman of the Duke University Board of Trustees. Alex felt duty-bound to support the president. As a finale to the whole episode, he was the recipient of a vote of “no confidence” by the Academic Council. It was an unnecessary finale to a man who had served the university for so long as a devoted alumnus. He too could laugh about it in retrospect.

My final story about Terry pertains to his terminal illness after he retired. He had a cancer of his esophagus and was a patient in Duke University Hospital at the same time that I was recovering from a quadruple coronary artery bypass. He called me—hospital room to room—almost every day to ask how I was getting along. Sixteen years of working under and with Terry Sanford was a fun and productive era. I wish that all 25 years of my time at the helm of the medical center could have been as productive.

The Inevitable Rivalries

The Cain/Abel rivalries exist in all institutions. The medical school had its share and I shall only mention three. Actually it astonishes me that highly qualified academic scholars are as blind to the negativity of sibling rivalries as any other portion of the population—even in an environment that is overwhelmingly fun and positive.

Jay Arena/Lenox Baker

The rivalry between Jay Arena and Lenox Baker is the oldest, dating back to 1930-32.

Jay was a transfer medical student from West Virginia. He graduated in 1932 and with his name starting with an A, he was occasionally dubbed as the “first graduate of the medical school.” This claim was challenged by Lenox Baker, graduated in the class of '34, who felt that he was the first graduate of the initial four-year class. I would have relegated the discussion to a friendly barroom chat over a beer or two. Not so!

It lasted throughout their careers in substantive ways. For example, Lenox was politicking for a “distinguished alumni award”—which had to be supported by the Duke Medical Alumni Council—which was controlled by Jay. Finally, as the dean, I suggested an end to the feud and Lenox was granted the award. At the presentation luncheon Lenox was very much himself when his opening remark was “Well! It’s about time.”

A second example of their rivalry was the naming of the Lenox Baker Hospital for Cerebral Palsy. Jay was very proud of his relationships with the cerebral-palsy leadership in the state of North Carolina, which led to the founding of a special hospital close to Duke to provide the needs for children born with neuromuscular deficiencies. All was calm until Lenox was appointed by the governor as Secretary of Health for the state. Shortly thereafter the hospital was renamed.

Both Jay and Lenox were pillars of the school. They both adored and admired Dr. Davison and yet the rivalry persisted for decades. I respected them both for their outstanding contributions to the evolution of the institution.

Nicholas (Nick) Georgiade/Kenneth (Ken) Pickrell

Ken Pickrell was the chief of plastic surgery and Nick Georgiade was one of his trainees. I should declare my conflict of interest since Nick and I trained in surgery at the same time and he became my best friend socially, except on the tennis court. Nick was asked to stay on as a senior member of the plastic surgery division. He had a major asset as a certified oral surgeon which provided him with capabilities beyond Ken’s. I was not involved in the intrinsic issues within that division; those were responsibilities I left to David (Dave) Sabiston, as the chief of the Department of Surgery. However, the public discourse between Nick and Ken was becoming destructive. On a relatively rare occasion as dean, and with Dave Sabiston’s support, I invited both Ken and Nick to my office. I told them that they would both be fired if I heard one more word about their feud. As I reflected

for many years thereafter, I don't know exactly how I would have "fired" two internationally renowned, tenured professors—each of whom were significant contributors to the income of the Private Diagnostic Clinic's division of surgery. However, it did work. In the years that followed, both Ken and Nick continued to serve Duke well without any further public controversy

Will Sealy and Ivan Brown

This rivalry peaked before I became dean. I was drawn into the intercourse by Clarence E. Gardner (Connie) when he was acting chair of surgery and I was helping to run the department during Dr. Hart's presidency of the university. Again I should confess my conflict of interest. Ivan had been my co-resident in general and thoracic surgery. I admired him as a "genius." A biographer should document his many contributions to health, blood banking, and surgery. Ivan would never hurt a flea. Bill was rather inexperienced as he was thrust the responsibility to develop thoracic (and later cardiac) surgery, following the premature death of Josiah C. Trent. The controversy between the two super professors surrounded the leadership of an NIH grant. Ivan was a recent lecturer at the Trent Society, and I had a chance to quiz him about these issues.

One day Connie Gardner asked me to join him in his office to meet with Bill Sealy. Connie was furious. He had been with Ivan throughout the war in the 65th General Hospital. He didn't want Ivan to resign.

Connie and I sat on one side of his desk and Bill sat across from us. Connie started with the declaration that if he heard one more negative remark about Ivan that emanated from Bill, he would be removed from the leadership of that division.

Despite these admonitions, Ivan resigned and moved to Lakeland, Florida, to join Jack Collins in the evolution of cardiac surgery at the Lakeland Clinic. All of this happened before I recruited Dave Sabiston from Johns Hopkins. Dave was a renowned cardiac surgeon.

Since it was not my style to intrude in

the management of each department unless a problem was having negative repercussions in the institution, I did not get involved in how Dave interacted with Bill Sealy. I believe that Dave went on to develop an outstanding division of cardiac surgery, and Bill distinguished himself as a pioneer in surgical treatment of cardiac arrhythmias. There was never any doubt that Dave was in charge of the whole department of surgery.

The Recruitment of James (Jim) Wyngaarden and Merel Harmel, 007 Style

Gene Stead retired from the chair of medicine as he had planned. The members of the Medical School Advisory Committee (consisting mostly of all the other chairs) recommended unanimously that Jim Wyngaarden be the #1 candidate. Jim had left Duke just two years earlier to become the chair at the nation's first medical school—The University of Pennsylvania School of Medicine. We wanted to avoid any embarrassment to Jim. Therefore Dave Sabiston and I were chosen to lead a quiet, hush-hush expedition to test the waters. We would both fly to LaGuardia, take a cab to JFK airport, and meet Jim at the registration desk of the International Hotel (where I booked a sitting room). Jim would fly in from Philadelphia.

The well-planned secret mission began to unravel when we boarded the plane at RDU. There were a few faculty members on the same flight who greeted us and asked where the two of us were headed. We kept quiet. The International Hotel also had a few Duke faculty who were en route overseas. We made the mistake of having dinner in the main dining room. In the course of dinner, Jim was very positive about returning to Duke. Everyone was delighted and nobody was embarrassed.

Merel Harmel was a different story. For many months Dave Sabiston and I had been struggling with the search for a strong chair for the newly formed Department of Anesthesiology, which had been a division of the Department of Surgery since 1930.

By a marvelous coincidence the American

College of Surgeons was meeting in Chicago. Those in attendance included Dave Sabiston and Harry Muller. Harry was a Duke trustee and chair of surgery at the University of Virginia. Subsequently Harry became the vice president for health affairs at Virginia. One evening Harry and Dave were having an after-dinner libation at the Playboy Club on Walton Street across from the Drake Hotel on Michigan Avenue. Lo and behold, they ran into their old friend Merel who was the chair of anesthesiology at the University of Chicago. Dave and Harry discovered that Merel might be interested in the chair at Duke.

Dave called me early the next morning with the news. Could I fly up to Chicago and have breakfast with Merel and him the next morning? Of course! I changed my schedule. The next problem was for me to find a hotel room in Chicago where we could meet privately and where I could stay overnight. There must have been 40,000 hotel rooms booked all over Chicago—filled with attendees of the college. As a long-time customer of the Drake, I prevailed on the assistant manager. The only room he could provide was the newly redecorated suite used by Queen Elizabeth. They could put a cot in the living room but all the other rooms would remain locked.

Early the next morning, I hurriedly folded the cot and pushed it into a closet. A sumptuous breakfast was ordered for the living room. Dave and Merel showed up exactly as scheduled. We never denied that this suite was not the Duke style. Merel visited Duke and accepted. A new era in anesthesiology at Duke had just started.

Now there is an adventurous facet to the recruitment of other chairs. We were told that Sam Katz would never leave Boston. Fortunately for us, he saw the opportunity at Duke and made the decision to come to Duke and rejuvenate pediatrics.

Wolfgang K. (Bill) Joklik was at Albert Einstein [College of Medicine at Yeshiva]. Tom Kinney and I met him at the old Gotham Hotel in New York. Of special interest is that Sam and Bill knew each other because of their interest in virology. They reinforced each other's decision to come to Duke. What a blessed event for Duke.

As matriarch of the Duke family and its relationship with Duke University as well as The Duke Endowment, Mary tells the story of her provisional acceptance to undergraduate school at Duke in the late 1930s. She made it through without a hitch. She married Dr. Josiah (Joe) Trent, the newly appointed head of thoracic surgery. They shared his special training at the University of Michigan as arranged by Dr. Hart, who appointed him. Subsequently at Duke, Joe Trent developed the new Division of Thoracic Surgery. Mary and Joe had four daughters, who have shared in Duke University affairs in some form. Unfortunately, Joe died in December of 1948 of a malignancy which he had for a period of time.

In the 1950s, John and Susan Dees (professors of urology and pediatrics, respectively) introduced Mary to Dr. James H. Semans, a Hopkins graduate who was a practicing urologist in Atlanta. Mary and Jim were subsequently married. They formed a team to participate with several philanthropic endeavors, including the N.C. School of the Arts in Winston-Salem. They had three children, who are also participants in Duke-related activities.

Mary served for many years as a Duke University trustee and continues as a trustee of The Duke Endowment as well as the chair emeritus. There is hardly a day when she is not asking, "How is everything at Duke?" Her interests about the university encompass the entire institution. She has the uncanny ability to monitor the entire enterprise.

I have had the privilege of relating to her in a variety of positions. There is one relationship that is common to the rest. She's always there to discuss burning mutual issues, to team up on common causes, and to follow-up to see that positive end results are achieved. The world would be a better place to have more clones of Mary. Aren't we lucky to have the original model?

As a history buff, I sometimes think of Queen Victoria as the 19th-century model who combined family life, raising children, and concurrently leading her fellow citizens in

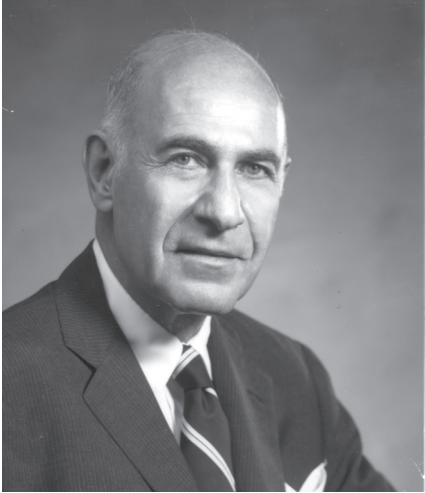
societal and national obligations. Mary Semans comes from the same leadership model.

POSTSCRIPT

For many years I have relied on Andy Wallace for advice. He was my closest colleague as director of the Duke University Hospital after a brilliant career in cardiology.

Andy read an early draft of *The Lighter Side*, and he points out that the prevalence of humor and goodwill to overcome occasional “bumps” was a palpable part of the chemistry at Duke.

Maintaining institutional goals and creating a spirit of collaboration with mutual respect among the faculty, administration, and trustees was indeed a part of the “magic” of this place. I believe it continues to be essential as we head into a more challenging and unpredictable future. Recognizing that there is a lighter side to relationships—and taking pleasure in them—helps to create the kind of positive and productive working atmosphere we all enjoy most.



Bill Anlyan, a Yale graduate, began his career at Duke in 1949 and fulfilled 60 years of dedicated service to Duke University, The Duke Endowment, and the state of North Carolina. He has served as head of Duke University Medical Center, where—under his leadership—it became one of the premier academic medical centers in the United States. He has also been chancellor of the university and trustee of The Duke Endowment, and today continues as a goodwill ambassador for Duke. He has served nationally and internationally on numerous committees, organizations, and boards in the fields of medical education and health policy and has received many honors and recognitions, including the naming of the patient care areas and central core of the Duke University Hospital in his honor by the Duke Board of Trustees.