

ZIGS AND ZAGS TO ACADEMIC MEDICINE

Robert Gifford

I was born and grew up in a suburb of Boston called Newton, Massachusetts. My father and grandfather were both Methodist ministers. My great-great-grandfather was a Congregational minister who went to Yale back in 1835 and was later run out of town by the tobacco farmers when he began preaching abolitionism up near Hartford. When I was in high school, my dad had a little sign to put in the rear window of his car identifying him as a clergyman. Whenever I borrowed the car to take a girlfriend somewhere, I would cover the sign up with a little glove, which my father didn't like very well.

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After I graduated from Newton High School in 1950 and started looking around for a college, my dad said, "There's a place out west called Ohio Wesleyan, where a Methodist minister's son can go really cheap. That's where you're going to go." So they put me on a train with a desk lamp, a suitcase, and a big lunch that lasted me overnight. I got off in the middle of a cornfield in Ohio, having never before been outside of Massachusetts, and jumped straight into classes. In those days, applying and going away to college wasn't the complicated, angst-producing process it is today. You just presented yourself and got to work. Course announcements were unheard of. Somebody would put a little sign up on the bulletin board saying, "Show up in classroom so and so at such and such a time," and that was it. Ohio Wesleyan didn't even have an office of student affairs, as I remember. Compared to the support we give to college and graduate students today, the atmosphere was very hands-off.

During my four years at Ohio Wesleyan, I joined the ROTC to avoid the Korean War draft. Nevertheless, upon graduating I discovered that I had an obligation to serve in the Air Force for three years. Before long, I found myself at flight school in Florida. After completing the primary course, I was told that I'd have to serve a second tour of duty if I went on to the next phase of training. Since this was out of

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the question, I decided to switch to a special school that trained interceptor controllers—technicians who guided fighter aircraft to intercept other planes. It was well known that if you graduated at the top of the class, the Air Force gave you your choice of assignments. So, naturally, I studied hard and scored first in the class. “Lieutenant, you’ve earned it,” my commanding officer said as he showed me the available assignments, all but one of which were up in Greenland. The exception was a base in Udine, Italy, where the Air Force operated a small pilot-training program. “That’s for me,” I said. After taking a crash course in Italian, I packed my skis and snow gear and reported to Westover Field in Massachusetts en route for Udine. I was the happiest guy in the world.

Sadly, the night before I was to depart, a messenger knocked on my door and handed me a telegram. “Orders changed,” it said. “Get off plane in Tripoli, Libya.” Eighteen hours later I stepped out of the airplane door into what felt like a blast furnace. (Later I would learn that the hottest temperature ever recorded on the face of the earth was just outside of Tripoli.) I spent the next year and a half working with American fighter pilots in rocketry training. Libya at that time was a very poor country. No oil had yet been found there. Muammar Quaddafi must have been a teenager. I traveled all around the country, from the spectacular Roman ruins at Leptis Magna and Sabratha to the fascinating interior of the Libyan desert.

While I was in North Africa, I began to consider what to do with the rest of my life. I was very undirected at the time. I knew I wasn’t qualified to be a lawyer or businessman, so I decided to become a doctor. I applied to Cornell Medical School in New York City, Tufts Medical School in Boston, and a few other places. All were desperate for students in the early 1950s and entrance requirements were minimal. In the end, I decided to go back home to Boston. Like most medical students, I had already taken all the science courses I needed in college. By the time I was discharged from the Air Force and enrolled at Tufts, therefore, I was three years older than my peers.

Boston was a wonderful place to study medicine, but Tufts, like Ohio Wesleyan, offered students little in the way of social or financial support. Although the GI Bill paid my tuition, I soon ran out of pocket money and faced the prospect of dropping out of school to get a job. Since Tufts had no financial aid office, I had no one to turn to turn except the dean of the Medical School himself. When I told him I was thinking of dropping out, he replied, “That’s the craziest thing I ever heard in my life.” Whereupon he sat down at his desk, pulled out a checkbook, handed me a check, and said, “Now get back to work.” I could hardly believe my luck.

In my fourth year of medical school, I met the most beautiful woman in the world on a visit to Washington, D.C. Our romance consisted of six dates and a flurry of letters spread over a year’s time, at the end of which we got married. After finishing my residency in general medicine at Boston City Hospital, I decided I wanted to be a general practitioner in Vermont and moved to Washington for a second year of residency, this time in pediatrics. John Kennedy had just been elected president and his

administration was setting up the Peace Corps. Friends urged us to consider joining, but it seemed impossible. After all, I hadn't even finished my training and we were expecting our second child. On second thought, however, my wife and I decided that we might never have a chance to do anything like this again. So in 1964 we signed up for two years in Colombia (Nepal had been our first choice, but once again fate intervened) and the next thing we knew we were on our way to New Orleans to brush up on tropical medicine before proceeding to Bogotá.

At that time, Colombia had the largest Peace Corps program in the world, with 650 volunteers scattered throughout the country. Part of my job was to look after their health, check out various sites to make sure it was safe to station volunteers there, and supervise the corps' various nursing, health, and nutrition programs. I traveled the length and breadth of the country by horseback, canoe, and airplane. It was a tremendous experience. As in Libya, I saw what poverty could do to people. The Peace Corps in Latin America focused on community development. Our mission was to find out what a community needed – be it a school, an aqueduct, or what have you – and then work with the people to provide it. The program was very unstructured and many of our volunteers became depressed by the lack of discernible progress. Psychological problems were particularly widespread among Peace Corps workers in Latin America, which superficially resembled the United States but was actually quite different. It was frustrating to live and work in a society where the basic infrastructure did not function properly. As a result, many volunteers suffered from depression and other problems that I had to deal with as a physician.

One day, three American volunteers came into my office in Bogotá carrying a package. They told me they had flown up from the back country in hot weather with their pet ocelot. When the plane stopped to refuel, they had let the animal out to get a drink of water, but it had had a convulsion and died. The package they had with them contained its body. The volunteers told me they had played with the ocelot and showed me the little bites and scratches on their arms. My fears aroused, I asked if the ocelot been around any bats. “Funny you should ask that, doctor,” they said, “because we found him chewing on a vampire bat last week.” To make a long story short, we immediately sent the animal's brain off to be tested and began immunization treatment for rabies. Because I was the only person in the entire country who had the vaccine, I was used to being inundated by requests from Colombians. Fortunately, none of the three volunteers came down with rabies, even though, as I suspected, the ocelot tested positive for the disease.

After our two years in the Peace Corps, I needed one more year of residency. I had stopped off in New Haven en route to Colombia to discuss the possibility of taking it at Yale. As it happened, a slot was available in 1966 and I came back to New Haven to finish my residency, still intending to practice general medicine. We moved into a house in West Haven near the V.A. Hospital. Our next-door neighbor was a wonderful Polish gentleman named Tony Shefshick, who grew his own grapes, made his own

wine, and kept chickens in his back yard. When he heard that we had just come from South America, he naturally assumed we were immigrants. Soon after we moved in, he presented himself at our door carrying a basket of eggs and a bottle of home-made wine. "You know, you're going to like it here," he said. "This is a good country. You'll find work." A few days later, he saw me walking by his house wearing my white resident's jacket. He thought I had taken a job at a local ice cream shop!

One of my first rotations was in the emergency room at Yale-New Haven Hospital. One evening soon after I started, an elderly man was brought in suffering from a massive heart attack. We worked and worked and worked to save his life, to no avail. As I came out of the emergency room, distraught, somebody said to me, "Do you know who that man is? That is the greatest swimming coach who ever lived." It was Bob Kipphuth, who had a record at Yale of something like five hundred wins and twelve losses over a period of many years.

Kingman Brewster, Yale's president at the time, held an annual open house for newcomers to the university. When my wife and I went up to shake his hand, he looked surprised and said, "Prosser, what are you doing here?" "I'm not Prosser," I replied, puzzled. Then Brewster asked what my last name was and I told him. "Yes, that's right," he said, "Prosser Gifford." I was dumbfounded but soon grew accustomed to having people call out to me on the street, "Hey, Pross!" I had no idea that a former Yale professor named Prosser Gifford was a dead ringer for me. Our paths didn't cross until several years later, when the real Prosser Gifford came back to New Haven to attend his daughter's graduation. It was uncanny. My look-alike was slightly taller than me but wore the same kind of tie and had the same rumpled hair. We might have passed for twins. Prosser, it turns out, had had the same experience I had. Passersby would stop him on the sidewalk and greet him with a friendly "Hey, Bob."

Instead of going off to Vermont to practice general medicine, as planned, I was coopted by an invitation to stay at Yale and accept a fellowship in infectious diseases, immunology, and rheumatology. Elisha Atkins, a renowned authority on the physiology of fever, became a kind of mentor to me. After two years as a fellow, I was invited to join the Medical School faculty. One woman who was assigned to me as a patient told me that her son had contracted a mysterious form of arthritis. Her husband had had a similar problem, and another family member also suffered from severe swelling of the knee joints. My colleagues and I had never seen anything quite like this and had no idea what the illness might be. According to my patient, several other people in her neighborhood had experienced joint problems as well. We assigned one of our fellows, Allan Steere, to conduct an epidemiological study, in the course of which he described a previously unknown condition called Lyme disease. It's not often that a doctor has a chance to see a brand-new disease, and I was privileged to have played a small part in that amazing story.

In the late sixties and early seventies, I had become increasingly involved in teaching medical students. In those days, Yale's School of Medicine had many specialized

clinical sections—gastroenterology, infectious diseases, rheumatology, hematology, and so on—but no section devoted to general internal medicine. When it became clear that we needed a home for generalists, our then chairman, Sam Their, decided to create one and asked me to lead it. So I became the first chair of general internal medicine at Yale. Our section embraced everything from geriatrics to occupational medicine and general clinics. It was a wonderful thing to be able to build that section from scratch. Around the same time, I went to the V.A. Hospital to help lead the Department of Medicine there and eventually became its chief. Those were some of the happiest professional days of my life—working every day with patients on the ward, as well as teaching in-house staff, residents, and medical students.

Another interesting patient showed up at the V.A. Hospital in the late 1970s. One day we examined a critically ill man suffering from several viral diseases. Among other things, he was infected with fungi and the tuberculosis bacterium—a fatal combination that none of us had ever encountered before. After the patient died, we discussed his baffling illness in conferences. Although we didn't recognize it at the time, it may have been the first reported case of AIDS in New Haven.

For fifteen years, beginning in 1985, I immersed myself in student life and curriculum issues as dean of students and medical education at the Yale Medical School. It was a great privilege to serve in that capacity. Many students became my good friends and are now dispersed all over the country. Dealing with mental illness among students was one of the most difficult parts of my job. At one point, a number of women at Yale complained that somebody had surreptitiously snipped their hair. The whole campus was on the look-out for the culprit. One day a woman sleeping on a couch in the law library awoke suddenly, realized that somebody had snipped her hair, and saw a man disappearing around the corner. She immediately called the campus police and he was apprehended. It turned out that the perpetrator was a medical student who had some kind of unusual fetish. We sent him to a psychiatric institution, where he was pronounced cured after a year or so. Despite my misgivings, he was readmitted to the Medical School. About a year later, two women knocked on my office door and told me that one of them had been similarly accosted in the medical library by a man wearing a stethoscope around his neck. When I showed her a composite picture of the class, she pointed immediately to the phantom hair cutter. Of course, we had to dismiss him, with a warning that if he should ever apply to another medical school, we would have to mention the incidents. The last I heard he had received a degree from a school in the Caribbean and was trying to get a license in Boston.

When I finally retired in 2000, at the age of seventy, I became interested in the education of kids in the city of New Haven. Over the years I had been working with Yale medical students and visited Hillhouse High School once a week to assist one of the science teachers. Before long, I was offered another job, as a full-time science teacher at Hillhouse. When I learned that I would have to go to night school to earn an education degree, however, I decided that teaching in the public schools wasn't for me.

Then a friend took me to visit Sacred Heart-St. Peter School, a small Catholic middle school for inner-city kids near the Yale School of Nursing. I was impressed with what the school's leaders were doing, but there was no science in the curriculum whatsoever. So I went back to work full time teaching science to kids in grades four through eight. It was the hardest job I ever had in my whole life. Before I started, two of my daughters who are professional teachers asked me what my discipline plan would be. I had no idea what they meant, but I learned mighty fast. It was amazing trying to deal with kids who couldn't stay in their seats or stop talking. In the end, though, teaching at Sacred Heart was probably the most rewarding thing I've ever done, because many of the kids were very smart and we did great projects with them.

Two years later, a group of philanthropists involved in Sacred Heart decided they wanted to start their own school in the inner city. St. Martin de Porres Academy started out with one fifth-grade class and added sixth grade a year later. Eventually, the school will go through eighth grade. The academy is open eleven hours a day and all students get three square meals. It's a parochial school, although very few of the kids are Catholics. I taught there full time for one year, then cut back to part time when I found I couldn't keep up the pace. St. Martin de Porres is a pretty exciting place.

The challenge of educating kids in the inner city inspired me to write a little piece of doggerel:

The day I arrived at Sacred Heart School
I was nervous and worried and shy.
I did not want to look like a fool
Yet I felt like I wanted to cry.

I had no idea where or how to begin
Nor what I could possibly teach,
Nor how I could quiet the chatter and din
That drowned out my first little speech.

My daughters, both teachers, laughed 'til they cried.
For they had advised their old dad
That he needed a discipline plan as a guide
Instead of just getting mad.

"A discipline plan? What all do you mean?
They'll do what I say, you will see."
But then I found out I wasn't the dean
And could no longer rule by decree.

But slowly and surely, I learned a few tricks
And the teaching of science began.
Perhaps it was just the wall crucifix
Or the wrath of a medicine man,

For I yelled and I screamed and beat on the desk
And sent them out of the room.
My lips were curled in a manner grotesque
As I threatened the kids with their doom.

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I served up detention and changed where they sat,
And called up their parents at home.
I became an impossible autocrat,
Crying, "Stop," like a word metronome.

To manage a classroom is close to a shock.
It takes an emotional toll,
For most of the students constantly talk,
A behavior that's hard to control.

"I never did talk," cried a little young lad,
As his mouth moved like a machine.
Classroom chatter is frustratingly sad,
A problem I had not foreseen.

"Feet on the floor, eyes to the front.
Open your notebooks up please!
I'm going to be demanding and blunt:
I don't want a cough or a sneeze."

But despite all my pleas and ridiculous threats,
The din goes on as before.
They pay no attention to strong epithets,
My voice they simply ignore.

So what can we do to better our school,
Without giving talkers an F?
I think that we need to make a new rule:
Hire teachers who are already deaf.