

ROBERT PICKETT SCRUGGS III, MD: a conversation with the editor

Robert (“Pick”) Scruggs (Figure 1) was born in Memphis, Tennessee, on January 24, 1944, and he grew up there. He graduated from the University of Mississippi in 1966. He attended medical school at the University of Tennessee, graduating in December 1969. His internship in internal medicine began at Baylor University Medical Center (BUMC) in January 1970. From January 1971 until January 1973, he was a medical officer in the US Navy. His residency in radiation oncology was at Duke University Medical Center in Durham, North Carolina, from February 1973 until February 1976. He then came to BUMC as a radiation oncologist and has been here ever since. He has been medical director of radiation oncology and assistant chief of the Department of Oncology since 1995. He has been chairman of the cancer center medical committee and vice chairman of the cancer center executive committee since 1990. He was president of the medical staff in 2001 and chairman of the medical board of BUMC in 2002. Pick Scruggs has been a leader at BUMC for 25 years. His impact on the medical center has been substantial. Both he and his wife are splendid human beings.

William Clifford Roberts, MD (hereafter, WCR): *Pick, I appreciate your willingness to talk to me and, therefore, to the readers of BUMC Proceedings. We are at my house on April 26, 2002. To start, could you describe your childhood, your parents, and your siblings?*

Robert Pickett Scruggs III, MD (hereafter, RPS): I grew up in Memphis, Tennessee, except for 9 months in Arkadelphia, Arkansas (where Henderson College and Ouachita College are located) and 2 years in Dallas when I was only 4 and 5.

WCR: *When was your father born?*

RPS: He was born on November 2, 1914, in Memphis, and he died of emphysema on October 9, 2000, a few weeks shy of his 86th birthday. He had smoked for a long time but had quit about 20 years earlier. I miss him terribly but was not unhappy that he was unable to go on. The last few years of his life were not good.

WCR: *And your mother was born when?*



Figure 1. Robert Pickett Scruggs III, MD, during the interview.



Figure 2. One year old, January 24, 1945.

RPS: My mother was born in 1916 in Biglow, Arkansas, close to Strong and Eldorado, Arkansas. She had come to Memphis to work and met my dad there; they married in 1941. I was born 3 years later (Figure 2).

WCR: *How did your parents meet?*

RPS: My father was working for Chip Barwick Chevrolet Company, and my mother was working for a company that made loans for people who wanted to buy automobiles. My dad would go there to talk to the folks about loans and met her. My mother says that he was pretty brash and full of himself. She was not very interested in him early on, but he finally won her over. They were a contrast of a small-town lady and a big-town guy. That reflected their personalities too.

WCR: *What was your father like?*

RPS: He was a very intelligent man but not formally educated. He went through high school and could have done well in college. He took college courses periodically for many years.

He worked with a finance company and was part owner of one from which people could borrow money for vacations or

From the Department of Radiation Oncology (Scruggs) and the Baylor Heart and Vascular Institute (Roberts), Baylor University Medical Center, Dallas, Texas.

Corresponding author: Robert P. Scruggs, MD, Radiation Oncology, 3535 Worth Street, Dallas, Texas 75246.



Figure 3. With brother David (left) and father in Hot Springs, Arkansas, 1961.

automobiles without much collateral. He was frustrated that people now pay 18% to 20% interest; back then, interest for loans was limited by law to between 8% and 10%.

He was very supportive of my brother and me. He was always at our sporting and school events. My brother and I were very close to him (Figure 3).

WCR: *What kind of person is your mother?*

RPS: She lives in Memphis. She's more reserved but very loving, caring, and sweet. She was a real "looker" when young. I can see why my dad was attracted to her. She still is a looker for her age. She was a quiet inspiration to my brother and me. She too was always present whenever we had any kind of activities going on.

They did a great job of having a home in which my brother and I felt very loved. They taught us values and were good disciplinarians and good role models. They were the most unselfish people I know. I guess nobody has a perfect childhood, but my brother and I both grew up in a very loving environment (Figure 4).

WCR: *What do you mean by "unselfish"?*

RPS: If it came down to something they wanted to do or needed to do and my brother or I had an activity, they would always sacrifice for us. When my brother and I left home, they had to reinvent themselves. Their unselfishness became more obvious to my brother and me in the past 10 years when they had no problem in giving up their home and moving into independent and later into assisted living. Although my mother hated to give up that independence, she knew that assisted living was best for her. I find that a lot of my contemporaries have difficulty helping their parents make that transition.

WCR: *What was home like when growing up?*



Figure 4. With father, mother, and brother, about 1952.

RPS: It was very structured yet simple. My dad got up in the morning and went to work. He would be home by 5:00 or 6:00 PM. My mother was a homemaker. We lived in a middle-class neighborhood. My dad made a good living. We weren't rich by any stretch of the imagination, but we could take trips in the summertime.

Dinner was a big deal; my mother was a great cook. My dad had a rule that we had to be on time with a shirt on, even when it was very hot. We had a lot of discussions about world or local events at the dinner table. It was a very supportive atmosphere. That's still a tradition in my home. Thanksgiving, Christmas, and birthdays were big events. We always got to choose what we wanted for our birthday dinner. It was usually steak.

WCR: *What is the difference in age between you and your brother?*

RPS: It is 3 years and 9 months. We were always 4 years apart in school. By the time I finished elementary school, he was in first or second grade. We didn't overlap in either junior high or high school. I liked that. It is about the same difference in age as between my 2 boys. It kept us from being rivals. It made a conducive sibling atmosphere.

WCR: *Was your home a religious one?*

RPS: Yes, we had a religious foundation. We went to church most Sundays. My mother grew up in the Baptist church; my father, in the Disciples of Christ church. We went to the Baptist church until I was about 12 years old. My dad smoked, and he would occasionally have a drink of alcohol. I began to ask questions about why that wasn't done in the Baptist church where we went and about being able to dance. Because of that questioning, we switched to the Lindenwood Christian Church for the rest of my childhood. My dad was a deacon in the church and very active in the young people's activities.

WCR: *What do you mean that he was "active in the young people's activities"?*

RPS: On Sunday nights, the young people came to church for youth groups. My mom and dad were leaders for those groups,

usually with another couple. There would be a Bible lesson for 30 minutes, and then we played games and did other activities.

WCR: *What about siblings of your mother and father? Did you have an extended family?*

RPS: My dad had a sister who had 3 daughters, and I was close to them. My mother had 3 brothers, and I was close to them and their children. We'd spend time in the summertime with them. Some lived in Arkansas and some in Mississippi. I'd spend a week with them occasionally. My dad's sister lived in Memphis, and we did family activities with them. I'm still very close to them. One female cousin lives in Fort Worth, and we see each other 3 or 4 times a year. I was close to my grandparents. My dad's mother died when I was about 10 years old, but the rest of my grandparents lived longer. I was particularly close to my father's father, who liked to fish. When I was 16 or so, we would get up early in the morning and go fishing, but it wasn't the greatest thing for a teenager. I'd load all the stuff, try to get the boat started, and bait his hook. I didn't care much for fishing and still don't, although occasionally I've gone deep-sea fishing, which is more gentleman-type fishing because the crew does things for you.

WCR: *Did you do many activities with your dad? Did you hunt and fish?*

RPS: I did a lot of activities with him, but he wasn't a hunter. He bought my brother and me guns and made arrangements for us to hunt with some of his friends. I never cared for it. I didn't like shooting animals.

WCR: *What was your father's name?*

RPS: The same as mine, Robert Pickett Scruggs, Jr. His dad was Robert Pickett Scruggs, Sr. I'm the third, but I don't often use the "III" in my name. I go by Pick because by the time I came along, Robert and Bob had been used. When I went to first grade, my mother said, "If you want to be called anything other than Pick, now is the time to make that decision." I'd been called that for years, so I didn't change (Figure 5).

WCR: *What kind of personality did your father have?*

RPS: He was kind of flamboyant. He liked music, parties, and sports. He loved to work in the yard and plant flowers. He had beautiful azaleas.

WCR: *You mentioned vacations in the summertime. Were they mainly to visit your relatives?*

RPS: Sometimes they would be. I remember 2 or 3 memorable vacations. One year when I was 7 or 8, my family went to Daytona Beach, Florida. It was the first time I saw the ocean. I was actually afraid of the big waves. My mother did a smart thing. She was not much of a swimmer. We sat on the beach to build a castle. Then we progressively moved closer to the water until we were engulfed in the water, and then I wasn't afraid of it anymore. We also went to Galveston, Texas, on vacation with a couple my parents were good friends with.

The most memorable vacation was when I was 14 or 15 years old and we went to Mexico. We had a great vacation although I got sick with "tourista." I thought I was going to have to get better to die. I was really sick. My dad drove from Mexico City back into Texas, about 750 miles, in 1 day because we were all ready to come home. The roads were not very good then. I still don't have fond memories of that trip because I got so sick.

WCR: *I gather that there was not much fussing and arguing and that kind of thing in your home.*



Figure 5. Three generations of Scruggs, 1946 (from left to right): R. P. Scruggs, Sr., R. P. Scruggs III, and R. P. Scruggs, Jr.

RPS: That's right. I'm sure there were conflicts between my mom and dad that I just never appreciated. Whatever they were, they were kept to themselves. My mother's mother lived with us for 2 or 3 years. I was 18 and she was 81. I always liked the juxtaposition of our ages. She died right after President Kennedy was assassinated. When my dad or mother would get on my brother or me and discipline us, she would leave the room because she couldn't stand to see them do that. She was always a compadre in that particular sense. I enjoyed her living there.

WCR: *How were you disciplined? Did you ever get a spanking?*

RPS: Yes. I looked forward to the spankings more than I did their talking to us. Most discipline was the confining of my brother or me to the yard for a day or two or prohibiting us from going out at night. Occasionally, we were spanked. Most of the time they just talked to us. I hated that worse than anything.

WCR: *What was something that you needed to be disciplined for?*

RPS: If I didn't do my chores, I was disciplined. One time we had a circus day in high school: if you went to the circus, you got off from school. A bunch of friends and I decided to go horseback riding rather than go to the circus, but we told our parents that we were going to the circus. One kid, unfortunately, told his parents what we did. Our mothers talked that particular day. I got caught and that led to some "grounding" (I couldn't go out for a couple of days). It wasn't real strict discipline.

One rule my dad had was unique. If I told him about getting a spanking at school, I only got a repeat spanking at home. If I didn't tell him about it and he found out, then I got double punishment. It led me to be fairly honest about that. I dreaded Parent-Teacher Association meetings because he would always ask how our discipline was at school. I was pretty good at school so it wasn't too much of a problem.

WCR: *Were there any teachers in grammar school, junior high, or high school who had an impact on you?*

RPS: Yes. Freda Kenner was my high school speech teacher. She's now 101 years old and lives in Bells, Tennessee. Several of us went to her 100th birthday. She was a wonderful teacher. She helped me more with learning than anybody. Ms. Kenner taught

speech and debate. She taught me how to critically think, organize, and communicate with people. To this day, I still do many things that she taught then—how to listen and how to communicate.

WCR: *What were some of those teachings about learning to listen and communicate?*

RPS: I was on the debate team. In 11th and 12th grade, we had a national debate question. When debating, we had to take both sides of the issue. It allowed me to critically think about issues from both perspectives—to see it from another person’s view. We had to listen acutely to what the other team was saying so we could refute that point or agree with it. She never laid down rules A, B, C, D, but she taught us how to do that. We had to read a lot to make our case for the debate questions, so that taught us how to research and to think critically, which was wonderful. I tried to get my children interested in the debate team, but it’s not emphasized in today’s schools.

WCR: *What other activities did you participate in in junior high and high school?*

RPS: In junior high I played a lot of sports. I played baseball and basketball and went out for the football team but didn’t play. I don’t remember what happened because I really liked football. In high school I played on the tennis team. The debate team actually took a lot of after-class time, and that’s when sports practice occurred.

WCR: *How big were you when you graduated from high school?*

RPS: About the same as I am right now. I was 65" tall and weighed 140 lbs.

WCR: *You were a pretty good tennis player?*

RPS: If you could run fast, hit the ball, and had a good partner, you could play. It wasn’t the highly competitive sport it is now. I got better with time, and I loved to play.

WCR: *I gather you were a good student in junior high and high school.*

RPS: It didn’t come easily, but I was a good student.

WCR: *You enjoyed learning?*

RPS: I did, especially the sciences and English.

WCR: *Which sciences?*

RPS: Biology and chemistry. I also liked math. Two other teachers influenced me: Jane Walters and Mrs. Rogers. Both were English teachers, and both sparked my interest in English. Mrs. Walters was a very accomplished educator who became the educational commissioner of Tennessee (until 5 or 6 years ago). She is a tremendous woman. She devoted her entire life to education. Teachers then were wonderful in that respect. It was a career for them. I’m sure there are teachers like that now, but most are just not as devoted because teaching is not as honored a profession as it was then.

WCR: *How did you decide where you were going to college?*

RPS: I grew up in Memphis, and “Ole Miss,” the University of Mississippi, was only about 80 miles south of Memphis in Oxford, Mississippi. My dad was a big fan of that school and took my mother, brother, and me to some of the football games. I liked the atmosphere. One year, when I was in either the 10th or 11th grade, we went to Ole Miss for a debate contest. There were good-looking women on the campus. I liked that. A big sign there said, “At Ole Miss everybody speaks.” As we walked around the campus that day, we’d pass somebody and they would speak to us. I

liked the friendly atmosphere. When the time came to go to college, I thought only of going to Ole Miss. Several of my teachers wanted me to look at some other schools, but I liked Ole Miss. I was away from home but still close to home.

WCR: *When you went off to college, were you a premed student?*

RPS: No. I was in liberal arts, but I also liked the sciences. I applied to dental school, passed the necessary academic test, but failed the carving test and therefore did not get in. The rejection for admission to dental school came to my home. My dad called me at school and said he wanted to come down and visit with me. He drove down after work that night and checked into the alumni house. I went over and ate dinner with him, and he told me about my not getting into dental school. In retrospect, I was not terribly upset about it, but he was concerned enough about it that he drove down to Oxford to inform me in person.

WCR: *Were you a senior then or a junior?*

RPS: I must have been a junior. I was fairly glib about it. It was a bump in the road that turned out to be really serendipitous. I said if I couldn’t get into dental school, I’d just go ahead and apply to medical school. I took the medical school admissions test and got admitted to the University of Tennessee medical school.

WCR: *You went to medical school after 4 years?*

RPS: Yes. I got a degree in biology and chemistry.

WCR: *How did college strike you? You started in 1962?*

RPS: Those were turbulent years. James Meredith, the first black student, was admitted during the first year of integration at Ole Miss, 1962. Previously, George Wallace had stood at the door of the University of Alabama and wouldn’t allow a black student to be admitted. We’d been in school a couple of weeks, and the National Guard troops came in to ensure that Meredith would be admitted without disturbance. That was the night we had riots there. Students were not as much involved in the riots as people from the outlying community and elsewhere. I watched the activities going on, but I was in the background. Dan Rather was one of the reporters there interviewing students. He interviewed my college roommate about what was going on. It was a sad time for the university. I knew that these activities would set it back tremendously, and it took a long time for the university to overcome that turmoil. My mother and dad were in Denver on a trip when they read about the riots, and they were concerned. When James Meredith was admitted, he moved into the dormitory where I was living. I lived right across the hall from him. We had to show our identification going in and out of that dormitory. There were a couple of National Guardsmen posted there for a few weeks. Then it kind of died down, and things were fine thereafter. It was an interesting first year in college.

WCR: *Was Meredith a nice guy?*

RPS: I didn’t know him. He was escorted to classes so there was very little chance to visit with him. And he was probably in his late 20s, not a contemporary of mine.

WCR: *He was protected and guarded the whole year?*

RPS: I think that’s right. Toward the end of the school year, movement in and out of the dormitory was very much relaxed. Fortunately, there were no incidents after the admission turmoil. James Meredith currently lives in Mississippi and is a real proponent of life in Mississippi now.

WCR: *Did you enjoy Oxford and the University of Mississippi?*

RPS: I did. I was in a fraternity. Fraternities are big at that school. That gave me immediately a group of 60 or 70 fellow students.

WCR: *What fraternity?*

RPS: Pi Kappa Alpha (“Pike”). It’s a fairly large fraternity, which began at the University of Virginia. It was the place where parties were held after football games and intramural sports, which I really enjoyed. I enjoyed college life.

WCR: *How big was the University of Mississippi in 1962?*

RPS: It was about 4000 students. All first-year men had to shave their heads and wear a freshman cap. I don’t know if it was mandatory or not, but the upperclassmen shaved the heads of the freshmen in front of the student union.

WCR: *Did you ever do any shaving when you were an upperclassman?*

RPS: No. The tradition must have fallen off because I don’t remember it much after that. It wasn’t really hazing. It was just a tradition.

WCR: *Were there any teachers or students who had a particular impact on you in college?*

RPS: Not really. I took mostly science and English classes. The one I remember and probably enjoyed the most was Dr. John Pilkington, an English professor, who retired 2 years ago and who made his classes very interesting. He had an interesting way to test. The tests were the characters in the books. If you read and enjoyed the book, the test was easy. All you had to do was know the book’s characters. I really enjoyed his classes. We had fairly large classes compared with my high school classes. I guess there were 60 to 70 students in my chemistry and biology classes.

I had several friends. Lloyd Kitchens was there. He was a year younger than I and was in a different fraternity. We didn’t get to be close friends until we came, independently of each other, to Dallas. We came through different routes but we had that common background, and I think that’s what led to our being such good friends.

WCR: *Ole Miss was coed at that time?*

RPS: It was probably 50% boys and 50% girls. It was a small school. It was fairly successful in football. I think most people think of it as a much larger school, but it really was not. Most of the athletes were either from Mississippi or Tennessee.

WCR: *Did you enjoy the social activities?*

RPS: Yes, I did. I was a bit reserved, so having those activities forced me to open up a bit. You had to be sure you had a date for a party. The fraternity wanted to have a candidate running for student government, and you’d have to go out and mingle and try to influence people to vote for the candidate. That helped me. I enjoyed it.

WCR: *Did you participate in any extracurricular activities there?*

RPS: No. I was there to get an education and have a good time. I was not in student government. I was president of my fraternity the second semester of my junior year. In fraternities you start out gung ho, and by the time you get to be a senior, you realize they are not as important as you thought early on. I lived in the fraternity house the last 2 years and took my meals there.

I guess the thing that had a lot of influence on me during that time was that my dad had a few financial reverses. To continue at Ole Miss my junior and senior years, I got a couple of loans



Figure 6. Pick and Jody, Thanksgiving 1964.

and a job as a houseboy in the Phi Mu sorority house. It’s probably the best job I’ve ever had. I, with 6 or 8 other guys, served lunch and dinner to the girls of that sorority. I made a lot of friends there. I was not paid, but I got my food. That allowed me to continue in college and to graduate.

WCR: *How did you decide that maybe you’d become a physician?*

RPS: I didn’t have any particular role models that made me think about medicine, although our family physician was a really great guy. No one in my family was very sick, so I didn’t have much contact with physicians. It was just that I was in sciences, and that was a background for going to either dental or medical school.

WCR: *There were no physicians in your extended family?*

RPS: My great-grandfather on my father’s side was a physician. I had seen a picture of him, but I didn’t know anything about him. He was in Duck Hill, Mississippi.

WCR: *Did you apply to several medical schools? How did you choose the University of Tennessee?*

RPS: The University of Tennessee is unusual in that the undergraduate school is in Knoxville and the medical school is in Memphis. For both financial and convenience reasons, I applied to the University of Tennessee. I lived at home the first semester and then got married and had an apartment close to the school. I didn’t apply to any other medical school.

WCR: *You got married right after your first year?*

RPS: Actually during my first year. Jody and I had met at Ole Miss.

WCR: *Was she in the sorority that you worked in?*

RPS: She was in a rival sorority, Tri Delta. She had had a date with one of my fraternity brothers when she was a freshman. We had double-dated, so I knew who she was. In my sophomore year, I needed a date for a football game. I was sitting in the cafeteria, and she was going through the line. I remembered having met her and enjoyed being with her that particular night. I asked her for a date, and we started dating after that. We dated our last couple of years of college (Figure 6). I wanted to make sure that I was going to pass medical school. I told her if I passed the first semester of medical school, then I thought we could get married. I did and we did (Figure 7).

WCR: *How did you do in college from an academic standpoint?*



Figure 7. Pick and Jody, married December 21, 1966.

RPS: Pretty well. My grade point average was 3.5 out of 4.0.

WCR: *You didn't have any problem getting into medical school?*

RPS: I guess not. I don't think it was as competitive then as it is now. I'm sure the University of Tennessee took a lot of Tennessee students. I don't have any idea what I did on the MCAT test.

WCR: *How big was the University of Tennessee Medical School at that time?*

RPS: It was on the quarter system. There were 100 students beginning in each quarter. I started in September and went year-round, except for a month off in the summer, and finished in December 39 months later. Of the 100 in our class, 7 were women and 1 was black. Of the 100, probably 87 graduated with the class. A couple of students from the class ahead came back into our class. It was a good core group.

It was a good school and a good teaching environment. Gene Stollerman headed the internal medicine department. Roger Sherman did most of the teaching in the surgery department. James Hughes headed pediatrics, and his pediatrics book was used by most medical schools then. The classes were relatively small. The first 2 years were basic sciences, and the last 2 years were clinical. We rotated through the Veterans Administration Hospital. We had a good deal of supervision but also a good deal of responsibility.

WCR: *Which hospital was the main hospital?*

RPS: The John Gaston Hospital. We called it the "gas house."

WCR: *Is that the big Baptist hospital?*

RPS: No. The big Baptist hospital is right across the street. Those 2 were juxtaposed to each other, and the students also did rotations at Baptist Hospital. We had the opportunity to have a diverse patient population. The charity cases were at the John Gaston Hospital, and the private patients were at the Baptist Hospital.

WCR: *Did they call it just "Baptist Hospital"?*

RPS: Yes. I didn't know it at the time, but the brother of Boone Powell, Sr., was the president of Baptist Hospital in Memphis at the time I was there.

WCR: *That is where Boone Powell, Jr., did an internship?*

RPS: Yes. It's a huge hospital, with more beds than BUMC. It was a terrific institution. Memphis had a strong hospital group. They had Methodist Hospital, the Veterans Administration Hospital, the Baptist Hospital, St. Joseph's Hospital, and St. Jude's.

WCR: *You enjoyed medical school?*

RPS: I did. I had good people in my class. It was a little competitive, but we tried to help each other. We had note takers. It wasn't a cutthroat environment.

WCR: *You were given grades—A, B, C, D?*

RPS: Yes.

WCR: *How did you do in medical school?*

RPS: I don't know where I finished. I was not Alpha Omega Alpha, but I was close to that. I think I finished 21st or 22nd out of the 100 students.

WCR: *When you first entered medical school, were there some surprises?*

RPS: That's a great question. I can remember sitting in the cafeteria the second or third week and thinking, "What in the world am I doing here?" We had many tests and voluminous material to learn. I thought I was in way over my head. That was the low point. From that point on, it came together. It may be different now, but it wasn't so much the understanding of the material, it was the volume of material. You had to be organized, and I gradually got better at that. I was married then so I studied hard. When Jody and I got married at the Christmas break, we had an apartment close to the school. We didn't see each other a lot. She had a night job! I'd be in school all day and come home and study, and she'd go to work.

WCR: *What did she do?*

RPS: She had a variety of jobs. The night position was a reservation agent for Braniff Airlines. Reservations weren't done by computer but by telephone. We never were able to take advantage of inexpensive flying that we could have had. She did that for a while, but it began to wear on her. Then she worked for the Memphis light, gas, and water company, where the hours were better. She hung in through some difficult times. Her mother was very sick and died of breast cancer during that time.

WCR: *Where is Jody from?*

RPS: She grew up in Dallas. She went to Woodrow Wilson High School. She had a lot of relatives in Mississippi and would spend some summers there. She was exposed to Ole Miss and decided that was where she wanted to go to college. Her mother was from Winona, Mississippi. Her dad was from Dallas.

WCR: *What attracted you to Jody?*

RPS: She was a lot of fun, and we came from similar backgrounds. She was very pleasant and supportive of the things I wanted to do. Our relationship developed with time. I was dating a couple of other people, and she had dates with other people at first. After 6 months, we began to date each other exclusively.

WCR: *Your first child was born when?*

RPS: In 1972. We'd been married about 5 years. I was 28 and she was 27 when Gavin was born. I did an internship and then went into the navy for 2 years (Figure 8). Gavin was born my second year in the navy.

WCR: *Pick, how did you decide to intern in Dallas?*

RPS: Because we were on the quarter system, I finished in December. Internships didn't start until July. Everybody in my



Figure 8. US Navy medical officer, 1971.

class had to either work somewhere for 6 months or find an internship that started out of cycle. Three or 4 people in the class before me had done internships at Baylor. They were in the same kind of cycle that I was so they were finishing in December. I was able to take one of those spots. Baylor was one of the few places that had an opening. Mike Reese, head of medical education for BUMC at the time, recruited at Tennessee very strongly. I met him when he made a trip to Memphis. I knew a couple of guys who had come to BUMC to intern.

WCR: *What did you intern in?*

RPS: At that time I did a straight medicine internship. I was more bent toward medicine than toward surgery, probably because Dr. Stollerman was a very influential figure at the University of Tennessee. That allowed me to do a few electives in medical specialties. It's the way I got interested in cancer. I did an elective month with Mike Reese in medical oncology as an intern. He made learning fun, and the patients were interesting. I really enjoyed that rotation. At the time it didn't register, but looking back, that rotation had a major influence on my later decision.

WCR: *How did BUMC strike you? Were you pleased with your internship?*

RPS: Very much so. It was very well organized. Dr. Tompsett, the chief of medicine, had a good housestaff. I was very fortunate in that I got to work with the housestaff who were finishing their last 6 months and work with the next housestaff who were starting. It was a good teaching service. It was very similar to how it's run now. We had a lot of autonomy but also a lot of supervision.

WCR: *How did you like Dallas?*

RPS: I liked it a lot. I'd grown up in a large city so I was used to life in a large city. It was a fun place to live.

WCR: *Where did you live?*

RPS: We lived in apartments on Villa Cliff, fairly close to Carroll Avenue, not too far from BUMC. It was a nice apartment for us at the time. We had a close group in the apartment complex. We were all about the same age and in the same stage of life. It was fun.



Figure 9. Ship's doctor on board the USS *Wichita*, en route to the Philippines, August 1971.

You asked me about the things I liked about Jody. When we came to Dallas, I wanted to have a nicer apartment than the one we had in Memphis. She said it would be easier for us to afford a smaller one. She's always been very financially conservative. That's been terrific.

WCR: *Pick, when you were in medical school, did you think a lot about what you were going to do when you finished medical school?*

RPS: I had no clue. I knew I was more interested in medicine than I was in surgery. That was the major distinction I made. Our class was divided that way. There was a little rivalry between those who were going into surgery and those who were going into medicine. I was not really sure I wanted to be an internist, but I leaned that way. I didn't feel any pressure about it because at that time one didn't have to decide early.

I had several acquaintances older than I who had started into practice. One, a neurosurgeon, had gotten called into the service for the Vietnam War. He'd just gone into practice and then had to leave and do several years in the service. I did not want that to happen to me. I joined a program called the "Ensign 1915 Program." It was a naval program that was a step down from the Berry Plan. The difference was that in this program I would finish medical school, I'd do an internship, and then I was guaranteed to go in the navy for 2 years. Your obligation to the military was 6 years at that time—2 years of active duty and 4 years of the reserves. But, if you joined this program and did the 2 years of active duty, you were relieved of the 4 years of the reserves. I knew that I could do my internship and go in the navy to get the 2 years over with, and then I wouldn't have to be subject to the military after that. If you got paid, you would owe them 1 year for each year that they paid you. I didn't get paid during medical school. The 4 years of medical school counted as 4 years of reserves. I didn't feel pressured about having to make a decision about a specialty.

While I was in the navy, I decided on radiation oncology. The first year I was the physician on a ship out of Long Beach, California (Figure 9). The second year I was stationed at Millington Naval Station outside of Memphis. I was a general medical officer, but there was a real backlog of children who needed their tonsils and adenoids taken out and tubes put in their ears for

chronic ear infections. They assigned me to an ear, nose, and throat clinic to work with Jim Darsey, the ENT physician. Jim taught me how to take out tonsils and adenoids and put in the little tubes. He had just finished his residency and was very interested in cancer. He said, "Pick, radiation therapy is a pretty good specialty." He would let me see some of the patients who had head and neck cancer. We'd send them off to Memphis to get their radiation treatments. They'd come back, and their cancers would be gone. I thought that was neat. I'd worked with Mike Reese doing medical oncology, and each day we'd be in the radiation therapy department seeing a patient.

When I was in the eighth grade, I wrote a research paper on the peacetime uses of atomic energy. The Cold War was on, and the atomic bomb was a big deal. We had air drills where kids would hide under desks. I wrote a pretty good research paper. Part of the paper was on the use of radiation in the treatment of cancer. That paper, working with Mike, and then Jim Darsey's influence got me interested in radiation oncology. I was rather naive at the time. I decided I would try it and if I didn't like it, I'd try something else. I liked it.

WCR: *During your second year in the navy, you applied to Duke?*

RPS: There wasn't a match program at that time. You negotiated on your own. I visited 4 or 5 different US radiation oncology programs—Houston (M. D. Anderson), Birmingham, Charlottesville, Penrose in Colorado Springs, and Durham (Duke). My visit to Duke was really nice, and I liked the people there. They had an opening at the same time I was finishing my navy tour. It was a nice fit.

WCR: *During your training in radiation oncology, did you spend some time in diagnostic radiology?*

RPS: No, zero. They are entirely separate fields, and each has separate boards. At one time, diagnostic radiologists also were boarded in radiation therapy. They took a year's rotation in radiation oncology. In the early 1960s, the 2 boards split. My training was entirely in radiation therapy. Our electives were in medical oncology, pathology, and related specialties but not in diagnostic radiology. When I first came to BUMC, I hated hanging around the x-ray department because they thought I knew how to read x-rays. I did not have training in that area.

WCR: *You started your training in radiation oncology at Duke in February 1973. How did you like it? This was really something new for you.*

RPS: Yes, it was. Almost all of us in that generation, and even now, kind of backed into radiation therapy. We didn't have any lectures at Tennessee in it. I didn't know anything about it. The environment at Duke was very good for learning. We had good cases and a good department chairman. The director of the residency program was a very personable guy and a good teacher, and I've kept up with him since. There were 2 residents at each level. The older residents were solicitous of the younger residents.

What I liked was that every patient we saw was ill. (When I was in the navy I worked in a general medical clinic, and many patients had only psychosocial problems.) Most times, the diagnosis had been established by the time I first saw the patient. I had to stage the cancer and work in a multidisciplinary fashion with other specialists. I liked interacting with the other specialties. That was promoted at Duke.

WCR: *What was your residency like?*



Figure 10. With Tom Noell at "Finishing Residency" party, 1975.

RPS: Clinic started at about 7:00 AM, and we'd be through with treatments in the clinic by 5:00 or 5:30 PM. We would see patients all day, either follow-ups or new consultations. We'd go into the hospital to see the consults. At that time most patients were hospitalized rather than seen as outpatients. We did some procedures, like implant radioactive sources for cervical cancer or for some head and neck cancers. We were available for some emergencies, such as cord compressions or superior vena cava syndrome, but those were relatively rare. It was a fairly structured program. We went to a national meeting once a year. We were encouraged to teach medical students who came through our department. It was a close-knit group (Figure 10). There were 8 or 10 of us who worked out of a room not much larger than this room, so we interacted with the staff a lot. Other physicians would come down to the department, and we would meet them.

WCR: *I gather you had to learn an awful lot about radiation and the physics of it.*

RPS: There are core facts of physics that you need to know, but they are not very complicated. They are repetitive on a day-to-day basis. We took those kinds of lectures, and that's a minor part of the board exam. We actually have a physicist and dosimetrist in the department who manage those kinds of things. The major part is knowing about cancer—how it spreads and how it develops its signs and symptoms. If I'm going to see someone with a lung tumor, I'll figure out whether we are going to combine that with chemotherapy or use radiation only and then how much and how often. The actual treatment plan, whether you treat it from front to back or at different angles, is actually determined in consultation with a dosimetrist. The calculations used to be done by hand but are now done with a computer. We put all the structures into the body section and determine how and at what dose the radiation should be delivered. That is what a dosimetrist does. It's a team effort.

My job is to make sure we don't overradiate vital organs, that we manage the patient's symptoms during treatment, that we evaluate patient response properly, and that we follow up appropriately.

WCR: *As a radiation oncologist, you have a tremendous amount of contact with medical oncologists, surgical oncologists, and pathologists. Do you have joint conferences with these people on most of your patients?*

RPS: We have a unique setup at BUMC in that we have site-specific tumor boards and site-specific conferences. We have conferences for head and neck, bone and soft tissue, chest, lymphoma, and breast tumors. There are 7 or 8 of them. These conferences occur either weekly or every other week. There are 20 of them a month. They are attended by surgeons, medical oncologists, radiation oncologists, pathologists, and diagnostic radiologists. Pathologists run most of the conferences. Not all the patients are presented, except in the gynecology conference. Almost all the patients I see have seen 1 or 2 other physicians—their internist, medical oncologist, or surgeon. When I see them, I'm in contact with their other physician(s) to share recommendations. We figure that out together. One nice thing about BUMC is that we have a very collegial atmosphere in the cancer center. That leads to good patient care because the patient has the benefit of multiple minds rather than just single input from one specialty. I spend a lot of time going to the pathology department to look at slides with Dan Savino or Bill Herlihy, who have a special interest in oncology.

WCR: *How many staff members were there at Duke?*

RPS: It was a 3-year residency at the time. We had 2 residents per year. There were 6 of us in residency, and there were 4 staff members including the chief.

WCR: *How big is your staff here?*

RPS: There are 4 of us in the department: John Bradfield, Neil Senzer, Barry Wilcox, and me. The number of staff depends on the number of patients under treatment. A comfortable load is 25 to 30 patients per physician per day. We treat about 100 patients in our department each day. Each patient is there for only about 15 or 20 minutes.

WCR: *Do you see your patients during each of their visits?*

RPS: No, I don't. I see them each week. I devote Monday to seeing patients under treatment. I talk to them about their symptoms and see how they are doing with their treatment. The other 4 days of the week, I see consultations or follow-ups. If somebody has a problem on a day other than Monday, he or she is seen that day. Neil sees his patients on another, Barry on another, and John on another day. We stagger it.

WCR: *Do you have fellows in training?*

RPS: We have never had a training program. Diagnostic radiology has a very strong training program, but that's entirely separate from our department.

WCR: *Are you considering having a training program?*

RPS: No. A training program requires a tremendous investment of time and effort. The medical oncology fellows and breast fellows, however, rotate through our department. Occasionally, we have a medical student for a month or so.

WCR: *Are there enough radiation oncologists in the USA?*

RPS: I don't know the answer to that. A few years ago it was thought that there were too many radiation oncologists. As a consequence, now there is a shortage. This past year, 82 physicians finished their training in the USA, and all got good job offers. The number of jobs available at the completion of training is a good way to judge whether there is a shortage or an over-

abundance of radiation oncologists. It waxes and wanes. It's become a much more desired specialty for several reasons. One is that it's a nice lifestyle. It's fairly well compensated. It also has become more high profile because of prostate and breast cancer. Women have lumpectomies and radiation. Men with prostate cancer tend to have either implants or radiation. Both patients and physicians know more about the cancers and treatment options now.

WCR: *What types of cancers, in order of frequency, do the 100 patients you see every day in your department have? How would you rank the cancers?*

RPS: Breast, lung, prostate, and colon would probably make up one half to two thirds of the cases. The rest would be scattered among many types. Some radiation is purely palliative. Bone pain from breast metastases can be partially or completely relieved by radiation. Head and neck cancers and lymphomas are also common.

WCR: *I guess Jody had some impact on your coming to Dallas after your training at Duke?*

RPS: Actually, we had some reservations about coming to Dallas. We weren't sure we wanted to live in the same city with her family. I had opportunities to go to Nashville (Vanderbilt), Asheville, and Baltimore (Johns Hopkins). I looked at all 3 and also Dallas. At the time I was finishing at Duke, the division was applying for departmental status. That was a political issue there, with a lot of infighting. I was a little bit disillusioned with academia. Also, several residents finished training at Duke, went to other academic institutions, and later left them to go into private practice. I talked to them to get reasons why they had done that. I decided I was going to skip academia. I felt that I would probably end up in private practice anyway. I therefore focused on Asheville and Dallas. I had worked with Mike Reese and had spent some time in the radiation oncology department during internship. I was at a national meeting in Chicago, and sitting across the aisle from me was Dick Collier, who was head of the radiation oncology department at BUMC. I went over and introduced myself. He told me to give him a call when I was close to finishing. When I was close to finishing, I called him. They needed somebody. He offered me a position and I took it, and it has worked out well.

WCR: *Does Jody have a large family here?*

RPS: Very small. Her dad is the only person living now. He's 93 and still active. Her mother died in 1970 of breast cancer. Her sister died at age 60 a couple of years ago.

WCR: *What is your day like now? What time do you wake up in the morning? What time do you get to the hospital? What time do you leave the hospital? What time do you go to bed?*

RPS: We start total body irradiation for bone marrow transplants at 6:30 AM. Our first outpatient is at 7:00. That's a pretty desired spot because a lot of patients like to get their radiation treatment early and then go to work. That's also when we have the multidisciplinary conferences. I get up at 5:30. If my feet hit the floor at 5:30, I can be at BUMC by 6:30 easily. We're finished in the clinic by about 5:00 PM each day. Unless I have to see a patient in the hospital or have a meeting, I'm usually home by 5:30 or 6:00 PM. We try to have most meetings in the mornings. I'm more of a morning person than a night person.

WCR: *You are busy once you hit the hospital?*

RPS: We are. I thought about joining the Landry Center, but I can't get an hour during the day to get there. Lunch is for only 15 or 20 minutes. The only time we're not treating patients is from 12:00 to 12:30 PM. We have to be in or around the clinic because Medicare now requires that a physician be present during the time the patient is treated. Physicians don't have to be in the room, but they have to be in the department or in the extended department. We're very strict about that.

WCR: *What time do you go to bed at night?*

RPS: It's usually about 10:30 or 11:00 PM. I've always enjoyed the early morning. When I was a kid I had a paper route, and I'd get up at 4:30 AM, do my paper route, come back home, get back in bed, get back up, and go to school.

WCR: *You do well on 7 hours' sleep? What about Saturdays and Sundays?*

RPS: I hate it, but I get up about 6:30 or 7:00 AM on those days also.

WCR: *You don't go in on Saturday or Sunday.*

RPS: With 4 of us on call for emergencies, we'll take phone calls from home but it's usually for pain medications or nausea. Four or 5 times a year, I'll have to go in on the weekend and treat somebody, but that is infrequent.

WCR: *How much time do you take off a year?*

RPS: Each of the 4 of us has 24 days a year that can be taken for anything we want—vacation or meetings. That doesn't include the 5 or 6 official holidays we take. I've never actually taken the full 24 days. That's how many we get. None of us take all of them. Last year the most taken was 20. We make sure we don't exceed 24. It's a kind of gentlemen's agreement.

WCR: *How many total staff in your department, including secretaries, technicians, and so on?*

RPS: About 35 of us.

WCR: *That's a big payroll every month.*

RPS: We have patient coordinators (rather than calling them secretaries), 3 nurses, 10 therapists, 2 dosimetrists, a physicist, and an engineer who makes sure the machines are calibrated and working correctly, as well as other support personnel. It is a big payroll.

WCR: *What's the connection between BUMC and your oncology group?*

RPS: None now. Until about 1993, the radiation oncology department was part of the hospital. Now, I belong to a large group of oncologists called Texas Oncology. There are 180 physicians scattered throughout Texas. We are part of a practice management group called US Oncology. We lease the space for the radiation oncology department from BUMC. We own the machines. Our employees are employees of US Oncology, not BUMC. Although we physically are on the BUMC campus and connected to the hospital by the skywalk, we're not actually a department of the hospital.

WCR: *Has that worked out well? Are you pleased with the connection?*

RPS: I am. It's worked out well for BUMC also. The Medicare reimbursement laws do not reimburse hospital-based departments as well as the freestanding facilities. It's a quirk and it will get changed someday. Thus, it has been financially better for BUMC to be in this lease agreement, something we did not predict at the time.

A practice-management company like US Oncology produces a bit of divided loyalty: one to the physicians and one to its shareholders. It becomes a little bit of a conflict of interest. Nevertheless, it's worked well. Because our department is a capital-intensive specialty (expensive equipment, lots of employees), it's good having a financial partner like that. It allows us to have very up-to-date technology.

WCR: *How much investment do you have in your equipment alone?*

RPS: We have 3 linear accelerators, and each costs about \$1 million. That is a fancy name for the x-ray machines. Our computers, which do the treatment-planning portion of treatments, are each about \$400,000 to \$500,000. We have a simulator into which we take a patient, image the area to be treated, and mark on the skin appropriately. That machine costs \$500,000. We have at least \$4 million in equipment, not including examination rooms, tables and chairs, and miscellaneous items. It's expensive. It would be very difficult for 2 or 3 physicians to finance something like that. It's good to either be part of a hospital or have a financial partner.

WCR: *How many radiation oncologists are there in the USA?*

RPS: Around 3500 to 4000.

WCR: *In the past 30 years, both diagnostic radiology and oncologic radiology have changed incredibly. The impact you have had in medicine is unbelievable.*

RPS: It is. I often ask how in the world we did radiation back in 1980 or 1985. There have been multiple changes. Equipment has changed tremendously. The accelerators, the accuracy of the accelerators, and the measurement of the dose have improved enormously. The biggest change has been in imaging. Early on, I had a chest x-ray only for the treatment of lung cancer, a 2-dimensional look. Now we have a 3-dimensional look, with either magnetic resonance imaging or a computed tomography scan. We can image the tumor, which allows us to increase the dose to the tumor and spare radiation to normal tissue. That's the reason we are so successful with prostate cancer now.

Another area has been the combination of using radiation and chemotherapy together. The word we use is sensitization. Chemotherapy sensitizes the tumor to radiation. It's one of those things where $1 + 1$ is >2 . Chemotherapy works and radiation works, but the combination of them is far superior to either alone. That's had a tremendous impact. In the next few years, radiopharmaceuticals will appear in which a radioactive material is attached to an antibody against a particular tumor. It delivers radiation directly to the tumor itself, sparing normal tissue.

When I first started in this specialty, we put wire on patients' skin to make sure we included the tumor. Now I have very sophisticated equipment for doing that, which also has made a tremendous impact. It's been exciting to be part of these advances. It's like watching a child grow. You don't notice the changes from day to day, but if you look back on some of the things we were doing earlier, the changes have been tremendous. We have more weapons now than 15 or 20 years ago. Prostate cancer has multiple ways to be treated now.

It's harder on patients because it was easier for them to come in and hear us say, "You need a, b, and c." Now they come in, and we say, "We can do this, we can do this, we can do this, and we can do this." It's difficult for them to make a decision. I al-



Figure 11. Family portrait, 1992.

ways tell them that the diseases that we don't have many options for are the ones we don't do very well with. The ones we have options for are the ones that we are more successful with. It's a 2-edged sword for the patient.

WCR: Are you optimistic about the future of cancer therapy?

RPS: Ideally, oncologists wouldn't have a job. I think that's possible, but it won't be in my lifetime. The reason for the optimism is the genomic projects and gene discoveries. Eventually, we will be able to tell at a very early age if someone has an abnormal gene that makes that person prone to some type of mutation, maybe from an environmental factor. That gene may be able to be corrected, and that person then would not be at risk for developing that cancer. There is no question that that's going to be the basis for eliminating or better controlling cancer. I used to think that just smoking caused lung cancer, but there is probably some genetic defect that the smoking amplifies. If you could eliminate the smoking, you'd eliminate a lot of it. But if you could correct the defective gene at the more basic level, that could solve the problem.

WCR: Pick, you've been very involved in the leadership at BUMC. You are president of the medical staff. You are on the executive board. It's quite an honor to be chosen by your colleagues to be their leader. Would you comment a bit on how that has evolved?

RPS: For me it is a very nice honor, one of the nicest I've ever had. The way it got started was that I was involved in the cancer program and was chairman of the cancer center medical committee. That committee is a multidisciplinary committee, with many specialists in the medical center. Through it, I had contact with a lot of BUMC physicians. I knew a lot of physicians and they knew me. We have a really nice system at BUMC in that when you are a medical staff officer, you are one for 3



Figure 12. The Scruggs boys, Gavin and Granger, 2000.

years—president elect, president, and chairman of the medical board. It works well. The first year, you don't know a whole lot, but you don't have a lot of responsibilities. In the subsequent 2 years, you know more and you have more responsibilities. It's a gradual process. The opportunity came at a time when there were 4 of us in the department, and my partners were willing to support my being able to go and do those activities that take time out of the department. They've been very gracious about that, and it's worked out well. One key at BUMC is working with the administration. It's a very collegial atmosphere. It's not an adversarial relationship, although we don't always agree on everything. At least you can sit down and talk about issues. It's a satisfying experience.

WCR: How much time has being president of the medical staff and of the medical board taken?

RPS: Every month I place on my calendar the various meetings I must attend. Out of 20 working days in the month, I'll spend at least 1 hour a day at a meeting. Sometimes it'll be 2 hours one day and none the next. It's a good 25 to 30 hours a month that I spend attending a meeting, preparing for a meeting, or contacting somebody about something we need to accomplish. I have a lot of support staff. The medical staff services office is very helpful. There's a lot of behind-the-scenes work that goes on that I don't physically have to be involved in.

WCR: Pick, could you talk a bit about your family—your wife and 2 children?

RPS: I am very proud of them (Figure 11). My wife and I have been married for 36 years this year. We have 2 boys, both grown and out of the house (Figure 12). The last one's about to be off the payroll. The oldest has an MBA from Baylor University and is the financial analyst for Horizon Health, located in Coppell. He works with rehabilitation and psychiatric centers. He has been married for about 7 years, and they just had their first child, our first grandchild, a little girl. Our youngest son is finishing medical school at the University of Texas at Galveston in May. He is going to stay there and do an internship. He is also considering radiation oncology. He's been very interested in thoracic surgery and has vacillated between the two. He had a very good experience with Dr. Mike Mack at Medical City when he was in high school, and he has continued that association. They were both great kids. We had very few problems with them growing up. We are a close family. I'm very close to my brother and his wife who live in Memphis, and they are close to my children.



Figure 13. With BUMC physicians (left to right) Mike Highbaugh, Weldon Smith, and Bob Parks.

My brother is a very successful attorney, who does property tax. We've been very lucky in that none of us have been seriously ill. I'm very thankful for that.

WCR: *What do you and Jody do for fun?*

RPS: We both like the theater, movies, and reading. She's become a sports fan through me. We still follow Ole Miss football and go back for games a couple of times a year. Seeing a game there gives me a chance to see my mother, who is not very far away. Jody and I like tennis and golf. We follow those. We don't do very much traveling, although I think we'd both like to do more of that. We both still have an affinity for taking college courses. We'll take some adult education courses at Southern Methodist University and at Richland Community College.

WCR: *Do you play tennis or golf?*

RPS: Yes. I play a lot more golf than I used to. I used to play tennis exclusively but I got to the point where I couldn't get much better. My knees finally wore out, so I couldn't play as well as I liked. I play more golf now (Figure 13).

WCR: *How much golf do you play?*

RPS: I'll play a couple of times a month. It's usually in spurts.

WCR: *What do you like to read?*

RPS: A variety of things. I'm reading 2 books now. One is *Dixie* by Curtis Wilkes. It's about the South and how it's changed through the years. I'm also reading a novella by Joseph Conrad called *Heart of Darkness*. I read the newspaper daily. I read a couple of journals. I read *BUMC Proceedings*. I don't watch a lot of television, but there are a few things I like to watch. One does not have to read the newspapers much because of CNN.

WCR: *Do you still go to church regularly?*

RPS: Yes. We belong to Northway Christian Church, across from NorthPark shopping center at the corner of Airline and Northwest Highway. We went much more regularly when our children were in the house. We'll go 2 or 3 Sundays a month. We still support the church financially but not as much in person as we did in the past.



Figure 14. On his 45th birthday, 1989.

WCR: *Are you going to work forever?*

RPS: No, I'm not. I used to want to retire when I was 55. I've missed that by 3 years. I don't foresee practicing more than 3 or 4 more years. There are lots of things I would still like to do outside of medicine.

WCR: *Like what?*

RPS: Both my wife and I love Oxford, Mississippi. I could foresee our moving back there, going to school there again, and doing a little traveling. We would like more free time. I am not going to go from working every day, like I do now, to nothing. What I'd like to do in 3 or 4 years is begin to do some locums for other physicians. We have a large group, and a lot of physicians in radiation oncology are in solo practice. They will be the only radiation oncologist in a center and treat 35 or 40 patients daily. They need to take time off periodically. What I'd like to do is fill in for them for a week and do that 8 or 10 weeks a year, but not be in an environment requiring everyday presence. I think it's a mistake to go from working every day to not at all. I see too many people wither away doing that. You have to kind of reinvent yourself. I'm in the process of trying to do that.

WCR: *Do you and Jody entertain a lot?*

RPS: No, not a whole lot. We're active in our homeowner's association. There's an enclave of about 90 homes where we live, zero-lot-line homes. We have 5 or 6 couples that we're close to, so we do things with them. I don't do well with big parties. I like smaller groups (Figure 14). Although we go to some big parties, we don't have those ourselves.

WCR: *Pick, is there anything you'd like to talk about that we have not hit on?*

RPS: I don't think so. You're an excellent interviewer. You've asked me questions I haven't thought about in a long time. It's interesting to do this process because it makes you reorganize your life in a sequential way.

WCR: *Pick, thank you on behalf of both me and the readers of BUMC Proceedings.*

RPS: Thank you. It's been fun. I've enjoyed *BUMC Proceedings* and the previous interviews.