

## GARY L. DAVIS, MD: a conversation with the editor

**G**ary L. Davis (Figure 1) was born in Sharon, Pennsylvania, on October 27, 1950. He grew up primarily in Rochester, Minnesota, the home of the Mayo Clinic. After attending Iowa State University in Ames, Iowa, for 1 year, he transferred to the University of Minnesota, completing his university requirements in 2 years. He then entered the University of Minnesota School of Medicine and received his medical degree in 1976. His residency in internal medicine and his fellowship in gastroenterology were at the Mayo Clinic. Following completion of his fellowship in 1982, he spent 2 years as a medical staff associate in the Liver Diseases Section of the National Institute of Arthritis, Diabetes, Digestive, and Kidney Diseases in Bethesda, Maryland.

In 1984, Dr. Davis went to Gainesville, Florida, as an assistant professor of medicine in the Division of Gastroenterology, Hepatology, and Nutrition of the University of Florida College of Medicine. Shortly thereafter, he cofounded and became medical director of the adult liver transplantation program there; by 1991, he established and was named director of the Section of Hepatobiliary Diseases, and by 1993, he was professor of medicine at that institution. Dr. Davis has published 125 articles in peer-reviewed medical journals, as well as 53 chapters or reviews or monographs, and has been editor or section editor of 2 books. He came to Baylor University Medical Center (BUMC) in July 2002 to direct the newly formed Division of Hepatology. Dr. Davis is internationally known for his work, particularly that concerning viral hepatitis. Additionally, he's a nice guy, the father of 2 grown offspring, a fantastic guitar player, an avid scuba diver, and a beginning golfer. He will be a splendid addition to the Baylor family.

**William Clifford Roberts, MD (hereafter, WCR):** Dr. Davis, I appreciate your willingness to talk to me and therefore to the readers of BUMC Proceedings. We are in my home on July 11, 2002. Could you talk about some of your earliest memories? I see that you were born in Sharon, Pennsylvania, on October 27, 1950.

**Gary L. Davis, MD (hereafter, GLD):** Sharon is a small steel town in western Pennsylvania near the Ohio border. My



Figure 1. Gary L. Davis, MD, during the interview.



Figure 2. At 4½ years in his Davy Crockett outfit, preparing for a future move to Texas.

mother was in nursing training there and my father grew up there. My maternal grandparents lived in the small town of Clarksville just outside of Sharon. We moved to the Endicott/Binghampton area of New York not long after I was born and stayed there until I was 7. My father, who worked for IBM then, was transferred to Rochester, Minnesota, and I really grew up there. We went back every summer to the Clarksville/Sharon area of Pennsylvania to see the grandparents and the cousins. I have many fond memories of those summers.

**WCR:** What are some of your earliest memories? I gather that they occurred in Endicott or Binghampton.

**GLD:** I have fond memories of those times (Figure 2). We had a big family living in a small apartment. It was like being at camp with all the brothers in one room. We had a good time. I

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Figure 3. In 1997 with siblings. Left to right: Rick, Gary, Sue, Keith, Ted.

can remember playing games in a swamp behind the apartment complex where we lived. We often went to the IBM country club to swim.

**WCR:** *How many siblings do you have?*

**GLD:** I have 3 living brothers and 1 sister (Figure 3). One brother died at a young age.

**WCR:** *Where are you in the hierarchy?*

**GLD:** I'm number 2.

**WCR:** *The oldest was a brother?*

**GLD:** Yes. He's an attorney who lives in Plano. The next youngest below me is an architect who lives in Minneapolis. Another brother works for Wal-Mart/Sam's Corporation in Iowa. My sister is a physical therapist at the Mayo Clinic in Rochester.

**WCR:** *You grew up next door to the Mayo Clinic. How did you like Rochester? What are some of your memories of Rochester?*

**GLD:** Rochester is a nice place to be from. I enjoyed growing up there because it was a small and fairly rural city. I developed many outdoor interests there such as camping, hunting, and fishing. It was also a place rooted in good values. Nonetheless, by the end of my senior year of high school, I was anxious to go somewhere else.

**WCR:** *How big was Rochester when you were growing up?*

**GLD:** I think the population was probably about 30,000 to 40,000 in those days.

**WCR:** *Most of the working people worked for IBM or the Mayo Clinic?*

**GLD:** Yes, or the school system, which was excellent.

**WCR:** *What did your father do with IBM?*

**GLD:** He was a mechanical engineer working in special systems.

**WCR:** *You mentioned 5 siblings and your mother and father. What was your father's background? Is he still alive?*

**GLD:** Yes. He was born in 1922 in Detroit and moved to Sharon, Pennsylvania, when he was a child. My grandfather was a tool and die worker there. When the family came from Wales, they settled in Detroit and then my grandfather moved to Pennsylvania.

**WCR:** *What about your mother? When was she born?*

**GLD:** In 1926 in Pennsylvania.

**WCR:** *Where did they meet?*

**GLD:** A blind date. My father had a date with my mother's roommate during her nursing training. The roommate had to work, so my mother took her place that night. I guess it was a good date.

**WCR:** *Did you have a good relationship with your father? What kind of a man is he?*

**GLD:** Yes. We still have a good relationship. My dad is a very kind and compassionate man. He spent a lot of time with us as children. He was always the Scout leader. He was the guy who built the baseball diamond in the neighborhood, pulling bricks on a board behind the station wagon to flatten out the infield. I have fond recollections of those days with my dad. We have a very close family.

**WCR:** *What about your mother? What is she like?*

**GLD:** My mother is also a very kind person. She has endless energy and is involved in a million projects. She had to have endless energy with all those kids. Those days were simpler, of course. Every night at dinner the whole family sat together. Sunday dinner was always an event. In those days there were not so many distractions to pull families in every direction, like today.

**WCR:** *Did you have a lot of interesting conversations sitting around the table at night?*

**GLD:** I don't really remember specific conversations. I think much of the talk focused on the daily reports of all of us from school and activities we were involved in. We always knew what everybody in the house was doing. There wasn't much privacy with 7 people living in a small house. The family connections that you develop in those years last a lifetime.

**WCR:** *Did you discuss politics? Did you have any heated debates, as you remember it, at the dinner table at night?*

**GLD:** I don't think Midwesterners have much debate, particularly heated debate. They're a fairly quiet group, and we were not a political family. I really didn't have much interest in politics nor did anybody else in the family until the 1960s when the whole country became more politically involved.

**WCR:** *What was school like for you? I'm talking about grammar school, junior high school, and high school. Did any teachers have a major impact on you?*

**GLD:** I was always attracted to science, and my sixth grade teacher really fueled that interest in me. He had me do science projects in a number of areas that moved my interest to a different level. I had several high school teachers who were, in retrospect, instrumental in getting me interested in different things. My 10th grade English teacher gave me a lasting love of the written word. I have recently reread many of those books. They obviously had some impact on me.

**WCR:** *What type of things did you remember that she called your attention to?*

**GLD:** Love of rhythm in poetry. I remember memorizing the introduction to *Canterbury Tales*. She insisted that we speak in the Old English style to emphasize the rhythm. I've always been a lover of music. That intrigued me getting into the rhythm of the word. It also gave me an appreciation of how language can express thoughts.

**WCR:** *What were some examples of things that your teacher taught and some of the projects you did to stimulate your interest in science?*

**GLD:** I recall 3 different projects I did in the sixth grade for the science fair. One was on the skull, another on the heart, and the last on the liver. They were more anatomical reviews than anything. They stimulated me to know more about science. After that I even set up my own lab in the basement of the house and raised mice there. A friend who had similar interests and I would dissect the mice and draw out the organ systems. We kept breeding logs for several years and looked for genetic patterns.

**WCR:** *What were some of your other activities in junior high and high school? Were you an athlete?*

**GLD:** I liked outdoor activities, hunting, hiking, and camping. I did gymnastics through junior high. I was on the swimming team in junior high but not in high school. I still love to swim. I can't do the gymnastics anymore.

**WCR:** *Did you play any other sports?*

**GLD:** Just with friends on weekends. I played Little League baseball when I was young.

**WCR:** *Did other teachers in junior high and high school have an impact on you?*

**GLD:** I always loved the math and science. As I look back, I come up with bits and pieces of things from high school that inspired me. High school was not a big challenge for me. I never had to work hard, and I don't think I got as much out of it as I probably could have.

**WCR:** *Did you have any other activities in high school or junior high?*

**GLD:** I was a photographer for the yearbook and the school paper in high school. I was involved with the thespians in the school plays. I was a behind-the-scenes person. I liked to build the stages and work on lights.

**WCR:** *I gather all your siblings also made good grades?*

**GLD:** Yes. All of us did.

**WCR:** *Did your parents push you, or was it just expected that you make good grades?*

**GLD:** I think it was expected. Both my parents were well-educated people, and that was just the way things were done. It was clear that school was important, that you needed to do well in school to function well in society. It was just a given. We knew we weren't going to get away with anything. We had to do our homework at night. Our report card was public record when it came home. We had to answer for what we did.

**WCR:** *When a report card came, you had to pass it around at the dinner table that night?*

**GLD:** Yes. It was reviewed by parents at the dinner table.

**WCR:** *Was your father the disciplinarian in your house?*

**GLD:** No, my mother was. It was the typical 1950s thing, "when-your-father-gets-home" type of threat. But, in fact, my father was never really the disciplinarian; there was always that threat that never materialized.

**WCR:** *Did your father travel much, or was he home every day?*

**GLD:** He was home every day. He traveled little with his work.

**WCR:** *It sounds like your home was quite warm. There was not much fussing and bickering going on.*

**GLD:** I don't have recollections of any of that, and it's still a warm home. When we all get together it's much more crowded than it used to be.

**WCR:** *Where do your parents live now?*

**GLD:** They still live in Rochester.

**WCR:** *Where did you go to college?*

**GLD:** The first year of college I went to Iowa State University in Ames. I wasn't sure that I wanted to go to college right away. I'd taken all the tests, but I decided to go only at the last minute. Since my older brother was at Ames, that's where I went. It was the only place I applied to. I had never learned to study. When I got to college and found that I really needed to apply myself, I didn't do very well. Plus, I had joined a fraternity, which was not very conducive to doing well in school for me. I left Ames and the next year went to the University of Minnesota, where I lived in the dorm so that I could focus on my subjects. I got pretty much straight A's from that point forward. In just over 2 years, after transferring only a few credits from Iowa, I graduated.

**WCR:** *How did you get into the University of Minnesota? That's one of the great universities in the country.*

**GLD:** I got there mainly on my high school record and by being a resident of Minnesota. It is a great school. It's a big school, which is probably why I shied away from it after high school—that and the fact that most of my high school class went there. I was someone who did not want to do what everyone else did. I loved the University of Minnesota, though. Although it was big, I found that you could develop your own group and identity. I met people in my undergraduate years who remained friends throughout medical school and beyond.

**WCR:** *You were an undergraduate at the University of Minnesota only 2 years?*

**GLD:** I went there in 1969 and graduated in 1971. I took double credit loads most of that time and went to summer school. I didn't want to have extra time to distract me. I worked hard. It was a wonderful experience. When you apply yourself and can learn so much material, it's really rewarding. I often wish I had the time to go back to college and take more history and economics. I recall hearing John Kenneth Galbraith lecture on economic theory during college—that was my first exposure to macroeconomics.

**WCR:** *John Kenneth Galbraith taught at Harvard.*

**GLD:** He lectured at Minnesota just after he left the Kennedy and Johnson administrations.

**WCR:** *He's a Canadian. He's a good friend of Bill Buckley even though their political philosophies are diametrically opposed. Each sends the other a copy of his latest book. Usually each writes something under the cover. One time Galbraith got Buckley's most recent book. Galbraith looked under the cover and there was nothing there. Naturally, he turned to the references at the end of the book. Galbraith was the first reference in Buckley's book. There was a note from Buckley, "John, Hi. Bill."*

**WCR:** *What other teachers in college had an impact on you? I gather nobody really struck you at Iowa State.*

**GLD:** I don't think I went to class enough there to be impressed by anybody. I was not a good student at Ames. The course in college that probably had the greatest impact on me was a clinical psychology class on social interaction. It struck a chord with me—sort of like finding the key to how people interact, how

we control all sorts of relationships. It is the foundation of principles of management. It's being able to understand how people with different agendas can reach some sort of consensus so that everybody walks out of the room feeling that something positive has been accomplished. That was an awakening for me. For years I saved those notes and went back and read them over and over again. It is probably the best thing I took out of college.

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

**GLD:** I was in the premed track but actually majored in sociology at the University of Minnesota. I focused on statistics, which was in sociology rather than in mathematics at the time. Those were the days when statistical analysis was hard to do. The things we did at that time can now be done with a pocket calculator. In those days it was pile after pile of punch cards and weeks and weeks of putting data together for very simple analyses. I loved getting a pile of data, picking it apart, and looking at the subtle intricacies hidden within it.

**WCR:** *Why did you major in statistics?*

**GLD:** I liked math. I was in premed and therefore had already been exposed to a lot of required science, including chemistry, physics, and biology. I wanted something more mathematical, and statistics appealed to me because of the challenge of analyzing databases and looking at social trends. I also tried to broaden my knowledge base by taking history and economics courses.

**WCR:** *When you went to Iowa State University, what were you thinking about majoring in at that time?*

**GLD:** I was in liberal arts. Always in the back of my mind I was going into medicine. I had not firmed up my future right after coming out of high school. By the time I went to Minnesota a year later, I was very focused on where I wanted to be.

**WCR:** *You had decided that you wanted to go to medical school?*

**GLD:** After I left Iowa, I worked that summer in a steel mill. It became clear that manual labor was not something I wanted to do the rest of my life and that college was important to my future. All of my summer jobs reinforced that. I worked several jobs in manual labor. That was great experience. You work very hard from 8:00 AM to 4:00 PM, but you don't utilize a lot of brain energy. I found those jobs to be physically rewarding but mentally frustrating. The time I worked with steel taught me the importance of books.

**WCR:** *Where was the steel mill?*

**GLD:** I worked in a sheet metal plant in Rochester for one summer. We made tractors for John Deere. I drove a forklift and ran a shear for cutting big sheets of steel to size. I also worked a summer in Chicago at a foundry doing menial labor there, chipping slag off hot castings.

**WCR:** *How did you get that job?*

**GLD:** My uncle was a manager at the plant. My cousin and I worked there.

**WCR:** *All 5 siblings went to college—law school, medical school, architecture school, business school, and physical therapy school. Although your father worked for IBM, you youngsters must have had to provide some of your pay through college and medical school. Is that right?*

**GLD:** We did it through stock that my parents had bought for us in IBM, which was doing well at the time, plus student loans and summer jobs.

**WCR:** *Did you work in high school?*

**GLD:** I worked in a pharmacy in high school after school and on weekends.

**WCR:** *That got you involved with medicine a bit.*

**GLD:** A bit. I did mostly stock work and deliveries. My exposure to medicine was minimal.

**WCR:** *Were there any physicians in your extended family?*

**GLD:** No. I was the first. My mother was a nurse.

**WCR:** *She probably had more impact on you than you may have considered.*

**GLD:** Yes. I was always fascinated by what she did and the things she talked about from her day at work.

**WCR:** *Did she work while you were growing up?*

**GLD:** She worked while I was in high school. She worked part time at the Mayo Clinic and at the state mental hospital that was in Rochester at that time. The other exposure I had to medicine in high school was through the Explorers and Boy Scouts. I was in the Mayo Clinic's Explorer post. We were exposed to all aspects of medicine there. We'd spend a Saturday in the pathology laboratory to see what they did or go watch surgery. That was great exposure for me.

**WCR:** *Were you active in the Boy Scouts? Did you get a lot of merit badges?*

**GLD:** Yes.

**WCR:** *Did you go to Eagle Scout?*

**GLD:** I didn't go to Eagle Scout. I joined Explorers as soon as I could.

**WCR:** *Explorers is another level of Boy Scouts?*

**GLD:** Yes. It's more focused on a particular area. IBM had one for people who were interested in engineering. Mayo Clinic had a group interested in medicine.

**WCR:** *That really had an impact on you?*

**GLD:** Surprisingly, most of us in that group did end up as physicians.

**WCR:** *When you were at the University of Minnesota, did you join a fraternity again?*

**GLD:** No. My brief exposure to fraternities was quite enough for me, and I decided that my personality didn't fit well with a group like that.

**WCR:** *You enjoyed the social interchange a great deal, parties and so on?*

**GLD:** I did. At Minnesota we developed a great social group. I had friends there from high school and made a lot of new friends who had an interest in science and went on to medicine. We had study groups for physics, for example, where we'd get together in the evenings at the blackboard and do problems. Those people continue to be friends to this day.

**WCR:** *Was there anyone in college who had a major impact on you?*

**GLD:** The thing that impacted me most in college was finally developing the love of the pursuit of knowledge and realizing that hard work in my studies paid such big rewards. Learning was such an adventure. I'd never put in the work in high school or in college prior to that.

**WCR:** *Did you have to work hard to make those grades, or did they come easily for you because you enjoyed learning so much?*

**GLD:** I worked very hard in college. I went to the library in the morning when it opened and read and outlined every book that we had to read for class. Between classes I was in the library,

and after class I was in the library. Usually by the time I got home at 6:00 or 7:00 PM, I was done. I didn't have to study at night because I was able to do that during the day between classes. I worked very hard to get those grades in college.

**WCR:** *Did you sleep a lot or a little?*

**GLD:** I slept a fair amount in college. Thank goodness, because I didn't get much sleep once I got to medical school.

**WCR:** *You must have been very efficient in your learning.*

**GLD:** I think I was. I was very structured in those couple of years. My day was very structured. The University of Minnesota lies on both sides of the Mississippi River. There's a long walking bridge over it. The winters in Minnesota are such that you don't like to have to walk that bridge more than once a day. I tried to get my classes on the far side of the river. That way I knew when I walked over there in the morning that it would be hard for me to go home during the day. I would spend my day over there, and the only time that I poked my head outside the classroom was when I went to the library. I had my corner in the library, and that's where I spent my day.

**WCR:** *If you made all A's, you obviously didn't have any trouble getting into medical school. How did you choose the University of Minnesota for medical school? Did you apply to several schools?*

**GLD:** I did not apply to many schools. I applied to the University of Minnesota and to the Mayo medical school, which was just starting at that time. I would have been in the first class. I preferred to go to the University of Minnesota because I really loved the school. I was surprised that I got in. Times were very competitive then for entry into medical school. It was not a given for anybody to get into medical school in those days.

After I finished college, I drove a cab for a couple of months and then got a job doing social work for Minnesota's Department of Employment, trying to place people who were chronically unemployed. A few months of that was enough to tell me that I really wanted to be in medical school and not be a social worker. Social work is mostly a thankless job and very difficult—at least that's how I found it. I found out that I got into medical school while I was at work. I remember standing up and hooting. I was very pleased.

**WCR:** *What was the interval between your finishing college and getting into medical school?*

**GLD:** I finished college in December 1971 and started medical school in August or September 1972.

**WCR:** *How many students were at the University of Minnesota while you were in college there?*

**GLD:** There were about 50,000. It was one of the largest, if not the largest, student body on a single campus in the USA.

**WCR:** *That was the first time you had lived in a big city?*

**GLD:** Yes.

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

**GLD:** I loved it. It's a very friendly city and, even to this day, it has the feel of a smaller town. There are many residential areas within the city itself and a lot of recreational resources. It was easy to get around. Mass transit was excellent, so you could go anywhere easily. It wasn't intimidating at all.

**WCR:** *Did you have a car in college?*

**GLD:** No.

**WCR:** *How did medical school strike you? Were there any surprises when you started? How many were in your class?*

**GLD:** We had a big class, I think about 150 students. I was surprised by the intensity of it and the amount of material to learn. The first year of medical school was really tough for me because it was like learning Greek. Much of it was rote memory. I had to work really hard. I don't think I went to bed before 2:00 AM for the first 2 years, and I was up by 7:00 AM at the latest. Even as hard as I worked in college, this was an exponential level above that for me. Getting into areas in such depth was exciting for me, but I had a hard time with the terminology. It came fairly slowly to me. At the same time, I really enjoyed it.

**WCR:** *Were there any faculty who had a major impact on you in medical school?*

**GLD:** I recall that happening more when I started seeing patients rather than in the didactic portion of my studies. There were any number of faculty, as well as housestaff, who had an impact on me. You pick little bits from the people you work with—how they do things, how they interact with patients, and how they extract a good history. I'd done some social work, and I thought I was pretty good at taking a history from the start. A funny lesson for me was the first time I went to the Veterans Administration Hospital to do histories and physicals. I had an alcoholic patient who confabulated and gave me a wonderful history. I thought this was so easy. He was laying it all out for me. When I presented the history to the attending, he could hardly sit still in his chair. He went back in and reconstructed a totally different history from the patient. That was a humiliating but important lesson.

**WCR:** *Did you have a hard time deciding which specialty to choose?*

**GLD:** There was no question. I loved everything I did. Every rotation I had in medical school, as well as in residency, I really loved. I was particularly taken by the intensive care units and cardiology, but I was interested in liver disease. During medical school, our entire exposure to liver disease was a 1-hour lecture. I realized that this was an area where either the person giving the lecture knew nothing about it, which I knew wasn't the case, or the level of understanding liver disease was really simplistic at that point. I saw a future there. From the second year of medical school, I knew in the back of my mind that liver disease might be a good area to work in.

**WCR:** *Did those mice experiments that you did in your basement and those projects you did on the liver back in the sixth grade have a lot of impact on you in that regard?*

**GLD:** All of those were pieces that fit together to steer me in that direction. The other thing in medical school that solidified my career direction was a rotation at the Mayo Clinic. My folks still lived in Rochester, so that was easy for me to do. After I'd finished my graduation requirements for medical school, I had a few months before formal graduation. I went to Rochester and rotated on the gastrointestinal service. After that, it was a no-brainer that gastrointestinal and liver disease was the direction I wanted to go. I was so impressed by the people I got to work with there. I was fascinated by the diseases managed by gastroenterologists. I was never too thrilled with the procedural aspects of gastroenterology, but the cognitive aspects were very attractive to me. The Mayo Clinic at that time had some really outstanding people in liver disease. That's where I wanted to be.

**WCR:** *That rotation to Rochester had a major impact on where you wanted to do your residency in internal medicine?*

**GLD:** Absolutely.

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

**GLD:** I did fairly well. I wasn't top in my class, but I did pretty well.

**WCR:** *Were you given a lot of tests in medical school?*

**GLD:** Yes. We were tested heavily. The school went to pass/fail after 2 years or so. Other than memorizing the Krebs cycle 20 times, I tried focusing on the areas that I felt were most important rather than studying for the test.

**WCR:** *Did you apply for internal medicine internship at places other than the Mayo Clinic?*

**GLD:** I applied everywhere. I had a great road trip looking at different residency programs. My wife and I got in the Volkswagen (without air-conditioning) and drove all around the country. I must have looked at 15 different programs. I looked in the Southwest and California, but I decided I liked the green of the Midwest a lot better. Most of the places I ranked highly were in the Midwest. Mayo Clinic and Minnesota were 1 and 2. I got my number 1.

**WCR:** *When did you get married?*

**GLD:** I got married in 1972.

**WCR:** *That was just before you entered medical school. You had met your wife in college?*

**GLD:** I met my ex-wife Nancy when I was 7 or 8 years old. We got to know each other well in junior high school. We didn't date until right at the end of high school.

**WCR:** *Did she go to Iowa State with you?*

**GLD:** No. She went to Gustavus Adolphus College, a small Lutheran school in western Minnesota.

**WCR:** *You went back and forth on weekends during those 2 years at the University of Minnesota?*

**GLD:** Yes. It was about 90 miles. I found a note on the bulletin board in the dorm from somebody who was looking for a carpooler. He and his soon-to-be wife became great friends and still are. We had weekend road trips to St. Peter, Minnesota. Nancy became a nurse at the county hospital in Minneapolis while I was in medical school. She was a great tutor of the practical applications of some of the things that I was learning.

**WCR:** *You are back in Rochester. You got the internship you liked. How did the Mayo Clinic strike you as a houseofficer?*

**GLD:** I thought it was a great housestaff program. It is set up very differently from other places. The Mayo Clinic training system is mainly a series of intensive subspecialty rotations. There were only a couple of rotations in general internal medicine.

**WCR:** *Right from the internship on?*

**GLD:** Right from the first day. My first day of internship was in cardiology on the code team. The advantage of the Mayo system is that you have such an intensive experience in those subspecialties that you really learn them well. I think that's a big advantage over doing your whole housestaff training on general medicine rotations, which was how most of the training was done at Florida where I subsequently went on faculty. I felt that the training I received at the Mayo Clinic was first class. The training there can be very hands off if you want it to be. You don't need to get your hands dirty, so if you wanted to do lines and that sort of thing, you had to be aggressive about doing them, at least

in those days. I was aggressive. If you didn't want to put in central lines or float pacemakers, you could go through your whole training and not do it. I thought it was a great experience.

**WCR:** *It fit your personality. Dr. Davis, who had a major impact on you at the Mayo Clinic during your training period there?*

**GLD:** Even during my medicine training, the gastroenterology faculty had a major impact on me. I knew that's what I wanted to do, and I guess they became the people I looked to as models. The people there who really influenced me during my medicine residency were Rolland Dickson, fellowship director at that time, and Dick Fleming, who subsequently became the fellowship director.

**WCR:** *How many gastroenterologists were at the Mayo Clinic?*

**GLD:** There must have been 35 or 40 then, and it's probably close to double that now. It is a big department.

**WCR:** *How many physicians are at the Mayo Clinic?*

**GLD:** I haven't a clue. Including residents and fellows, it must be more than 3000.

**WCR:** *What was a typical day like when you were a resident in internal medicine at the Mayo Clinic?*

**GLD:** I would start the day at 6:30 or 7:00 AM. I'd end the day, if I wasn't on call, at 6:00 or 7:00 PM. We were on call on average every third night during our residency. The residency at that time was such that you had a team usually of 2 to 4 housestaff, who might be first, second, or third year, but everybody functioned the same. There wasn't a separate intern status there. We all worked together during the day and then rotated night call between the 2 to 4 residents on the team. For neurology, for example, you would cover the entire service and any admissions at night by yourself. We were busy when on call. There was not a lot of sleeping on call nights. It was a very busy time for those 3 years.

**WCR:** *After 3 years, you started a gastroenterology fellowship?*

**GLD:** Yes.

**WCR:** *Did anybody else in any of the other specialties have much impact on you? It sounds like you never wavered from the time you entered the Mayo Clinic or the time you decided that liver disease was the area you were going to specialize in.*

**GLD:** I was fascinated by cardiology, particularly electrophysiological aspects, which were just starting at that time. I also liked the intensive care aspects of cardiology. I actually took some extra rotations in it. I thought about specializing in cardiology. I was impressed by several of the faculty there in cardiology. But my first love was still the liver. That's where I wanted to go, and the way to get there was through the gastrointestinal tract, so to speak.

**WCR:** *Were there many people among those 30 or 40 gastroenterologists who focused on the liver?*

**GLD:** Yes. The Mayo Clinic then had a strong reputation in liver disease and still does. Bill Summerskill, a major player in chronic hepatitis, had come there in the late 1970s. Rollie Dickson focused on cholestatic liver disease; Al Czaja, on autoimmune hepatitis; and Nick LaRusso, on sclerosing cholangitis. These gastroenterologists really defined those areas, and each has maintained great influence there. The Mayo Clinic was one of the stellar centers in liver disease at the time. To have the opportunity to work with these people was just a dream come true.

**WCR:** *What was the fellowship like? Did you apply anywhere else?*

**GLD:** No. It's the only place I wanted to be. I decided after my medical residency, after speaking to several of the faculty, that I would like to do some research. I'd never done research before. I wanted to do it to get in-depth knowledge in a particular area and to take a break from the clinical work. I was getting a little burned out at that point. I spoke to a number of people in the department doing research and decided to work with Al Czaja on autoimmune hepatitis. Al didn't have a laboratory; his research was entirely clinical. I picked some basic projects and worked in the laboratories of Bill Go and Jurgen Ludwig. Bill Go, who is now at the University of California Los Angeles, was actually a pancreas person, but he had been setting up a lot of radioimmunoassays for gastrointestinal hormones, and I wanted to learn how to assay viral proteins. Jurgen Ludwig is a liver pathologist, and I wanted to be able to develop methods for measuring viruses in tissues.

I did clinical research in autoimmune hepatitis with Dr. Czaja, and my basic project was looking at hepatitis B and the impact of corticosteroids on viral replication. Before the discovery of the hepatitis B surface antigen, patients with chronic hepatitis were all assumed to be autoimmune. They were all treated with steroids. As the various viruses were discovered, we found that some patients, in fact, didn't have autoimmune hepatitis but actually had hepatitis B. All these samples were archived and could be looked at retrospectively, but to do that I needed to set up ways to measure replication of the virus. I set up a radioimmunoassay to measure the nucleocapsid protein of the hepatitis B virus in serum and to measure replication in archived tissue. Those techniques weren't available at the time. We demonstrated that corticosteroids increased hepatitis B virus replication, which was subsequently shown to be due to a corticosteroid-responsive element in the genome of the virus.

**WCR:** *It sounds like research really appealed to you once you got in it.*

**GLD:** I loved it.

**WCR:** *Your gastroenterology fellowship was 3 years. How much of that time did you spend in research?*

**GLD:** I spent 2 years in research. The clinical research part of it actually involved some patient care. I did a year of clinical work. I did very little technical gastroenterology training. I didn't do many procedures. I did about 3 months of general endoscopic procedures and 3 months of endoscopic retrograde cholangiopancreatography. I did mostly hepatology during my fellowship.

**WCR:** *It sounds like you loved your gastroenterology fellowship. You were extremely pleased with the field that you had chosen, the one you'd always wanted to choose. After the 3 years of fellowship, what happened?*

**GLD:** During my fellowship, I'd written a review paper with Dr. Czaja on non-A, non-B hepatitis. In doing that, it became evident to me that this was possibly a huge problem that had been around for a long time and probably accounted for a lot of the historic epidemics of hepatitis. It also appeared to me that a compound called interferon that was being tested as an antineoplastic at the time might have a role in the treatment of some of these hepatic viral infections. I learned that the National Institutes of Health (NIH) was doing some pilot studies using interferon with



**Figure 4.** At the National Institutes of Health in the early 1980s with the late Hy Zimmerman (center), international expert in hepatotoxicity, and Leonard Seeff (right), senior scientist for hepatology.

hepatitis B. I wanted to be part of that. After my fellowship, I went to the NIH to work with Jay Hoofnagle. I got involved in the early trials with the interferon treatment of hepatitis B. These were the first studies with recombinant interferon. There had been some small studies a few years earlier with the very limited supply of natural interferon. We really started the first work with interferon in non-A, non-B hepatitis.

**WCR:** *How long were you at NIH?*

**GLD:** Two years.

**WCR:** *What was your status there?*

**GLD:** I was a research fellow. I worked mostly on hepatitis B and also on the cellular immune response to hepatitis C—the ability to produce interferons in the host as a potential way of mediating liver disease.

**WCR:** *There weren't many people who had already completed their fellowship before coming to NIH. You were almost like a staff person when you got there.*

**GLD:** At the time they called it medical staff associate, but it was a research fellowship for me. My contemporaries there were all stars. It was a chance to be in an exciting research environment where you could work with the best people in your area. If you wanted to learn a new technique, you went downstairs, picked up the equipment, went down the hall and found somebody who was doing it, and learned how. You had Nobel laureates in every hallway. It was just an incredibly exciting place to be.

**WCR:** *You could have stayed longer at NIH?*

**GLD:** Yes. It was a great work environment but an expensive place to live on a fellow's salary. It really took me to a new level in my career because I not only got to do some exciting work and to publish some incredibly important papers, I also got to develop friendships with some of the stars in liver disease: Hans Popper, one of the founders of the American Association for the Study of Liver Disease (AASLD) and the father of pathology of liver disease; Sheila Sherlock, another founder of the AASLD; Leonard Seeff, Kamal Ishak, and Hy Zimmerman, the leading authorities in drug hepatotoxicity (Figure 4); and, of course, Jay Hoofnagle, who was my mentor there.

**WCR:** *At the Armed Forces Institute of Pathology?*

**GLD:** Yes.

**WCR:** *Did you spend much time there?*

**GLD:** Every week I went to the pathology conference at the institute and sat down with these great people and looked at liver biopsies. It was an incredible experience.

**WCR:** *Had you done much pathology of liver disease at the Mayo Clinic?*

**GLD:** I did. I tried to look at all the biopsies done there. I didn't get a chance to get into a one-on-one with the pathologist until I did my project with Dr. Ludwig doing immunohistochemistry stains and viral antigen assays in the liver. I sat across the microscope from him during those afternoons, and that was great. I have tried since I started in my career in liver disease to look at all the liver biopsies I do.

**WCR:** *When I was an intern at Boston City Hospital, Gerald Klatskin was a hepatologist/internist at Yale University and Grace New Haven Hospital, and he had his own histology laboratory for his liver biopsies.*

**GLD:** Then he went to Cincinnati at the end of his career. He left his slide collection there. It is pretty extensive.

**WCR:** *How did you like the Washington, DC, area?*

**GLD:** It was great.

**WCR:** *Did you live in Bethesda?*

**GLD:** I lived in Rockville. I still like the Washington, DC, area. My daughter lives there now, and I love to go back to visit. Fortunately, I get a chance to do that quite often with my NIH commitments.

**WCR:** *Why did you decide to leave NIH? You enjoyed it immensely.*

**GLD:** I went there for a 2-year commitment. We had 2 small children, and a fellow's salary wasn't going very far. It was time for me to start a more independent career. I looked at a number of places. Although I had no intention of going to the University of Florida, I went there to interview as a favor to somebody I had worked with in the past and ultimately decided that Gainesville would be a good place. No liver disease was being studied there, so I could create an identity and program on my own. It had the potential for allowing me to continue my research efforts.

**WCR:** *You went to Gainesville in 1984. You were there 18 years. How did it work out? That was quite a change from Minneapolis and Rochester, Minnesota, where you can never get warm.*

**GLD:** It was a positive change. Heat is good. I like heat. Overall, my time in Florida was great. It changed my career in some ways. I went there thinking I would be a basic science researcher more than a clinician. At the time, the research environment was not as good as I thought it would be. I found it very hard to continue research, in part because nobody offered patients with liver disease the level of clinical care they required. Consequently, I was pulled into the clinical arena. I ended up changing from lab doctor to clinician. That, in retrospect, has been a positive change. I continued doing clinical research and, because of my basic science background, I always tried to find a basic science spin in all the clinical research projects I did. I set up collaborations with basic scientists. A lot of my publications are very basic even though I wasn't the one in the laboratory anymore doing any of it.

**WCR:** *How did you like the medical school environment in general? That was quite different from the Mayo Clinic, although you*

*were obviously in the medical school environment at the University of Minnesota. Although the Mayo Clinic had a medical school, the number of medical students was small, and it was just getting started when you were there.*

**GLD:** The medical school at Florida was started in the mid to late 1950s and is fairly big. I gave a few didactic lectures each year to the medical students, but otherwise my teaching responsibilities were mainly with medical students on the wards, as well as with housestaff and fellows.

**WCR:** *The chief of medicine in Florida is a gastroenterologist?*

**GLD:** Yes. When I went there, the chief was Jim McGuigan. He recruited me, and Phil Toskes was the chief of gastroenterology at the time. He assumed the medicine chairmanship after Jim McGuigan, but he stepped down several months ago. I always think of Jim McGuigan as my chairman. He was chairman there until just a few years ago. It was a very gastroenterology-powerful place in those years with both the chairman of medicine and chief of gastroenterology being nationally prominent gastroenterologists. The only liver disease program on the map in Florida when I arrived in 1984 was in Miami, so I had an opportunity and a challenge to get something set up at the university.

**WCR:** *Your 18 years in Florida was very positive?*

**GLD:** Yes. We set up a liver transplant program and did the first liver transplant in the state of Florida. By the time I left, we'd done about 1000 liver transplants. We had a multidisciplinary team that was doing about 110 liver transplants a year and doing very innovative things with segmental transplants, living-related-donor transplants, and transplants on newborns and infants. We had an extremely strong hepatology group there that published dozens of articles every year. Our research was well funded. We made strong contributions to the field of hepatology during the years I was there. I'm very proud of having set up the liver section there and having been part of founding liver transplantation at the University of Florida. It was kind of "my baby."

**WCR:** *What was your day like, Dr. Davis, in Florida? People with liver disease are sick people. You don't have somebody with just minor problems. What time did you get to the hospital in, say, 1990? What time did you leave? What time did you get home?*

**GLD:** In those days I got to the hospital early. From the time of medical school until recently, I have not been much of a sleeper. I'd get to the hospital early, and I often would work at home for a couple of hours before I went to the hospital. I was usually there by 7:00 AM. I went home about 7:00 or 8:00 PM. Earlier, before I had a full team, I'd go home and work on papers until 11:00 or 12:00. I put in a lot of hours before I had a full team on board. That didn't happen until the late 1980s when I set up the liver unit. Up until that point, I was the only hepatologist. When we would do a transplant, I was there all the time. I was the consult person 24/7. The advantage of establishing teams to work with these terribly ill patients is that you have people you can pass things off to while you get a break. You have colleagues who have expertise in different areas than you do. You can orchestrate a much better production when you have several members in your band. It became easier when the liver team finally gelled.

**WCR:** *Right. When you left recently, how many hepatologists were on the staff there?*

**GLD:** There were 4 of us. I'm very proud of what we accomplished there in terms of clinical delivery of care, the scientific

work that we did, the people we trained over the years, and the people left behind.

**WCR:** *How was BUMC fortunate enough to recruit you here?*

**GLD:** After 18 years at Florida, and after having built a program that had really gone as far as it could go there, I was a little frustrated by the inability to move that program forward any further. Although it remains a very good program, growth and change are exciting to me. To have the opportunity to come here and go back to building a program in general hepatology is very exciting. Baylor offers real advantages to this process. It provides institutional support and cooperation, and there's already an exceptionally good liver transplant program, which is very important to general hepatology. It just seemed a natural to me.

**WCR:** *Had you known Dr. Klintmalm?*

**GLD:** I had met Göran in the past. I would say we knew each other as acquaintances, but not well.

**WCR:** *Had you known much about Dallas before you came here?*

**GLD:** No. I know Jeff Crippin who was here before. I had known of the hepatology program and the reputation of the liver transplant program here.

**WCR:** *You came to Baylor July 1, 2002?*

**GLD:** Yes.

**WCR:** *What are your goals?*

**GLD:** My goal is to raise Baylor's reputation in medical hepatology to the same level as that in the surgical and transplant programs in liver disease. The reputation of Dr. Klintmalm and his superb team is just outstanding, both for clinical delivery as well as academic productivity. They've probably published more than any other transplant surgery program. They have a good reputation in nontransplant liver surgery with the work Bob Goldstein does with tumors. I would like to bring the medical aspects of liver disease at least to that level, and there is certainly great potential to do that here. There are already 2 good clinical hepatologists here, Dr. Murray and Dr. Weinstein. We are going to build on that and be a major referral resource for patients with liver disease.

**WCR:** *At this point, what professional accomplishments are you most proud of?*

**GLD:** I think a few of the articles I've written are strong contributions to the field, such as the description of spontaneous reactivation of hepatitis B and the first randomized controlled trial showing the efficacy of interferon in hepatitis C. That's had a major impact on the practice of hepatology. Two things stand out in my career that I'm most proud of. One is having been given the opportunity to be one of the thought leaders in development of the standard of care in the treatment of viral hepatitis. That is something that has positively impacted many, many lives. The other is what I developed at the University of Florida, in particular the quality of people and the program that I left behind there.

**WCR:** *How was the viral etiology of hepatitis discovered?*

**GLD:** The viral etiology of hepatitis had been suspected for quite some time. The classic studies at Middlebrook by Gerald Klatskin showing the transmissibility of the infection suggested that it was probably a viral agent. It wasn't until the late 1960s that the hepatitis B virus was discovered. Although the antigen was discovered in the mid 1960s, it wasn't until 3 years later that researchers realized that the agent was related to hepatitis B and not to leukemia. The disease was first described in leukemia pa-

tients who had received multiple blood transfusions. The hepatitis C virus wasn't discovered until 1989, well after non-A, non-B hepatitis had been described as a clinical entity and even the efficacy of interferon in treating it had been described and the drug approved by the Food and Drug Administration. It's a relative newcomer.

**WCR:** *How many patients in this country have hepatitis A, B, and C? Non-A, non-B is hepatitis C?*

**GLD:** For all intents and purposes, yes. It's a little hard to know how many patients get hepatitis A because it's a transient infection and never becomes chronic. However, it is a common infection and can have considerable morbidity in adults. Hepatitis B is a big problem in all countries. There are probably 500,000 to 1 million carriers of that virus in this country, and 25% of them will die of complications of liver disease. There are probably 4 million people with hepatitis C in this country, most of whom don't know that they have the infection. In those people, infection can be a time bomb because it sits for decades before they develop any significant problem. With people now acquiring that infection earlier in life than back in the 1970s and 1980s, hepatitis C may become a bigger and bigger problem over time.

**WCR:** *Chronic liver disease is going to become more and more of a problem with time?*

**GLD:** That's what we project. I did some modeling work with John Wong at the New England Medical Center a couple of years ago. John is an epidemiologist with expertise in statistical modeling. We developed the model for estimating the progression of hepatitis C and were able to use it to project what the disease load would be in years to come. It suggests that the number of patients with cirrhosis or complications of cirrhosis could go up severalfold over the next 10 to 20 years. In fact, we are starting to see this already. If you look at the number of cases of decompensated cirrhosis, deaths due to liver disease, and hepatocellular carcinoma from hepatitis C, these are all increasing worldwide. In Japan, where hepatitis C has been around for about a decade or two longer than in the USA, this increase is even more apparent.

**WCR:** *Some people with hepatitis C never experience any problems, and others die of the disease. Why?*

**GLD:** Fortunately, most people who have chronic hepatitis C virus infection have very slowly progressive liver disease and probably will never get in trouble with it. The reasons why some people progress and some people don't are not clear. People who get the infection early in life have very slow progression. People who get it after about age 40 seem to have more rapid disease progression. Men tend to have a little faster disease progression than women. Alcohol is probably the most important factor causing progression of hepatitis C. About half of the patients who present for liver transplant who have hepatitis C have a history of significant alcohol use. A large proportion of patients with alcoholic liver disease who decompensate have hepatitis C coinfection as well.

**WCR:** *I understand that we have as many as 17 million diabetics in this country, and possibly half of them have fatty livers. How big a problem is fatty liver?*

**GLD:** It's certainly prevalent. It's becoming more and more prevalent as the mean weight of the population goes up. Hyper-



**Figure 5.** Gary's children: Carl, age 26, Greensboro, NC, and Jamie, age 22, Washington, DC.

lipidemia and obesity, in addition to diabetes, can also cause fatty liver. It's hard to know what the end result of this will be, but certainly some patients who have fatty liver can develop progressive liver injury and fibrosis of the liver. It may be the next big liver disease that we deal with. We're certainly seeing much more of it in the clinic than we used to. It's even been suggested that the growing number of patients we see for transplant evaluations with cryptogenic cirrhosis actually have had fatty liver in the past.

**WCR:** *Does intake of too much alcohol worsen the amount of fat in the liver?*

**GLD:** It may. Alcohol intake, in and of itself, can cause fatty liver.

**WCR:** *In skinny folks?*

**GLD:** Yes, as can a number of other things—drugs, hypothyroidism, hyperlipidemia, and diabetes mellitus.

**WCR:** *And starvation. People who have starved get fatty livers. Is that right?*

**GLD:** Protein starvation or kwashiorkor can cause fatty liver. So can refeeding or parenteral nutrition.

**WCR:** *How does that work?*

**GLD:** I don't know the biochemical mechanism of that.

**WCR:** *Is it true that statin drugs, in and of themselves, really alter hepatic enzymes?*

**GLD:** A number of drugs can cause acute hepatotoxicity, and statins fall in that category. Statins, antibiotics, psychotropics, and nonsteroidal antiinflammatory drugs are among the most common drug causes of abnormal liver tests that we see these days. You can stop the drug if patients develop acute hepatitis, and the liver enzymes usually return to normal quickly.

**WCR:** *Do you think monitoring of liver function tests in patients on statin drugs is really a useful endeavor?*

**GLD:** I think it probably is even though the risk of liver injury is small. It is common enough that I think it's probably worthwhile doing in the first couple of months of statin treatment. Mild elevations may not require that you discontinue the drug, but, certainly, elevations above twofold probably do. Nevertheless, most patients I've seen who have developed acute hepatitis from statins are very symptomatic.

**WCR:** *Do you think that the person who takes a statin drug who is an alcoholic has a much greater chance of liver enzyme elevation?*

**GLD:** I don't know of a specific additive risk, but I would be concerned about giving any hepatotoxic drug to somebody who has significant alcohol intake.

**WCR:** *But some people with relatively small quantities of alcohol get a problem, don't they? And others who take in a whole lot of alcohol don't experience much effect on their livers. It's a huge range there.*

**GLD:** Yes. There's a range of predisposition to alcohol and hepatotoxic drugs both. This is partly related to gender and genetic differences in drug metabolism. For example, women are much more prone to alcohol injury, and rapid accelerators are more prone to hepatotoxicity of isoniazid. There are probably many other factors that we have yet to work out that predispose individuals to liver injury.

**WCR:** *Dr. Davis, you mentioned that you have 2 children. How old are they?*

**GLD:** My son, Carl, is 26. He's a mechanical engineer and works for Kimberly-Clark in North Carolina. My daughter, Jamie, is 22 (Figure 5). She is a development person for the Choral Arts Society in Washington, DC. She worked at the Kennedy Center until last summer when she went to the Choral Arts Society.

**WCR:** *How long have you been on your own?*

**GLD:** I was divorced a few years ago.

**WCR:** *Do you have time for hobbies? You mentioned music earlier.*

**GLD:** I love music. I've played guitar since the seventh grade. I have played in rock bands. I still do that occasionally. I've played at the House of Blues in Chicago, New Orleans, and Orlando (Figure 6). I've played some big venues with the bands I've been in, even during the past couple of years. I love to do that occasionally. I don't have the time that I'd like to devote to it. I've taken lessons the past several years to learn jazz guitar, but I am still a novice in that musical form.

**WCR:** *Do you play the guitar a little bit every day?*

**GLD:** I would like to, but time just doesn't let me do that usually.

**WCR:** *Do you sing, too?*

**GLD:** No. I try to spare people that experience.

**WCR:** *What about other hobbies and interests?*

**GLD:** I like to bike. I can bike right out of the garage from my home here in Dallas and ride all the way down to White Rock Lake and back. I like wine and cooking.

**WCR:** *You have become a student of wine?*

**GLD:** Yes, but I have a lot to learn. I'm not a serious student of wine; I'm a hobbyist.

**WCR:** *What about athletic endeavors? Do you play golf or tennis?*

**GLD:** I've been a tennis player for years but had a rotator cuff tear a couple of years ago and had to give it up. Last fall, I started playing golf. I went to golf school in Naples, Florida, with my friend and companion, and we've been playing since. I had a little setback with carpal tunnel repairs, but I love the game. I'm no good at it, but it's something that will keep me busy working on it for years to come.

**WCR:** *Do you read many nonmedical things?*

**GLD:** I try. One thing that divorce has done for me is to make me examine my priorities. It caused me to focus on things outside of my professional life a little better. That obviously includes relationships but also includes enjoying hobbies and some non-



Figure 6. Playing with the Heptones at the New Orleans House of Blues.

medical reading. I try to read a nonmedical book on trips. I try to have 1 or 2 nonmedical books at the side of the bed to read.

**WCR:** Fiction or nonfiction?

**GLD:** I tend to go back and forth. I love biographies of great men. I just finished *Theodore Rex* and Michael Bliss' biography of William Osler before that. I have just started Michener's *Texas*. I figure I had better get some background on Texas. I plan to read Fehrenbach's *Lone Star*, the history of Texas after that. It's more intimidating than the Michener book, so I've put it off for now.

**WCR:** Do you still not sleep much?

**GLD:** No. As I've changed my priorities over the past few years, I've become less consumed with my professional career and now seem to sleep better. Or maybe I'm getting older . . . no, probably not that.

**WCR:** How many hours of sleep do you need to feel good the next day?

**GLD:** It used to be 4 or 5 hours. Now I have to sleep 7 or 8 hours to do well the next day.

**WCR:** Your professional activities have required you to do a good bit of traveling, giving speeches, participating in national committees and various panels, etc. How have you worked in your travels with your day-to-day activities? Has that been a problem for you, or does it give you a break? Do you enjoy traveling?

**GLD:** I consider travel and participating in professional activities outside the place of work to be part of the job and part of my career. I think national exposure is important for the institution and helps recruit good people. The ability to participate in these activities is something I've enjoyed and that I look at positively. However, the mechanics of doing it day to day are increasingly difficult. I find the actual travel to be pretty tedious. On the other hand, I've had the opportunity to travel around the world several times, and I wouldn't trade those experiences for anything. I've seen things I never thought I'd see outside of encyclopedias. That's been a wonderful opportunity.

**WCR:** How much time do you usually take off a year for vacation? Do you do that much?

**GLD:** I didn't do much of that for many years. I try to take vacations now to spend time with family or to do things I like. I try to have a scuba dive trip each year. I went to New Guinea last year to dive.

**WCR:** Scuba diving is a major interest?

**GLD:** It's an interest I've had for many years, but it has now wound down to a once-a-year trip because of problems I've had with barotrauma to my ears. I still love to do it. It's an incredible experience.

**WCR:** How deep do you dive?

**GLD:** I've been down as far as 180', but I prefer to stay in the 30' to 40' range because I see more there and I can stay down longer.

**WCR:** Dr. Davis, is there anything you would like to talk about that we haven't discussed?

**GLD:** I don't think so. I've enjoyed it.

**WCR:** On behalf of BUMC Proceedings, I appreciate your being so open and letting us all get to know you better.

**GLD:** Thank you.

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