

# A Tribute to DR. THOMAS E. BRITTINGHAM

by Roger Des Prez, M.D.

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*The following is an edited version of remarks made by Dr. Des Prez during a 1986 reunion of former house staff of the Department of Medicine.*

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This is the time set aside to mark the death of Tom Brittingham and to think about what this remarkable teacher and extraordinary man has meant to us all. For many of us he was the most powerful and unique influence in the Vanderbilt training program.

Thomas Evans Brittingham, TEB to all of us, was born in 1924 in Cleveland, the oldest of five children. His father, a distinguished internist at Western Reserve in Cleveland, died when TEB was twelve. His mother took the family back to Texas, where her family had deep roots and her brothers and sisters lived. Tom was sent to boarding school at Hotchkiss. His roommate there, Don Durgin, says that he was the top student in the class but very well liked in spite of that. He was interested in everything. He was a sports fanatic, the only boy in school with his own subscription to *The Sporting News*. He could quote major league statistics at length. One thing about Tom was different from other boys. He knew exactly what he wanted to do. He wanted to be a doctor. He had loved and admired his father and wanted, like him, to be a physician.

In 1941, he went to Princeton for two years. Mr. Durgin, his roommate there as well, says that he again was a top scholar in both science and the humanities, but never appeared to be a grind. He attended all of the usual student functions and never, ever missed a sporting event. Mr. Durgin said that he had a remarkable ability to manage his time efficiently.

At the end of two years he enlisted in the Army. Many at Princeton were interested in Officer's Candidate School, but he was not. After training he was sent to the Philippines as an enlisted man in the Signal Corps at a time when there was much combat there. The Signal Corps preceded the combat troops to establish communications, so he was under a lot of fire. He later said that it was in the setting of combat that he decided that he could not worry about dying since that would make it impossible to think about anything else. He also then confirmed his intention to become a physician.

After the war he completed his pre-medical requirements at Texas Christian University, and was accepted at Harvard Medical School without an undergraduate degree. His medical school career got off to a fast start socially but a slow start academically. Among his mementos are a letter from the Dean that says "your continuation in the program does not look too promising," which he kept in the same frame as his Cum Laude graduation certificate.

In the fall of his junior year he married his sister's Wellesley roommate, Dorothy Mott, Dotsy to us all. He said that this was one of the few decisions in his life about which he felt absolutely certain. They were mar-

ried in December 1948, halfway through his third year, and their first child, John, was born the following year. He graduated from Harvard in 1950.

The next four years were spent at New York Hospital. Early in his internship he received a patient with a quickly fatal stroke. She was the mother-in-law of Dr. David Rogers, then an infectious diseases fellow and medical chief resident at New York Hospital the next year. Their wives had known each other at Wellesley, and the couples quickly became close, spending many evenings together, the men talking medicine and the women talking children. They also spent many weekends at Dotsy's parents' home on Long Island. The young people sailed while the grandparents took care of the children. The friendship which resulted was lifelong and probably the closest and deepest either man had.

In 1953-54, TEB became medical chief resident under Dr. David Barr. Jerry Barondess, who had just arrived as a third-year resident and who was to follow TEB as chief resident, describes him as the most consistently serious and concerned man he had ever met, always there, knowing every sick patient, running down the halls with his head thrust forward, sensing the ambience of the service, always on top, always aware of the dangers and pain facing the patients, trying to cut them off at the pass. He says he was amazed to later learn that TEB had a life outside of the hospital which included a slender, dark-haired, dark-eyed wife, three children, and a large family ranch in Texas. Don Louria, an intern that year, remembers the feeling amongst all of the intern class that no amount of effort would be sufficient to prevent TEB from uncovering something new and important about their patients. He was, according to Dr. Louria, the most careful and thoroughly fair man he had ever known. This created great emotional security among the house staff, making it possible for them to work harder and to do better than they otherwise would have been able to do, and to be happy doing so.

After residency, TEB took a hematology fellowship at Washington University. Hugh Chaplin, a fellow at the same time and a lifelong close friend, said that TEB approached his laboratory work with extreme vigor and regarded truth as an absolute value. That particular hematology section had become notable, if not notorious, for self-experimentation, and TEB injected himself with blood from patients with chronic myelogenous leukemia, chronic lymphatic leukemia, thrombotic thrombocytopenic purpura, aplastic anemia, agranulocytosis, splenic neutropenia, etc. On June 21, 1956, he self-injected serum from a patient with aplastic anemia and leukopenia who had had multiple transfusion reactions. He immediately became terribly ill, unable to

speaking, with a respiration rate of sixty, marked cyanosis, and a textbook chest x-ray of ARDS. Hugh Chaplin had to tell Dotsy why Tom would not be home that night.

In spite of his enthusiasm for research and considerable productivity, TEB did not fit the usual mold of the upwardly mobile, aggressive laboratory academician. He was, according to Hugh Chaplin, by far the most skillful clinician of his peer group and by far the most exciting teacher. But his unconventional attitudes towards both diagnosis and treatment were more popular with students and house staff than faculty. So when the opportunity to head the St. Louis City Hospital medical service came up in 1958, TEB decided to do it. Dotsy feels that it was really because he had acquired hepatitis and was no longer able to experiment on himself.

The medical service at the St. Louis City Hospital consisted of about ten City Hospital residents, two or three Barnes assistant residents, Barnes medical students, and from sixty to eighty patients. Most patients were emergencies admitted between nine at night and three in the morning. When there were no beds, cots were put in the halls. There were some ward attendings and consultants from Barnes, but TEB was the only full-time faculty. Carl Mitchell, a medical student and then house staff there, says that TEB came to work before anyone and put a note on every new admission. He motivated the house staff to be responsible for everything concerning the patient: illness, comfort, emotional security, and social situation.

He was universally admired for his teaching. Students and house staff loved his different way of talking about illness and patient care. His death conference was the high point of the week, but one attended with some fear and trembling. He was capable of outrage when lack of effort or competing interests seemed to have contributed to a bad outcome. But he knew his house staff well and was deeply involved with them personally.

When David Rogers became the new chairman here at Vanderbilt in 1959, he asked Tom to join him. But he was new in the St. Louis City job and did not want to leave then. And the five years at St. Louis City were very happy ones for the Brittinghams. However, the degree of support from Washington University always was less than had been expected.

In 1962, when Dr. Rogers again extended the invitation to come to Vanderbilt, the Brittinghams decided to do it. As a last exercise before leaving, he gave the Barnes CPC. The case was Hodgkins Disease. He contended that it was more valuable and ultimately more honest, both clinically and intellectually, to seek a curable diagnosis than to settle on an incurable one such as Hodgkins was then construed to be. He received a standing ovation from students and house staff while the faculty, or at least some of them, sat in disapproving silence.

The early years in Nashville were also very happy ones. Then it was quite possible for the entire faculty of the Department of Medicine to fit in someone's living room, and often it was Dotsy's and Tom's. Dr. Rogers' youth, exceptional clinical skills, and great personal warmth had created an unusually happy and congenial faculty

and house staff, one which was open to and welcomed TEB's unique gifts. Dr. Rogers and TEB shared the role of chief of service equally. He interviewed all internship applicants and, for the most part, chose them. He took over the third-year medical clinical clerkship, reading all of the student workups, seeing them in formal session every Saturday, coming to know each well, influencing each of them deeply. John Sergeant recalls that late one night in the first months of his own internship at Johns Hopkins he realized, while writing up an admission chart, that he had forgotten to do a pelvic and rectal. He was about to write "pelvic and rectal deferred till A.M." when he developed an irrational but burgeoning fear that TEB would somehow come to Hopkins, would read his workups, and would be disappointed in him. So he got the lady up in stirrups at 2:00 A.M. and did the pelvic.

His teaching sessions were unique, memorable, and great theater. Soon after he arrived I asked him to give a Saturday conference at the VA on ulcerative colitis. The hour began with his outlining the basis for making a diagnosis of ulcerative colitis, reading from tests and articles which he had in a stack by the podium, suggesting in a sort of running commentary while he looked for this or that article, that the authors must be very smart, since the diagnosis seemed sort of vague and confusing for a simple man like himself. Then he presented five cases which had carried the diagnosis of ulcerative colitis for many months or years. Two ultimately turned out to have had histoplasmosis colitis, two amoebic colitis, and one tuberculosis.

He did this sort of thing a lot, beginning by quoting from the literature, reading from texts, and carrying on a running commentary punctuated with laughter about how smart these authors were and how hard life was for poor Tom. Each quote would seem at first sensible and reasonable; but gradually defects in the perimeter of the argument would begin to peek out from under the covers. The effect was cumulative, and the uncertainty, which began as only poor Tom's, built like a storm cloud, and the audience's laughter began to have a component of nervousness. Not all of his presentations were negative in this sense, but certainly his forte was the skillful destruction of simplistic ideas and presumptions. One came away with the conviction that the clinical world was a tricky and sometimes treacherous place, in which protection of the patient required all the thoroughness and thoughtfulness that one could muster.

TEB was also the doctor for most of us if we got sick. In my own case I saw him many times the year after my daughter was killed. I thought these were conversations between friends until I realized that he kept careful notes in a file with my name on it. At the end he told me what a privilege it was for him to have gotten to know me so well, as if he were the one who had benefited. Many of us turned to him in difficult times, were listened to carefully and lovingly, and were helped.

TEB left Vanderbilt at the age of fifty-seven. He said the reason was the obligation he felt to be with his aged mother, who had suffered a series of illnesses. However, he well understood and acknowledged that reasons for major decisions are always complicated and usually mul-

tuple. He was not in sympathy with the new size and new buildings of the Medical School. He knew that they would bring about new priorities and new values, and he was right. He had become a little bored with doing the same thing every day. He believed that he had lost the ability to think originally and creatively, that people could anticipate what he would say. However, it is my belief that after a lifetime of teaching doctors, he most of all wanted to be one. He wanted to be in practice.

Although probably ill and certainly in increasing pain the entire time, he was very happy in practice. Whereas at Vanderbilt he often took controversial positions, in Fort Worth he was conventional in his approach to patients and did the things that most doctors do. He was exceptional, however, in maintaining total availability to his patients. He did not sign out to others, and almost never left the city. He was totally involved with his patients, liked going to the office, and looked forward to seeing those who came to him. He enjoyed the privilege of being important to others. Dr. Robb Rutledge, his friend from medical school and a surgeon with whom he shared patients, said that his practice tended to be older people whom he treated with unusual sympathy, warmth, and kindness. He made house calls every Saturday afternoon and frequently during the week. He made rounds in the hospital carrying his black bag, the only doctor to do so. He was a favorite with the nurses. Dr. Rutledge is certain that he was content with what he was doing, feeling like a real doctor for the first time in his life.

Dr. Brittingham was important to us all. He understood and communicated the importance of rigorous intellectual honesty and healthy skepticism. He exemplified and taught that it is a great privilege to be a physician, and that the non-negotiable price for that privilege is putting the patient first without qualification. He taught that error was tolerable but carelessness and laziness were not. He taught that everyone is important without degree or qualification. But these are not new or original thoughts. The unusual thing was the intensity and utter sincerity with which he approached each episode of teaching or patient care.

His personality was intense and his relationships were intense. They were not open, reciprocal relationships in the usual sense. Most of us felt that he knew us well but not the other way about; many thought he was to some degree withholding of himself. I think that this had to do with another exceptional thing about him, the habit of careful reflection. He thought about things, his patients, his friends, and general ideas more carefully, analytically, and tenaciously than anyone I have ever known well. This mind set is of course ideally suited to the roles of physician and teacher.

He was increasingly religious as he grew older. He was raised as a churchgoer and continued as one. However, the degree to which religious concepts and vocabulary became a part of his daily life increased in later years. I don't think that there was anything sudden about this, any sort of epiphany or religious experience. Rather, he found that concepts which he came to regard as valid and central to his own way of looking at things, such as

the importance of individuals, the non-random nature of the world, the risk of self-centeredness, and the paradoxical benefits of spending self for the welfare of others, were most easily and productively discussed using religious categories.

Now to pass briefly to his illness. In 1979 he had noted the onset of pelvic pain. On December 26, 1980, while carrying a heavy bag through the airport, this suddenly became much worse. From that time on he was unable to run. He thought that he might have multiple myeloma, but did nothing about it. This pain was slowly progressive from that time onward, and he later came to believe that this was the onset of his metastatic disease. In December of 1985 he developed a persistent cough. He thought he had something like cytomegalovirus and that it would go away. However, in January and February he noted fatigue, afternoon fevers, weight loss, and loss of enthusiasm for his work. His pain became severe. In late March of 1986 he had x-rays of pelvis, hips, and chest which were normal but had minor elevations of liver function tests. His son-in-law, Dr. Clark Gregg, advised a CT, which was finally done in the third week in April. This revealed a renal cell cancer with metastases to the liver and bones. Within two days he had closed his practice and come home. He did not leave the house again. He accepted the fact of his illness without fear or rancor. He made several phone calls to urologists he trusted and, on the basis of these and his own inclination, decided against considering any attempt at treatment. Although he was visited frequently and greatly helped by his friend, Dr. Rutledge, he did not put himself under a doctor's care. His Hotchkiss roommate, Don Durgin, called to express concern, and said, "Isn't there an expert you could see?" He said, with a chuckle, "Don, no offense, but I am an expert."

During May he was able to move from bed to chair, type letters to those who had written him and letters of explanation to his patients, and watch the NBA playoffs and World Cup on TV. By early June it had become very hard for him to get around on a walker. On the night of June 6 he awoke with excruciating pain in his right hip and leg, and did not leave his bed after that. In the last three weeks of his life he was very ill with progressive pain and problems with respiratory secretions. He died on July 27, probably of aspiration pneumonia. Throughout this entire illness, he was in the midst of his family and attended day and night by Dotsy, who did not leave the house and virtually did not leave his side.

In early June, Hugh Chaplin and his wife came down from St. Louis to see him. After a long and good visit, Tom said how very nice it was of them to have come all that way to say good-bye. Hugh asked if he had thought much of his death. TEB said that he had thought a great deal about it and concluded that he could know absolutely nothing. But that he was convinced that he would be treated appropriately. And with love.