

**MEMORIAL RESOLUTION**  
**ALLEN B. BARBOUR**  
**(1918-1993)**

Dr. Allen B. Barbour, Professor Emeritus of Clinical Medicine, died at his home in Portola Valley on Sunday, August 8, 1993, at the age of 74. He spent the final weeks of his life working with his wife, Joan, putting the finishing touches on his book, enjoying the out-of-doors from his veranda with its magnificent view of Windy Hill, and visiting with his family and many dear friends.

Dr. Barbour was born in Oakland, California August 11, 1918. He received B.A. degree and Phi Beta Kappa from the University of California at Berkeley in 1940. He graduated AOA from the University of California at San Francisco Medical School in 1943. At graduation, he was presciently awarded the Gold-Headed Cane "in recognition of those humanistic and intellectual qualities so important to a physician." From 1943 to 1948 he was in the United States Navy Medical Corps and subsequently completed his residency in internal medicine at the University of California at San Francisco Medical Center 1947 to 1949. From 1949 to 1951, he was a research fellow in cardiology at the Massachusetts General Hospital in Boston, Massachusetts, and at the Medical School of London. He returned to the University of California at San Francisco Medical Center as a chief resident in medicine in 1952.

For the next ten years Allen honed his skills as a general internist working with his brother, Donald, in San Rafael, California. During this time he was an active member of the UCSF voluntary clinical faculty rising in the VCF ranks from a clinical instructor to a clinical Associate Professor of Medicine. Although he had both a successful and satisfying practice, Allen longed to be more fully immersed in an academic medical center where he would have more opportunity to teach. Consequently, in 1963, when Dr. John Farquhar, one of his former interns, and Dr. Halsted Holman, the Chairman of the Department of Medicine, asked him to come to Stanford as an Assistant Professor of Medicine and Chief of the Division of Ambulatory Care, he seized the opportunity. A year later he was appointed director of the Stanford University Clinics, a position he held until 1967.

Dr. Barbour was promoted to Associate Professor of Medicine in 1969 and Professor of Clinical Medicine in 1974. From 1971 until his retirement, he was chief of the Stanford Diagnostic Clinic. Dr. Barbour was an active emeritus professor and associate University ombudsman (for the Medical Center) from 1981 to 1984.

Along with Dr. William Fowkes, now Associate Chief of Stanford's division of Family Medicine, Dr. Barbour created an exciting, intellectually challenging and thoroughly enjoyable clinical experience for medical students and residents. He and Dr. Fowkes recruited Dr. George Rygg, a recent chief resident from his alma mater, and Dr. Michael Jacobs, a chief resident from Stanford, to form a full-time core of generalist clinician-educators. He added to this group a cadre of attending physicians from the ranks of some of Stanford's finest internists, notably Drs. Charles Barnett (former Chairman of Medicine), David Rytand, Edward Rubenstein, John Farquhar and Mark Perlroth, as well as Drs. Larry Schneiderman and Ken Gardner, who have joined medical school faculties elsewhere. There was a spirit and vitality that prevailed then

such that this period is often fondly remembered as the halcyon days of outpatient general medicine at Stanford, in great measure due to Dr. Barbour's efforts and presence.

Dr. Barbour was a skilled and dedicated clinician and teacher. Long before the emphasis on primary care, his course in ambulatory medicine was consistently oversubscribed. With painstaking care and affection, Allen taught his students the importance of a thorough understanding of a patient, especially the personal and psychosocial aspects, before making a diagnosis. Without this, he continuously stressed, one runs the risk of inaccurate diagnosis based on inappropriate cause and effect relationships, so often seen in traditional disease-centered medicine. Beginning from a sound scientific base of information, he would carefully search for those important clues that could explain the patient's chronic and often incapacitating symptoms. This approach was particularly critical in the evaluation of patients referred to Stanford's Diagnostic Clinic directed by Dr. Barbour. Most of these individuals had had extensive testing by multiple competent physicians, yet still defied a diagnosis or an effective treatment. Through his patient-centered approach, and over time, Allen often was able to appreciate more fully the patient's illness and then to help them improve.

Dr. Barbour would, at the same time, point out to his students both the strengths and the shortcomings of the traditional medical model. He continually stressed the important role of humanism (i.e. the dignity of the individual and their inherent capacity for self-fulfillment) in the care of patients. As Dr. Edward Rubenstein, a Professor of Medicine and longtime colleague, pointed out: "He persevered in a sea of colleagues who were obsessed with molecular medicine and saw patients for what they were: human beings with problems."

Allen possessed a marvelous blend of energy, optimism and love for his profession. With it he taught students the arts of listening to, and caring for, sick individuals. He then shared their reward when trust was reciprocated or improvement occurred. His natural openness, honesty and friendliness were unique among the faculty. These qualities were sensed immediately by all who knew him, but especially by students. Allen's questions were not designed to extract facts or expose weaknesses. Instead they revealed a student's talents and strengths so that he and they together could better approach and heal a troubled patient.

At the time of his passing, many students wrote to us. One, now a Professor of Neurology at Northwestern University Medical School, recalled several "maxims" of patient care he learned from Allen. These he called "a core of humanistic teaching," such things as "See your patient as a person, not a disease," and (so typical of Allen's self-effacing manner,) "Be humble; your patient has placed a confidence in you which you probably don't deserve."

Another former student in his inaugural address as President of the American Society of Internal Medicine singled Allen out for the impact Allen had on his practice of medicine. He concluded his letter with "even in his passing the memory will endure."

Others wrote, "I will always remember his honesty, compassion and kindness." "Dr. Barbour was one of my most memorable teachers in medical school. He has had a lasting influence to this day," (Class of 1969). "He was a remarkable figure. He kept my spirit alive in the dark hours of preclinical classroom work." And finally, "Dr. Barbour was a magnificent teacher and dear friend and will be missed greatly."

Allen's commitment and skill as a teacher was recognized by his receipt on four occasions of the prestigious Arthur Bloomfield Award for Excellence in Clinical Teaching (1965,1968,1969, and 1978) and, on two occasions, the Kaiser Award for Clinical Teaching (1970 and 1971).

Although he did not publish widely, Dr. Barbour wrote extensively, especially in the care of his patients. (Who can forget Allen's six or so pages of single-spaced typed notes on each of his new patients?) He adopted a meticulous attention to detail, a critical appraisal of data, and a tenacious search for a thorough understanding of his patients. He documented and catalogued his observations over a 40 year period, and for the last 20 years of his life researched and wrote his book, Caring for Patients: A Critique of the Medical Model (Stanford University-Cambridge University Press). Here he summarized his findings: About 1 in 3 patients with significant (i.e. life-altering) symptoms have strictly physical disease, 1 in 3 have no physical disease, and 1 in 3 have a combination of both; persuasive data in support of his plea for physicians to strive for a more full appreciation of their patients.

Although an extremely important work, and a fitting conclusion to his professional life, it by no means can be called "defining." Those who knew Allen saw him as far more than a physician. He was an experience. Much like viewing a magnificent sunset over the Pacific Ocean or the feeling one gets on first coming up to the rim of the Grand Canyon, Allen is impossible to capture in prose and is even diminished somehow in the futile attempt to do so. He had a passion for life which matched his compassion for people. He had an avid appreciation for music, from classical to soft jazz and rock. This interest was no doubt piqued when as a very young man enthralled by a San Francisco performance conducted by the eminent Leopold Stokowski, he followed the conductor out of the hall offering him a ride to his hotel. Stunned by the acceptance of his offer, but having no car, Allen quickly enlisted the help of a friend who owned an old jalopy and the three sped away. He loved the wilderness, frequently backpacked in the Sierras, and trekked the Himalayas and the Andes. He had a sound working knowledge of indigenous plants and birds. He and his wife, Joan, traveled extensively to such places as Nepal, Tibet, Peru, Africa, Indonesia and Latin America. Allen was a spinner of tales. He seemed "in his element" as he enthralled his dinner guests with one humorous story after another, an unmistakable look of boyish playfulness about him. Allen undoubtedly left his patients feeling much as his friends did after spending time with him; listened to, understood, and somehow just better about themselves in a very definite way.

In a community which honored the physician as scientist, Allen never forgot that the defining quality of human beings is not their biochemistry, but their individuality, and all of us who have learned from him are wiser for his vision.

During the last few weeks of his life, Allen continued to teach and to be a role model. He took care of himself, conserving his energy for those things important to him. He continued to enjoy his home, its yard and views. He surrounded himself with his family, whom he loved so dearly. And he took time to say farewell to his friends, one of whom wrote "It was a remarkably serene, almost joyful hour I spent with him saying good-bye. Allen continues to be a teacher for me long after I have left Stanford. The steadfastness with which he and Joan both faced his impending death is an example that I hope I'll carry with me to the time I most need it." Allen, the consummate teacher; both about how to live and how to die.

An award has been created in Dr. Barbour's name to be given at the Medical School graduation to that student who best exemplifies those humanistic and intellectual qualities Allen so steadfastly modeled and taught.

Dr. Barbour is survived by his wife, Joan, his children, Kent of San Francisco, California, Grant of Sausalito, California, Stephanie of Belmont, California, and Sandra of Chicago, Illinois; his step-children Luzia Krull of Brazil and Kim Krull of Spokane, Washington; a brother, Donald, of Kentfield, California; and three grandchildren.

Michael Jacobs, Chair

John Farquhar

William Fowkes

Mark Perloth