

# Giants in Chest Medicine

## John F. Murray, MD

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San Francisco, CA



**Editor's Note:** This series recognizes and highlights the accomplishments of individuals who have contributed greatly to chest medicine. To watch the interview with Dr Murray, go to [journal.publications.chestnet.org](http://journal.publications.chestnet.org).

Saturday rounds in an academic center are generally conducted with the house staff having one eye on the clock and the other on the attending physician, the unspoken thought being, "Can we hurry this along so we can get out of here?" However, this was not the prevailing attitude when John F. Murray, MD, was attending in the medical ICU at San Francisco General Hospital. Dr Murray used Saturday mornings to discuss some aspect of clinical respiratory physiology that was illustrated by a patient in the unit, making the physiologic principles relevant to critically ill patients. The value of these sessions was not lost even on the most sleep-deprived interns and residents, and they were widely regarded as extraordinary learning experiences.

I start with this local example of Dr Murray's contributions because it illustrates some of the qualities that made him a transformative figure in modern pulmonary medicine: clear thinking and critical analysis, clear speaking, and clear writing. At least in my estimation, it is because of his clear thinking, with that same clarity carried through his writing and speaking, that people listen to what he has to say.

I used the descriptor "transformative" before, and I think it is an apt term to describe Dr Murray's

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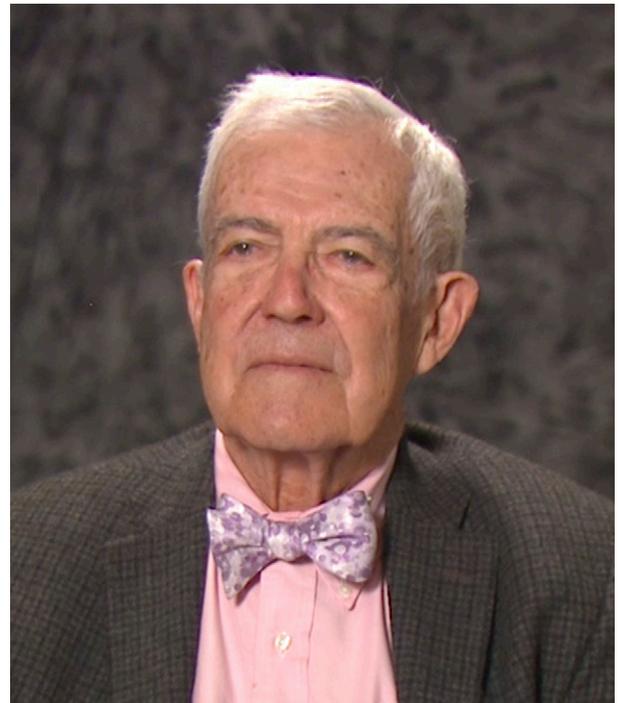
**CONFLICT OF INTEREST:** None declared.

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**ADDITIONAL INFORMATION:** See video interview of Dr Murray online at <http://dx.doi.org/10.1378/chest.15-2005>.

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important contributions. Leaving aside his list of publications (he began publishing in 1957 and has not stopped yet), I would like to concentrate on his contributions in four areas:

- The creation of the Division of Lung Disease (DLD) in the (now) National Heart, Lung and Blood Institute
- Training in pulmonary medicine
- Leadership in the American Thoracic Society (ATS), including editing the society's journal
- Recognition of the importance of pulmonary disease in people with HIV infection

Although the National Heart Institute was created in 1948, it was not until 20 years later, through an intensive lobbying campaign led by Julius Comroe, MD, and backed by Dr Murray and Jay Nadel, MD, among others, that a lung institute was given equal billing with the heart institute to form the National Heart and Lung Institute.

Similarly, advocacy by Drs Murray and Nadel contributed to the naming of Claude Lenfant, MD, as the first director of the DLD. Notably, Dr Lenfant went on to be the director of the National Heart, Lung and Blood Institute for 21 years.

In the early 1970s, Dr Murray led a committee of prominent pulmonologists charged with assessing the size of the workforce in pulmonary medicine and projecting future needs for specialists. The group forecast a substantial deficit in pulmonary specialists in the near future, and the group's report prompted the scaling up of training programs and increasing funding to support the training. Recognizing that additional academic faculty were needed to staff the increasing training capacity, Dr Murray was instrumental in the creation of the National Pulmonary Faculty Training Program funded by the DLD.

Specialty training in the early 1970s was an ad hoc affair. The process of selecting trainees and the content of training programs were largely open to program directors' discretion. To standardize the process of trainee selection, Dr Murray catalyzed the creation of the Western Uniform Acceptance Date program, involving four western training programs. Other institutions subsequently joined, and the program became the pulmonary matching program, the first subspecialty matching program in the country.

Dr Murray was also involved in early efforts to standardize the content of training programs. Working with a group of other clinical training program directors, they published the first guidelines for pulmonary training programs ("Attributes of the Subspecialist in Internal Medicine and Guidelines for Training in Pulmonary Diseases").

Dr Murray played an important role in the evolution of the ATS. He assumed the editorship of the society's journal in 1974 and proceeded to enlarge the scope and size of the editorial board as well as to insist on application of rigorous criteria in judging manuscripts. He sought and published a broader range of papers than had been customary for the journal. Importantly, during his editorship, Dr Murray took a leading role with the International Committee of Medical Journal Editors. A committee of the International Committee of Medical Journal Editors, chaired by Dr Murray, met in Vancouver, British Columbia, Canada, and agreed to implement a unified set of requirements for manuscripts. This meeting led to the establishment of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals. Part of the Uniform Requirements for Manuscripts Submitted

to Biomedical Journals is the reference style, known as the "Vancouver style" after the meeting site.

Dr Murray also was influential in the structure of the ATS, spearheading the formation of specific scientific assemblies for the purpose of broadening the scientific base of the society and providing an avenue by which younger members could assume leadership positions. As the ATS president in 1981 to 1982, Dr Murray made important strides in securing increased administrative autonomy and fiscal flexibility from the society's then parent, the American Lung Association. This was a critical step in the process that ultimately led to the society becoming independent.

It did not take long after the first cases of what is now recognized as AIDS were described for Dr Murray to realize that this new disease was going to be a major problem and that the lungs would be frequently involved. Dr Murray received support to convene the first meeting on the pulmonary complications of HIV infection. The investigators and clinicians attending the meeting pooled their experience, and from that pool emerged the outlines of the spectrum of lung disease in HIV infection. This led to a large multicenter study across the United States. Dr Murray went his own way and conducted a series of studies in Africa to examine the spectrum of lung diseases in HIV infection under much different epidemiologic and resource conditions.

Although he ostensibly retired in 1994, Dr Murray has published 40 papers since then and has continued to be actively involved in updating *Murray & Nadel's Textbook of Respiratory Medicine*, now in its sixth edition. The book is an ongoing reflection of Dr Murray's clarity of thought and writing and of his commitment to the application of sound scientific principles to clinical pulmonary medicine.

## Suggested Readings

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