

The Bill Schwartz I Knew

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William B. Schwartz, Jr., died on March 15, 2009, at the age of 86.

I first met Bill in 1950 in Boston, when we both had finished fellowships and I had joined the faculty of medicine at Boston University and he the faculty at Tufts University. We shared interests in renal-electrolyte and acid-base physiology and decided to collaborate in research. For the next 18 yr, that partnership continued until I left Boston for a 9-yr sojourn at the University of Pennsylvania.

During that time, Bill and I collaborated on many research and writing projects, but we each also did many studies independently. When we worked together, our two laboratories, about a mile-and-a-half apart, functioned as one unit, pooling resources and personnel and keeping duplicate sets of research notebooks. Bill and I shared ideas so closely that it was usually impossible to assign ownership or even primacy. In planning or interpreting our research, we would often get into spirited discussions—sometimes so heated that our colleagues, fellows, and technicians would be alarmed—but the result almost always was better understanding and new ideas for research, and we remained friends through it all. Most important, those lively interactions produced a lot of good research—more than 15 original papers published in first-line journals, plus a handful of clinical articles and textbook chapters. We had even started on a textbook of clinical acid-base physiology, wrote a few chapters, and then finally abandoned the project because of other commitments. In retrospect, I think we both regretted that decision because, at the time, the book would have been the first to use modern chemical concepts to describe clinical acid-base physiology.

In addition to the ideas and projects we worked on together, Bill pursued numerous research interests of his own, making important contributions to the understanding of renal acid excretion, with emphasis on the role of tubular transport of anions. Also, with Fred Bartter, he recognized and described the clinical syndrome of inappropriate secretion of

antidiuretic hormone, which was based on earlier studies of the physiology of pitressin by Alexander Leaf at Massachusetts General Hospital. Another of his interests was the application of artificial intelligence in clinical diagnosis.

Bill was a hard-driving, almost obsessive personality, single-mindedly focused on his work. He served for 5 yr as chairman of the Department of Medicine at Tufts but was not really suited by temperament to that kind of responsibility and was much happier when he returned to the pursuit of his own intellectual and scientific interests.

In mid-career, after a sabbatical year at the Rand Corporation in California, he was drawn to the study of health economics and began a new career in that field. He shortly thereafter retired from his position at Tufts, took up residence in Los Angeles, joined the faculty of the University of Southern California, and became the principal medical adviser at Rand.

As he had in renal physiology and acid-base balance, Bill made several noteworthy and original contributions to his new field, this time collaborating with economists, lawyers, and health policy experts. He wrote an influential book with Henry Aaron, an economist at the Brookings Institute, on the *de facto* rationing of medical services in Great Britain, called *The Painful Prescription*. In several important articles, he wrote about the economics of malpractice and cost control in health care. He championed the idea that costs could not ultimately be controlled without somehow limiting or rationing the use of new technology.

His last important contribution was a book of which he was sole author, entitled *Life Without Disease*, published in 1998, in which he extended his thesis on technology-driven medical costs and predicted that the ultimate solution, achieved perhaps by the middle of this century, would come from the conquest of major diseases through continued medical advances, but he warned that some restrictions on marginally effective, expensive technology might be necessary before then.

I saw very little of Bill during this California phase of his life, but I did follow his publications on health policy and economics closely when I was editor of the *New England Journal of Medicine*. He remained, as I had known him in Boston, a fiercely independent, careful, and innovative scholar whose arguments were always worth close attention—even when one disagreed.

Over a long academic career, first in nephrology and then in health policy and economics, Bill Schwartz was usually a leader. He will be remembered for his many seminal contributions to the fields of renal physiology and electrolyte and acid-base physiology and for his thoughtful, provocative analysis of the problems in our health care system. Much of what he had to say about the latter was prescient and still resonates with current health policy discussions.

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