



# John G. Bartlett, MD

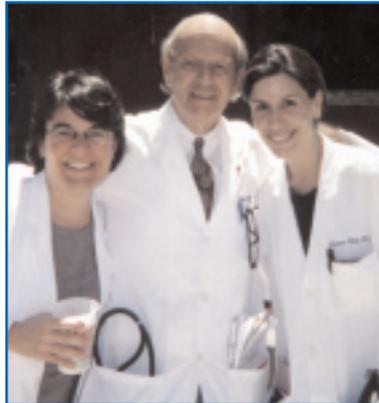
**RECIPIENT OF THE 2005  
MAXWELL FINLAND AWARD FOR  
SCIENTIFIC ACHIEVEMENT**

A note hanging in one medical researcher's laboratory reads: "If it's not written, it's not done." It is a reminder that, no matter the results, they have to be communicated.

John G. Bartlett MD, director of the Division of Infectious Diseases, Johns Hopkins University School of Medicine, has taken this a step further. If the findings are not readily accessible to those who need them, then likewise they are of little value. A significant part of Dr. Bartlett's career has been devoted to ensuring that useful findings are readily available to those who need them. He is the author or co-author of some 30 guidelines on infectious diseases aimed at practicing physicians. Continuously updated—there are as many as 67 editions—the guidelines are published in easily carried, pocket-size books.

But this is only one of Dr. Bartlett's achievements. In 1980, when he came to Hopkins, he revitalized the division of infectious diseases and built a department that is widely held as one of the best in the United States. In 1985 he started an AIDS clinic at Hopkins that is today regarded as second only to the AIDS clinic in San Francisco, and since 1997 he has served as co-chair of the federal guidelines for antiretroviral therapy for HIV infections.

Dr. Bartlett, along with Dr. D. A. Henderson, co-founded, the Hopkins Center for Civilian Biodefense Studies in 1997.



In 1978, as an infectious disease researcher, he identified *Clostridium difficile* as the major agent of antibiotic-associated colitis, and he has also contributed significantly to our understanding of community acquired pneumonia and anaerobic infections.

For these accomplishments and for his dedication as a physician and care provider, John G. Bartlett has been recognized with this year's Maxwell Finland Award for Scientific Achievement.

Although he has made his mark as an infectious disease authority and skilled administrator, Dr. Bartlett began his specialty training in cardiology. After graduating from Upstate Medical Center School of Medicine in Syracuse, N.Y., in 1963, a residency at the Peter Bent Brigham Hospital in Boston, and military service in Vietnam, he went to the University of Alabama to train as a cardiologist.

"I found I hated cardiology, so I switched to infectious disease," he says. Dr. Bartlett's experience working on a fever ward during his military service in Vietnam was a motivating factor in his decision to focus on infectious diseases. In 1968 he went to the University of California at Los Angeles where he went to work with Dr. Sydney Finegold at the Wadsworth Veterans Administration Hospital.

"Sid was devoted to anaerobic bacteria and that was how I got interested in anaerobes. At

UCLA, I was working on anaerobic lung infections, wrote a bunch of papers, and gave a lot of presentations. I thought I was doing some hot stuff. I believed I had my career planned.

“My mentor at the time was Dr. Sherwood Gorbach. In 1974 I was discussing issues to investigate with him. I’ll never forget what he said. ‘You should get out of the lung, most of the questions have been answered. Go to the gut, because that’s where all the action is.’”

“It’s hard for people in medicine to change the direction of their career. I’d spent all my time looking at lung infections. Now all of a sudden I was told to look at the gut. But that was what I did. A hot topic at the time was antibiotic associated diarrheal colitis. The job was to find out what caused it.

“In 1975 Dr. Gorbach went to Tufts and I went with him and continued work on the causes of antibiotic associated colitis. By 1978 we identified *Clostridium difficile* as the major agent of antibiotic associated colitis. That was probably the most important science study I did; in fact it may be the only science I ever did,” he says.

Over the next two years Dr. Bartlett worked on various aspects of the disorder. He developed the diagnostic test for detecting the cytopathic toxin, identified the two distinctive toxins produced, the antibiotics most frequently implicated in causing the complication, defined the clinical and

pathological findings, and demonstrated the effective treatment using oral vancomycin.

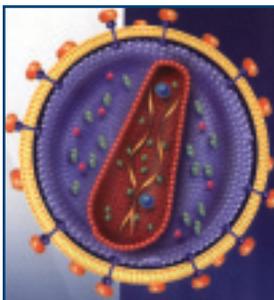
Then, in 1980 Dr. Bartlett was recruited by Dr. Victor McKusick, chair of medicine at Johns Hopkins to head the division of infectious diseases. The division had dwindled over the

years. “For all practical purposes it was zero and Bartlett had the job of building it up which he has done in a marvelous way. I consider him one of my proudest recruits,” Dr. McKusick says.

“I came to an institution that had a long history of studying infectious disease, some of the greatest people in the field had been there in the 1960’s but they had all left,” Dr. Bartlett says. “My job here was to rebuild the division and it really was a job. I wound up spending all my time trying to develop a division, so I had to stop doing a lot of the lab work that I loved. But the division grew and grew and grew. There is a big section on hepatitis, a section on sexually transmitted disease, a section on AIDS, a section on TB—the biggest in the world.

“My first agreement to come was with a recruitment package that had \$283,000 to run the division, and that included my salary. Today our annual budget is about \$56 million.”

In 1983 Dr. Bartlett started the AIDS program at Hopkins. “It has become the epitome of what a clinical care clinic should be in an academic

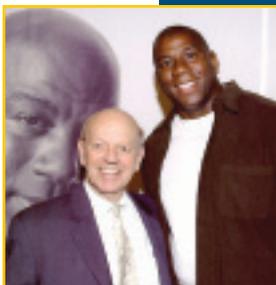


institution—a lot of teaching, a huge data base that has become the source of 100 publications to date, and a lot of clinical care,” says Dr. Bartlett. There are some 50 providers who work in this clinic along with a number of specialists.

Recovering from a heart attack in the late 1980’s Dr. Bartlett pondered ways to make a better impact on infectious diseases. “I decided the best way was to write books that people could use for clinical care and carry them around in their pocket. So I wrote a book on infectious disease, its now in its 12th edition, then a guide to antibiotics. Then I wrote a book on AIDS, then a book on respiratory tract infections. I just kept writing.”

“I update them all the time. Each revision takes me a month. Some have been phenomenally successful. *The Medical Management of HIV Infections*, for example, is now in its 13th edition. It has been translated into Spanish, Portuguese, Russian and Chinese and is used throughout Africa, Latin America as well as in North America.”

“I still write a lot of papers, quite a few. If I have a regret it’s that because of the constraints of time and energy, I had to stop being a productive scientist in order to build a division, to write the books, and to do the things that I thought were more pressing or of higher priority.”



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