Clayton Wheeler epitomized what it means to be a physician, teacher, and mentor. He was an extraordinary man whose personal characteristics and abilities brought the highest admiration and respect. He had a prodigious knowledge, a superior intellect, and the soundest judgment. These characteristics, combined with his warmth and great sense of humor, gave all of us exposure to the best of the best.

I have been honored to hold the chairmanship bearing Clayton Wheeler's name. This is especially gratifying after my first encounter with UNC, as exemplified in the letter accompanying this memorial. Life is unpredictable; I am delighted that one of the surprises in my life was to have the privilege of working with Clayton Wheeler.

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Clayton E. Wheeler Jr.: Learning at the Master’s Knee

When I first came to medical school in 1978 at the then new East Carolina University School of Medicine, I had visions of being a family doctor. I had just completed a master's degree in biology and had done my share of bench research in that endeavor. Convinced I didn't want a future career in bench research, I was drawn to be primarily involved in patient care. Late in my third year of medical school I became confused about my future career field choice as a physician but ultimately became interested in the field of dermatology. After a rotation with my first dermatologic mentor, Dr. Billy Jones, I became firmly convinced this was the field for me.

Billy steered me toward the Department of Dermatology at the University of North Carolina for my residency training, primarily because of his very high opinion of its department chairman, Clayton Wheeler. Although I interviewed at other programs, many of which I liked, no one person impressed me as much as Dr. Wheeler. His humble office was wall-to-wall Kodak slide carousels. During my interview, he asked me only two questions that I can recall: (1) do you mind flying? (the program flew residents by a small plane to three satellite clinics) and (2) how much money do you think you’ll make when you finish your residency training? I guess I passed his test because I was given a spot there in the dermatology match in October later that year.

Interestingly, in my personal statement as part of my dermatology applications, I speculated that my future plans in dermatology were to be “in private practice somewhere in the Southeast.” At the time, I was reasonably sure academic medicine was not for me.

I began my residency under Dr. Wheeler in July 1983. In the years prior to my arrival, he had been through some health problems, including a myocardial infarction. In addition, while following his physician’s advice to walk every day to build up collateral vessels, he was hit by a car and suffered severe injuries. He recovered so well from these health problems that when he led the dermatology consultation rounds throughout the hospital, none of the residents could keep up with him!

On the first day of my dermatology residency, I met two of my fellow residents (Jim Baden, who practices in Morganton, NC, and Rick Salomon, who practices in Hickory, NC) at the front door of the UNC dermatology office at 8:00 a.m. We went in together and the secretary (who was surprised to see us) pointed us toward a conference room, where Dr. Wheeler was giving a Kodachrome session to the fourth-year medical students rotating on the dermatology service. The very next slide that came up was a photograph of a classic fixed drug reaction. He asked the three of us our opinions in turn, and none of us could come up with the right answer. He then turned to one of the students (who, by the way, was at the end of his rotation), who immediately gave the correct answer. The three of us still kid one another about the impression we made on Dr. Wheeler on our first day—that of the three monkeys (“See no evil, hear no evil, speak no evil”).

Dr. Wheeler was an extraordinary clinician and a wonderful teacher in his clinics. His diagnostic acumen was incredible and his ability to teach was equally remarkable. Early in my first year of residency with him, we saw a patient together in the emergency department. As I reached out without gloves to palpate the patient's rash, Dr. Wheeler gently grabbed my wrist and pulled it back. The patient had secondary syphilis. Another patient had a bright red edematous rash on his leg. Dr. Wheeler
looked up at the infectious disease doctor who was also seeing the patient: “Wellll, do you think we’ve got the beta strept here?”

Dr. Wheeler also had a great sense of humor; his eyes would gleam and sparkle while he grinned widely. After doing a microscopic scabies prep on a patient in his clinic one day, he asked, “Wellll, Bill, did you see any turds?!?”

Dr. Wheeler was always interested in his residents’ personal lives. He and his wife, Brooks, had three daughters, as did I. My daughters were very young during my residency at UNC. “Just wait till they get to be teenagers, Bill!” he warned me.

Clayton was a magnificent mentor. His wonderful way of teaching, his zealous interest in research as well as new breakthroughs in the field, his way of mentoring by example, and his insightful questions during conferences were admired by all who worked with him. His career and life deeply affected and inspired me, and his obvious enjoyment of his clinician–teacher–administrator role when I knew him led me to accept an academic job in which I joined my previous mentor, Dr. Billy Jones, at East Carolina University.

The passing of Dr. Clayton E. Wheeler Jr., on 4 February 2007, was noted by the great number of people he influenced throughout his life, including his family, his friends, his dermatology colleagues, and the many learners he nurtured. Clayton is remembered by all who knew him well as an honorable, ethical, generous yet frugal, considerate, compassionate, humble, and highly responsible gentleman who gave much of himself to his learners, his department, the University of North Carolina, and the field of dermatology in general. Unquestionably, Dr. Clayton Wheeler was a true master in the arts of teaching and medicine.

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Clayton E. Wheeler Jr., Teacher: Diagnostic Skills and Bedside Manner

I had the pleasure of working with Dr. Wheeler during my residency training from 1996 to 1999. I would like to share that Clayton Wheeler, MD, taught us to be “complete” dermatologists. His words paved the way for the residents to develop their clinical skills, and his actions spoke volumes of an amazing bedside manner.

First, let us begin with the infamous “Wheeler Session,” which deserves so much credit in training our minds in dermatology. The old-fashioned Kodachrome sessions taught us to quickly think on our feet, to narrow our differential diagnoses, and to properly select treatment. We learned the multiple presentations of the common conditions. Equally, we learned the not-so-common diseases that might someday present to our clinic. But perhaps most importantly, Dr. Wheeler created a joyful teaching environment in which to improve our diagnostic skills and recognize our clinical weaknesses. One can only imagine how many patients were indirectly impacted by his teaching philosophy. It provides the model by which I and many of my colleagues practice when teaching residents.

When it came to diagnostic skills, Dr. Wheeler set the bar. He taught us to perform complete and thorough examinations. He once said to me, “No ‘hide–n’–seek’ dermatology. You need to examine everywhere because you may miss something that’s more important to the diagnosis than what the patient may be showing you.” I can think of countless examples that he taught me. One of my favorites is his reply to my statement “Dr. Wheeler, I can’t tell if it’s psoriasis or eczema.” He would respond, “Did you look in the gluteal cleft?” I missed examining that gluteal area only once; moreover, I have ingrained in my mind the need to always examine the gluteal region when suspecting psoriasis. By the way, yes, it was involved, and it was a case of psoriasis.

In another favorite example, when I said, “Dr. Wheeler, it looks like an ‘id’ reaction,” he would say, “Let’s look at the feet and scalp for fungus…maybe contact dermatitis to something else…let’s take a look”. He would walk in, always greet the patient, find the primary eruption causing the “id” reaction, and start treatment. Sounds simple, but this complete approach to the patient minimizes misdiagnoses, uncovers other possible issues, and works so well.

No matter how busy my clinic gets, I always do a quick screen of the entire body site, rather than just focusing on the patient’s area of concern. This approach is so powerful. In my pediatric dermatology practice today, I wonder how many cases I would have missed if I did not practice this skill taught to me by Dr. Wheeler.

There was the child who was referred for cradle cap; if I had not examined the diaper area, I would have missed a case of histiocytes. There was another child who presented with sore gums; if I had not examined elsewhere, I would have missed juvenile dermatomyositis. If I had failed to examine the gluteal cleft of a child with guttate psoriasis, I would not have diagnosed the perianal streptococcal infection triggering the eruption. With one patient after another, Dr. Wheeler has had a positive impact on my treatment of patients, as well as on the treatment of patients by my fellow residents.

Dr. Wheeler’s passion shone when he was in direct contact with his patients. Of all the things that I treasure about him, his bedside manner was his most admirable quality. He truly cared about his patients, always spending precious time explaining things to them. In the exam room, he was teaching us at the same time that he was teaching the patients. Dr. Wheeler’s actions were as instructive as his words. He taught me that the dermatologist approaches not only the disease but also the