John Laragh's extensive contributions to the field of hypertension and particularly to the pharmacologic treatment of those affected are well documented and widely admired. From the high quality and great quantity of his work it might have been assumed that he operated as the head of a very large research group whose members were primarily responsive to him and specifically selected by him and fitted to a highly efficient, impersonal hierarchal organization. Such was not the case, as I came to appreciate it in the early 1960s at Columbia Presbyterian Hospital in the Department of Medicine of the College of Physicians and Surgeons, where I was a fellow. There was no hypertension division as such. There was no nephrology division; there was a chairman of internal medicine whose major research interests were renal physiology and the regulation of hepatic blood flow in health and disease. John's interest, capacity, and research activities in hypertension grew unfettered by any competing groups or organized research units. As far as I know, no one applied for a fellowship in hypertension. Young physicians came to work with John because they had come to know him during residency or fellowship training with some other mentor. That these young physicians had come to know John is key to his great success. He allowed himself to be known in that he was prepared to talk at length with most anyone who had an interest in what John was doing in research. John's ready approachability, ease of manner, and gentle eagerness to engage the scientific issue were unmatched by that of any other senior faculty member that I came to know. John was interested in the question and the challenge posed in defining the question. John was only too ready to admit that he was not sure he had defined the question properly. He didn't hesitate to ask the most junior physician what he thought and whether he thought the question had been properly put. He had an endearing trait of offering a possible solution to a problem or answer to a question, and then saying, “Heh?”, as if to say, “What do you think?” John's manner and conversational approach was consistently invitational. He made you think that you could help him in his pursuit of “the question.” Because he had already achieved considerable eminence as an investigator, he made you feel that you could learn important things working with him and that you just might have some chance of becoming an accomplished investigator. As a consequence, John attracted many highly talented young physicians to work with him. For John it was all about how things worked, how hypertension came about, and his certainty that better understanding of the mechanisms of hypertension would lead to its better treatment. I stress treatment in this context because John thought of himself mainly as a physician who took care of people with medical problems. Despite the demands of a very busy research program, John maintained a very busy clinical practice, particularly consultative practice as it involved management of cardiovascular problems in general and hypertension in particular.

John devoted his professional life to the pursuit of a better understanding of the mechanisms of disease and the better medical treatment that grew out of his extraordinarily successful pursuit. John was also a particularly effective and generous mentor. He took the time to develop the argument, define the question, and pursue operational solutions. And he made you part of the enterprise, even when you were not formally his fellow, as I wasn't. One had only to demonstrate the sustained interest. John's person, tutelage, and investigative career remind us of William James having said, “Be generous, be gentle, and pursue the prize.” We are forever indebted to John Laragh for his having done just that.

Correspondence: R. Curtis Morris Jr (curtis.morris@ucsf.edu).
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1Department of Medicine, University of California, San Francisco, California.
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