



BEFORE SIMULATIONS

I am a 1965 graduate of Pitt's medical school. I have enjoyed reading *Pitt Med* over the years, but have not been back to Scaife Hall since my graduation. I was struck by Elaine Vitone's article "The Modern Deathbed" (Summer 2007). When I became a physician, we did not make use of simulations or actors to portray dying patients.

During my time at Pitt, the medical curriculum was dichotomous. The first two years were mainly classroom lectures in a variety of sciences. The last two years were purely clinical. When we walked out onto the wards to start our junior year, one was expected to have certain basic skills: how to do a history and a physical, basic lab exams, start an IV, draw blood, pass an NG tube, put in a urethral catheter, do a spinal tap, etc.

Following graduation, I was assigned as a Navy intern at Philadelphia Naval Hospital. This was during the height of the Vietnam War, and the average daily census ran close to 4,000 patients. We had a grand total of 18 interns and were on watch every other night. During this year, I had a growing respect for the education that I had received at Pitt. Some interns were simply overwhelmed by the volume and nature of the diseases that were commonplace at Philadelphia. Pitt had prepared me well. There were too many patients and too few staff to expect to have your hand held. You either had to fish or cut bait. At times, there was no other physician available to help you.

I began my residency in urology at Balboa Naval Hospital on July 1, 1968. My chief resident asked me if I knew anything about testis tumors. I told him that I had heard that they were rare. He then asked me if I knew anything about chemotherapy of testis tumors. I told him I didn't know a thing about that. He then told me that I should get up to speed as quickly as possible because we had 14 patients on the ward with metastatic testis tumors and that I was going to be their chemotherapist. There was not a department of oncology in existence at that time. All of my testis tumor patients died. I developed my own style of dealing with death and dying.

A few years later, I became the chairman of Balboa's urology residency program at the ripe age of 37. I tried to teach by example. I also tried to help my residents come to grips with death and dying. I later performed the same job at the University of California, San Diego School of Medicine, before retiring in 1994.

Despite the lack of actors or simulations in my training, I attribute most of my success to the medical education I obtained at Pitt. I was fortunate enough to take a senior elective in psychiatry. I learned to pay critical attention to the verbal and nonverbal communications of patients while on that service. That experience, along with the basic sciences and excellent clinical experience provided by Pitt, contributed greatly to my success as a surgeon and teacher of surgeons.

I always look forward to reading *Pitt Med* and wish Dean Arthur S. Levine continued success as the leader of one of this country's finest medical schools.

Michael P. McCarthy (MD '65)
Carlsbad, Calif.

To read the full text of Dr. McCarthy's letter, including his memory of being the medical officer for a squadron of Navy submarines when one, the USS Scorpion, was lost at sea, go to:
http://pittmed.health.pitt.edu/Fall_2007/letter/

DISTINGUISHED COMPANY

My belief that the Pitt Med Class of '62 is special was confirmed by "Defining Moments" (Summer 2007). Braverman, Brenner, Hibbs, and Kushner are certainly deserving of acclaim. However, you failed to mention other members of the class who achieved fame in clinical fields.

George Leopold was called the "Father of Clinical Ultrasound" and chaired the radiology department at the University of California, San Diego. Chuck Kerber was a pioneer interventional neuroradiologist at the University of Oregon. Tom Provost performed major research in dermatology at Johns Hopkins. Jim Theodore excelled in pulmonary medicine at Stanford until his death in 2003.

The combined achievements of this elite group would certainly qualify Pitt Med '62 as a candidate for all-time, all-star status!

Don Kaiserman (MD '62)
Santa Monica, Calif.

KUDOS

Your article "Plain People, Complex Cures" was stunning (Summer 2007). I took a particular interest because I am from Lebanon, Pa., a mere stone's throw from the horses and buggies of which you wrote. I have shared the story with my family. Thank you for the fascinating read.

Katy Rank Lev
Pittsburgh

Your article on Alexis Chidi was remarkable ("Pre Pitt Med," Summer 2007). You captured her vibrant spirit, inquisitiveness, intellectual fearlessness, lack of self-absorption, and her wit, and also highlighted the "graduate guarantees" programs, specifically the BS/MD program at Pitt med!

The article gives the reader a clear idea of what kind of physicians and scientists Pitt med is investing in and grooming. It provides concrete proof of senior vice chancellor Art Levine's statements in earlier issues about Pitt placing high value on physicians who have maintained a visceral interconnectedness to their communities even as students and who have not shied away from being agents of positive change. I view it as

a continuum, which includes the Pitt med students who work as concession stand and catering employees to raise money for an AIDS clinic and those who volunteer countless hours to staff a free clinic, in spite of their rigorous schedules.

I have enjoyed reading many of your past issues and articles, including "Make Like a Salamander" (Fall 2006). As producer and host of *Page 2 Pantry* on Pacifica Radio KPFK 90.7 FM Los Angeles and 98.7 FM Santa Barbara—which deals with a broad range of health, nutrition, and policy issues—I naturally enjoy news of interesting, cutting-edge research which holds great promise for health and wellness. I find *Pitt Med* magazine first-rate in content, style, and production value.

On a final note, I love your catchy titles and bylines. Keep up the great work!!

Niki Guluchi
Lawndale, Calif.

We gladly receive letters (which we may edit for length, style, and clarity).

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