he retired from his practice in 1995, he continues to work part-time at the Women's Health Clinic.

Like many newly minted MDs of the '40s, Frank Mateer (MD '44) returned from World War II and discovered that all the residencies were full. Mateer took a fellowship in physiology, working with Pitt Professor Thaddeus Danowski, who was treating nephrosis with steroids effectively. But when they saw Westinghouse's artificial kidney, Danowski charged Mateer with investigating the new machine. In 1950, Mateer dialyzed his first patient; by 1954 he had used the machine on 150 cases of acute renal failure. Mateer developed Western Pennsylvania Hospital's dialysis department. He was one of the first physicians to use the experimental artificial kidneys, but he says he gained the most recognition when he dialyzed Liberace after the famed pianist inhaled the dry-cleaning solution he was using to clean one of his flamboyant costumes. Since retiring in 1999, Mateer has been remodeling his home and enjoying some of the rare first edition books in his collection.

'60s John Godleski (MD '69), associate professor of pathology at Harvard Medical School, fondly remembers participating in the School of Medicine’s summer research program, where he gained experience in pathology before entering medical school. Godleski, director of the Pulmonary Pathology Unit of Brigham and Women's Hospital and codirector of the Environmental Protection Agency/ Harvard Center on Ambient Particle Health Effects, is working on the role of minute parti-
Pennsylvania, he researches the connection between anesthetics and Alzheimer's disease. Kofke speculates that if anesthesia is administered multiple times to someone who is susceptible to Alzheimer's, that person is more likely to develop the disease at a younger age.

In the early 1980s, Kathleen Downey (MD '79) lived in Auckland, New Zealand, joining physicians on house calls, aiding midwives at births, working in the ER, and seeing patients in a family practice. She was interested in how New Zealand's socialized healthcare system differed from the system in the United States. That experience, coupled with stints in Bethel, Alaska, and on a Navajo reservation with the late Pitt Professor Ken Rogers, “opened her eyes,” she says: “You can’t assume that everyone you deal with has the same beliefs about their body and health care.” As an associate clinical professor of family medicine at the University of Cincinnati and assistant director of residency training at the Wyoming Family Practice Center, Downey encourages cultural sensitivity in her students. She and her family host international college students, and Downey helps train students for the international medicine track at the university.

'80s  Edward Friedman (MD ’85, Psychiatry Intern ’85–’86, Psychiatry Resident ’86–’89), associate professor of psychiatry at Pitt, earned undergraduate and graduate degrees in English language and literature. Friedman viewed literature as an information system and was interested in the way mental states could be induced by writing. While his wife attended dental school at Columbia University, Friedman met many psychiatrists and discovered that he shared their interests in cognitive systems. As he edited biology, sociology, and psychology textbooks at Random House, he overcame his fear of science and began a premed program. Friedman completed his MD at Pitt and continued his training in the Western Psychiatric Institute and Clinic. He is now the associate director of the Mood Disorders Treatment and Research Program and participates in resident education programs. With funding from the National Institute of Mental Health, Friedman evaluates the effectiveness of cognitive therapy in the treatment of mood disorders. In the next few years, Friedman will be working on the creation of the Bipolar Disorder Center for Pennsylvanians, which will be one of the first centers of its kind to treat manic depression.

Earl Campazzi Jr. (MD ’89) says that he was so frustrated with managed care that he decided, “If I can’t beat them, at least I can understand them.” He received his MBA from Duke in 1999 and subsequently became chair of the operations research committee in preventive and occupational medicine at the Mayo Clinic. Now, he is comparing different ways to enter medical record data to determine which is most efficient.

'90s  After Daniel Medalie (General Surgery Resident ’95–’96, Plastic Surgery Fellow ’96–’99) graduated from Harvard with biology and anthropology majors, he studied art for a year, and then started medical school. Friends and family advised him to pursue a career in plastic surgery—what they saw as the perfect combination of art and medicine. But he wasn’t sure about plastic surgery until he trained at the Boston Shriners Hospital with Pitt’s own Robert Goldwyn (Plastic Surgery Resident ’61–’63). He is now an assistant professor of plastic surgery at Case Western Reserve University and chief of plastic surgery at Cleveland’s VA hospital. He plans to resume researching less invasive reconstruction measures like adipose flaps, in which doctors take subcutaneous tissue from a leg to reconstruct an ankle, rather than the more common practice of transplanting tissue from another part of the body. While it is not always as reliable, it is a better procedure for patients with multiple medical problems.

Thomas O’Toole (Intern ’91–’92, Internal Medicine Resident ’92–’94, Fellow ’94–’96), assistant professor of medicine at Johns Hopkins University, researches methods to increase access to care among marginalized groups, specifically homeless substance abusers. When O’Toole was an intern, he saw that homeless patients were often admitted, treated, discharged, and later readmitted for the same problem. O’Toole helped establish the Birmingham Free Clinic on Pittsburgh’s South Side; he was later involved in the creation of two other clinics. As the current medical director of First Step Day Hospital’s substance abuse program, O’Toole provides medical care and substance abuse treatment for the homeless. He also assists with broader needs like housing and unemployment benefits. O’Toole is a national program officer for the Open Society Institute’s Program on Medicine as a Profession, which is developing a national initiative to engage med students in community service and advocacy.

As associate residency director for community programs, Richard Pan (MD ’92) works with pediatric residents at the UC Davis Medical Center in Sacramento to help parents create healthy environments for their children. His residents go to parks and community centers to teach parents about children’s health and explain how to ask good questions at the pediatrician’s office. Pan was recently elected to the Council on Medical Education of the American Medical Association. He says his desire to serve started when, as a medical student, he learned that physicians need to work together to be advocates for their patients.

Neal Thomas’ (Pediatric Critical Care Medicine Fellow ’95–’98) interest in lung disease peaked when his son was born with neonatal lung disease. Babies with this disorder often spend months on ventilators, which, in turn, can cause lifelong breathing problems, ranging from asthma to severe lung disease like bronchopulmonary dysplasia. Two years later, Thomas’ son is healthy and so times his birth weight, and Thomas, an assistant professor of pediatrics at Penn State Children’s Hospital in Hershey, is researching the genetics of surfactant proteins. These proteins come in four varieties and are found in the lung fluid that keeps air sacs open. Thomas hopes his study will provide a way to identify and treat children with a genetic predisposition for lung disease. He’s also working on a Master of Science in Health Evaluation Sciences degree from Penn State. In his spare time, he coaches his older sons’ T-ball and soccer teams and plays center field in two softball leagues. —CB, MH, and JM

THE WAY WE ARE: CLASS OF ’64

If you’ve spent much time in Pittsburgh, you know the legend: It was the bottom of the ninth in game seven of the 1960 World Series at Forbes Field when Bill Mazeroski blasted a home run over the left field wall, breaking a 9–9 tie with the New York Yankees and winning the championship for the Pirates. That moment is etched in continued on page 38
Pittsburgh’s collective memory; Bernard Cohen (MD ‘64) had tickets to that game. He begged and pleaded with his histology professor, Mel Hess, to change an exam that conflicted with the game. Hess refused, leaving Cohen with a tough choice. He passed the exam, but missed Maz’s homer. Despite that heartbreak, Cohen, president of his class for three years, is thankful that he had such “awesome” clinical teachers. For 32 years, Cohen practiced plastic surgery in Pittsburgh; he retired from surgery in 2001. Today he is an assistant clinical professor of plastic surgery at Pitt.

Cohen’s classmate Edwin Morgan (MD ‘64) has fonder memories of Forbes Field. Morgan’s father was a Pittsburgh Press photographer, covering the Pirates and the Steelers. As a child, Morgan would help carry his dad’s cameras onto the field, where he watched the games. Morgan became a team physician for the Florida Marlins baseball team, including the ‘97 World Series champions. The most striking Marlins’ medical problem? A team outbreak of mumps. In 2001, Morgan retired as director of the University Health Service at West Virginia University, where the professor emeritus was instrumental in developing programs such as mental health/psychiatry, family planning, and alcohol and drug education for students. He also has been a visiting professor in Wales, Germany, and Zimbabwe. Morgan, who specialized in pulmonary medicine, found Zimbabwe especially challenging because of the prevalence of tuberculosis and silicosis. He looks forward to catching up with classmates at the upcoming reunion in May.

Alex Azar (MD ‘64) is a big fan of a certain Olympic gold medalist in women’s soccer and a former Baltimore Orioles player—they happen to be his stepchildren.

Azar recalls scrubbing in with Henry Bahnson, the late chair of the surgery department. One day, Bahnson was repairing an abdominal aneurysm. As Azar held the retractor, the patient began bleeding. Bahnson calmly put his finger over the wound and started a lecture about how the body stops bleeding on its own. Azar has worked for more than 25 years as an ophthalmologist. In 1997, he founded the Azar Eye Institute. He also teaches part-time at Johns Hopkins University. —CB

Shaler partly blames the stress of the job for the heart attack he suffered last May, but he has no regrets about the path he started on when he saw an ad for a course in scientific sleuthing at Pitt. Regarding his lab’s task after September 11: “It’s nothing anyone in their right mind would choose to do. But it [is] a tremendous honor to work for these families.”

IN MEMORIAM

'40s
William Osheka (MD ‘43B)
November 3, 2003
Peggy Jane Blythe (MD ‘44)
September 12, 2003

'50s
Thomas Lloyd Williams Jr. (MD ‘52)
September 26, 2003
Donald W. Gaylor (MD ‘54)
October 13, 2003
Herbert G. Kunkel (MD ‘54)
August 2, 2003

'60s
William A. Stone (MD ‘62)
September 14, 2003

'70s
Michael Flynn (MD ‘76)
November 14, 2003

NOTE: THE AMERICAN MEDICAL ASSOCIATION, A PRIMARY SOURCE FOR DEATH NOTICES OF OUR ALUMNI, NO LONGER PRINTS AN OBITUARY LIST. WE ENCOURAGE YOU, MORE THAN EVER NOW, TO LET US KNOW ABOUT ALUMNI WHO DIED RECENTLY. (ON THE INSIDE FRONT COVER YOU’LL FIND CONTACT INFORMATION FOR THE MAGAZINE.)
In November 1995, a 19-year-old Robert Morris College student was life-flighted to UPMC Montefiore. They rushed him to the ICU. He was in critical condition, burning with a fever. Bruce Dixon (MD ’65) was driving home on the turnpike from a weekend trip when he got the call. “I’ll be there,” he said.

It was late when Dixon, the director of the Allegheny County Health Department, arrived in the ICU. He sat down with the boy’s family, explaining that their son was suffering from meningococcal meningitis; the 28th victim of the disease that year. As Dixon tried comforting the family, he had no idea that the boy would die—the fourth death of the outbreak.

Joan McMahon, who has spent her entire professional life in public health and is the chief of the county’s infectious diseases unit, is still impressed when she sees Dixon at a patient’s bedside or leading a community meeting in a high school gym.

“He believes in bringing public health to where the people are. He’s very approachable—he’s out in the community,” she says.

Yet Dixon, who has led the Allegheny County Health Department since 1992, is known more for his willingness to confront public health problems than he is for his bedside manner. He recently rallied to ban smoking in restaurants, even after several statewide bills prohibiting smoking in restaurants had failed. Dixon announced his plans, then restaurateurs in Pittsburgh balked at the proposal, claiming their businesses would suffer. The ban was about to go into effect when at the last moment the tobacco and restaurant lobbies blocked the initiative.

Dixon stops to sit at a local bakery and outline the need for the ban; he still gets energized by the thought of it being implemented one day. This is how he approaches most issues: He works through the problem in earnest. And he seems to thrive under scrutiny. Early in his tenure, the health department’s restaurant inspections were being criticized; so Dixon made inspections more exhaustive. In 1993, when Pittsburgh’s infant mortality rates were higher than the rest of the country’s, Dixon helped organize the Healthy Start program in neighborhoods with the highest number of deaths. That program has helped reduce the number of African American infant deaths in those neighborhoods by 50 percent.

When Dixon walks, he walks briskly; he is a man with a destination. And he’s always late. (Though that doesn’t stop him from pausing to chat with scared-looking patients in the STD clinic or dropping by a renovated office to check the freshly painted walls and ask the nurses if they are happy with the change.)

As forthright as Dixon is about public health, he was hesitant to take the director’s position at all—he was afraid he wouldn’t be able to continue to teach rounds.

As an internal medicine intern in 1976, Gregory Fino (MD ’76, Res ’80, Fel ’82) came into UPMC Presbyterian one night, expecting, like every other night, to see the second-year resident who was his mentor. Instead, Dixon met him. The resident was sick, so Dixon, an attending, took the resident’s place, helping the young intern with rounds.

“As an internal medicine intern in 1976, Gregory Fino (MD ’76, Res ’80, Fel ’82) came into UPMC Presbyterian one night, expecting, like every other night, to see the second-year resident who was his mentor. Instead, Dixon met him. The resident was sick, so Dixon, an attending, took the resident’s place, helping the young intern with rounds. It was unbelievable that an attending would do that,” says Fino, codirector of critical care medicine at St. Clair Hospital.

Fino, who was chief resident under Dixon from 1979 to 1980, recalls calling Dixon in to see a patient who had Laurence-Moon-Biedl syndrome. This is a rare disease that starts in childhood and often causes children to have a sixth finger, which is normally removed, as was the case with this patient. The residents didn’t tell Dixon any of the patient’s history, but Dixon strolled over to the patient, looked at his hand, and said, “One finger is missing. It’s Laurence Moon Biedl.”

“Bruce Dixon is the smartest physician I’ve ever worked with and will ever work with,” notes Fino.

Like his mentor, Pitt Professor Jack Myers, Dixon enjoys teaching most. When his friend Mark Richards was director of the health department in the 1970s, he asked Dixon to head the STD clinic and program. Dixon reluctantly agreed. Soon after, he launched one of his unconventional public health initiatives.

Legend has it that the lanky crew-cut Dixon used to dash into brothels, giving everyone STD tests to prevent the spread of venereal disease. The legend isn’t entirely true. Dixon set up clinics in brothels, he explains with characteristic clinical delicacy: “A fair number of people used their services, and we didn’t want people to get infected satisfying base instincts.” And when HIV started showing up in Pittsburgh, Dixon, along with other Pitt professors and doctors, worked with the community to slow the spread of the disease.

Decades later, it’s not unusual to hear other physicians engaged in local outreach work use this word when describing Dixon: Hero.