’40s  J. Fraser Jackson (MD ‘44) learned there is life after medicine—but not until he hit the age of 82. Now, he and his wife travel extensively (they recently returned from the Cook Islands)—a very different life than when he was running his family medicine practice in East Liverpool, Ohio. He reports he devoted 18 hours a day, seven days a week for more than 50 years to his patients. (On p. 23 of this issue, Craig Cahall writes about how intimidating it was to take over Jackson’s practice.) Jackson was inspired by his own family doctor, Pitt grad Albert Michels (MD ‘19), to attend medical school at Pitt. That’s where he met his close friend and classmate David Pugh (MD ‘44), who later set up a practice in Chester, W. Va., across the Ohio River from East Liverpool. When Pugh died a few years ago, the town dedicated a park along the river in his name. Likewise, Jackson was honored with a river park in his hometown on his retirement in 2002. “If I stand in my park,” says Jackson, “I can see Dave’s right across the river.”

’60s  Stewart Sell (MD ’60) is a busy man. In October of 2001, Pitt Med featured Sell in “The Oval Wave,” an article about the discovery of liver stem cells, called oval cells, as a source of liver cancer. Since then, Sell, senior research physician at the Wadsworth Center, senior research scientist at Ordway Research Institute, and professor of biomedical sciences at SUNY Albany, has continued to push his stem cell research forward. He is currently investigating the risk factors for liver cancer, the role of bone marrow stem cells in aging and as a possible origin of liver cancer, and the function of adult tissue stem cells in repairing injuries to organs and the spinal cord. In 2005, Sell was named a Pitt Legacy Laureate and received Leadership Medica’s Virchow Award and the American Association for Cancer Research’s Gary Miller Memorial Award. Adding it all up—research, awards, lecture invitations abroad, and the regional success of the Swing Docs Big Band (in which he plays saxophone and clarinet)—Sell says of 2005, “It’s been a great year.”

Jack Myers, renowned physician and chair of the Department of Medicine at Pitt med from 1955 to 1970, was David Morris (MD ’61) idol and role model. “He showed me how important it was to have knowledge,” Morris says. “He made medicine so fascinating.” However, Morris didn’t listen to his mentor when Myers told him to buy a lifetime subscription to the New England Journal of Medicine for $75 in 1959. Today Morris, who says he’s read every major journal cover to cover for the past 40 years, regrets this lapse in judgment; he pays $150 per year for NEJM. Morris, 80, works three days a week at the New York Neurological Rehabilitation Center in Manhattan.

Since his 2000 retirement from internal medicine in Melbourne, Fla., Richard Baney (MD ’63) has been stretching his sea legs. Baney is the ship’s doctor aboard a 110-passenger cruise ship, the National Geographic Endeavour. While afloat, Baney sees patients for about an hour per day and then explores terra firma in places like Western Europe, Antarctica, and the South Pacific islands as if he were a regular passenger. “It’s hardly work,” he says. On dry land, before Fred Brancati (Res ’88) took over in 1987 as chief resident at UPMC Presbyterian and the VA hospital, his predecessor led him to a back office to show him the secret to his success: a file cabinet full of articles on such obscurities as genetic conditions associated with extra fingers and rare conditions of the Old Order Amish. The chief resident suggested that if Brancati used this material when training others, he would really impress people.

After reading up on polydactylism, Brancati was inspired to put those who practice “pimping”—the tradition of humbling students and interns with a barrage of virtually unanswerable questions—in their place. Two years later, he submitted a satirical essay, “The Art of Pimping,” to the Journal of the American Medical Association. The editors published it within weeks (JAMA, July 7, 1989). Brancati’s tongue-in-cheek essay demonstrates how pimping “rides the intern of needless self-esteem.” And it notes, “Furthermore, after being pimped, he is drained of the desire to ask new questions—questions that his attending may be unable to answer.”

The essay prompted laudatory letters from across the country and requests for autographs in the halls of Johns Hopkins Hospital, whose staff Brancati joined as the article went to print. Now director of the Division of General Internal Medicine
Baney spends much of his time with his nine grandchildren and his wife, whom he met while attending Pitt med.

‘70s Rheumatology was Neal Birnbaum’s (Intern ’70 –’71, Internal Medicine Resident ’73 –’75, Rheumatology Fellow ’75 –’77) first residency rotation. To this day, Birnbaum isn’t sure if it was the charismatic division chief, Gerald Rodnan, or the excitement of returning to his training in 1973 after serving two years in the air force that prompted him to make rheumatology his specialty. Birnbaum, who is the director of the division of rheumatology at California Pacific Medical Center, a clinical professor of medicine at the University of California, San Francisco, and president-elect of the American College of Rheumatology, was only 25 years old when he had the responsibility of running a large emergency room in Vietnam. He describes the experience as, simply, “a maturing process.”

Some of the patients that Johanna M. Seddon (MD ’74) sees can’t see her. In the advanced stages of age-related macular degeneration (AMD), some people’s vision is so poor that reading, driving, and even distinguishing faces right in front of them become impossible. Working with those people can be heart wrenching, Seddon says, but it’s one of the things that motivates her to research the disease. Seddon is an ophthalmologic retina surgeon, the founder and director of the epidemiology unit at the Massachusetts Eye and Ear Infirmary, and an associate professor of ophthalmology at Harvard Medical School and Harvard School of Public Health. She recently received the first Dr. Maurice F. Rabb, Jr. Award presented by Prevent Blindness America for her research and prevention work. Seddon’s team is currently pursuing a study to find specific genes related to the development of AMD.

Mark Vatavuk (MD ’77) loves baseball. He became a member of the Society for American Baseball Research in 1984, when he was the associate physician for Erie’s minor league baseball team, the SeaWolves, in 1995. And in May, a book Vatavuk coauthored, Baseball in Erie, a pictorial history of the region’s long love affair with minor league ball, was published. Vatavuk is a family practice physician at Saint Vincent Health Center in Erie. He describes his role there—where he works in occupational health, precepts residents, and sporadically fills in for vacationing doctors—as that of a “utility infielder.”

‘80s In any given week, Grace Alfonsi (MD ’83) might prescribe medication to a homeless woman, treat the chief of police, diagnose a man with an STD, and teach a group of residents to deliver a baby. Alfonsi is a family practice doctor in the community health division of Denver Health. She works in both the HMO clinic for city, county, and hospital employees and the public health clinic for low-income patients, where she also is a preceptor for residents. In addition, Alfonsi is on the attending staff at Denver Health’s STD clinic. In her scholarly work, she is investigating the causes for discrepancies between the results of a DNA-based test and culture results for gonorrhea detection. Alfonsi suspects that DNA tests sometimes produce false positives because of variant lab procedures.

‘90s According to William Li (MD ’91), president and medical director of the Angiogenesis Foundation in Cambridge, Mass., today’s medicine will be unrecognizable in 20 years. Angiogenesis, the growth of new blood vessels in the body, is a process that underlies diseases ranging from cancer to diabetic blindness. Li oversees numerous research projects that he hopes will lead to treatments that can induce angiogenesis to restore circulation, as well as ones that stop it to halt disease progression. Because of the breakthroughs he sees on the horizon, Li believes researchers will soon find ways to make Alzheimer’s preventable, blindness reversible, obesity controllable, nerves regenerable, and cancer a chronic condition.

‘00s Maureen Busher (MD ’02) is on a mission. The American College of Obstetricians and Gynecologists, in which Busher is a district officer, is trying to recruit more students to the discipline. So Busher, an ob/gyn resident at the MetroHealth Medical Center in Cleveland, started an ob/gyn student interest group at affiliated Case Western Reserve University School of Medicine. She wants to increase medical student interest in the field that stole her heart while she was at Pitt. “Halfway through my third-year clerkship, I realized this is what I love. There’s just such a great variety in the field.”

Robert Sobehart (MD ’03) was strapped into a helmet and 40-pound flack jacket. Rocket-propelled grenades and mortar rounds exploded only meters away. He worked as quickly as he could. During the initial eight-day invasion of Fallujah in November 2004, more than 300 wounded marines were brought to Sobehart’s makeshift trauma bay in a train station just outside the city. Sobehart and his team rushed to treat and stabilize the wounded for emergency medical evacuation to an outlying surgical center. Although the experience was sometimes frightening, he says it was invaluable to his training. Sobehart is currently an emergency medicine resident at Naval Medical Center in San Diego.

---

Elaine Vitone
Imagining a premature baby just moments out of the womb, weighing 2.7 pounds and incapable of inflating her own lungs. Eileen Tyrala had been working in neonatology for more than 10 years when this typical preemie came along. It was 1989, and Tyrala (MD ’71) was the director of the neonatal intensive care unit (NICU) at Temple University Hospital, which was participating in a clinical trial of one of the first surfactants—a treatment that would forever change neonatology. Tyrala supervised the team as they rushed the baby to the NICU and inserted an endotracheal tube and a catheter. Along with a puff of air from a bag, the surfactant entered the baby’s lungs through the catheter, broke the surface tension within, and made it possible for the baby to breathe. “It was one of the most dramatic things I’ve ever seen,” says Tyrala. “This baby would have been horrifically sick and on a ventilator.” The nurses in the NICU burst into applause when the baby’s lungs started working. The newborn was breathing room air within a half hour.

Tyrala credits Pitt for sparking her passion for the adventure of academic medicine. But after 20-some years of long shifts at Temple, she joined a pediatrics practice in 2003 outside of Philadelphia. Today, she’s active with the National Council for Jewish Women, the couple created the Madelain and Herbert Tauberg Fund, which has awarded annual scholarships to Pitt med students for more than 10 years and has been enriched by numerous donations in his memory.

Michael Johnston (MD ’71) came to med school at Pitt so that he could one day join his dad’s family practice in Lancaster County, Pa. Eugene Johnston (MD ’47) had a jeep on hand so he could make house calls in any weather—that included delivering babies in the homes of his Amish neighbors. After a pediatrics residency at Johns Hopkins University, the younger Johnston and colleagues did head-turning work in the role of glutamate in pediatric brain injury. They found that the immature brain relied on glutamate for plasticity, but injury often resulted in high levels that were extremely toxic. Johnston’s lab discovered that a drug that blocked the glutamate receptor reduced this toxic effect. His pursuit of academic medicine never did lead him back to the Lancaster practice of his now-deceased father. Currently, Johnston is professor of neurology and of pediatrics at Kennedy Krieger Institute, which focuses on brain disorders. He sees patients with cerebral palsy, movement disorders, and genetic diseases.

In 1975, William Carter started a plastic surgery practice from scratch in Edina, Minn., just outside of Minneapolis. Back then, the field was primarily dedicated to reconstructive surgery, and Carter (MD ’71) set out to help patients who had suffered serious burns, massive cancers, and disfiguring injuries. “There’s a joy you get from this,” Carter says, asserting that it’s the sort of work that all young doctors and med students want to do: “They want to lay hands on and help.” Carter built his practice by visiting every hospital in the region and getting to know the doctors there. Today, he has three other surgeons as partners. “We brought Beverly Hills to Minneapolis,” Carter says, noting that 98 percent of their work is now cosmetic. To continue to lay hands on and help, Carter travels regularly, primarily to Central and South America, to donate his services to people with cleft palates, burns, and other disfiguring problems.
In 1989, George Mazariegos survived a monthlong immersion in Pittsburgh’s relentlessly intense transplant program. He told his family about the brutal pace and the dramatic manner in which patients would present. Their response: “You’re not actually thinking about going back there, are you?” Actually, he was. And he did.

Mazariegos returned for Pitt fellowships in critical care medicine and transplantation (1991–93). He’s now a Pitt associate professor of surgery and director of pediatric transplantation at Children’s Hospital of Pittsburgh. The intensity of his training, however, doesn’t seem to have affected his demeanor.

“I think he’s the most soft-spoken man I know,” says Susan Jasin, whose son, Jakob, had a liver transplant at Children’s at age 4 in 2004. Mazariegos was among a handful of Pitt transplant surgeons who met with the Jasins when they were searching for a program that would give Jakob a new liver. The boy was born with a genetic disease that left him unable to process three important amino acids found in dietary protein. They accumulated in his bloodstream, sometimes rising to toxic levels that threatened to cause permanent neurological damage.

His condition, named maple syrup urine disease (M SUD) for the distinctive smell of afflicted children’s urine, was not a disease of the liver. However, a transplanted liver generates enough metabolic activity to control an M SUD patient’s amino acids. This had been discovered by accident a few years earlier, when a girl with M SUD had a liver transplant for vitamin A toxicity.

Jasin says that the transplant team in Pittsburgh regarded her and her husband as the experts on M SUD. The parents spoke of life on a tightrope. An imbalance in protein consumption, or an unexpected event like a cold or flu virus, and Jakob could slip into a metabolic crisis from which he might not recover.

“I’ve seen kids [with M SUD],” says Jasin, “who are normal one day and changed forever the next.” She describes how difficult it was to enjoy watching her child play without praying silently, Please, not today. Don’t let it happen today.

Jakob became the first child at Children’s—and the sixth in the world—to undergo a liver transplant to cure M SUD. Children’s is the only hospital to develop a protocol for the procedure; it involves extensive pre- and post-transplant evaluation and care that differs from more typical transplant procedures. To date, 11 M SUD patients have received new livers at the hospital. Eight more are on the waiting list. All of the recipients have been cured of M SUD and are on a normal diet. Complications have been manageable.

Mazariegos and his colleagues will report on their success in an upcoming edition of the American Journal of Transplantation.

At Children’s Hospital recently, Mazariegos met with the family of Mihir, a chubby-cheeked replica of a boy who received a new liver a few months earlier. Mazariegos, in blue scrubs, leaned on the exam table next to the boy and chatted with the parents, who moved from India to find help for Mihir. As they spoke, the boy happily drove a toy motorcycle across the charts in Mazariegos’ hand.

(“I feel like they’re all my children,” Mazariegos sometimes says of his patients.)

Later, the surgeon meets with the family of Arturo, who came from Brazil for a transplant, and there is an impromptu reunion in the hallway. Arturo’s father excitedly shows everyone a photograph of Mihir and his mother with Arturo’s mother.

“This is the day we met at the M SUD conference,” he says to Mazariegos in broken English. “On this day, we promised we would find a solution for our children’s M SUD.”