Children followed Jack Myers in curious droves as he walked around his neighborhood; for them he loved to identify rocks, trees, and animals they came across along the way. He is remembered as the consummate teacher. And at the University of Pittsburgh School of Medicine, where Myers was chair of the Department of Medicine from 1955 to 1970, throngs also trailed him, though those were often nervous retinues. After the “Morning Report,” which kept many a resident awake the night before preparing, Myers would sweep through teaching-hospital wards examining patients while his house staff entourage stood by—usually trembling. The intern was to have the patient fully readied for Myers’ examination: bed sheets turned back,
I don’t know,’ but he couldn’t accept excuses. He had three rules—punctuality, attention to detail, and a commitment to excellence. And he was toughest on those he thought had the potential for excellence.”

He wasn’t known for patience, either. According to one possibly apocryphal story, Myers and his group once entered a room to find the patient with a full bedpan. Myers handed the bedpan to a man standing nearby. “Take this away,” he said. “I’m in housekeeping,” the man replied. “That’s the nurses’ job. That’s not my job.” Myers dumped the contents of the bedpan on the floor. “Now it’s your job. Clean it up.” And there’s the tale of a resident who clearly bluffed when asked what level of oxygen supplement a patient was receiving. “Leave the bedside,” Myers responded. There was no place on his staff for intellectual sloppiness—that’s how you hurt patients.

“Oh, he was authoritarian,” Ellis says. “He had uncompromising standards and insisted we all live up to them.” Myers’ strict code and no-nonsense training methods culminated a cadre of dedicated physicians and revolutionized the school itself. Myers influenced the whole field of internal medicine and eventually helped bring it into the computer age. “He was an icon,” declares Gerald Levey, who served as Pitt’s chair of medicine and now is vice chancellor of medical sciences and dean of the David Geffen School of Medicine at UCLA.

“One of the great medical minds of the second half of the 20th century,” continues Levey. “Four men essentially made Pitt a great medical center—Jack Myers, Hank Bahnson [former chair of surgery], Tom Detre [former senior vice chancellor], and Tom Starzl [of transplant fame]. But Jack Myers was first. He laid the groundwork.”

Myers was also one-half of the medical school’s most prestigious couple in those years. Jessica Lewis retired as an emeritus research professor of medicine. She founded the Hemophilia Center of Western Pennsylvania, which is affiliated with Pitt, and served as director of research and associate director of the Central Blood Bank. In hematology, she was also an icon, colleagues attest. Lewis’ list of publications on blood coagulation alone runs to 17 pages and 217 entries.

There was nothing in Myers’ appearance to account for the respect he commanded. “Just average in height and build,” Lewis said in an interview a few months before her recent death. A fastidious, buttoned-up, coat-and-tie man, the former army medical corps lieutenant colonel wore a military crew cut to the end of his days, along with signature horn-rimmed eyeglasses. And his bedside teaching manner bordered on the brusque.

“He was the most honest, direct man I have ever known,” says Thomas Piemme (MD ’58), now retired as chair of computer medicine at George Washington University School of Medicine and Health Sciences. Unlike others who might try to soften bad news for patients, Piemme says, “He always gave everyone the full truth.”

The Myers-Lewis team came to Pitt in 1955. They were part of a group headed by Eugene Stead (another legend in 20th century medicine), first at Emory University (where Stead rose to dean) and then at Duke University (where Stead was chair of medicine). Stead’s group has been described as “the finest team of physicians, investigators, and teachers ever assembled in one place at one time.” Most had moved together from Harvard University and Boston City Hospital, where Lewis and Myers met in 1946, when vital signs recorded, charts complete, and a med student would present the patient’s history. Then, recalls Lawrence D. Ellis (MD ’58), who served as an intern and resident under the late Myers and now is a Pitt professor of medicine, Myers would pepper the intern with clipped, sharp questions: “This patient is diagnosed with carcinoma of the lung, stage 4. How do you define stage 4? What level of oxygen supplement was a patient receiving? Leave the bedside,” Myers responded. There was no place on his staff for intellectual sloppiness—that’s how you hurt patients.

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Lewis was working in Harvard’s Thorndike Memorial Laboratory. She was single, and she revealed decades later, “had been seeing different people, brokers, business people, a couple of surgeons. My colleagues said, ‘Don’t marry any of them. Wait until Jack Myers comes back [from the war]. You’ll like him.’ He came back, and I did.” After a six-month courtship conducted in the corridors of Boston City Hospital, the two were married.

Myers’ transfer to Pitt was something of a homecoming. He had been born in New Brighton, Pa., but the family moved to Arizona for his mother’s health. He graduated from Stanford University and its medical school before moving east. At Pitt, Myers immediately set out to build a strong Department of Medicine. The medical school faculty then was part-time—staffed by private practitioners who taught their specialty a few hours a week. A first-rank medical school required a full-time faculty dedicated to teaching, Myers believed. He set out to recruit one.

Albert B. Ferguson, Pitt’s former longtime chair of orthopaedic surgery, had been an intern when Myers was a resident at the Peter Bent Brigham Hospital in Boston. He watched his friend’s faculty makeover with amazement. “You would have thought he would have angered all the old part-time faculty who lost their positions,” Ferguson says. “But Jack was so impressive with his vast knowledge that he won them completely over. He was a great teacher first and foremost, and they appreciated that. He changed a second-class institution into a first-class one.” Myers’ mentor, Stead, agrees: “Jack was one of the people who made Pittsburgh a great place.”

Myers also established a formidable national reputation as a medical diagnostician.

“Physicians from all over the country contacted him about challenging cases that stumped them,” UCLA’s Levey says. “He could always provide the correct diagnosis.” Myers spent 20 hours a week in the library reading medical journals, and, according to legend, remembered every word and every detail he read. “He had a photographic memory,” Lewis said. “He never forgot anything he read.” You could give him a topic—congestive heart failure, for instance—and he could immediately rattle off for an awed audience the latest information, often including journal titles and page references, a task that might have taken another physician days of library research. (Without looking it up, he also could report how many home runs Willie Stargell had hit in any given season. Myers committed to memory the batting averages of every Pittsburgh Pirate.)

Meanwhile, his reputation was spreading nationwide. In those days, physicians seeking certification by the American Board of Internal Medicine were required to take an oral examination before distinguished examiners, often at a patient’s bedside. By his own estimate, Myers conducted as many as 2,000 “orals.” His penetrating questions and insistence on precise detail made him a much-feared examiner. Myers also estimated that he rejected two out of three examinees, a record said to be the highest failure rate in ABIM history. For many other examiners, the failure rate was less than 20 percent. By then, Myers was known as “Black Jack.”

Clark Sawin, a medical historian who is a professor of medicine at Boston and Tufts universities, did not draw Myers as an examiner—“But I had friends who went to the door of the examination room, saw Black Jack on the panel, and immediately turned around and rescheduled.” Others, it is said, were so intimidated by Myers’ questions that they vomited.

“Jack wanted straight answers,” Piemme says. “Some people clearly didn’t know, and they would invent an answer. He would let them go on until they hanged themselves.” The dreaded orals have since been abandoned for a written, computerized examination.

Myers himself had aced his orals, his successor as interim chair in 1970, James Leonard, reported in recommending him for the Robert H. Williams Distinguished Chair of Medicine Award of the Association of Professors of Medicine (which Myers won). Myers applied for board certification while in Southampton, England, with the medical corps in 1944. The examiner handed Myers a heart patient’s electrocardiogram and asked him to interpret it. Satisfied with the answer, the examiner then handed Myers a second tracing. “This is the same patient three days later,” the examiner said. The young, uncertified Myers studied the ECG. “This is not the same patient three days later,” he said confidently. “In fact, this is not the same patient at all.” The examiner was caught off guard, according to Leonard; he had not recognized that the tracings came from different patients. He studied the ECGs again and acknowledged that the young man was right and deserving of certification.

The young Jessica Lewis was building her own record in the mysteries of blood coagulation. Eventually, her team’s research at Pitt into how blood coagulates played a key role in Thomas Starzl’s transplant breakthroughs. Starzl has been quoted as saying he doesn’t think his work at Pitt would have gotten off the ground without her.

Lewis studied hemophilia, which had been the scourge of Queen Victoria’s descendants and Europe’s royal families in the 19th and early 20th centuries. Her interest dated from Boston City Hospital, where a young hemophiliac named Ted was an inpatient. People with “classic” hemophilia bleed freely from visible wounds but also internally from unseen injuries, the blood often pooling in joints or in organs and causing devastating damage. The only treatment in the 1940s was regular transfusions to replace the lost blood. “Ted would come down to my lab at all hours and talk to me,” Lewis recalled. “He wanted a normal,
active life like any other young man, and he couldn’t have it. It was sad.”

In Pittsburgh, she quickly set up the hemophilia center. “She cornered the market in hemophiliacs in the tri-state area,” says Frank Bontempo, medical director of the coagulation lab at Pittsburgh’s Institute for Transfusion Medicine. The center was both a treatment and research center, but Lewis concentrated on research, which she saw as holding the answer for patients like Ted. Her lab work, and that of others, demonstrated that patients with hemophilia were genetically wired to have a lack or deficiency of one of several blood factors that promoted clotting. Their wounds, particularly internal wounds, did not heal normally. Today, gene therapies hold great promise for a cure, notes Margaret Ragni (MD ’75), who directs the Hemophilia Center of Western Pennsylvania as well as hemophilia gene-transfer studies at Pitt.

Lewis came from a distinguished medical family. Her father, Warren Lewis of Johns Hopkins University, was an editor of Gray’s Anatomy, and her mother, Margaret Reed Lewis, was the first to show the development of subcultures at 10-second intervals. The Lewis family spent summers at Salisbury Cove, on the Maine coast, where Warren Lewis headed the Mount Desert Biological Laboratory (a position which Myers later assumed). The family had built a summer home there in 1929. As a teenager, Jessica Lewis became interested in marine life, and set out to study the locally common dogfish shark, eventually focusing on its blood system. As described in her book, Comparative Hemostasis in Vertebrates, she continued and expanded upon that early research into blood properties for years. She took and analyzed blood samples from kangaroos, porpoises, and even an alligator.

“She once swam across the entire chilly, one-mile bay, ‘accompanied by a rowboat, of course,’” she said.

For all the intensity, it was a fun household. “Daddy was a big fan of the symphony; he never missed a performance, and at home he would play records and ‘conduct’ the orchestra,” Elizabeth Myers recalls. He liked to sprinkle his talks with foreign phrases. He nicknamed the milkman “Monsieur DuLait.” “For years, we thought his name was Mr. Dooley,” Jacy Myers told a Pittsburgh Post-Gazette obituary writer on her father’s death. Words and children were a source of pleasure for him: His children ate “bugs” instead of blueberries, “blubs” instead of blueberries, and “ronamacky” instead of macaroni.

At dinner, the family might play the River Game, which consisted of taking turns around the table naming rivers from A to Z. The kids knew about the Yangtze and Zambezi Rivers. “For years, we thought his name was Mr. Dooley,” Jacy Myers told a Pittsburgh Post-Gazette obituary writer on her father’s death. Words and children were a source of pleasure for him: His children ate “bugs” instead of blueberries, “blubs” instead of blueberries, and “ronamacky” instead of macaroni.

Astoundingly, while compiling their record of professional achievement, Myers and Lewis also managed to parent five children. “Well, I always worked until I had labor pains, and the hospital was right nearby,” Lewis said. “And I was usually back at work within 10 days. Fortunately, I had a wonderful woman to care for them.” The oldest daughter, Judy, died in an auto accident in 1972. Three of the four others followed their parents into medicine and medical research.

She once swam across the entire chilly, one-mile bay.

They were stimulating parents. Daughter Elizabeth Myers is now an associate professor at Weill Medical College of Cornell University in New York City and a specialist in biomedical engineering. “When my mother had to go to the lab on weekends,” Elizabeth Myers recalls, “she took me along, and I picked up her enthusiasm. I think my own interest in laboratory research dated from watching her and how dedicated she was to what she was doing.”

Myers and Lewis commuted separately from their Allison Park home; he headed for the morning report and early rounds, she for her lab. They met at home at day’s end for a martini (Lewis) and an “Iron” (Myers). They talked about the day, but seldom consulted each other on their projects. “We were both goers and getters, but our professional lives were quite different. I was a researcher. Jack was a teacher, a great teacher. That was his contribution. Most of our conversation was about events at the University.”

The highlight of the household’s year was the annual month at Salisbury Cove, where the family still gathers in August. “That is a wonderful memory for all of us,” Elizabeth Myers says. “It was a time for relaxation and one-on-one talks.” A small colony of summer homes populated by researchers’ families grew up around the cove; Margaret and Jacy (Jessica) Myers both married sons of other Mount Desert researchers. Their father usually spent his “vacation” in the laboratory, but Lewis devoted herself to the family and outdoor pursuits. She once swam across the entire chilly, one-mile bay, “accompanied by a rowboat, of course,” she said.

For all the intensity, it was a fun household. “Daddy was a big fan of the symphony; he never missed a performance, and at home he would play records and ‘conduct’ the
Britannica. And their mom made sure they saw the world. Jacy Myers remembers elevator races in Washington, D.C., and skinny-dipping in Bangkok.

Ragni, a Pitt professor of medicine, came to the Mount Desert lab as a Chatham College junior interested in medical research. “As soon as I walked into the lab and sniffed the air, I liked him,” she says of Myers. “He smoked Marsh Wheeling stogies like my grandfather, whom I adored.” Her experiences in the lab confirmed her interest in attending medical school.

While waiting for assays at Mount Desert, Ragni and Myers would sit on a bench overlooking the cove and listen to classical music broadcasts. They would play a game in which they had to identify the composer and the key the work was in.

In 1958, students voted to award Myers his first Golden Apple, given for outstanding teaching. That same year, Piemme wrote and directed the students’ annual Scope and Scalpel: Satan Place, a spoof of Damn Yankees, featured Piemme in the role of Satan. He wore a devil costume with horns and with the unmistakable Myers crew cut and horn-rimmed glasses. Nobody enjoyed it more than Myers. “Jack thought it was uproarious,” says Piemme. “Especially when Satan turned out to be the hero. Then he invited the whole cast to his place for drinks.”

Indeed, the couple established a reputation as genial hosts, in Pittsburgh and at Salisbury Cove. Lewis, organized and logical, liked to schedule dinner parties on three consecutive nights—Friday for the house staff, Saturday for the neighbors, Sunday for colleagues. “Then you took out the dishes and silverware and got the house ready only once,” she says.

In 1970, Black Jack became “Jack in the Box.” He stepped down as chair of medicine with the distinction of University Professor and devoted himself to developing a computerized method of medical diagnosis. He teamed up with Harry Pople Jr., on the faculty at Pitt’s business school, and Randolph Miller (MD ’76), who is a professor of medicine and medical informatics at Vanderbilt University Medical School. Miller was a Pitt med student in the 1970s who’d been interested in computers since high school. By the time he was a resident, conversations with his professor turned into a collaboration:

“Jack very early saw the computer’s potential for providing physicians with information that would help them in difficult diagnoses, but he didn’t know much about computers. Harry Pople had computer expertise but not Jack’s medical background. I could communicate with both of them, so I was the glue on the project. The goal was to build a knowledge-based tool physicians could use in the field. The collaboration lasted two decades.”

The result of the collaboration was Internist I, the first computerized diagnostic database. Internist I later gave way to Quick Medical Reference, allowing physicians to interact and check their diagnostic decisions.

Failing eyesight eventually forced Myers to retire. Even then, he doggedly memorized journals, despite being forced to hold the reading material a few inches from his eyes. He died in 1998 at the age of 84. Lewis died this August during the family getaway in Maine; she was 86. Until then, she resided a few hundred feet off the Pitt campus, spending winters in Florida, but maintaining a lively interest in research.

Larry Ellis still keeps Myers’ autographed photograph on his desk. He’s not alone. Both Myers and Lewis are viewed with reverence today. Myers’ influence on the quality and the reputation of the medical school, in particular, gave him prophetlike standing among those who knew, or knew of, him.

“He represented another glorious age,” UCLA’s Levey says. Myers himself never glorified the good old days; he led the campaign to eliminate the dreaded oral exam that had contributed to the Black Jack reputation.

“He said the whole system was a crapshoot,” Ellis says. “The patient picked to be examined was a crapshoot; the examiner was a crapshoot. You might be failed by one examiner and passed with flying colors by another. A rigorous but uniform written exam graded by computer would be fairer and produce better physicians.

“Still,” says Ellis, “there’s no doubt that those of us who were exposed to his demanding standards became better physicians because of it. Jack Myers was absolutely the best bedside teacher of medicine who ever lived.”

His wife, says Stead, was “a better scientist than Jack, which is no reflection on Jack. She was a better scientist than almost anyone.” Together, the two, as Thomas Starzl noted recently, were for many years an indelible part of the fabric of Pittsburgh life.