Ask Tom Starzl: There’s no separating the Hank Bahnson who climbed mountains and took big risks from the Hank Bahnson who gave Pitt’s Department of Surgery the standing it enjoys today. ABOVE: Bahnson (left) and Starzl on a skateboarding break in the ‘80s.
HEN he was a resident at Johns Hopkins in 1947, Henry T. Bahnson had two parathyroid glands from miscarried fetuses implanted into his own abdomen. The operating room supervisor billed him $64, about three month’s salary, for the use of the room. She also gave him hell for doing something that she thought was frivolous.

“She was 99 percent right,” Bahnson says. “We thought that if you could implant such tissue, that it might grow and provide parathyroid hormone. It wasn’t totally wild. It was pretty wild, but not totally.”

Bahnson’s career is littered with stories of things others couldn’t or wouldn’t do, executed without fanfare. Despite being undersized, he was an all-state offensive lineman at Davidson College, North Carolina. He once rode his horse 75 miles from Davidson back to his home in Winston-Salem. He was at the top of his class at Harvard Medical School. At Presbyterian Hospital in 1968, he performed the first heart transplant in Pennsylvania.

Anyone who thought Bahnson, after running the University of Pittsburgh Department of Surgery for a quarter century, could flip a switch called “retirement” and let his internal combustion engine idle needed only to recall what the man did for relaxation. He climbed mountains like the Matterhorn and Grand Teton. Mountains that send climbers scrambling back down with frostbite, fractures, and cerebral edema. Himalayan peaks that intrude upon what is otherwise satisfactory cruising altitude for jumbo jets.
Retirement came anyway; in 1987, Bahnson stepped down as chair. When he became a student of the harmonica, it was easy to adopt the notion that his fierce intellect and drive to excel were easing into retirement. That was before he cowrote a peer-reviewed paper on the acoustics and physiology of harmonica playing. That was before he patented the Bahnson Overblow Harp—a harmonica that allows anyone to hit notes only highly skilled players can produce on a normal harp. In short, that was before it became abundantly clear that Henry T. Bahnson pursues hobbies with roughly the same intensity with which a lion pursues a zebra.

The house on Dorseville Road is modest and unassuming. From the front, one would never guess that inside the man Thomas Starzl calls “the best technical surgeon I ever saw in all the world,” looks out the back window at 11 acres of forest and fields and a barn stabling horses. There are no towering columns to flank the front door and make visitors feel small. Instead, two Colorado Blue Spruces stand sentinel at the far end of the driveway, and a few silver maples and locust trees gather round the split-level ranch Bahnson built nearly 40 years ago, where he spends most days. He has been retired as chair almost 15 years now. On November 15, he will be 82 years old.

When asked, Bahnson will talk about his long career with a slightly bemused smile, as if he’s not entirely convinced the subject is worthy of protracted discussion, but he’s willing to indulge. Despite living in Pittsburgh for almost 40 years, the piedmont of North Carolina is still present in his voice.

“I suppose I came along at the right time,” he says with typical paucity of pride. “In the ’50s especially, it seemed there was something new in cardiac surgery every few weeks, and I had the opportunity to develop some innovations myself.”

A shock of white hair rises from his forehead, though perhaps not as thickly as in years past. A bit hesitant now, he gestures like a conductor with hands that seem made for someone of greater stature. Carpenter’s hands, still broad and strong in the fingers and knuckles though they have not reined in a horse, grasped a ski pole, or held a scalpel for some time.

Bahnson arrived at Johns Hopkins in 1944, the onset of a milestone period in surgery. On November 29, Alfred Blalock operated on a frail little girl, blue with cyanosis. He joined her subclavian and pulmonary arteries in order to bypass an obstruction in the heart and increase blood flow to her lungs. Bahnson helped care for her over the next several days as she gradually lost her blue color, nearly died on more than one occasion, and finally began a complete recovery. It was the world’s first constructive heart surgery, and the first of thousands of “blue baby” operations.

The Hopkins resident chosen to assist on what one observer called “Al Blalock’s triumphal tour of Europe” was Bahnson. To universal acclaim they repeatedly demonstrated the success of the blue baby operation. In Paris, they were shown a young adult with another condition with which they were familiar; a persistent opening, or ductus, between the aorta and the pulmonary artery—what one observer called “Al Blalock’s triumphal tour of Europe” was Bahnson. To universal acclaim they repeatedly demonstrated the success of the blue baby operation. In Paris, they were shown a young adult with another condition with which they were familiar; a persistent opening, or ductus, between the aorta and the pulmonary artery.

“He left Johns Hopkins in 1963 to become head of the Department of Surgery at Pitt. His goal was to take a program with little national standing and turn it into one that instilled pride and loyalty in everyone associated with it. He inherited a department spread out among several hospitals and dominated by part-timers largely committed to private practice. There were four full-time faculty members. That began to change as older part-timers retired and Bahnson recruited for a program increasingly centered at Presbyterian, Children’s, and Magee-Womens Hospitals.

“He captured the imagination of a number of good surgeons in the community, like J. R. Watson, his son Charles, Ralph Wilde, David Clare, Bob Atwell, and many others,” says Ralph Siewers, one of the surgical residents recruited in Bahnson’s early years.

Bartley Griffith, chief of cardiac surgery and director of the thoracic transplant program at the University of Maryland, trained under Bahnson in the ’70s; he remembers an unspoken competition with a new faculty member, Ted Drapanas: “Dr. Bahnson would come in at six o’clock in the morning to do his work, and Dr. Drapanas was there one morning before Dr. Bahnson. Then the next morning, Dr. Bahnson was there five minutes earlier. Then Dr. Drapanas was there five minutes earlier. So they kept chasing each other right back into midnight. No one said a word, but each was quietly saying, ‘I can get here sooner than you can.’”

“He was very intimidating but at the same time exhilarating,” says Griffith.

“There were residents who became very nervous and developed a major tremor when they were operating with him,” says Siewers who adds that Bahnson was always a kind teacher, never denigrating. “If he thought you were having trouble, he would know that and show you how to do it correctly.”


“His patients loved him. I wouldn’t say he was a noisy, chatty guy. He was more aloof. Of course, he was that way with everybody. He was such a presence that patients just liked him when he came by. And he always came by. He never didn’t see his patients. I’d see him sneaking back to see a patient at midnight after a long day of meetings.”

If Bahnson saw a patient with dirty sheets or a messy room while on rounds, he was likely to change the linens or wipe down the nightstand himself. “He often said to us,” recalls Siewers, “‘If the person who’s supposed to empty the bedpan doesn’t do it, it’s your patient, and you have the ultimate responsibility.’"
The patient had no heart. Between Johns Hopkins and the University of Pittsburgh, Bahnson had performed more open-heart procedures than he could remember, but this was something new. It was 1968, and the sight of a living patient on the table with an empty space where his heart had been marked the entrance into new territory for Bahnson and for the University of Pittsburgh.

Minutes earlier, Bahnson had removed the diseased heart. It was inflamed, enlarged, and scarred. An inefficient pump beyond repair. When Bahnson sewed in the donor heart, it was the first heart transplantation in a medical center that would become the organ transplantation capital of the world.

“I came here for one reason only,” says Starzl, “and that was because H ank was here. I didn’t know anything about this school other than the fact that if H ank Bahnson were here, and if I were in his department, then that would be the place to be.”

It’s easy to forget that in 1980, neither organ transplantation nor Starzl was the fair-haired child of biomedicine. In the volatile court of public opinion there was an enormous backlash against transplant programs, especially the difficult and risky liver transplants performed by Starzl. Cyclosporine was a promising but still experimental drug; the FDA had approved trials in only three locations. With Bahnson’s recruitment of Starzl, Pittsburgh became one of the three.

Starzl credits Bahnson with advocating for a national organ procurement program when it was just an unpopular piece of legislation. The American College of Surgeons and the American Medical Association favored a system with no government involvement in organ distribution.

“H ank found himself in a position that was not in line with that of these powerful embedded interests,” Starzl says. “He did it anyway. As integrity often does, it came up roses. He supported the kind of reform that resulted in the national organ distribution system that’s in place today. It was a heroic series of events.

“It’s hard to conceive of the school’s current status without H ank,” Starzl says.

Still, he could never fathom one side of the man. He was stunned when Bahnson returned from a mountaineering trip to Pakistan in which an avalanche killed two members of the team. Bahnson looked malnourished and frail. Another time he came back from McKinley with Bahnson looked malnourished and frail.

“He said that Hank Bahnson was the strongest man he’d ever met.”

Starzl knew exactly what the guide meant. There was physical strength and mental strength, and H ank Bahnson had both. Starzl also knew there was no separating the man who climbed mountains from the man who made Pitt’s Department of Surgery what it is today.

I tried, almost religiously, to keep Sundays free,” H ank Bahnson says of his efforts not to shortchange his family for the sake of his work. But M onday through Saturday were often 12-hour days, if not longer. He took long vacations out West to introduce his five children to the life he loved in the mountains. Behind the house, one can still see the remains of a ski tow he built for the family.

Louise Bahnson was one person who could not join her husband in his outdoor pursuits, but she never tried to dissuade him. She met her future husband in 1944 when Bahnson and a Harvard classmate noticed two pretty sisters playing tennis and asked if they wanted to play doubles. Both couples were married later that year. In 1953 Louise Bahnson was stricken with polio. Bahnson recalls there was a respirator outside her hospital room for a month, ready at a moment’s notice. She recovered, well enough to play tennis with the same solid stroke as before, but she lost some of her mobility.

When Louise Bahnson began to suffer from Alzheimer’s disease several years back, there were some who advised her husband to find an Alzheimer’s unit for her. But he felt it was his job to take care of her, and it was something he very much wanted to do. The family came together to make it possible, with one daughter moving back from out of state into the family home. It would be untrue to say the ensuing years were easy, but Louise Bahnson never did move from that house until she died last year.

Bahnson not only took up the harmonica, he patented one. He’s shown here at Yosemite National Park.