In the 1960s, ultrasound was a newfangled idea that many thought would never be useful in medicine. George Leopold (MD ’62, Radiology Resident ’68) was a resident when the chief of radiology made him lug the heavy machine around the hospital and see what he could make of it. Leopold was hooked. He went home and read all the available literature, which at that time was so scant that it could be covered in an evening. Leopold became a promoter of ultrasound technology, convincing hesitant radiologists that it was a valuable tool. He established the first ultrasound lab on the West Coast, at the University of California, San Diego. He focused his research on using ultrasound to detect everything from breast cancer to diseases of the biliary tract and published more than 100 articles.

“Every day was something new. We were constantly learning,” says Leopold, who retired as UCSD’s chair of radiology in 2001. “Every day was a different piece of anatomy or a different pathology that had never been seen in any way before. It was a very small nucleus of people who were interested in ultrasound, and the camaraderie, the zeal that people had in pursuing this, was really fantastic.”

After Emerson Farley (MD ’64) retired from his internal medicine practice in 2002, he began to volunteer at Kijabe Hospital, which is one hour north of Nairobi, Kenya. He spent one month each year at Kijabe for three years. Farley says five to seven patients a week would die on his watch, most of them from HIV/AIDS complications. He tells the story of one young man who woke up without the use of his legs. With very little diagnostic equipment, all they could determine was that his paralysis was caused by a form of transverse myelitis. Farley treated the boy with the highest dose of steroids he’d ever used.

“In five days he walked out of the hospital,” says Farley. “If there was any patient who epitomized why I went over there, it was this kid. All you did was the best you could to help people.”

Recently, Farley worked with Hope for Humanity to build a high school in southern Sudan, which should open its doors in April 2008.

Thirty years ago, George Fatula says he was known as the “no charge doctor” because he never turned a child away. For Fatula (MD ’71), the chief of pediatrics at DuBois Medical Group in Central Pennsylvania, this policy still holds. Years ago, Fatula took care of a dangerously underweight premature baby who survived and recently sent Fatula an invitation to her wedding. Former patients have become pediatricians and traveled distances just to do their pediatric rotations under him. In 2006, he was named Pediatrician of the Year by the Pennsylvania Chapter of the American Academy of Pediatrics.

Vonda Wright Respects Her Elders

At the 2001 Senior Olympic Games in Baton Rouge, La., Vonda Wright (Res ’05) was inspired by the sight of athletes older than 40, 50, 60, and even 70 years of age running those magic 4-minute miles—the ones high school track stars often lay claim to. That experience, as part of a group of researchers from Pitt’s Department of Orthopaedic Surgery, helped to turn her interest in sports medicine toward what she says is a neglected population.

“We have virtually ignored the most active athletes over 40,” says the 41-year-old assistant professor of orthopaedic surgery in the University of Pittsburgh School of Medicine. But they enjoy a quality of life that often eludes their more sedentary counterparts, she says, and could teach us a lot about remaining active and aging well.

Wright is director of a program called Performance and Research Initiative for Masters Athletes (PRIMA), which is designed for aging marathon runners, long-distance cyclists, and triathletes. She teaches injury prevention, sets up training programs, and treats sports-related injuries.

In 2005, she coordinated research for the Summer National Senior Games in Pittsburgh. She has found that even the most fit cannot overcome the effects of...
In 1997, as pediatric neurosurgeon Mark Dias (Neurological Surgery Resident ’89) sat feeding his sobbing newborn son in the middle of the night, he was surprised to find that he was able to feel some empathy for people who lose control and shake their babies.

“I started to understand the frustration of being up at night with a baby who is crying and won’t go to sleep, and you have to get up early in the morning to go to work. You’re tired, and you want to go back to bed,” he says. “I didn’t lose it, but I understood how they could.”

Dias, professor and vice chair of clinical neurosurgery at Pennsylvania State University, now heads a Shaken Baby Syndrome prevention program that covers parts of New York and Pennsylvania. The program runs a campaign to inform new parents and the community of the prevalence and the dangers of shaken baby syndrome. Since the program’s inception in 1998, the number of incidents detected or reported has decreased by more than 50 percent. Dias says similar programs are being introduced worldwide based on the model.

In 2000, Psychiatrist Michelle Barwell (MD ’97, Psychiatry Resident ’00) once had a patient who threatened suicide because he would never have the things he wanted in life. “It’s easy to put in your own judgments or needs when you hear people say things like that,” says Barwell. “But I asked him, ‘What is it that you want in life?’ And what he wanted was his own apartment and a bus pass every month. It was a graphic reminder that you shouldn’t ever assume what someone means.”

Barwell is a community psychiatrist at UPMC. She works with Health Care for the Homeless and is on the board of CONTACT Pittsburgh, a 24-hour crisis hotline. Pittsburgh Magazine named her one of the city’s top young community leaders for 2007. She says that she has always rooted for the underdog. “[My patients] struggle. They struggle to find people who care.”

On her computer, epidemiologist Ume Abbas (Biomedical Informatics/Infectious Diseases Fellow ’03) can unleash a virus and watch it spread. Then she introduces a vaccine or a prevention tool; she can study disease transmission based on a vaccine’s efficacy as well as its psychological effect on people.

Abbas, an assistant professor in the Division of Infectious Diseases at the University of Pittsburgh, uses computer models to simulate the spread of HIV. Currently she is studying the effects of antiretroviral drugs, which, though they are not a vaccine or a cure, can prevent transmission in some instances.

Abbas notes her models can describe, prescribe, or predict. “I think infectious disease modeling is a powerful research tool which needs to be developed more,” she says.

Omar Bhutta (MD ’05) was named chief pediatric resident of the University of Washington’s Children’s Hospital and Regional Medical Center in Seattle.

It was his three-month rotation at Children’s Hospital of Pittsburgh of UPMC as a third-year med student that put him on the pediatrics path. “I remembered the day I had to go back to the land of adult medicine and feeling so sad,” he says.

After his year as chief resident, Bhutta plans to pursue a pediatric critical care fellowship, then to continue working in an academic setting where he can teach fellows, residents, and med students.

—Sarah Evans, Joe Miksch, & Chuck Storesinic

**’80s** In 1997, as pediatric neurosurgeon Mark Dias (Neurological Surgery Resident ’89) sat feeding his sobbing newborn son in the middle of the night, he was surprised to find that he was able to feel some empathy for people who lose control and shake their babies.

**’00s** Psychiatrist Michelle Barwell (MD ’97, Psychiatry Resident ’00) once had a patient who threatened suicide because he would never have the things he wanted in life. “It’s easy to put in your own judgments or needs when you hear people say things like that,” says Barwell. “But I asked him, ‘What is it that you want in life?’ And what he wanted was his own apartment and a bus pass every month. It was a graphic reminder that you shouldn’t ever assume what someone means.”

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Henry Higman, the former University of Pittsburgh chair of neurology, reportedly used to interview patients in front of his class, arrive at a diagnosis using deductive logic, then attempt to confirm his diagnosis after the patient’s surgery.

“He was probably the best neurologist I have ever known,” says Jacob Sage (MD ’72), professor of neurology at Robert Wood Johnson University Hospital and director of its Movement Disorders and Parkinson’s Disease Center. Sage was a medical student during what he calls “the first years of really good Parkinson’s treatment.”

“Henry Higman made it feel like an exciting field to be in,” he says.

Sage researches motor function fluctuations in Parkinson’s disease. After about five years on the medication levodopa, 50 percent of patients begin to have fluctuating responses and abnormal involuntary movements. He and his team are researching the cause behind these fluctuations.

Like many in his class, Allen Goorin (MD ’72) is in a reflective mood these days. He’s playing around with writing a memoir, mainly about what he’s learned from 35 years with cancer patients. But there’s probably room in there for a bit about his father, too—a Russian immigrant, who, when dying of cancer, told 16-year-old Goorin that he wanted him to be a doctor. Goorin only recently stopped seeing pediatric cancer patients at Dana-Farber Cancer Institute in Boston.

An associate clinical professor of pediatrics at Harvard University, Goorin has built a career caring for children with osteosarcomas—solid tumors of the bone. Clinical trials to treat a rare cancer require the cooperation of multiple institutions to get anything published, so he estimates his name is on two-thirds of the osteosarcoma papers published in the past few decades. More importantly, the patient survival rate has gone from 40 percent to 70 percent during that time.

Goorin recalls one osteosarcoma patient whom he proposed treating with an experimental therapy that had been successful in a different cancer. She was out of options, and this therapy helped her get another five years, he says, during which she married. That therapy—high-dose ifosfamide combined with etoposide—is now the subject of an international osteosarcoma clinical trial.

As professor and head of the Department of Neurology at the University of Arizona, Bruce Coull (MD ’72) often reflects on the decades-long trajectory of Pitt’s School of Medicine. He and several classmates contacted for this article invoked the names of revered Pitt professors of the past—Ken Rogers and Jack Myers, for example—whom they hold second to none. And since those days, Coull says, the entire school has catapulted to the upper tier of American medical education. (He recalls reflecting on Pitt’s rise years ago in the office of a classmate who was subsequently moved to display his Pitt degree more prominently alongside his training credentials from a certain ivy-covered institution.) In addition to running a department at Arizona, Coull conducts research on stroke prevention.

He is co-editing a book on clinical trial design in clinical neuroscience.

Thomas Johnson (MD ’72) calls training with Myers, the former chair of Pitt’s Department of Medicine, “one of the brightest spots of my Pitt medical experience. He was able to explain very complicated subjects in a clear manner. If you could remember what Jack Myers said, you were not going to get into trouble.”

Johnson focuses on both family medicine and critical care in Oakland, Md., and says he loves working with patients he has known for so long they are like family. He plays the recorder and performs Renaissance and Baroque music, races sailboats, and cycles on a tandem bike with his wife in such places as Tuscany and Ireland.

Among Ivan Shulman’s (MD ’72) proudest accomplishments is that he has been able to take a break from practicing medicine when music called. An oboist and conductor, Shulman has been the music director of the Los Angeles Doctors Symphony Orchestra since 1990. He earned his master’s degree in music and has just begun teaching in the field at California State University at Long Beach.

Hematologist/oncologist Leslie Laufman (MD ’72, Internal Medicine Resident ’75) is clinical assistant professor of internal medicine at Ohio State University and, in private practice, president of Hematology Oncology Consultants in Columbus. She designs and runs clinical trials for new chemotherapy and drug treatments for colon, lung, ovarian, and breast cancers. She serves as an editor for several oncology journals and is the editor of the National Cancer Institute’s website on cancer screening and prevention. In the late 1990s, she was a member of the National Institutes of Health Consensus Panel on screening mammography, which was charged with evaluating the data to determine screening recommendations for women in their 40s.

Greg McClure (MD ’72) is medical director of South Jersey Physicians Associates, an occupational and environmental medical practice that provides medical and legal expert testimony. Despite having appeared before the Supreme Court of New Jersey, McClure says that “there’s no testimony in court that has ever been as stressful as presenting a case to Jack Myers.”

—Chuck Staresinic and Sarah Evans

**IN MEMORIAM**

**’30s**

**William Lihart Jr.**

MD ’38

Dec. 12, 2007

**Bernard Silverblatt**

MD ’38

Nov. 23, 2007

**’40s**

**Betty Bradley**

MD ’41

Dec. 23, 2007

**Sidney Kaufman**

MD ’41

Aug. 6, 2007

**Frank Schwartz**

MD ’43B

Dec. 7, 2007

**Robert Gates**

MD ’45

Dec. 3, 2007

**John Byers**

MD ’48

Nov. 8, 2007

**’50s**

**Thomas Cuddeback Jr.**

MD ’50

Nov. 28, 2007

**Carlo de Antonio**

RES ’50

May 23, 2007

**Arthur Varga**

MD ’52

Oct. 29, 2007

**William Cunningham**

MD ’57

Nov. 30, 2007

**’60s**

**Charles Hinkes**

MD ’67

Sept. 29, 2007

**’70s**

**David Reed**

MD ’76

Oct. 15, 2007

**’80s**

**Chester Beres**

MD ’82

Oct. 29, 2007
Lori West (Fel ’94) knew the rules: Transplanting a heart from a donor with a different blood type means certain death for the recipient. At the same time, she knew that being on the waiting list for a heart was fraught with peril.

West, a pediatric cardiologist, was in charge of cardiac transplantation at Toronto’s Hospital for Sick Children, where the mortality rate for infants awaiting a new heart was more than 50 percent. For babies, there just weren’t enough compatible hearts to go around.

After seeing many heartbroken families, West began to question transplant dogma, which said that transplants from donors outside of certain blood-type matches led to extreme rejection because of antibodies primed to attack foreign blood types. It had long been known that newborns don’t have these antibodies yet, but it seemed no one had ever challenged this bit of dogma.

“You’d think someone must have looked at this already,” says West. “Nobody had ever reexamined transplantation in an age-appropriate way.”

Her idea was simple: No antibodies should mean no blood-type rejection. If she was right, there might be fewer desperately ill babies dying on the wait list.

The chance to test this theory came when West sat down with an expectant couple. The woman was carrying a fetus with a defective heart. After birth, the boy would have only months to live without a transplant. The chance of finding a compatible heart in time was so slim, West remembers, that talking about it “was like offering them a lifesaver and then grabbing it away.”

On a cold Valentine’s Day in 1996, West watched as surgeons transplanted what, by convention, should have been an incompatible heart. The boy was 25 days old. The tiny heart didn’t turn blue or falter. It started pumping and a palpable relief went through the room—a feeling that increased exponentially as days and weeks went by with no sign of blood-type rejection. The boy is now 12 years old and thriving, though he is expected to require drugs to suppress his immune system for the rest of his life to combat other types of rejection.

After that boy, West oversaw heart transplants for nine more babies—all from donors with other blood types. She compared them to 10 cases of babies transplanted with conventionally matched hearts for a 2001 paper in the New England Journal of Medicine, showing that her procedure was as safe as conventional transplants. She and her coauthors reported that the procedure reduced the mortality rate for infants on the hospital’s waiting list from 58 percent to 7 percent. Currently, there are more than 100 children worldwide who have been transplanted with hearts from donors with different blood types. Most of those children are in Canada and the United Kingdom. West says that there have been no significant blood-type rejection problems to date.

The procedure led to another discovery: Patients who receive organs of a different blood type will lack antibodies of either type. A baby boy with type O blood, but who received a type B heart, has both O and B antigens. In theory, he could accept a donor organ later in life from either type.

“If we can continue to explore how these babies become tolerant—what the molecules are, how they turn on, how they turn off—then we may be able to develop a strategy that would be sensible to try in adults,” says West.

West is now the director of heart transplantation research at the University of Alberta in Edmonton and a professor of pediatrics with appointments in surgery and immunology. She says that she found significant inspiration in Pittsburgh in the work of transplant surgeon and Pitt Distinguished Service Professor Thomas Starzl.

“It takes people like that,” she adds, “to build a culture that not only accepts transplantation, but sees the potential for a better future for many people and is willing to push it forward.”