The teenagers, dressed in jeans and khakis, step toward the lighted viewer, looking at an X-ray of a premature infant. Jon Watchko, professor of pediatrics, tries to dispel their hesitation. “You can come closer. I won’t bite you,” he says.

“They did an X-ray like that on my sister when she was two weeks old,” says Ayonna Johnson, a confident 15-year-old whose hair is pulled into a ponytail.

“My guess is your sister was a little bigger than this,” says Watchko. “You can imagine what this baby is like.”

“That’s the actual size?” asks one girl. The X-ray shows the infant’s torso as no bigger than Watchko’s hand.

Johnson pays close attention. Her career goal is to work in a neonatal unit or as a child psychiatrist. The 10th-grader attends South Vo-Tech High School, where she takes courses in anatomy and physiology. She is certified to perform CPR, and she wants to learn even more. Two nights a week, she comes to the University of Pittsburgh School of Medicine. Wednesday nights she learns about pediatrics; Thursday nights, obstetrics and gynecology. She may come again next year to learn about other specialties. Tonight, at Magee-Womens Hospital, she’ll see a placenta and a premature infant weighing a little more than two pounds. She’ll learn about preeclampsia and fluid-filled cavities in the brain.

Watchko points out the baby’s lungs on the X-ray. “Air on an X-ray looks dark,” he explains. “Tissue is what causes this more light area. There’s a nice amount of air in the lungs here. I can tell that because it’s much darker.”

For “medical explorers” like Johnson, learning to interpret X-rays is par for the course. The University of Pittsburgh School of Medicine’s Medical Explorers program, created in 1974, is affiliated with a national program established by the Boy Scouts. Pitt’s Explorers program seeks to increase the number of local disadvantaged and minority students—including African Americans like Johnson—who attend Pitt’s medical school. “If we can get the kids to say, ‘I can do it. It’s not beyond me,’ then we’ve got a chance,” says Robert Connamacher, director of the free program.

Six former explorers became medical students at Pitt. “Two of them grew up in the projects,” says Connamacher. Many explorers attend medical school elsewhere.

The program seeks to show students what medicine is really like.

“We do not clean up the act,” says Connamacher. “A while back, an ophthalmologist came and talked about the eye. Everything was fine. Then he showed a slide of an eye with a nail in it. All the kids went ‘Ewww!’ He turned off the slide machine. He said, ‘You’re a doctor. A patient is coming in here. He’s in pain. He has had this accident. He doesn’t know if he’ll ever see again.

He’s coming to you for help. Are you going to look at him and say, ‘EWWW!’? That’s why I say this program is unique. I mean these kids in the past actually were stitching up eyes [in vitro].”

Only occasionally does the program fail to deliver the realism for which Connamacher strives. “We very often don’t get the smells,” he says. “The students are not in a position to lance an anaerobic cyst, which is the worst smell in the world.”

The explorers do meet minority medical students at Pitt—who participate in many of the sessions. Once a year, the med students take the teenagers to the anatomy lab, where together they study dissected organs. The explorers also meet specialists like Watchko, who lecture, give tours, or provide shadowing experiences. “We use the resources of the medical school fully,” says Connamacher.

At the X-ray viewer, Watchko shows film of another premature infant. “How old is that baby?” Johnson asks. Tonight, she’ll ask many questions, but her favorite part of Medical Explorers so far was the anatomy lab.

“You get to deal with real organs instead of just looking in a book,” she says of the program. “That’s really cool.”
Paul S. Caplan, MD ’36, leans across the desk in his Oakland office, an eyebrow raised. “If Freud were my patient,” he says, “I’d be overwhelmed, speechless.” His hands are clasped, cufflinks clink and shimmer. Files sit in neat boxes on the floor—work to do. His fedora and trench coat lie carefully placed on a chair. On the wall, afternoon sunlight floods a painting of Jerusalem. Then, with the ardor he has for medicine, for people and their truths, he leans in and asks a question, one he hopes will take him beyond the bellyache, or back pain, to a place a disease is sometimes born—the psyche. “‘Well, truly, Sigmund,’ I would ask, ‘what can you tell me about your father?’”

As a physician with the Pittsburgh Symphony Orchestra for nearly two decades, Caplan traveled the world. However, before he worked with the symphony, he went to China with a group of physicians, to rural areas perhaps never visited by Westerners. And it was not the wall nor the isolation of the place that interested him. Rather, it was meeting with country doctors. “Years ago,” he explains, “preachers traveled from city to city ministering to people. In China, there are doctors who do the same. I spoke with one. Learned about traditional medicine, how they treat patients, took a look at their pharmacies. Fascinating.”

He shakes his head, “Fascinating stuff.”

Caplan was born before the First World War and served in the Second, listened to Jelly Roll Morton give way to Charlie Parker, watched streetcars grow rickety, and saw rockets take men to the moon. And though interested in these worldly evolutions, and though he and his wife of 58 years, Gertrude Caplan, have supported heartfelt causes through the years (including a generous gift to Pitt’s Arthritis Institute), his attention has remained duly focused on his profession and the people he serves. All else, beyond his family, falls, in gentle folds, away. At 88, Caplan, a rheumatologist, is perhaps the oldest Pitt physician still practicing. He still works 12-hour days, still goes on Friday rounds—three. He still reads 15 journals a week, keeps his hand in research, and visits Harvard each year for their advanced rheumatology courses. And with integrity and grace, he still attends to those patients he has been seeing 20, 30, 40 years. And he still makes house calls.

“I don’t think of it as work,” he says, looking for a file. “Work is something you have to do. This,” he says, spreading his arms, “is my avocation.” He leafs through a file. “I love what I do. I get to spend time with people.” He writes down a number, then looks up. “This woman, my patient,” he taps the folder, “I’ve been seeing her for 30 years. She’s in an assisted living facility.” He looks out the window. “I think I’ll visit her.”

It’s the whole patient, not the symptoms, not even the disease, which interests Caplan. He concentrates on the person, whose fear or frustration can turn acid into ulcers, or anger into chronic pain. And it is this holistic approach Caplan tries to teach third- and fourth-year Pitt med students who visit his practice as part of the curriculum. “They are in the trenches the first years, busy diagnosing the cause, the disease. But what they don’t always see,” he says, “is that disease is attached to a person, a person who sometimes needs to be attended to as much as the disease itself.”

It is quiet. Night has inched its way across Jerusalem. The work is not finished—he will take notes, scanning current journals for patients who need answers. Then, he will go to the home filled with art he and Gertrude have spent a lifetime collecting. He will walk past the cabinets full of cars his grandchildren once played with and go to his bookshelves lined with Freud. He will see what his wife has planned—a play, dinner with friends. Perhaps they will plan their next trip, a jazz cruise in October, a grandson’s graduation in May. Perhaps he will get on the phone, see how Charlie is doing, how Meg made it through the day. Or maybe, he’ll prepare quietly for tomorrow, for its patients, its surprises, and the questions left unanswered today.