CLASS NOTES

’20s  Paul Greenlee, MD ’24, who is probably the School of Medicine’s oldest alumnus, retired in 1982, after nearly 60 years as a general surgeon. He paid only $500 a year for tuition to medical school. The physician made house calls in Waynesburg, Pennsylvania, with his eldest daughter as late as 1948; and in exchange for his services, he accepted items like chicken, cattle, or hams. Greenlee, who turned 100 in March and still lives in Waynesburg, likes to spend his time watching the Steelers and the Pirates and reading books about cattle.

’40s  Harvey Lincoff, MD ’48, professor emeritus of ophthalmology at the Weill Medical College of Cornell, has been named Newhouse Clinical Scholar and was awarded $1 million from the Samuel L. Newhouse Foundation, Inc. to support his clinical research. A current project focuses on testing antiangiogenic substances and photodynamic therapy to diminish the visual loss that occurs from age-related macular degeneration.

’60s  David D. Madorsky, MD ’62, recently completed a term as president of the Texas Dermatological Society. He is still active in the organization, lobbying Congress for patient advocacy legislation and the NIH for funding for research on skin cancer and other association priorities. In his spare time, he dons a red nose, big shoes, and a funky wig as a clown for the Shriners.  

Mark Orringer, MD ’67, professor of surgery and head of the section of thoracic surgery at the University of Michigan, recently finished a term as president of the Society of Thoracic Surgeons. During his tenure, he helped hire a new executive director and find the organization new headquarters in Chicago. In July, Orringer represented the group in discussions with President George W. Bush regarding a patient’s bill of rights. Bush also sought Orringer’s advice about stem cell research. Orringer was the 1998 winner of the Hench Distinguished Alumnus Award.

Martin Plutzer, MD ’68 (Internal Medicine Intern ’69), is an associate professor of psychiatry at MCP Hahnemann University and has a private practice in Philadelphia. He enjoys teaching medical students the fundamentals of psychiatry to help them better communicate with and understand patients. His work has paid off. Over his career Plutzer has won about 10 teaching awards.

Fred F. Ciarochi, MD ’69, Michael Savin, MD ’69, Charles “Terry” White, MD ’69, all practicing in the Dallas area, are among that city’s best doctors, according to D Magazine. Ciarochi, an endocrinologist, and Savin and White, both hematologists and oncologists, were pals in med school. Savin recalls the three dedicated a lot of time to Medic Hair, their class’ production of Scope and Scalpel. Savin and White spent a significant amount of time helping to craft the script about “Spaz,” a med student who always tried to best his classmates. Ciarochi played several roles, including a chimp, in the musical, which Savin claims was one of the first Scope and Scalpel productions to have a story line.

’70s  Michael Johnston, MD ’71, chief medical officer and director of the division of neurology and development medicine at Johns Hopkins University’s Kennedy Krieger Institute, recently published an article showing that use of the drug diazoxide, traditionally used to treat high blood-pressure, prevents brain damage in patients who undergo cardiac surgery (Annals of Thoracic Surgery, December 2001). Patients whose hearts are stopped for a long period of time often suffer brain damage, but animal models show that diazoxide may protect against this, notes Johnston.

John Blenko, MD ’79 (Anesthesiology Internship ’80, Anesthesiology Resident ’80–’82, Pediatric Anesthesiology


HUGH PRATT | FROM FINANCE TO SURGERY

BY MEGHAN HOLOHAN

Almost a decade ago, Hugh Pratt (MD ’00) sat in his home in Winnipeg, Canada, sadly contemplating his comfortable life. Even though he had a secure job as a finance professor at the University of Manitoba, he was miserable.

He’d always dreamed of learning to fly, so he began taking lessons. After a year, Pratt decided he wanted to leave finance and become a full-time pilot. But he realized his partial color blindness would prevent him from obtaining a job as a commercial pilot. Rethinking his position in life, Pratt recalled his first love, the love he once abandoned because a family crisis diverted his attention from school, forcing him to change his career goals. And at age 31, he began a new career—as a medical student.

Now a second-year surgery resident at Tulane University Hospital, Pratt admits the only time he even thinks of finance is when he figures out how much money he owes in student loans.

“Surgery is more interesting to me because I enjoy working in three dimensions,” he says. “I think human anatomy is beautiful. I think it’s a huge privilege that I can have a job where I work with [the human body]. That’s something I think about a lot.”
and Critical Care Medicine Fellow '83), is an assistant professor of anesthesiology at the University of Maryland Medical Center in Baltimore. Blenko recently cowrote a chapter on the management of pain following acute trauma. The chapter is featured in Textbook of Acute Pain Management, which Pitt's Paul Paris, MD '76, professor of emergency medicine, is coediting. Blenko wrote the original chapter in 1987 when he was affiliated with the Center for Emergency Medicine of Western Pennsylvania.

'70s Residents and Fellows

Paul Nelson (Neurosurgery Resident '74–'79), former vice chair of neurological surgery at Pitt ('84–'85), has served as chair of neurosurgery at Indiana University in Indianapolis for the past 10 years. In the last five years, Nelson has helped the medical school rank third in placing students in the field of neurosurgery. He also is conducting research on the use of stem cells in spinal-cord injury. Nelson was the 2000 winner of the William S. McEllroy Award.

'80s

Ronald N. Roth, MD '82, recently was appointed medical director of the Pittsburgh Emergency Medical Services (EMS). Roth, a member of Pitt's faculty since 1987, is an associate professor and chief of the School of Medicine's EMS division. While his responsibilities include tasks like evaluating ambulance equipment, he also serves as a command physician, advising paramedics in the field via radio. He enjoys the challenge of treating patients using paramedics as his "eyes, ears, and hands."

John France, MD '86, an associate professor of orthopedics and neurosurgery at West Virginia University in Morgantown, has published an article in the December issue of Spine. France's research reveals that a low electrical charge administered onto the spine will encourage host cells to make more bone, thus allowing faster and stronger healing when two vertebrae need to grow together.

Robert F. Heary, MD '86, is an associate professor of neurological surgery at the University of Medicine and Dentistry of New Jersey–New Jersey Medical School in Newark. For the past several years, Heary, also director of the Spine Center of New Jersey, traveled to Chile and Lithuania to lecture at neurosurgery conferences about advanced spinal surgery techniques. He says his work overseas helps him realize how lucky he is to use high-tech equipment back home: "The doctors are very smart and hard working, but they don't have the technology we have."

'80s Residents and Fellows

Laura E. Riley, MD '85 (Obstetrics and Gynecology Intern and Resident '85–'89), is an assistant professor of obstetrics, gynecology, and reproductive biology at Harvard Medical School. She specializes in high-risk pregnancies and treating women with HIV. Recently, Riley served as the American College of Obstetricians and Gynecologists' representative to the Centers for Disease Control and Prevention, helping to create national guidelines for pregnancy and HIV testing.

'90s

David Kaufman, MD '90, director of neonatal respiratory therapy at the University of Virginia Health System in Charlottesville, recently published an article in the New England Journal of Medicine (December 6, 2001), noting that the drug fluconazole prophylaxis effectively prevented preterm infants from contracting fungal infections. (The fungus tends to cling to intravenous lines, creating a critical problem. Though the infants generally need the IVs for life support, the lines must be removed. If the fungus gets into the blood, it will stick to organs, causing septic shock.) The fungus, which affects 10 to 15 percent of infants under two pounds, is fatal in 30 to 40 percent of cases. In this limited, double-blind trial none of the 50 infants taking the drug contracted an infection or suffered side effects. Kaufman plans to replicate the study with a larger sample.

Adam J. Gordon, MD '95, recently was awarded the American Medical Association's Young Physicians Section Community Service Award for his work as medical director of the Salvation Army's two drug and alcohol abuse centers in Pittsburgh. Gordon coordinates all the volunteer doctors and students, and is available 24 hours a day for medical emergencies in addition to working as an assistant professor of internal medicine at Pitt. — MH

THE WAY WE ARE: CLASS OF '57

BY MEGHAN HOLOHAN

It was hot. The sticky heat of July. Murray Sachs (MD '57), a first-year resident, thought he'd be more comfortable if he wore his scrubs to the Veterans Administration hospital in Oakland. He joined Jack Myers, chair of medicine, for rounds. M. years barely said anything; Sachs would later learn M. years was not pleased with the resident's attire. That evening, Sachs got a scolding call from his chief resident: Don't ever wear scrubs on rounds again. You're a resident now, and you wear white slacks, a starched white shirt, and a tie. M. years, it seems, had called Sachs' superior about his break from protocol.

Despite the admonishment, M. years influenced Sachs' career. Sachs, who today has a private practice in Pittsburgh, wanted to be a pulmonologist because of a childhood bout with tuberculosis. Working with M. years, a thorough practitioner, helped solidify Sachs' decision.

Sachs' colleague from the class of '57, Robert Hartsock, now retired, also credits a School of Medicine professor with guiding him toward a successful career. He recalls the teachings of Edwin Fisher (MD '47),
WHEN Howard R. Sloan’s oldest son, Michael, was 10, he approached his father about playing football. Sloan, who’d become a pediatrician after earning his MD in 1962 from the University of Pittsburgh, knew all about the permanent damage the game could cause to growing bodies. “Why don’t you try soccer?” he suggested, and his son did.

Later, Sloan helped start a league for his younger twin sons and coached their team. He was so popular that he was asked to coach a team of older children as well—always making time for those who wanted to learn. Meanwhile, he was leading the genetics and lipid biochemistry section of the National Heart, Lung, and Blood Institute.

As a researcher, Sloan helped to increase the understanding of carbohydrate metabolism. His mid-1960s work in the lab of Donald Frederickson, who would head the National Institutes of Health in the late 1970s, helped to introduce a system for identifying blood abnormalities. Later, at Ohio State University, Sloan was part of a team that developed a carbohydrate additive found today in many baby formulas.

Still, his curiosity about the world impressed others most. Sloan was, all at once, a scientist, clinician, educator, and mentor known to take “troubled” residents under his wing. “You couldn’t walk into his office and not learn something,” remembers Steven Schwarz, chair of pediatrics at Long Island College Hospital. Whether the topic was jazz or genetics, Sloan was expected to have the answer.

Sloan’s career took him eventually to Long Island College Hospital, where he taught and made hospital rounds until last Thanksgiving, a month before he died of lymphoma at 64. —DRE

## In Memoriam

**30s**
- Frederick A. Miller (MD ’33)  
  January 8, 2002
- Herman L. Schmitt (MD ’35)  
  January 26, 2002

**40s**
- Ruben Snyderman (MD ’40)  
  December 2, 2001
- Albert W. Corcoran (MD ’44)  
  January 29, 2002
- Daniel E. Natali (MD ’46)  
  January 22, 2002
- George M. Dulabon Jr. (MD ’47)  
  January 29, 2002
- David B. Johns (MD ’48)  
  March 28, 2001

**50s**
- Paul W. Lambert (MD ’50)  
  November 18, 2001
- Earle R. Davis (MD ’53)  
  December 15, 2001
- Donald C. Parker (MD ’57)  
  December 1, 2000

**60s**
- Harold E. Musser Jr. (MD ’62)  
  December 3, 2001
- Howard R. Sloan (MD ’62)  
  December 24, 2001
The outbreak of infections in Minnesota made headlines everywhere, and Harry E. Rubash was well aware of them. Last November, orthopaedic surgeons nationwide were talking about the three Minnesota patients who died within a week of having knee surgery. Such surgeries, along with hip replacements, are Rubash’s specialty. Even before he became chief of orthopaedic surgery at Massachusetts General Hospital and the Edith M. Ashley Professor of Orthopaedic Surgery at Harvard, Rubash (MD ’79, Res ’84) had conducted landmark research at Pitt on major joint replacement surgery and the complications arising from them.

One weekend that month, Rubash received a telephone call about a patient. Recovering in a rehabilitation facility on Cape Cod, about 75 miles south of Boston, the woman seemed to be suffering from an infection. Rubash was concerned it could be from contaminated artificial graft tissue, the problem in at least one of the deaths in Minnesota. Rather than having the patient brought to Boston, or calling a doctor closer to the Cape, Rubash jumped in his car, drove to the patient, and examined her knee. Only after he was certain that she was out of danger did Rubash return home.

That devotion seems inborn. David L. Steed, who was the administrative chief resident in surgery at the University of Pittsburgh School of Medicine in 1979 remembers Rubash as an intern. “I’m sure he went home that month, I just don’t remember when he wasn’t here,” recalls Steed, now a professor in Pitt’s vascular surgery division.

Rubash studied articles about orthopaedics before he chose the field as his specialty, because he wanted to know as much about medicine as possible. When he had residents of his own, he encouraged them to do the same.

This surgeon is often more than a head above everyone, at almost 6-foot, 8-inches tall. During surgery, some of his fellow practitioners stand on stools. Indeed, at that stature, personally and professionally, Rubash might seem intimidating. But though he applies muscle in the operating room, he’s a gentle giant outside.

Rubash was reared in Turtle Creek, a humble town east of Pittsburgh. His family has lived in the area for four generations, and Rubash is the first doctor in a long line of engineers and mechanics.

“At first, I wanted to be an engineer, because I like to build things,” says Rubash, sitting in his office along the Charles River in Boston. “I put myself through college working as a mechanic. I started out building things that are inanimate and then said, ‘Why not build things and make things that are alive?’”

It didn’t take long for Rubash, now 48, to make orthopaedic surgery his specialty. And though he has worked on his share of celebrities and professional athletes, his attraction to the field is bone— “the only tissue that, when it heals, forms healthy, native tissue. That’s not true of any other tissue we know of.

When you injure heart tissue, or have a heart attack, you form scar tissue. When you break a bone, you form bone.”

Rubash’s devotion to bone led to his research into the causes of total hip and knee replacement failures. His work has revealed a better understanding of the biochemistry of artificial joint loosening and the wear-debris particles that cause inflammation and bone dissolution where living tissue and prosthetics make contact. His current research is on the genetic causes of those wear-debris particles.

James H. Hendon, chair of orthopaedic surgery for Partners HealthCare, the parent organization of Mass General, Brigham and Women’s Hospital, and other hospitals, brought Rubash to Mass General in 1998. Rubash was recruited from Pitt’s Department of Orthopaedic Surgery, where he was clinical vice chair and chief of adult reconstructive surgery. The two men have known each other for 15 years. In fact, one of Hendon’s hips was replaced under Rubash’s steady knife.

“He’s an excellent surgeon,” says Hendon. “Otherwise, I wouldn’t have let him work on me.”

“When you injure heart tissue, or have a heart attack, you form scar tissue. When you break a bone, you form bone.”