One call home from my daughter Raleigh, who at the time was an undergraduate at Wesleyan, sticks with me: “Dad, you would love my lit professor!” She was right. Franklin Reeve, her professor, had in fact taught me years before when I was at Columbia, inspiring me to major in Russian literature and to revel in it to this day. (Reeve’s clarity and elegance were passed down to his celebrity son, Christopher, whose words at a recent Pittsburgh conference moved many a scientist, as you will see in our p. 22 story.)

I would bet that my image of Professor Reeve exhorting me to learn the Russian language so that I could fully appreciate Pushkin is as clear as Raleigh’s. We don’t ever forget exceptional mentors. I’ve been lucky to have so many: my mother, a teacher herself; the headmistress of my high school; Lionel Trilling, another literary giant and my undergraduate advisor at Columbia—and there was Clifford Pilz. Pilz was a crusty, irascible, and occasionally fearsome VA internist who came from a long tradition of physicians employing their clinical senses before they reached—as they might now—for the microarray and the confocal microscope. He would have us read a daily lesson in Bailey’s *Physical Signs in Clinical Surgery* (1927) as if it were the Talmud. Here is Pilz quoting Bailey on aortic aneurisms:

> It is often a perplexing problem to decide whether the pulsation of an abdominal swelling is transmitted from a neighboring artery or whether the swelling itself is pulsating. Great help can be obtained by fixing two match sticks with plasticine onto the skin overlying the swelling. If the pulsation is transmitted, the movement of the matchsticks during each throb of the pulse is vertical, and the matches remain parallel with each other. On the other hand, if the swelling is truly expansile, the excursions of the match heads are deflected to the left and to the right.

It worked—of course! The knowledge that Pilz passed along to me still has a freshness and immediacy, even at my age certaine. He believed that most physical diagnosis could be accomplished with a tongue depressor, flashlight, pencil, magnifying glass, speculum, stethoscope, thermometer, tendon hammer, set of finger cots, tape measure, and, of course, a box of wooden matches. Pilz feared, however, that the modern graduate of medicine would soon approach a routine outpatient visit with a mobile pantechnicon, and be unable to formulate a diagnosis without this aid.

During the graduation rush we pause to salute the men and women who, by their very example, fan the flames of inquiry. Those recognized with teaching awards are usually repeat offenders—much like Professor Reeve. It is notable that Paul Rogers, of critical care medicine, was honored three times over this year; it’s equally revealing that Georgia Duker and Jamie Johnston, whom you’ll get to know in this issue (p. 28), were recognized for their dedication to our students yet again.

The recipe for unforgettable teaching seems to be part genius, part passion, part scholarship, part intimacy, and perhaps, part magic. My compliments to the chefs.