ASTONISHING STARZL

Was Chuck Staresinic living in my body in 1981? His article "Only Starzl Dared To" [May 2006] is written as if he were there with us all in the bloody trenches of liver transplants at Presbyterian University Hospital in 1981. How on earth did Mr. Staresinic get this factual and totally honest story about the first two years of liver transplants at Presby?

I was there, on the front lines, in 1981 as a critical care fellow in Ake Grenvik's fantastic program when Dr. Starzl came to town. Dr. John Sassano's recollections are correct. However, my view was very different from his. I was in the ICU; he was in the OR. I was an internist at the time, not an anesthesiologist, as I am now.

Here's what happened as I saw it.

Dr. Starzl came to town. It was announced that "we" were "doing" liver transplants.

Dr. Starzl performed his first transplant. I have no idea how many units of blood, FFP (fresh frozen plasma), and platelets were used on this patient. I believe this transplant happened during the middle of the night, as most of the first transplants did. The transplant lasted, what, eight to 10 hours? Taxi drivers and radio stations reported, hourly, on the status of this patient.

I do remember that three out of four of the first transplants died. Most of them died after agonizing days and high-tech/high-price therapy in the ICU. These patients required isolation rooms in the ICU and 2-1 nursing (two nurses in the room with one patient).

While dying, these patients depleted the entire city of Pittsburgh of packed red blood cells, platelets, and FFP. Cardiac surgery was cancelled throughout the city, and leukemic patients went wanting for component therapy. The other hospitals went into an uproar.

Here's what happened. Presby became full of jaundiced, comatose, liver-failure patients on the medical wards. These patients were transferred to Presby without question—by ambulance, helicopter, etc. The medical wards were truly overwhelmed with these patients, leading to the "boycott" by the internal medicine residents at the time.

Presby surgeons were called in the middle of the night to retrieve organs. When they went, they usually brought back a liver, a heart, two kidneys, and other body parts. These retrievals would require the OR to perform a liver transplant, two kidney transplants, and a heart transplant. The surgeries were emergent and unscheduled. They totally disrupted the elective surgery schedule and placed dire demands on the OR, anesthesia department, ICU, blood bank, and clotting lab.

I used to meet Dr. Starzl in the middle of the night, often in the hospital stairwells. He was tall, slim, and quiet (almost like a coyote, a fox, a *Steppenwolf*) and used to bum cigarettes from me back then when I smoked.

I now realize that Dr. Starzl learned from his mistakes, and that Dr. Sassano aided the program with his rapid-transfusion device, and that the advent of veno-veno bypass probably saved this operation.

But I tell you, it was hell.

I did not think that Dr. Starzl would withstand his opposition. It was huge and vocal. I had no idea where his support came from. Now I know.

It was a great article.

H.D. Matthias (Fel '81)
Madison, Miss.

Chuck Staresinic responds:
In addition to several hours of interviews with Dr. Starzl and his current and former colleagues, I relied on a sizeable stack of printouts from the scientific literature and a heavily bookmarked copy of Starzl's memoir, The Puzzle People. *Another book,* Many Sleepless Nights, *by Pitt English professor Lee Gutkind, provided background information and a view of the high-pressure atmosphere of Starzl's first decade in Pittsburgh.*

As a Starzl Transplantation Institute liver recipient (March, 29, 2004), I was much impressed with both the content and style of Chuck Staresinic's fine articles, "Only Starzl Dared To" (May 2006) and "Break on Through" (Fall 2006).

In addition to recognizing Dr. Thomas Starzl as a medical genius, gifted teacher, and humanitarian, Staresinic covers well the basics of organ transplant art and science. Of particular interest to those personally involved, he clearly describes the continuing efforts in attempting to understand, adjust, and eventually control the body's rejection process. He has given me another topic to explore during my next STI clinic visit!

Staresinic's thoughts and words are so caring in regards to donors and recipients that one might suspect he is one himself.

Larry Mayer
Oakmont, Pa.

LAUGHTER AND TEARS

Maybe it is because I just finished five overnight shifts in a row and I'm tired. Or maybe it is because I dealt with four deaths in the ED this weekend. Maybe it's because I am returning to Pittsburgh this weekend for a classmate's wedding at which there will be a mini-Pitt med '05 reunion. Or maybe it's just because I had the best experience I could possibly imagine at Pitt med, and missing it makes me a little emotional. Whatever it is, I just read *Pitt Med* cover to cover and both cried and laughed, more than once. I am proud to come from such a respected and incredible institution. And despite the trials of residency, I have never been so resolute in my career choice than I am right now.

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We gladly receive letters (which we may edit for length, style, and clarity).

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