

CLASS NOTES

'40s

As a medical corps officer in the South Pacific during WWII, **Jack Brandt** (MD '43) was initially assigned to a hospital where he treated many soldiers who were obviously suffering—men confined to body casts or with missing limbs. The army sent Brandt to the island of New Caledonia then to Penrhyn Atoll, nine degrees south of the equator. There he was responsible for taking care of 11 men, all of whom remained healthy. It was great for the men, but it prevented Brandt from getting the intense training he thought he would get as an army doctor. When he returned to Pittsburgh, he applied for a residency at Children's Hospital of Pittsburgh, but all the positions were full. The Eye and Ear Institute had an opening, so he took an ophthalmology residency. A fluke became the best decision of his life. After having a private ophthalmology practice for the past 53 years, Brandt, who lived in Lock Haven, Pa., for the duration of his career, recently retired. He is splitting his time between Pennsylvania and Florida golf courses.

'50s

A friend leaving for vacation asked **Bob Eisler** (MD '55) if he would fill in as the psychiatrist at Mercer County Prison while he was gone. His friend's vacation ended after two weeks, but Eisler's tenure has lasted 23 years. Eisler has heard horror stories of how inmates used to get care. A colleague told him about a prison that had a wooden box filled with capsules and pills. When his colleague asked the guard what the box was, the guard replied it was medicine; if a prisoner was ill, the guards dispensed medication—almost at random. Fortunately, conditions like these have changed, yet there are still challenges in giving care. Eisler sits on a statewide committee to determine whether there is adequate communication between county jails and state prisons to ensure proper continuity of care.

'60s

Edith (MD '68) and **Tom Welty** (MD '69) volunteer with the Cameroon Baptist Convention Health Board in West Africa. Like many African nations, Cameroon struggles to control the spread of HIV and AIDS. The Weltys obtained a Call to Action Project grant from the Elizabeth Glaser Pediatric AIDS Foundation to work with the convention to reduce mother-to-child HIV/AIDS transmissions. The couple trains Cameroonians to counsel pregnant women. These counselors explain how expectant mothers can prevent spreading HIV, and the counselors urge the women to get tested for HIV and other sexually transmitted diseases. If the women agree to the tests, the workers use rapid-result methods, which allow the counselors to provide pre- and post-test counseling on site. From Boehringer Ingelheim Pharmaceuticals, the Weltys also secured a donation of nevirapine, an inexpensive HIV medication that prevents women from passing on the virus during childbirth. They developed support groups for HIV-positive women as well as classes teaching these women how to avoid transmitting the virus to their children and partners.

'70s

Daniel Haller (MD '73) submitted an article to the *Journal of Clinical Oncology*, the biggest subspecialty journal in oncology, but never heard back from them—that is, until the paper was already published. To avoid conflicts of interest, Haller, who is editor in chief, was not allowed to know that his article about oxaliplatin (a chemotherapy used to kill colon cancer cells) had been accepted. He had worked with the drug's sponsor to obtain FDA approval for the drug. Haller is coprogram leader of the clinical oncology research program at the University of Pennsylvania Cancer Center and a professor of medicine at the University of Pennsylvania.

As a U.S. Navy officer in the 1980s, **Sarkis Chobanian** (MD '77) treated Supreme Court justices, members of Congress, and a U.S. president. A few years ago, Chobanian served his own term as president—of the American College of Gastroenterology. He is now in private practice in Knoxville, Tenn.

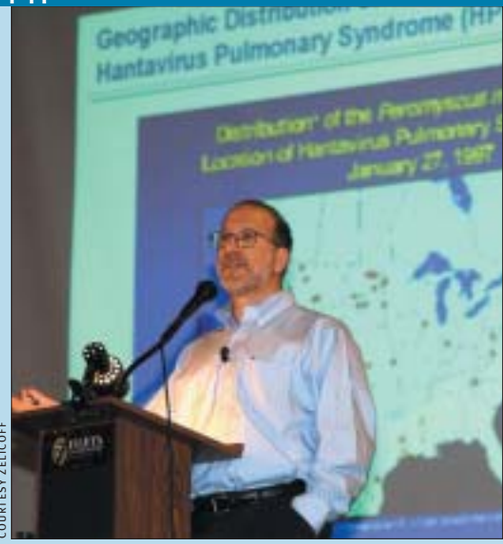
As a resident in radiology at the University of Colorado, **Calvin Neithamer Jr.** (MD '77) asked a patient to follow him from the commons area into the examining room. Every three steps severe pain in his legs caused the patient to stop. One day after undergoing a balloon angioplasty, the patient could walk with ease. From that moment on, Neithamer was hooked on vascular and interventional radiology. Today, in Inova Mount Vernon Hospital in Alexandria, Va., Neithamer is director of interventional radiology and regularly treats

ALAN ZELICOFF | BIO SLEUTH

BY JENNIFER MATSON

In May 2002, Alan Zelicoff (MD '79), an international intelligence analyst at Sandia National Laboratories in Albuquerque, N.M., received a file from Kazakhstan that had been hidden by the Soviet Union 31 years earlier. It documented a 1971 outbreak of smallpox that infected 10 people, killing three. Zelicoff was puzzled, because the Soviet Union had been a leading force in eradicating smallpox, and the last official case in the U.S.S.R. had occurred in 1936.

With a little detective work, Zelicoff succeeded in contacting the woman who'd first contracted the disease and interviewed her with the help



COURTESY ZELICOFF

A smallpox outbreak in the former Soviet Union prompted Zelicoff to sound an alarm 30-some years later.

patients with vein abnormalities and disorders of the uterus. He has led D.C.'s radiological society and is now president of the Chesapeake Interventional Radiology Society.

When **D. Lawrence Wickerham** (MD '76, General Surgery Resident '76–'77, Oncology Research Fellowship '81–'83) was a medical student at Pitt, he worked with Bernard Fisher at the National Surgical Adjuvant Breast and Bowel Project (NSABP) just a few years after Fisher released his famed study noting the effectiveness of lumpectomies versus radical mastectomies. Wickerham later returned to Pittsburgh and is now associate chair of the NSABP. These days he recruits participants for the STAR trial (a study of tamoxifen and raloxifene), which will include 19,000 women at high risk for breast cancer.

'80s

For two years, until he graduated from the program in 2002, **Richard Friedman** (MD '80) took two-hour flights from his home near Houston to attend MBA classes at the University of Chicago. He did this while serving as an associate professor of pediatrics in Baylor College of Medicine and chief of arrhythmia and pacing services at Texas Children's Hospital. Freidman put up with the commute because Chicago's program focused heavily on finance. Now, in addition to practicing medicine, he serves as the vice chair of pediatrics in charge of finance. Looking back to his days at Pitt, he's still thankful that Frances Drew, who was associate dean of student affairs when he applied, gave him an interview at the last minute.

'90s

Raymond Felgar (PhD '90, MD '92) helped develop the clinical flow cytometry and bone marrow laboratory at the University of Rochester. An assistant professor of pathology, Felgar compares his work on lymphoma and leukemia cells to looking at a bag of marbles. Perhaps 50 percent of the marbles (the "tumor cells") are marked with "dots" (certain proteins displayed on the cell surfaces). When identifying a cancer and setting a course for treatment, pathologists currently concentrate on the percentage of tumor cells that contain certain proteins—i.e., how many marbles have dots. Instead, Felgar wants to know how many dots are on each marble. He believes the amount of protein may reveal more about the cancer itself.

C. Y. Joseph Chang (Otology and Neurotology Fellow '94 –'95) listens—we mean really listens—to patients at the University of Texas Health Science Center at Houston and at the MD Anderson Cancer Center. Chang aims sound waves into the ear canals of chemotherapy patients at risk for hearing loss. In a healthy ear, return signals, or otoacoustic emissions, are produced, which Chang can detect through a microphone and amplifier. When hair cells are damaged—the cells are essential to hearing—no sound is produced. Chang hypothesizes that otoacoustic emissions tests can detect hearing loss in chemotherapy patients earlier than conventional hearing tests, and that they may lead to early treatment and prevention.

'00s

Deborah (Goldberg) Gilboa (MD '00) spent several years literally behind the scenes, culminating in her tenure as stage manager for Chicago's famed The Second City (the comedy troupe that nurtured comedians like Joan Rivers, Gilda Radner, and Bill Murray). She returned to Pittsburgh to attend medical school, thinking that she would prefer medicine to entertainment. In 2002, Gilboa won the American Academy of Family Physicians' Bristol-Myers Squibb Excellence in Graduate Medical Education Award—given to 20 family practice residents nationwide. Gilboa is now in a private practice in Kittanning, Pa.



1970 Hippocratean

A man in his 30s, complaining of a terrible stomachache, walked into the jungle hospital in Ecuador where **Larry Mathers** (MD '00) was working as a resident. Mathers ran a few tests, noting the man had a fever but otherwise was probably suffering from a cold or a flu. Hours later the man returned, begging to be admitted. Serial chest x rays revealed a fluid buildup between the membrane encasing the lung and the thoracic cavity. After an analysis of the fluid, Mathers determined the man had TB. Mathers says his experience with this strange case taught him that it is important for him to be flexible. Like Gilboa (see above), Mathers won the American Academy of Family Physicians' Bristol-Myers Squibb Excellence in Graduate Medical Education Award, making the University of Pittsburgh School of Medicine the only institution to have two of its alumni on the list for 2002. Mathers has moved to rural Tennessee to work in a family practice that recently won a federal grant to track the medical treatment of migrant workers who populate the region. *—MH, JM, & SZ*

p.s. Can you recognize the people in the yearbook photo above? Let us in on it at ***medmag@pitt.edu****.*



THE WAY WE ARE: CLASS OF '73

BY HEATHER McENTARFER

Some people will take a day off to play golf. **James McGreevy** (MD '73, Surgery Resident '73–'76 and '78–'81) flies an F-16 every Tuesday. McGreevy is a general surgeon and director of the residency program at the University of Utah. But he's also a lieutenant colonel in the U.S. Air Force Reserve—chief of Aerospace Medical Services for the 419th Fighter Wing. In 1991, he was on active duty as a flight surgeon during Desert Storm. He has since served in Tunisia, training physicians there in military medicine, and in Kuwait. Much of his downtime, if you can call it that, is spent on two wheels, bicycling 100–200 miles per week. He recently completed a 400-mile bike trek through Colorado.

McGreevy recalls his residency at Pitt as a formative experience, particularly because of faculty mentors such as Henry Bahnson, Mark Ravitch, and Ross Musgrave, all of whom he says taught important lessons about discipline,

of a translator. Zelicoff concluded that the woman, a scientist working on a fishing vessel, contracted smallpox through the air when her ship sailed 40 miles downwind of Vozrozhdeniye Island. Located in the Aral Sea between present-day Kazakhstan and Uzbekistan, Vozrozhdeniye was a Soviet biological warfare testing site during the Cold War.

Zelicoff presented his findings to the National Academy of Sciences in June 2002, sparking a heated debate among scientists and health officials: Should Americans be vaccinated against smallpox? Zelicoff warns that if—as evidence from the 1971 outbreak suggests—smallpox can be contracted through the air over long distances, a terrorist attack using the disease as a weapon could be devastating. However, there is also a one or two in one million chance that a person who receives the vaccine will die from it, according to the Centers for Disease Control and Prevention. Some scientists believe that Zelicoff's position is alarmist. His retort:

"If you believe that in the next 30 years there is at least a 1 percent chance that a terrorist will use smallpox to attack us, then the only rational strategy is to vaccinate everyone now."

patience, and caring.

McGreevy caught up with classmate **Peter Ferson** (MD '73, Surgery Resident '73–'78, Cardiac Resident '79–'80) during a camping trip to Utah in the early '90s. Ferson practices in Pittsburgh, as a professor of surgery within Pitt's Division of Thoracic Surgery, where his switch from cardiothoracic surgery to lung surgery in the late '80s made him UPMC's first surgeon to focus exclusively on the lungs. His camping trips have taken him across the western United States and Canada. Ferson combines traveling with a passion for photography. He loves the challenge of getting the perfect shot, like the time he tracked a mountain goat through the Canadian Rockies. And when his daughter's junior high held a summer contest (who could be photographed wearing the school T-shirt in the greatest places?), Ferson showed his competitive side: He captured her beside a buffalo in Yellowstone National Park and *above* the sign at Pikes Peak.

Ferson's got a silver eye, but **Charlotte Reed** (PhD '73) has golden ideas for those whose senses are impaired. Reed helps deaf people "hear" through some unusual channels—an arm, say, or a finger. After earning her doctorate in Pitt's bioacoustics program, Reed earned a postdoctoral fellowship at MIT and has conducted research there ever since. Whether by placing one's hand on a speaker's face or signing into another's hand, people who are deaf and deaf-blind have long communicated through touch. Reed studies tactual communication as a member of MIT's Sensory Communication Group and works to create high-tech aids that transfer sound into patterns of vibration that can be "heard" through the skin. She has evaluated several aids on the market, helping people with profound deafness and deaf-blindness.



The Class of '73 and their guests gathered at the Duquesne Club during graduation weekend. FROM LEFT: R. Bragdon, J. Smith, B. Bragdon, G. Smith, J. Trompeter, R. Lewis, C. Lewis, T. Trompeter, J. Fusco, G. Rudenstein, R. Fusco, R. Rudenstein, L. Weber, R. Landay, E. Mandel (Weber), F. Landay, D. Kobaly, M. Kobaly

PETER SAFAR
APRIL 12, 1924–AUGUST 3, 2003



HIPPOCRATEAN

Safar, 1970

When Peter Safar was diagnosed with advanced cancer at age 78 last year, he neither reduced his workload nor took a vacation. "Even as recently as January," says his wife, Eva Safar, "he was often in pain, but he was determined to put in one more grant application."

Safar's accomplishments already seemed like the work of three men. He established the first ICU as we know it. At Pitt, he founded the anesthesiology department in the school and the world's first critical care medicine program training physicians in intensive care. Safar was called "the father of CPR" for documenting and advocating the lifesaving techniques now familiar to millions. Resusci Anne, the first CPR training mannequin, was developed at Safar's behest. In the 1960s, he designed one of the first modern ambulance services, providing Pittsburgh's Hill District with an unprecedented quality of emergency care. Safar was nominated for the Nobel Prize three times.

His recent work focused on using rapid deep chilling to create a sort of suspended animation in trauma victims. Experiments suggest that brain damage can be reduced or eliminated, even when victims are resuscitated after one or two hours. Safar hoped that CPR would thus evolve into CPCR—Cardiopulmonary Cerebral Resuscitation.

Despite the energy he devoted to work, Safar cultivated a love of music. He played classical music on a baby grand piano that had belonged to his family in Vienna. He and his wife stopped entering the Pittsburgh Symphony Orchestra's waltzing contest after winning it three consecutive years. What kind of dancer was he? "Outstanding," says Eva Safar. "I met my husband when I was 17, and nobody else ever quite measured up." —*CS*

IN MEMORIAM

'30s

HAROLD SAMUEL AGNEW (MD '37)
AUGUST 7, 2003

REGIS A. WOLFF (MD '38)
AUGUST 27, 2003

LAWRENCE C. BUVINGER (MD '39)
JUNE 18, 2003

'40s

RALPH G. LEIGHTY (MD '42)
JULY 1, 2003

JOHN B. MARTIN (MD '43A)
JULY 22, 2003

ARNOLD SAMPSON (MD '44)
JUNE 15, 2003

'60s

JAMES THEODORE (MD '62)
AUGUST 17, 2003

FACULTY

JESSICA LEWIS
AUGUST 21, 2003

ELMER HOLZINGER: THE MASTER

BY MEGHAN HOLOHAN



COURTESY HOLZINGER

Holzinger

As Tara Cronin walked to practical exam, held at the beginning of her third year, someone handed her a piece of paper. The paper explained that she was to give the "patient" (an actor) a full heart examination without inquiring about his history. Walking into the room, she saw a man in his 20s sitting on a long table. She felt confident, until she saw Elmer Holzinger (MD '54) sitting in the corner.

Holzinger is tall and lanky. He often wears a bow tie and his demeanor recalls the late Fred Rogers. He has a soft, soothing voice and is patient. He wouldn't inspire fear in many, but Cronin knew better. Holzinger's reputation as a master in the art of the physical examination preceded him.

Cronin approached the patient and put on her stethoscope. She listened to his heart while he sat upright. She listened to his heart as he lay down. Front, back, up, down. She thought she'd covered it all. Holzinger watched quietly throughout. When Cronin was finished, he explained that she forgot to roll the patient onto his side to listen to his heart. In this position, the heart is closer to the surface, making possible "gallops" louder.

Holzinger has been teaching Pitt medical students for 30 years, and is one of the School of Medicine's most beloved and respected clinical professors. The hundreds, possibly thousands, of students who've trained on a rotation with him aren't the only ones to recognize his prowess as a teacher. In 1997, the American College of Physicians named Holzinger a Master—an honor that is just as prominently displayed on his wall as the Humanitarian Award that med students bestowed upon him in 2000. He was the inaugural winner of that award, which recognizes the teacher or physician who shows the most compassion toward patients.

On a recent afternoon, Cronin, now in her fourth year of medical school, again reviews a physical examination with Holzinger. This time, however, it's a real patient—one of Holzinger's. This is Cronin's second rotation with him since that day last year when he observed and critiqued her performance on the heart exam. Having quickly gotten over her initial intimidation, she asked to be placed with him specifically because she wanted to learn from a master how to perform a thorough exam.

What has she learned from Holzinger so far? He never orders tests unless he cannot make a diagnosis based on the empirical evidence he collects. And he is not just thorough, he is fervent in his questioning. He doesn't stop with how many drinks a patient consumes in a week. He wants to know what else is going on. *How is the family? How is work?*

Cronin shares with Holzinger the results of the history and exam she just completed. She rattles off a list of symptoms—the man has pain in his back, underneath his shoulder; it gets worse when he lies down. What does she think it is, Holzinger wants to know. She is quick with an answer—*a perforated ulcer?*—maybe too quick. As he starts to question why she has come to this conclusion, she hesitantly suggests it could be pancreatitis instead. He concurs. (It was.)

Holzinger left private practice in the '60s to teach at St. Francis Hospital. He chaired the Department of Medicine and headed the residency program at St. Francis from 1970 to 1999. He has no plans to retire, which is good news for students like Cronin. He builds time into his schedule for teaching. Oftentimes he'll stay in the office until midnight to accommodate students. As he sits in his office talking about his love for teaching, another student interrupts. She needs his assistance. He politely excuses himself, bounding down the hall to listen to her patient evaluation. ■

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