Dr. Winter Reflects on His Chairmanship

Dr. Peter Winter will retire as chairman of the Department of Anesthesiology and Critical Care Medicine (CCM) in July. During his 17-year chairmanship, the department has gained a national reputation for excellence in patient care, research, and education.

In 1979, Dr. Winter came to the University of Pittsburgh School of Medicine from the University of Washington School of Medicine in Seattle where he was a Professor of Anesthesia and Assistant Chairman for Academic Affairs. Dr. Peter Safar had chaired the Department of Anesthesiology/CCM since its founding in 1961.

When Dr. Winter assumed the chairmanship, the growing department was facing many new challenges.

Under Dr. Winter's stewardship, the Department of Anesthesiology/CCM grew from a faculty of 37 to more than 160 members. During his tenure, faculty gained prominence through increased research funding, publications, and participation in national societies. In view of Dr. Winter's retirement, he was recently asked to reflect upon his successful career, the chairmanship, and the department he has nurtured for the past 17 years.

How would you sum up your experience as chair of the department for the past 17 years in a word or phrase? I would describe it as a high wire act on a roller coaster.

What do you consider your single most important accomplishment in this position? The most important development is the outcome: that we have become one of the very best academic anesthesia departments in the country. That was, since the beginning, my ambition for the department, and it has been fulfilled. What is perhaps more interesting is that recent national and economic events may have made this ambition and accomplishment more or less irrelevant. That is a change that would never have occurred to me in the early days of my chairmanship.

Can you describe a pivotal development in your chairmanship? Perhaps the most significant event was one that I scarcely noticed at the time. Prior to 1984, there was no centralized direction in the medical school and its hospitals. Each of the six hospitals was run by its own CEO and board, and none of them were very interested in what the medical school's or university's priorities were. In 1984, Dr. Thomas Detre became Senior Vice-Chancellor for Health Sciences. This development lent cohesiveness and academic direction to the institution as a whole and eventually transformed our medical school into a first-class institution. Within that, we have been privileged to fly and to excel as a department.

What major changes have taken place in this department and academic anesthesiology departments in general since your tenure began?

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I still believe that medicine is an inherently moral calling. To make something of that magnitude of human consequence the center of one's professional life is a privilege not to be taken lightly.

It seems to me that academic anesthesiology has gone through three major eras. The first may be called the "any willing hand" era. In the early days of the field, the primary and most important role of an academic anesthesiology chairman was to recruit enough faculty to take care of the patients. A paucity of well-trained people made this an overwhelming task that left little time or intellectual energy for anything else. That was the case when I began my residency training at Massachusetts General Hospital (MGH).

The second era was that of the National Institutes of Health (NIH). My colleagues and mentors at MGH, people like Henry Beecher, Henrik Bendixen, Myron Laver, Ed Lowenstein, and Henning Pontoppidan, were all clinicians/scientists who found themselves caught up in the first quantifiable understanding of pulmonary pathophysiology. It led us directly to the realization that it was not necessary to conduct research with "liberated" hospital supplies and equipment, that there actually were government agencies interested in research questions. This led to a long period of great intellectual development in our field funded by the NIH and a few other agencies. I was privileged to live most of that portion of my career at the University of Washington under the leadership of one of the great men of our field, Dr. John Bonica.

The third era has been that of "practice plans," and it is primarily in this time that I have been privileged to be a department chair. The complex of events and history that led to significant incomes for physicians also led to the grouping of individual physicians into specialty groups. The not-for-profit incorporation of such groups gave them strength and fiscal independence in medical centers. It also allowed for development of both clinical and research excellence. I don't think that academic faculty members have been given enough credit for that. What we succeeded in doing locally was to build a group of academicians who voluntarily gave up a good deal of money for the sake of building an academic environment in which they could live and thrive. It is not commonly realized that our outstanding department at the University of Pittsburgh costs the university and medical school nothing. Aside from the research funds mentioned above, most of our funding is provided by caring for patients.

In this era, our department has been particularly successful, in part because we are good at this, but also in part because we have a great many patients to care for. It was not an easy role to play, because I had no business or financial background. Nevertheless it was on that basis that we escaped the tyranny of dependence on hospitals and their administrators. Left to our own devices we succeeded, if not beyond our dreams, then certainly beyond any legitimate expectations. We have become one of the top research departments, and have a series of training programs that are probably as good as any in the country. Our patient care activities are our crown jewels.

Would you go into the same specialty today if you were just entering the medical profession?

I don't know, but rather doubt it. What I would do is to go into academic medicine again. It still seems to me that an academic existence carries rewards and a diversity of activity simply not found in conventional private practice. Further, I still believe that medicine is an inherently moral calling. To make something of that magnitude of human consequence the center of one's professional life is a privilege not to be taken lightly.

Has your experience as chair differed from what you expected coming into the position?

Yes, of course it has. Being a department chairman consists of (at least) two parts. The first is having a vision of where you and the department are headed - what the aspirations are. The other part consists of dealing with the real world, of contending with the endless and usually unexpected challenges thrown
What qualities do you consider important in such a position?

The overwhelming and obvious challenge for all of medicine is economic survival. This is not more specific to anesthesiology than to other specialties. It is important to think about our specialty's challenges though, for if we don't no one else will. The pressures that exist in academic medicine can easily lead to cannibalism, in which fields and people destroy one another in a frenzied attempt to corner a rapidly depreciating asset. Thus, we need to define what we do best and to persuade others that it is in the general interest that we do it as opposed to someone else. Thus, it is very important that a new chairperson not only have a vision and direction, but also that (s)he be persuasive and articulate with peers and superiors. We'll need it.

I don't know what will come of the commercialization of the medical profession. So far the sharks are winning. It is, however, very important to remember that our first and last responsibility is to keep faith with our patients. It seems to me that the most dangerous part of the managed care conundrum is not the withdrawal of funds and other resources, but rather the seduction of the medical profession into false ambiguity about our responsibilities. In the end, I hope the public will regard that as an unpardonable sin. To the extent that we comply with that seduction, they will blame us, and justifiably so.

I believe that my successor will need talents and qualities different from mine. I was permitted, by fate or by accident, to chair our department at the best of times and between the two great problems of our profession, after the "no people" problem and before the "no money" problem. Thus, I was permitted to build, and by building to grow a great department. My successor will be moving into a different world. Growth may not be an option. Maximizing quality and productivity in the face of a decreasing resource pool will require a managerial style and substance as new as the problems and opportunities.

What will you miss most about being chair of the department?

That's an easy question to answer. What I will miss most is what I enjoy most, the constructive professional interaction with my faculty, the career building, and even the problem solving.

What are your future plans?

People are usually startled to hear that I don't have fixed plans. It seems to upset them. Thus, to engender comfort, I will tell you that my plans are to take a sabbatical to learn more about contemporary science, specifically the use of high technology imaging in anesthesia and pain research. After that, I'll see what fate brings. Most of my professional career has been engaged in "planning" for something. For my personal future, I choose not to plan too specifically.

Chairperson Search Update

by Dr. Peter Winter

Dr. Grenvik has asked me to comment on the progress of the search committee (although I am not a member).

Five candidates have been interviewed in Pittsburgh. They include a Professor and Chief of Anesthesiology in a university-affiliated health system; a Professor of Anesthesia who is a Senior Investigator at the National Institutes of Health; a Professor of Anesthesiology, Pharmacology, and Medicine who is Vice Chairman for Research of his department; a Professor of Anesthesiology/CCM and Pediatrics; and an internal candidate from our own faculty. All the candidates interviewed represent prominent institutions and have had distinguished careers as scientists and clinicians.

Thus, the final phase of the process is nearing completion, and I look forward to whatever comes next.
Over the years, Dr. Peter Winter has gained the respect of his colleagues in the specialty both within and outside the University of Pittsburgh. Dr. Mark C. Rogers, former Chair of Anesthesiology at Johns Hopkins University, recently provided the following tribute to Dr. Winter's career. Dr. Rogers is currently R.J. Reynolds Professor and Vice Chancellor for Health Affairs at Duke University Medical Center, and Executive Director and Chief Executive Officer of Duke University Hospital and Health Network.

"At each stage of his career, Peter Winter has excelled. If you start way at the beginning, when he was the Salutatorian at Cascadilla School or a graduate of Cornell University, it was clear that he would have an outstanding career. Fortunately for the specialty of anesthesiology, he chose our field after graduating from the University of Rochester in 1962 where he received his M.D. degree. He did an internship in Utah prior to joining the program at Massachusetts General Hospital. Rising rapidly as an Assistant Research Professor at SUNY Buffalo to Professor at the University of Washington, he became Professor and Chairman of the Department of Anesthesiology and Critical Care Medicine at the University of Pittsburgh in 1979. Since 1980 he has been the Peter and Eva Safar Professor of Anesthesiology and Critical Care Medicine and has led the department into national and international prominence.

Dr. Winter's own work involves the publication of over 50 individual papers, with major contributions in areas such as oxygen toxicity and the cerebral effects of hypoxia. Despite these accomplishments as a scientist, Dr. Winter's major claim to fame is the outstanding organization he has built at the University of Pittsburgh.

Inheriting a very strong department built by his predecessor Dr. Peter Safar, Dr. Winter continued this outstanding tradition and has collected a department of individuals of outstanding stature, and continued the role of the University of Pittsburgh in its historic place as one of the great departments in the specialty. Given the many changes going on in medicine throughout the United States and in academic medicine in particular, this has not been an easy task, although Peter has made it seem so. He leads a department in an outstanding position to allow his successor to have the opportunity to replicate for the next generation the outstanding job that Peter has done for the last generation. In this, not only are members of the department at the University of Pittsburgh in Peter's debt to anesthesiologists through the country share in that debt as well. I congratulate Peter on an outstanding job done with panache and class."

Critical Care Reunion

A successful reunion of adult and pediatric critical care fellow alumni and past faculty of the University of Pittsburgh was held February 7, 1996 at the 25th Society of Critical Care Medicine (SCCM) Educational & Scientific Meeting in New Orleans. Of the 130 reunion attendees, over 80 were alumni. Information on recent honors, awards, and publications was displayed, along with updates on research efforts in the adult and pediatric critical care programs and an alumni "honor roll." Many alumni expressed an interest in having such a reunion become a regular part of the annual SCCM meetings.

Three former pediatric critical care fellows reunite: (Left to right) Doctors Robert Clark, Nadee Khan, and Diane Bogany. Dr. Clark is currently a department faculty member. Also pictured: Dr. Keith Stein, former faculty member; Dr. Larry Kangani, former critical care fellow and former faculty member; and Dr. Ignazio Boffi, former critical care fellow.
The Charles W. Schertz Research Fellowship award, Dr. Sinz will study nitric oxide-mediated cerebral vasodilation after brain injury under the mentorship of Dr. Patrick Ochanek, using controlled cortical impact in rats to establish a temporal association between iNOS and histopathologic injury in the brain.

The fellowship award was established in 1990 by the American Society of Anesthesiology and Critical Care Medicine to honor the memory of Dr. Charles W. Schertz who was a resident and faculty member in the department from 1980 until his death in 1990. Dr. Schertz was remembered as an outstanding clinician, teacher, and investigator. The fellowship ward in his name provides research training for graduates of an anesthesia residency who intend to pursue an academic career.

Simon Rodbard Honor Award
Dr. Ake grenvik received the Simon Rodbard Honor Award at the annual meeting of the American College of Chest Physicians on October 30, 1995.

United Nations Epidemiological Database
Dr. Ernesto Pretto has been invited by the United Nations to be the principal advisor on a project to develop an epidemiological surveillance system for United Nations troops deployed all over the world.

Cost-Effectiveness Award
Dr. Brian Williams was selected as a secondary prize winner of the 1995 Zeneva Cost-Effectiveness Awards for his paper, "Ambulatory Surgery Process Management Using Activity-Based Costing: A Prospective Analysis of Anesthetic Techniques for Knee Arthroscopy Patients from Admission to Discharge." John E. Evans, PhD, and Nandu Nagarajan, PhD, from the Katz Graduate School of Business at the University of Pittsburgh, and W. David Watkins, MD, PhD, from the Department of Anesthesiology/CCM were co-authors of the paper.

Dr. Jan Smith resigned effective January 1996 as Chief Anesthesiologist at Presbyterian University Hospital (PUH), a position he held since 1989. Dr. Barbara DeRiso, Associate Chief of Anesthesia at PUH, is serving as the interim chief.

Dr. Brett Stacey, Medical Director of the Pain Evaluation and Treatment Institute, has accepted a position at the University of Oregon Health Sciences Center in Portland. Dr. David Sinclair will be interim medical director of the center.

Carol Montagnese has been selected as the new department Administrator. Most recently, Ms. Montagnese was Assistant Administrator/Controller of the Department of Obstetrics, Gynecology and Research Services, University of Pittsburgh Medical Center at Magee Hospital, University Women's Healthcare Associates, Inc.
Dr. Robert L. Willenkin is retiring at the end of the academic year. Friend and colleague Dr. Etsuro Motoyama pays tribute.

Dr. Robert L. Willenkin, Vice Chairman for Education since 1983, is retiring at the end of the current academic year. Dr. Etsuro Motoyama, a long-time friend and colleague in the Department of Anesthesiology and Critical Care Medicine (CCM), prepared the following tribute.

Originally from Oceanside, New York, Dr. Willenkin graduated from Hofstra University in 1951 and received his M.D. from the State University of New York at the New York City College of Medicine in 1955. After an internship at University Hospital in Baltimore, he served as a resident and clinical fellow in anesthesiology at Yale under Dr. Nicholas Greene. Bob stayed on at Yale as an Assistant Professor. He had just returned from the University of Washington in Seattle after a year as a research fellow in physiology and biophysics under Dr. Robert Rushmer, a world renowned cardiovascular physiologist, when our long friendship began.

In 1968, Bob moved westward to Albany, New York to fill the position of Associate Director for the Department of Anesthesiology. In 1973, he moved west again, this time to the University of California at San Francisco where, as the director of operating rooms, he soon developed a national reputation as a teacher and mentor in clinical anesthesia. Dr. Peter Winter was fortunate to recruit Bob to Pittsburgh in 1982.

Once in Pittsburgh, Bob quickly established himself as a highly regarded educator with a vision, not only for programs within the Department of Anesthesiology/CCM, but for those in the rest of the medical school as well. He has served on many department and university committees; has been a frequent speaker, panelist, and moderator for the American Society of Anesthesiologists, Society for Education in Anesthesia, and other major national societies; and has been a visiting professor to leading teaching hospitals around the country.

Over the last decade, most anesthesiology residents have had the privilege of learning from Bob. In the words of some of them: "Dr. Willenkin demands insight and forethought"; "An incredible amount can be learned from this man both about anesthesia and teaching"; "The rumors are all a lie. He doesn't bark or bite, he does stimulate learning and encourage improvement."

Although all of us will certainly miss Bob as a colleague and friend, his future plans sound exciting: a two-month stint as a volunteer anesthesiologist and teacher in Tanzania, an African safari, and back home to study physics (his original love), which, for some time, has been interrupted by medicine.

Dr. Robert L. Willenkin
Graduating Critical Care Fellow Placements

Anesthesiology Critical Care Fellows

David Hertzog, MD
Finalizing plans

Elizabeth Sinz, MD
Schertz Memorial Research Fellowship
University of Pittsburgh

Patrick Tan, MD
Associate Professor
University of Malaya
Kuala Lumpur

Internal Medicine Critical Care Fellows

John Brady, MD
Intensivist
Kent County Hospital
Providence, Rhode Island

Wissam Chatilla, MD
Sleep Disorder Fellowship
Medical College of Pennsylvania, Philadelphia

James Dy, MD
Finalizing plans

Uche Iloje, MD
Pulmonary Medicine Fellowship, Baylor College of Medicine, Houston

Surgical Critical Care Fellows

Gary Geneviva, MD
Staff Intensivist, Penn State University Children's Hospital
Hershey, Pennsylvania

Lesley Doughty, MD
Staff Intensivist
Brooke Army Medical Center
San Antonio, Texas

Pediatric Critical Care Fellows

Gary Geneviva, MD
Staff Intensivist, Penn State University Children's Hospital
Hershey, Pennsylvania

Lesley Doughty, MD
Staff Intensivist
Brooke Army Medical Center
San Antonio, Texas

Surgical Critical Care Fellows

Peter Carrillo, MD
Finalizing plans

Stephen DiRusso, MD
General Surgery/Critical Care
New York Medical College

Irene Medary, MD
Finalizing plans
Dr. Rogers Honored by Chancellor
by David Powner

Dr. Paul Rogers, Associate Professor, Department of Anesthesiology and Critical Care Medicine (CCM), was a 1996 recipient of the Chancellor's Distinguished Teaching Award, the highest honor the University of Pittsburgh bestows upon faculty members. Dr. Rogers was recognized for his development of an "innovative course in the care of critically ill patients," his published research on teaching, and his outstanding leadership in educational programs in the Division of CCM. The teaching award was presented by Interim Chancellor Mark Nordenberg at a reception on April 9th.

A commitment to education is evidenced by the many awards Dr. Rogers has received. He has been named Faculty of the Year by critical care fellows five times and received the Golden Apple award last year from the graduating medical student class as the best teacher in the medical school.

As Associate Director of Education for Medical Student Programs in CCM, Dr. Rogers' fourth-year medical student elective continues to be among the most highly rated elective courses. External funding from the Society for Education in Anesthesiology supported a further extension of his CCM elective to include structured clinical examinations using professional actors as patients. His use of pre- and post-testing led to a recent publication in the journal Critical Care Medicine. Dr. Rogers has also worked with Dr. Herbert Jacob to expand the CCM division's participation in the acute clinical skills course for second-year medical students.

Dr. Rogers is responsible for administering the CCM curriculum to all senior fellows as Associate Director of the CCM fellowship. Along with Dr. Marie Baldisseri, he developed and implemented crisis management scenarios for critical care fellows using the department's new full-scale human simulator. Dr. Rogers is also a co-author of the Multidisciplinary Critical Care Training Program Reference Manual.

Dr. Rogers' passion to prepare all trainees in the highest standards of critical care is reflected in this most recent honor. Through his personal patient care practices and teaching methods, Dr. Rogers not only accomplishes his goals but passes his intensity onto his students, the real measure of an excellent educator.
Anesthesiology/CCM Develops Medical School’s NMR Facility

Yan Xu, PhD, a nationally known authority on magnetic resonance spectroscopy and magnetic resonance imaging (MRI), has been appointed Assistant Professor of Anesthesiology and Critical Care Medicine (CCM) and of Pharmacology, in the tenure track. Dr. Xu’s groundbreaking work, imaging for the first time a volatile anesthetic in the brain, was featured in the October 1995 issue of Anesthesiology. An accompanying editorial exclaimed that the paper “demonstrates an impressive advance.” Dr. Xu and his close collaborator and wife Pei Tang, PhD, recently received a $510,000 grant from the National Institute of General Medical Sciences (GM49202) to support their nuclear magnetic resonance (NMR) studies of mechanisms of general anesthesia. The Department of Anesthesiology/CCM’s NMR facility, which also serves the medical school and the University of Pittsburgh Medical Center, is located on the 13th floor of the Biomedical Science Tower. The facility contains a 9.4 Tesla spectrometer that was custom-built and commissioned by Doctors Xu and Tang shortly after their arrival in Pittsburgh. Although the National Magnet Center at Carnegie Mellon University is world renowned, Dr. Xu’s multinuclear spectrometer is now the most advanced in Pittsburgh.

Anesthesiology/CCM Launches Medical Center’s Mouse Model Facility

Gregg Homanics, PhD, was recruited by the Department of Anesthesiology and Critical Care Medicine (CCM) to share his expertise in developing mouse lines with single specific preplanned mutations. This technique depends on a method known as gene targeting by homologous recombination, and is useful in any line of research, including human gene therapy, where the physiologic role of a specific gene product is under investigation. Dr. Homanics recently received a $625,000 grant from the National Institute of Alcohol Abuse and Alcoholism (AA10422) to test the role of specific brain GABA_A receptor subtypes in the intoxicating actions of alcohol. Similarly, Leonard Firestone, MD, has received a grant for over $800,000 from the National Institute of General Medical Sciences (GM52035) to develop mice lacking specific brain GABA_A receptor subtypes thought to be crucial for the obtunding effects of volatile general anesthetics. Dr. Homanics’ laboratory, located on the 13th floor of the Biomedical Science Tower, also serves as the mouse model facility for the medical school and the University of Pittsburgh Medical Center. Dr. Homanics is currently Assistant Professor in the tenure stream of the Department of Anesthesiology/CCM, as well as in the Department of Molecular Genetics and Biochemistry, and the Department of Pharmacology.
Department Visible at National Meetings

Department of Anesthesiology and Critical Care Medicine faculty members and trainees continue to have a large number of abstracts accepted for oral and poster presentation at national meetings. The following is a partial breakdown of the number of abstracts recently presented at annual society meetings by department area.

Anesthesiology

Nineteen abstracts were presented at the International Anesthesia Research Society meeting in Washington, D.C., held March 8-12, 1996. Five abstracts were presented at the Association of University Anesthesiologists meeting May 17-19, 1996 in Boston.

Adult CCM

Nine abstracts were presented at the annual scientific meeting of the Society for Critical Care Medicine (SCCM) in New Orleans from February 5-9, 1996. Sixteen abstracts were presented at the annual scientific meeting of the American Thoracic Society (ATS) in New Orleans from May 11-15, 1996. There has been a shift in the interest of the Division of Critical Care

Recent Grants

This list includes awards for which funding was initiated during the first three quarters of the 1995-96 academic year (July 1, 1995 - present) and renewal awards.

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<td>Nellcor</td>
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<td>M. Pinsky</td>
<td>Computerized ICU Protocols</td>
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<td>Stacey</td>
<td>Gabapentin</td>
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<td>A. Thompson</td>
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<td>Alliance</td>
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<td>W. Tullock</td>
<td>Rocuronium Bromide</td>
<td>Organon</td>
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In the News...

The following department and affiliated faculty currently hold offices in national and international societies:

Barbara DeRiso, MD
President, American Association of Clinical Directors

Leonard Firestone, MD
Chairman, Scientific Advisory Board, Association of University Anesthesiologists

John Hoyt, MD
President, Society of Critical Care Medicine

Richard Orr, MD
Board of Directors, Air Medical Physicians Association

Ernesto Pretto, MD
Treasurer and Board of Directors, World Association for Disaster and Emergency Medicine

Carol Rosc, MD
President, Pennsylvania Society of Anesthesiologists

Dan Thompson, MD
Vice Chairman, American College of Critical Care Medicine

William Tullock, MD
Board of Directors, Society for Education in Anesthesia

*Raffiliated faculty

Recent Faculty Books


Nancy L. Caroline, MD, is an Adjunct Professor of Critical Care Medicine, University of Pittsburgh School of Medicine, and Medical Director, Hospice of the Upper Galilee Metulla, Israel.


Faculty who recently published books were honored at a University of Pittsburgh reception on April 17th.

Lectures

Dr. Michael Pinsky gave the Gregory Mark Taubin Memorial Lecture in Pediatric Critical Care at Children's National Medical Center in Washington, D.C. in December 1995 and will give the Fritz Holmstrom Memorial Lecture in Anesthesiology at the University of Texas, San Antonio in May 1996.

Dr. Patrick Tan, an Anesthesiology Critical Care Fellow, was an invited lecturer at April 1996 meeting in Sydney, Australia of the World Federation of Societies of Anesthesiologists.

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Leonard L. Firestone, M.D.
Vice-Chairman for Academic Affairs
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