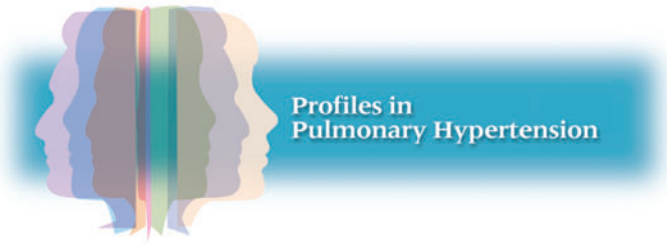

Jack Reeves, MD, Remembered as 'Renaissance Ideal," in Stellar Career Spanning Diverse Pulmonary Research

Jack Reeves, MD

It is rare for a clinician to be described as someone who came "as close as any of us will see to the Renaissance ideal." Yet this is the praise earned by John "Jack" Reeves, MD, who died last September in a motor vehicle-bicycle accident in Colorado where he earned a reputation as a preeminent clinician and scholar..

The description of Dr Reeves came in a tribute to him from Richard Krugman, MD, Dean of the School of Medicine at the University of Colorado Health Sciences Center, Denver. Dr Reeves made exceptional contributions in teaching, mentoring, research, administration, and leadership to the Colorado Center for Altitude Medicine and Physiology. "He was a scientist of international stature. He made major advances at the molecular, cellular, animal, and human level with regard to the pulmonary circulation and adaptation to high altitude," added Dr. Krugman.

For many years Dr Reeves was a senior member of the Cardiovascular Pulmonary Laboratory of the School of Medicine within the Department of Medicine and most recently played a significant role in the establishment of the Colorado Center for Altitude Medicine and Physiology in the Department of Surgery. In recent years Dr Reeves was an integral part of the pulmonary vascular biology group in the Department of Pediatrics and, according to Dr Krugman, was "a friend, counselor, mentor, scientific advisor and inspiration to a generation of pediatric pulmonologists, critical care physicians, cardiologists, neonatologists, and their colleague PhD investigators."

Returning to the theme of Dr Reeves as the embodiment of the Renaissance ideal, Dr Krugman called him an internationally renowned investigator, a deeply compassionate physician, an athlete, an accomplished photographer, and a literary scholar." Pursuing a strong interest in the formation and guidance of medical education groups,

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Editor's Note: In the Winter 2005 issue of *Advances in Pulmonary Hypertension* the Figure on page 17 of Managing Right Ventricular Failure in PAH and the Table on page 13 of Perioperative Management of PH should have contained arrows as noted below. Several of these symbols were incorrect because of a typesetting error.

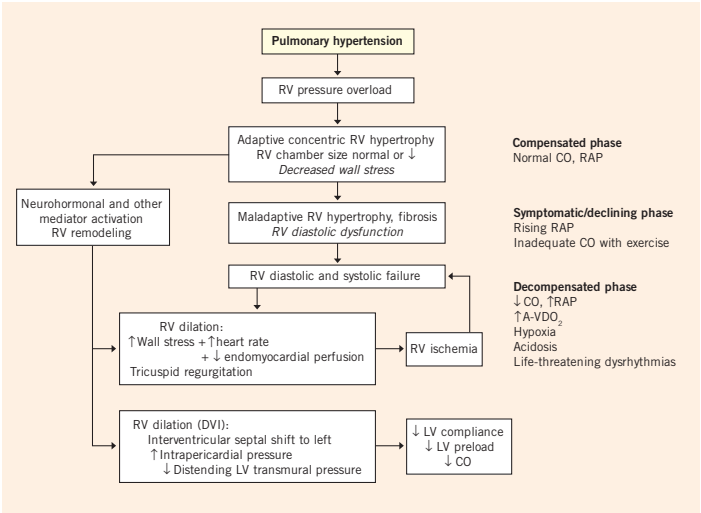

Table 1. Hemodynamic Patterns of Four Etiologies of Systemic Hypertension.

Etiology	CVP	PAP	PAOP	CO
Decreased preload	↓↓	↓	↓	↓
Decreased contractility	↑	↓	↑	↓
Decreased SVR	→	→	→ or ↓	↑ or →
Increased PVR	↑	↑	↓	↓

CO = cardiac output; CVP = central venous pressure; PAOP = pulmonary artery occlusion pressure; PAP = pulmonary artery pressure; PVR = pulmonary vascular resistance; SVR = systemic vascular resistance.

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Profile - Jack Reeves, MD

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Dr Reeves served on the board of directors for the Hypoxia Symposium and for the Pulmonary Circulation Foundation. He also served as the Research Director of the former Colorado Altitude Research Institute in 1992.

An accomplished researcher, Dr Reeve authored 11 books and nearly 400 papers or journal articles pertaining to high altitude medicine, pulmonary circulation, pulmonary hypertension, and pulmonary edema.

In another tribute, Benjamin Honigman, MD, Director of the Colorado Center for Altitude Medicine and Physiology, added: "Jack was a brilliant scientist and an exceptional human being. He had the ability to explain complex thoughts in simple terms and get to the heart of an issue with candor, an unassuming manner, and a wonderful sense of humor. He was the inspiration for the development of the altitude center at CU-Health Sciences Center and will be missed in so many ways."

On a personal level, Dr Reeves was generous with his time and talent in helping those in poor countries. He sought out and supported students and young faculty, especially in the former Soviet Union and Asia. He received numerous teaching awards and was the recipient of the Thomas Jefferson Award at the University of Colorado along with countless personal expressions of thanks and appreciation. ■