

In Memoriam

T. Joseph Reeves, MD 1923–2007

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It is with profound sadness that we report the passing of T. Joseph “Joe” Reeves on April 21, 2007. Likewise, we recount with great humility the exemplary career of this skilled clinician scientist and superb mentor, whose scholarly leadership contributed so substantively to advance the practice of cardiovascular medicine and the academic growth of the University of Alabama School of Medicine (UASOM) in Birmingham.

Dr Reeves, a native of Waco, Tex, was born on April 22, 1923, to Thomas Jefferson Reeves and Ruth Scott Reeves, both of pioneer Texas families. After receiving his undergraduate education at Baylor University in Waco, he was inducted into the US Naval Reserve. He would return to active duty in the US Naval Reserve, serving as a medical officer and flight surgeon after his graduation from Baylor College of Medicine in 1946 and an internship at Parkland Memorial Hospital in Dallas. He completed his residency training in internal medicine at Parkland in 1951 and served as a Chief Resident in Medicine under Donald Seldin. Dr Reeves received his fellowship training in cardiology at UASOM under the mentorship of the late Tinsley R. Harrison, who also served as the first Chair of Medicine there and had an indelible impact on Dr Reeves’ clinical training and practice of medicine that became profound and long lasting. They were coauthors of a ground-

breaking text entitled *Principles and Problems of Ischemic Heart Disease*, which appeared in 1968 (vide infra) when coronary care units were in their infancy and coronary angiography in the setting of an acute myocardial infarction was a rarity. When Dr Harrison suffered an acute myocardial infarction, it was none other than Joe Reeves who served as his mentor’s cardiologist.

Dr Reeves was a pioneering faculty member of the UASOM, quickly rising through the ranks as Assistant Professor in 1954 to Professor of Medicine in 1961. He was the founding director of a National Heart, Lung, and Blood Institute–funded cardiovascular research and training center. In 1969, Dr Reeves succeeded the late Walter B. Frommeyer, Jr, as the third Chair of Medicine, following in his mentor’s footsteps. Dr Reeves also was appointed Physician-in-Chief of the University of Alabama Hospital.

Reeves’ charismatic leadership and unique personal qualities contributed to his success in recruiting outstanding clinician scientists in medicine and surgery; he brought national acclaim and international accolades to UASOM. Included

among his recruits were such giants as Harold T. Dodge and John W. Kirklin and several of us (L.L.H., C.E.R., R.O.R., and T.E.A.). One of us (K.T.W.) was privileged to work with Dr Reeves as a visiting medical student on elective and then



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to serve as House Officer in Medicine and fellow in his highly coveted cardiovascular training program. Drs Reeves and Dodge jointly won 1 of the 9 National Heart, Lung, and Blood Institute–funded myocardial infarction research units for the UASOM. Through Dr Reeves’ advocacy and scholarly commitment to exploring new frontiers in the understanding of pathophysiological expressions of what is now known as acute coronary syndromes, 2 of us (C.E.R. and R.O.R.) were able to contribute to this evolving field through research conducted in this myocardial infarction research unit.

Dr Reeves’ broad-ranging scholarly interests focused on several areas of investigation. Among them were the natural history of coronary artery disease, the primary determinants for survival of patients with this disorder, and the use of physiological stress through exercise testing in their evaluation and management. Cardiac muscle mechanics and energetics and measurements of myocardial contractility were other ongoing areas of interest. Together with one of us (L.L.H.), he contributed to the concepts of manifest and basic contractility in normal and failing hearts. The text cowritten with Dr Harrison bears a remarkable testimony to these novel ideas and seminal concepts. It drew on their publications and relevant literature, together with a thoughtful historical perspective. An example is the important observations reported in 1912 by a practitioner in Chicago, James B. Herrick, who described different clinical presentations to structural coronary artery disease but whose teachings would lie fallow for more than a decade. Today’s “coronary conscious” practice of cardiology is largely influenced by the writings of Drs Harrison and Reeves.

In 1984, Dr Reeves was honored with the James B. Herrick Award and medal presented annually by the American Heart Association for “contributions profoundly affecting the practice of medicine.” He also was recognized by the American College of Cardiology, which honored him with its Distinguished Fellowship Award. He was the recipient of the Distinguished Alumnus Award of the Baylor University College of Medicine. Nominated by Dr Harrison and seconded by the late Benjamin Friedman, Reeves was elected a member of the Southern Society for Clinical Investigation in 1956. Furthermore, he was elected a member of the American Society for Clinical Investigation, the Association of American Physicians, the American Physiological Society, and the American Clinical and Climatological Society. He served as the editor of the *Yearbook of Cardiology*, the cardiovascular section of the *Yearbook of Medicine*, and *Transactions of the Association of American Physicians*. He was a member of the editorial boards of *Circulation*, the *American Heart Journal*, and the *Journal of Clinical Investigation*.

Dr Reeves was involved in national and international medical affairs. He served on the National Advisory Council, Heart Disease Program; the Executive Committee, Council on Circulation of the American Heart Association; and the Heart Program Project Committee (chair, 1967 and 1968), Myocardial Infarction Research Advisory Committee (chair), and Myocardial Infarction Research Units Review Committee of the National Heart, Lung, and Blood Institute; he was a member (and examiner) of the Subspecialty Board of Cardiovascular Diseases of the American Board of Internal

Medicine. He also was a trustee of the American College of Cardiology and a member of a task force named by then-President Richard Nixon to develop collaborative research programs with the Soviet Union as a step toward détente.

Dr Reeves was a dedicated mentor and advocate of his trainees. On his retirement from academic medicine in 1973, his house staff and fellows presented him a plaque that read: “T. Joseph Reeves, MD, Physician, Teacher, Philosopher, Friend—Your combined wisdom, humanity, perception and fairness has profoundly influenced us all. Our lives will long bear your mark.”

Dr Reeves and his wife, Eleanor Nash (Miss Ellie), returned to their roots in Texas. They settled in Beaumont, where Dr Reeves wished to fulfill his childhood ambition of practicing medicine in a small town and where he could be directly involved in the evaluation and management of his patients. Indeed, Joe Reeves put into practice those principles of care and preventive medicine that Dr Harrison and he wrote about with such passion. They would also note the following:

It is not enough to be an astute physician. One must also be a medical specialist. . . . no physician can remain loftily aloof from laboratory medicine. The physician who fails to become the master of laboratory medicine is destined to be its slave. The scientific method involves both deduction and induction. The former poses the problem and the latter seeks its solution.

At St Elizabeth’s Hospital, Dr Reeves would personally supervise thousands of treadmill tests; he was the founder of its ECG laboratory, was codirector of its Heart Catheterization Laboratories, and would serve as its medical director for 30 years. Joe Reeves was the first cardiologist to introduce exercise echocardiography to southeast Texas. On a personal level, Reeves was an avid sailboat racer. How apropos that he would name his 65-foot boat *Foxglove*.

During his private practice years, Joe Reeves served as a clinical professor of medicine at the University of Texas Medical Branch in Galveston, the University of Texas Center in Houston, and his alma mater, the Baylor College of Medicine, until his retirement in 2000.

The passing of Miss Ellie, his beloved wife of 62 years, preceded his. They are survived by their children (Linda, J. Michael, and David) and their families.

T. Joseph Reeves was a pioneer and role model: a dedicated and gifted clinician scientist, an inspiring mentor, a revered leader, and a devoted husband and father. He opened new vistas and gave us wings with which to fly to greater heights in search of new knowledge. Indeed, our lives will always bear his mark.

Among those in academic medicine, there are virtually no individuals who had the level of benevolence and compassion that Joe Reeves exhibited every day. The bulk of us who were trained or recruited by him recall his eloquent humanity and integrity—and we revere it—as much as we revere his exceptional skills as a clinician, teacher, investigator, and chairman. It is fair to say that Joe Reeves was one of the giants of his time. His memory will not dim with the passage of time.