Miller S. (Steve) Bell, MD, remembered

Samuel P. Marynick, MD

I first met Steve Bell in the fall of 1970. I was a junior medical student at Southwestern Medical School rotating on the internal medicine ward at Parkland Memorial Hospital. I was the student on the case of a Mr. Wilson, a man who drove one-quarter-mile dragsters (nitro fuel) for a living. Mr. Wilson's car had disintegrated during a race at the International Drag Strip in Lewisville, Texas, off of Interstate 35. With fractures in the spine, pelvis, femurs, ribs, and upper arms, he was in a cast from his upper body to the bottom of both legs and both arms were in casts. Mr. Wilson had been on the orthopedic ward until he developed deep vein thromboses and pulmonary emboli, which had necessitated transfer to the medical service for anticoagulation.

Regrettably, Mr. Wilson developed a pneumothorax and required a chest tube. As the lowest man on the team, I was left during noon conference to meet the thoracic surgery fellow who was coming to place the chest tube for Mr. Wilson.

I was sitting with Mr. Wilson when Steve Bell came into the room. We made acquaintance and then Dr. Bell asked me, "Do you know how to place a chest tube?" I said, "No, I am just a junior medical student." Dr. Bell's reply: "Well, you're going to become a doctor, so you need to know how to place a chest tube."

We made a list of the equipment we needed and we assembled the equipment. Then I was given a detailed lecture on how to place anterior and posterior chest tubes. Under Dr. Bell's watchful eye, I placed my first chest tube anteriorly on the left. A chest x-ray was performed to confirm proper placement.

When the team returned from conference, all was well with Mr. Wilson. The resident in charge took a big gulp when Mr. Wilson told him that the student had placed the chest tube. Amazingly, Mr. Wilson left the hospital some weeks later. I never did see or hear of him driving dragsters after that.

In the 37 years since, I have placed three chest tubes during emergencies. It is remarkable how I remember the equipment list and the techniques given me that fall day in 1970.

RETURN TO DALLAS

After Parkland, I headed to the National Institutes of Health (NIH) for a 3-year endocrine fellowship. Interestingly, at NIH my instructors, Drs. Lynn Loriaux, Mortimer Lipsett, and Giff Ross, insisted that the endocrine fellows participate anytime surgery was performed on their patients. Thus, I did receive some "informal" surgical training.

On arriving at Baylor University Medical Center in 1977, it became apparent to me that at the Dallas Medical and Surgical Clinic there was a surgeon capable of top-level endocrine surgery, Miller S. Bell.

At the time, I did not remember that Dr. Bell was the thoracic surgery fellow who had instructed me on chest tube placement 7 years earlier. So, when I went over to Dr. Bell's office to tell him of a renal failure patient with hyperparathyroidism, it was *deja vu* as we discussed not only the renal failure patient but also Mr. Wilson.

Over the next 28 to 29 years, Miller S. Bell performed over 150 parathyroid procedures, over 300 thyroid procedures, and around 50 adrenal procedures on patients I had seen in consultation. I had the opportunity to assist in several of these operations. In this series, there was only one case of recurrent nerve paralysis and one case of postoperative permanent hypoparathyroidism. That was totally unexpected to me—such a low operative complication rate. Of the parathyroid patients, just one still had hyperparathyroidism after the operation. The patient had another operation at NIH, during which the parathyroid tumor was removed from behind the left clavicle, and returned to normal.

Around 1980, a series of collaborative efforts began. Patients with hyperparathyroidism were evaluated and operated on at Baylor University Medical Center, and the tissue removed during surgery was prepared and shipped to Dr. Edward Brown at the Brigham and Women's Hospital in Boston for study at the molecular level. For this project, Miller S. Bell operated on over 50 patients and helped me prepare the tissue for shipment. These samples were very important to the delineation of the molecular pathology of parathyroid diseases (1–4).

Miller S. Bell also played an integral role in the discovery of the syndrome of parathyroid hormone–like peptide–inducing hypercalcemia. Dr. Russell Martin had a middle-aged white woman with a huge (several-pound) retroperitoneal sarcoma and difficult-to-control hypercalcemia. Before surgery, Art Broadus at Yale University was contacted to see if he wanted to study some of the tumor tissue. Dr. Broadus asked us to send

From the Division of Endocrinology, Department of Internal Medicine, Baylor University Medical Center, Dallas, Texas.

Corresponding author: Samuel P. Marynick, MD, 3600 Gaston Avenue, Suite 506, Dallas, Texas 75246.

Figure 1. Steve Bell looking west from Pine Top, 1983.

all the tissue we could. Steve and I spent several hours preparing about one kilogram of tissue into 2 to 3 mm cubes and sent the tissue to Dr. Broadus. At that time, this was the largest amount of tissue Art had received from a single tumor and was a “significant” addition to the delineation of the structure of parathyroid hormone–like peptide (5).

MILLER S. BELL AND ADVENTURE

Pine Top

On several occasions I set out with Dr. Bell to see the wilderness. Several of these adventures are special to me.

In 1983 in the late fall, Steve and I drove to the Guadalupe Mountains on the New Mexico–Texas border. Several of the tallest mountains in the state are located there. We hiked all day to reach Pine Top, ascending into the clouds (*Figure 1*). From the Pine Top camp we planned to climb nearby peaks on day trips, leaving at sunrise and returning at sunset. We thought the weather would cooperate based on the 1-week forecast.

During our first night at Pine Top, it snowed 2 feet. The snow continued for 3 days. There we were in a two-man tent for 3 days, Steve reading William Manchester’s *American Caesar* and me working on statistics for a paper that had been published in the *New England Journal of Medicine* (6).

When the weather cleared, we were able to climb the four peaks planned and return to Dallas somewhat lighter than when we had departed, having eaten only one meal a day for the 3 days of the blizzard.

Big Bend and Halley’s Comet

In March of 1985, Steve, my son Laird, and I drove to Big Bend to climb to the South Rim and Emory Peak. It was spring and very hot. We approached the South Rim through Boot Canyon by an unimproved trail (*Figure 2*). My son Laird, 7 years old at the time, has never been hiking again. It was brutally hot, some of the most difficult hiking I have ever done. At the South Rim we arose one morning about 4:00 to set up the spotting scope to look at the comet. When the comet was brought into focus, it looked out of focus. Laird compared the comet to a snowball splattered on black top. He told Dr. Bell we had worked very hard for “not much.”

Figure 2. Steve Bell, Sam Marynick, and Laird Marynick at Big Bend, 1985.

Figure 3. Steve Bell at his 47th birthday with Laird, Sam, Ashley, and Mark Marynick, 1985.

Over the next couple of days Steve spent time explaining to Laird about life and investment of time. I just listened. “When you spend time working on a project, you hope the outcome will be worth the effort, but you never know until you have put forth the effort.” He explained to Laird how Halley’s Comet does not come around very often and how Laird in the future might look at this current experience differently.

As we were driving home a few days later, just north of Fort Stockton, Laird asked Steve if we could stop and look at the comet again. It was near midnight and quite cold outside the warm truck. Steve stopped his truck and set up the spotting scope, and we looked at the comet again for the final time. Back in the truck, Laird thanked Steve for stopping and voiced that he really wanted to remember just how the comet looked.

Figure 4. Steve Bell with his wife, Mary, Christmas 2006.

The day we returned to Dallas was Steve's birthday, so Steve went home and changed and we had Steve's 47th birthday party (Figure 3). My children, Ashley, Laird, and Mark, were big fans of Steve Bell.

As my children got older, I had less time to spend with Steve outdoors. We still spoke regularly about the patients we shared.

There were the many special occasions at Steve's house on New Year's Day and Super Bowl Sunday. We had good conversation with Ellwood Jones, George Thomas, Steve Bowers, Mark Armstrong, Russell Martin, Ricky Dignan, Bob Schoenvogel, and many of Steve's other friends.

Steve did unique things. One time I went to see Steve at his home on a Saturday afternoon, and he was crouched behind a trash can lying on its side in the yard beside his house. He was

shooting arrows at deer and turkey targets set up inside his garage. I had never seen such a practice range before or since.

In July 2007, Steve fell 200 to 300 feet to his death on the Cottonwood Trail, described as a difficult trail in hiking guidebooks. I presume he was trying to either climb or return from Crestone Peak (14,294 feet) or Crestone Needle (14,197 feet) in southern Colorado. Steve was 69 years old (Figure 4).

Steve wished no funeral, no mourning, and no celebration. Steve, we will miss you. You were a special and unique man and physician. We will celebrate your life and all you did for your patients, friends, family, and colleagues.

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