



NEWSLETTER

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Virginia Kneeland Frantz and 20th Century Surgical Pathology at Columbia University's College of Physicians & Surgeons and the Presbyterian Hospital in the City of New York

Marianne Wolff and James G. Chandler

*To Jim Chandler
from "The Establishment" July, 1966
A. Lott*

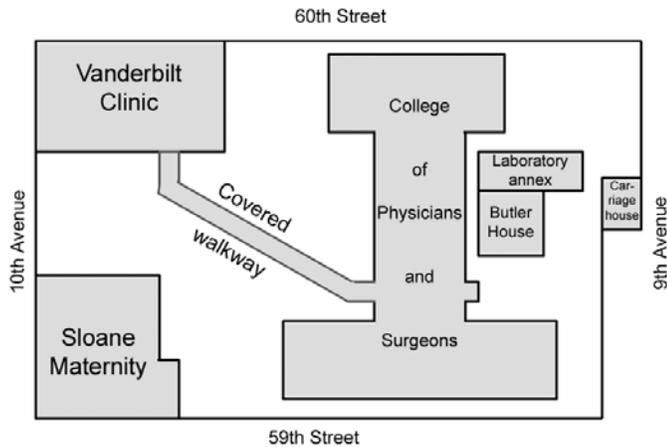


Affair Lott
Virginia Kneeland Frantz
Arthur Rudy
Ch. Steigman
Matthew Lane

Virginia Kneeland was born on November 13, 1896 into a family residing in the Murray Hill district of Manhattan who also owned and operated a dairy farm in Vermont.¹ Her father, Yale Kneeland, was very successful in the grain business. Her mother, Anna Ball Kneeland, would one day become a member of the Board of Managers of the Presbyterian Hospital, which, at the time of her daughter's birth, had been caring for the sick and injured for 24 years

at the North East corner of East 70th Street and Madison Avenue. Miss Kneeland would receive her primary and secondary education at private schools on Manhattan's East Side and enter Bryn Mawr College in 1914, just 3 months after the Serbian assassination of Austro-Hungarian, Archduke Franz Ferdinand, which ignited the Great War in Europe.

In November of 1896, the College of Physicians and Surgeons (P&S) was well settled on West 59th Street, between 9th and 10th (Amsterdam) Avenues, flush with new assets and 5 years into a long-sought affiliation with Columbia College.² In the late 1880s, Vanderbilt family munificence had provided P&S with a new classrooms and laboratories building immediately east of the Vanderbilt Outpatient Clinic and the Sloane Maternity Hospital³. The faculty taught



Plan of the College grounds and buildings, adapted from p166 of³

and practiced at these two institutions in addition to attending patients across 59th Street, at Roosevelt Hospital, which refused to have students on its wards.

In 1903, P&S added a penthouse pop-up on the 59th Street building to house a laboratory for experimental animal surgery and for gross and microscopic study of surgically resected human tissues. A young surgeon named William Cogswell Clarke (1872-1943) was put in charge of the laboratory in 1906 and promptly instituted a 2nd year course entitled "Introduction to Surgery." It dealt with the healing of wounds and other basics, but Clarke's primary goal was to inculcate the scientific method and guide students towards thinking for themselves instead of accepting the writings of others as gospel. Allen O. Whipple (1881-1963) was a student in that first class. Arthur Purdy Stout (1885-1967) was in the audience in its 5th iteration in 1910 and would then teach in the course in 1914.

Big things happened in 1910: Abraham Flexner's study of Medical Education in the US and Canada urged medical schools to adopt the Johns Hopkins integrated-hospital model and admonished those that did not provide similar clinical access for their students.⁴ Philanthropist Edward Harkness met this need by bringing P&S students to the Presbyterian hospital and funding laboratories and classrooms for them at the Madison Avenue site. By the time Virginia began her college studies the Presbyterian Hospital had its own surgical pathology laboratory and P&S had two roof top laboratories, one for experimental surgery and another devoted to studying surgical specimens where Clarke maintained his office.

Miss Kneeland graduated from Bryn Mawr in 1918, as the top student in her class, 14 months after the US entered the war in Europe. She had majored in Chemistry, and been elected President of the students' Undergraduate Association, which coordinated all of the College's war-related activities. Bryn Mawr's President, M. Carey Thomas encouraged her to consider a career in medicine. The timing was propitious: World War I volunteerism had diminished P&S's applicant pool and caused the lifting of its all-male admissions policy, allowing Virginia and 5 other women to join 69 men in the class that would graduate in 1922. She married classmate, Angus Macdonald Frantz in 1920, when they were third year students and

graduated second in their class behind Marjorie F. Murray who was destined to become Pediatrician-in-Chief at Mary Imogene Basset Hospital in 1928.

Virginia Frantz became the first woman ever to be accepted into Presbyterian Hospital's two year surgical internship. This was followed by respective appointments to the faculty and hospital as Instructor in Surgery and Outpatient Surgeon, and her joining William Clarke and Arthur Purdy Stout in the division of surgical pa-



Virginia Kneeland Frantz, circa 1924

thology, all in 1924. Her transition has been commonly attributed to perceiving that surgical pathology would be more compatible with child rearing, as Angus Frantz was now a practicing neurologist; they had just had their second child and would have a third in 1930. It was a wonderful decision on several counts even though the premise of having more time for family life might have been illusory, given her passion for professional excellence, and an eventual divorce in 1935.

Her hospital appointment, as its name implied included no admission privileges and typically was unsalaried. Young New York surgeons accepted these limitations hoping to make a sufficiently good impression in the clinics to be chosen after a few years to join the regular attending staff. Senior colleagues, who would make this selection, typically believed that patients would be less accepting of a woman surgeon, which was likely to hold more sway than Virginia's exceptional talent and interpersonal skills.⁵ Moreover, moving from surgery to surgical pathology was not as momentous as it might seem in modern times. Surgical pathology occupied 6 months of the 2-year surgical internship at Roosevelt Hospital, with a fair amount of independence in preparing and examining specimens.⁶ One can safely infer that a similar rotation was also part of Virginia's internship, since Presbyterian's surgical residency included a 6-month surgical pathology rotation, at least until 1965. In fact, the move was mostly a change in venue: V.K.F., as she signed out her cases, never stopped seeing patients in the clinics and caring for them, in the context of having empathy and an interest in achieving best possible outcomes.

Six months of surgical pathology, along with between-semester

ter summers in Clarke's laboratory as a medical student, constituted Stout's entire pathology credentials when he joined his mentor as a colleague. . . . "1914 was an important one in my life. I completed my internship at Roosevelt Hospital, was married in Paris, France, saw the outbreak of World War I in Europe, and returned in September with an appointment as Instructor of Surgery at Columbia without salary." Early 20th Century Virchow acolytes denigrated such credentials as being entirely inadequate, as indeed they were for becoming a consummate practitioner of either surgery or surgical pathology. On-the-job learning was, and is, integral to becoming an expert physician in the practice of any specialty and typically flourishes in the permissive atmosphere of laboratory work.

V.K.F.⁷ gives us insight into the more senior of her two colleagues in an invited commentary on William C. Clarke in the 1961, P&S Bulletin. She begins by quoting Allen O. Whipple who had assumed the Chair of Surgery in 1921, ending a 4-year hiatus with Adrian V. S. Lambert and a committee as interim executives.⁸

Dr. Whipple wrote me a month ago, "I never knew a more interesting, sometimes irritating, but loveable man." Bill was born in Tenafly New Jersey [but] . . . considered himself a native New Englander and certainly behaved like one. His grandfather, Nathum Wright, practiced for more than half a century in Gilmanton, New Hampshire . . . [seeing] patients and teaching medical students anatomy and the art of medicine [in his home]. . . . Bill would eventually inherit two [beautifully prepared cadavers] – vessels injected, nerves identified, and muscles dissected from origin to insertion. These would become the pride of P&S's 59th Street Department of Surgery, [where] they were fondly known as "Mehitabel" and "Long John."

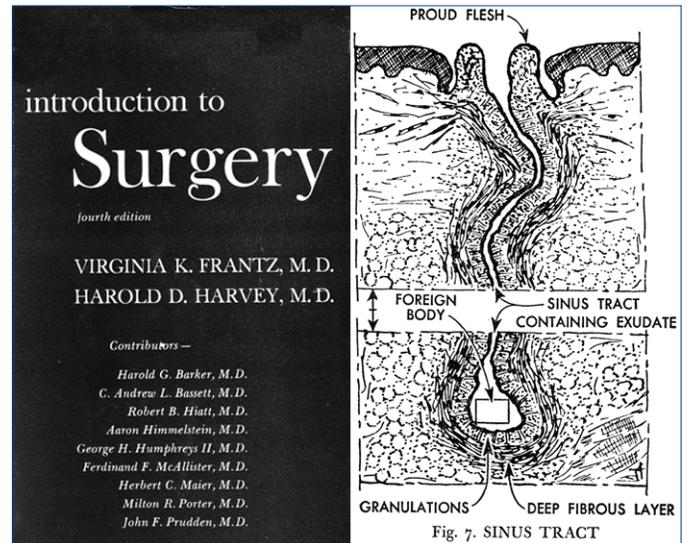
Very probably, like one of his great heroes, John Hunter, he studied only what he chose, [which] was sufficient to gain him admission to Columbia College with the class of 1893. The curriculum . . . apparently did not occupy all of his time. . . . In fact, they found Clarke, so the story goes, operating a roulette wheel . . . [resulting in his] dismissal . . . for encouraging gambling on campus. Apparently he told the Dean . . . that this was no disappointment . . . as he intended to become a physician and saw no need for any further college preparation. He found his own preparation for medical school [reading] eagerly in his [lawyer] father's library, not only in the law but in liberal arts and philosophy [discovering] in the last field, *Alice in Wonderland*, . . . [and deeming] . . . the profundities of Lewis Carroll [Charles Lutwidge Dodgson (1832-1898)] essential preparation for medical school. He *did* succeed in entering

P&S . . . in spite of dire warnings by the faculty of Columbia College, graduating with the class of 1899, securing a much prized surgical internship at New York Hospital and thence to P&S.

Everyone . . . remembers Bill's irritating question: "How do you know?" . . . His certainty . . . of the paramount importance to know from one's own observation [led] to his derogation of "book larnin." . . . He preferred being told of recent developments by his more studious friends with whom he could discuss such medical progress. . . . Bill moved with regret from West 59th Street to . . . West 168th Street. . . . He could not easily find his "cronies" in the labyrinth of the Center . . . [and] resigned, to our deep distress in 1929, [taking Mehitabel and Long John with him].

All remember his struggles to write his book, "Introduction to Surgery." . . . Chapter I [began with] a philosophical skirmish [between] man and his environment, including the universe – with quite extended biographies of Faraday, Hunter, and Darwin. . . . He was working on the manuscript . . . at his home in Cornwall, Connecticut at the time of his death . . . from coronary occlusion, on February 14, 1943, "with more friends than any man is entitled to."

The first edition of *Introduction to Surgery* was published in



Fourth edition, original size: 7.5"x 5"x 1", 335 pages



Virginia Kneeland Frantz (VKF), William C. Clarke (WCC), Allen O. Whipple (AOW), and Arthur Purdy Stout (APS) and other members of Dr. Whipple's Department in 1928, the year of the move to Washington Heights that precipitated Clarke's resignation.

1946 and dedicated to William Cogswell Clarke, M. D.⁹ Its Chapter I had no biographies and was entitled “Surgery and the Sciences.” V.K.F. and Harold Dortic, or “Tic,” Harvey, as his contemporaries called him, were its authors and continued to be so, adding colleagues as needed, through 4 editions, the last published in 1959. The book served as the manual for V.K.F.’s popular second year course into the 1960s and was used as the basis for similar courses in other medical schools. The authors induced students to read it carefully by offering to pay 25 cents for each newly identified typo and \$2 for each error of fact.¹⁰ “Bill” Clarke remained V.K.F.’s idol and continued to awaken scientific curiosity in students for nearly 60 years in a course that began in 1906, but in a manner that was now non-confrontational and more broadly endearing.

Dr. Stout was deployed to France in April 1918, as part of a Mobile Operating Unit that moved about a lot and was underemployed until the 3 months immediately preceding the November 11th armistice when they moved forward just behind the lines and cared for many casualties. He returned to join Clarke and Frantz in May of 1919. Whipple promoted Stout to Associate Professor in July 1928 with the understanding that he would become a full Professor and succeed Clarke on July 1, 1929.

Stout¹¹ was studious, wrote with clarity, and enjoyed doing it, as he tells us in beginning his 1951 autobiography: “I have written . . . these notes . . . solely for my own amusement, and because I wanted to see if I could explain to my own satisfaction how a personality such as the one I had as a boy turned into the grown-up boy that I am today.” He used the interim year to take a sabbatical in France to begin work on an encyclopedic, single-author text on human cancers, including their etiology, antecedent lesions, local growth, spread, diagnosis, and treatment. He took over the surgical laboratories on schedule and completed his book in 1932, but, inexplicably, appointment to full professorship was not forthcoming until George H. Humphreys, II (1903-2001) succeeded Whipple in 1946.^{12,13}

In 1930, Margaret R. Murray (1901-86) set up a tissue culture laboratory for the fracture service, which was another division within Surgery. She soon found herself very involved with growing out tumors *in vitro* to define the nature and growth patterns of their cells and compare them with those of normal tissues from which they were believed to have arisen. Features that were not well distinguished in the original tumor often became intensified *in vitro* when the cells spread out and sometimes revealed that the tumor included more than a single cell line.¹⁴ Murray worked mostly with Stout but also facilitated and later expanded on Cushman D. Haagensen’s (1900-90) studies of the Bittner milk factor, producing the filterable

virus in murine mammary-carcinoma cell cultures.¹⁵

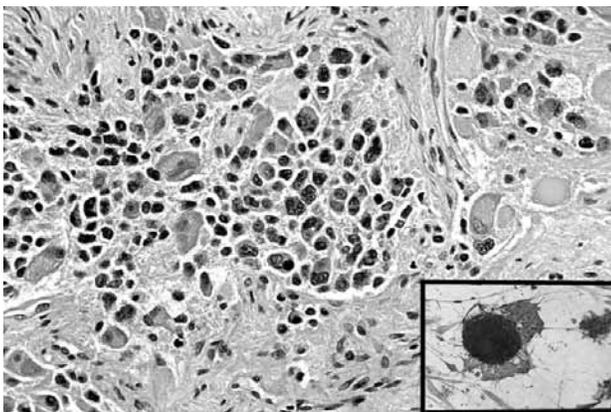
Haagensen joined the surgical pathology division in 1931. He had evidently taken time off after graduating from Harvard Medical School in 1923 to be the ship’s doctor on a transatlantic voyage, since we know that he wooed Alice Munro while she was a passenger sailing back from Europe, so successfully that they were engaged by the time the ship docked in New York and wed in 1924¹⁶. He then had 3 years of surgical training at Boston City Hospital and Yale before he developed tuberculosis that kept him out of medicine for 2 years. He became active again in surgery at Memorial Hospital and then took a cancer fellowship at Columbia’s Crocker Institute. Haagensen’s¹⁷ passion for a meticulously performed radical mastectomy and carefully selected patients was based on observations that he made at the pathology table, but he did not share in the responsibility for processing day to day specimens. Clarke and Frantz shared this task throughout 1918. From 1929 until 1948 the team would be Stout and Frantz in a much busier laboratory, assisted by a one-at-a-time series of surgical pathology residents. Anna Ball Kneeland was appointed to Presbyterian Hospital’s Board of Managers in 1939 and served as one of eventually five women, including Mrs. Edward Harkness, on the 40-person Board until her death, at age 86, in 1955.

V.K.F.’s areas of greatest expertise lay in the thyroid, the pancreas, especially the endocrine pancreas, and in fibrocystic disease of the breast. She and her colleagues were among the first to recognize the potential of radioactive iodine for treating metastatic thyroid carcinoma. They described a case in *Science* in 1942 with widespread bony metastases from an adenoma malignum lesion that had been resected 35 years previously with no local recurrence.¹⁸ They observed that more radioactivity had been taken up by a metastases in the femur than by the thyroid gland itself, and that it abolished the metastases’ thyroid-like function. She and others published a full report of their experience with radioiodine in treating metastatic thyroid cancer 8 years later.¹⁹

In 1962, John Hanford, pioneering radiation physicist, Edith H. Quimby (1891-1982), and V.K.F.²⁰ reported on 458 patients who were treated with 500 to 1500 rads of radiation in the region of the thyroid between 1920 and 1950 for a toxic goiter, an enlarged thymus, or tuberculous adenitis. The first two groups had no thyroid cancers or cancers in general beyond what would be predicted for their age. The tuberculous adenitis group had seven thyroid cancers and no excess of other cancers 10 to 27 years after the irradiation. Excess thyroid cancers were not observed in non-irradiated patients with tuberculous adenitis. The curious absence of radiation-associated thyroid cancers in hyperthyroid patients was consistent with Quimby’s earlier observations.

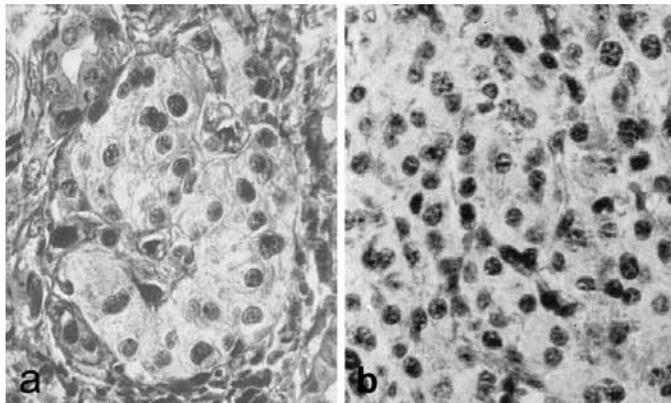
V.K.F. remained a principal participant in the thyroid clinic and conferences and added to the knowledge base of well-differentiated thyroid carcinomas even after becoming emeritus. She would be pleased to see that the 2009 American Thyroid Association’s therapeutic algorithms hinge on ultrasonic findings, reserving aspiration needle biopsy for confirmation, and favoring total gland resection in a greater proportion of cases than was true in her time.²¹

One of V.K.F.’s earliest publications was a 1935 review of islet cell tumors associated with hyperinsulinism, written with Dr. Whipple²² as the senior author, which included 169 citations dating back to a 1788 description of “pancreatic calculi in a case of diabetes.” Their review was timely: Banting and Best’s²³ paradigm-changing publication had appeared in 1929, and only 6 years had elapsed since Roscoe Graham’s first-ever curative islet cell adenoma resection was reported by Howland et al.²⁴ Whipple and V.K.F. reviewed



Metastatic nodule in a 1-year old child proven to be neuroblastoma by 24-hour cell culture showing *in vitro* neuroepithelium bearing neurites (insert from p906).¹⁴

the 28 subsequent case reports, adding six patients of their own, and noting that hypoglycemic attacks varied from simple restlessness to maniacal seizures and coma, as well as their being confused with epilepsy and alcoholism. Dr. Whipple resected eight tumors, curing all six patients, but the paper's pith accrued from her many nights spent dusting off old library volumes, re-cutting embedded tissues,



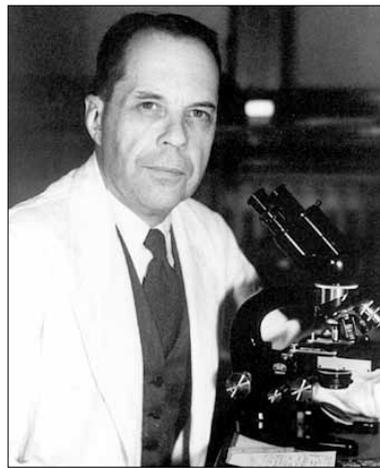
a. Normal islet, b. Tumor from case 1; note similar granular cells and close relationship to capillaries in both (adapted from²²).

and selecting optimal fields for photomicrographs.

Five years later V.K.F.²⁵ wrote that “. . . one is struck with the number of islet cell tumors removed with the relief of symptoms in which the pathologist had been in doubt as to whether the tumor was malignant or benign.” Five previous reports attested to the metastatic potential of insulin-producing islet cell tumors with endocrinologically active metastases in 3 instances. Yet, she now had data on 19 of 65 cases (29%), including 4 of Presbyterian's 15 patients, with resected adenomas that showed incomplete encapsulation or vascular invasion, who had been symptom free for as many as 10 years. This was obviously a time-would-tell situation, and she urged her readers to report long term outcomes that included thorough descriptions of the original tissue.

True to her own advice, Al Markowitz, Charlie Slanetz, and V.K.F.²⁶ reported a 25-year follow up on Whipple's six 1935 insulin adenoma patients. One patient, who originally had two tumors resected, had to be reoperated 11 years later for recurrent hypoglycemia, resecting the body and tail of the pancreas, which contained 14 adenomas similar to his original tumors. He was the only patient that developed recurrent hypoglycemia, but two patients became diabetic and three had duodenal ulcers. One of the latter required a total gastrectomy for persistent bleeding after a partial resection, raising the specter of other types of pancreatic adenomas, which was unanswerable. Four of the six patients had recurrent psychiatric disturbances later in life. The authors concluded that families should be warned about a potential for duodenal ulcer disease at the time of operation and to expect that all may not be well in the future.

Raffaele Lattes (1910-2003) became Stout and Frantz's surgical pathology resident in 1943. He had completed general surgical training in Italy and had gone on to an entry level faculty position at the University of Turin. He and his wife Eva, who was from Germany, emigrated to the US in 1938, when the situation in Europe was predictably deteriorating. He could not find an opening in surgery but secured a 2-year position as a pathology resident at Women's Medical College of Pennsylvania. That was followed by a move to the New York Postgraduate hospital where he was an assistant pathologist to Maurice Richter. Stout was delighted when Lattes accepted his invitation to join his division. Lattes had a solid recommendation from



Arthur Purdy Stout circa 1942

accepted an invitation to return to surgical pathology at P&S in 1948.”

V.K.F. had obtained a grant from the Office of Scientific Research and Development in early 1942 to assess various materials that might be useful for obtaining hemostasis on the battlefield. Her successful proposal was based on 30 years of smoldering research in P&S's Departments of Surgery, Biochemistry, and Neurology directed at finding a relatively nonirritating, absorbable material that could be sterilized and safely implanted in the human body. She and Lattes placed variations of oxidized cellulose derived from cotton and paper that were provided by the Department of Biochemistry into the wounds and body cavities of cats and dogs, finding that most of the samples could not withstand adequate sterilization.²⁸ Eventually they found the optimum level of cellulose oxidation, naming it Oxycel, which would be commercialized by Ethicon as “Surgicel.” Her work was recognized by an Army/Navy Certificate of Appreciation for Civilian Service and received attribution in a recent patent application. Surgicel products are a bit messy to use but are still sold in a very competitive market that includes sealants, glues, and biologics.²⁹

Arthur Purdy Stout had to step down as director of surgical pathology in 1951 because of Presbyterian Hospital's age limit and was succeeded by Lattes. Stout moved down Fort Washington Avenue to The Francis Delafield Cancer Hospital and continued his consultancies in New York and New Jersey, in particular at the East Orange Veterans Administration Hospital. There Oscar Auerbach and he would link cigarette smoking to squamous cell metaplasia and brochiogenic cancers.³⁰

V.K.F. and her colleagues³¹ in both pathology and surgical pathology published *The Incidence of Chronic Cystic Disease in So-Called “Normal Breasts”* based on 225 post mortem examinations in 1951. The subjects ranged in age from 13 to 88 years of age, had no history of previous breast lesions, and were not pregnant or lactating at the time of death. Gross cystic disease was present in 19% of subjects, counting even 1-2mm blue-domed cysts. If apocrine epithelium and microcysts were included, the overall incidence of chronic cystic disease was 53%, with a peak incidence in the fifth decade of life. This was substantially lower than the incidence observed in breast cancer specimens, which has been reported to be 74% or more, and was reduced to near zero by prior bilateral oophorectomy. V.K.F.'s blithe side emerges in a description of three subjects who “. . . might be said to be out of line, with such a dearth of findings in their sterilized sisters, [taking special note of one at] age 83, three years postoperative. Microcysts with apocrine epithelium. Eternal youth!”

She published a biographical sketch of Dr. Stout in the same July 1951 issue of *Cancer*, which lists most of Stout's publications

beginning in 1912 and finishing with three in 1951, although notably neglecting three of his fascicles in the Armed Forces Institute of Pathology's Atlas of Tumor Pathology.³² Her explanation for how she came to this authorship reflects both admiration and unassailable self-confidence: "My bold assumption of [this] welcome task is because there is no one else who has for thirty years, sat steadily, year in and year out in Dr. Stout's lectures, by his microscope, and at his feet."

Stout, Lattes, Frantz Contributions to the AFIP Atlas of Tumor Pathology

Fascicle	Author(s)	Title	Published
5	Stout AP	Tumors of the Soft Tissues	1953
6	Stout AP	Tumors of the Peripheral Nervous System	1949, '53
20	Stout AP, Lattes R	Tumors of the Esophagus	1957
21	Stout AP	Tumors of the Stomach	1953
27 & 28	Frantz VK	[Endocrine & Exocrine] Tumors of the Pancreas	1959

Additionally, Stout was cited in 25, Lattes in 11, and Frantz in 2 of the other 34 fascicles that comprised the 1st Series of the Armed Forces Institute of Pathology Atlas of Tumor Pathology.*

Nathan Lane (1922-2004), a 1945 P&S graduate, was selected to be a National Cancer Institute Trainee and resident for 2 years in surgical pathology in 1951, following an internship and 2 years of pathology residency elsewhere. He joined "The Establishment" in 1953 and stayed on for 26 years, sharing in the day-to-day work and making substantive contributions to the understanding of polypoid adenomas of the colon as cancer precursors until his retirement in 1979.³³

Surgical pathology moved from Surgery to Pathology in 1960. Subspecialty pathology divisions had flourished in several departments in response to the service needs of Presbyterian and Babies Hospitals and assumed important roles in the postgraduate training of their corresponding clinical specialties. This dispersion had to be inimical to Pathology's overall educational mission, and 1960



Raffaele Lattes in 1962

was a great time to consolidate. Raffaele Lattes was an uncommonly congenial man, as is Pathology's, Donald King, who was keenly aware of the stature that the divisions enjoyed in their respective clinical specialties. The Medical Center's Annual Report includes his statement, that "... every effort has been made to preserve those individual features of the divisions of surgical, pediatric, and neurological pathology that have resulted in worldwide recognition of their achievements." Dr. Frantz vigorously objected to this action and was allowed to retain her appointment in Surgery.³⁴

Dr. Lattes would bump into the "chronologic ceiling" and become emeritus, in 1978. His retirement emulated that of his predecessor, filled with consulting activities, writing, and lecturing. He gave the prestigious Maude Abbott lecture to the International Association of Pathologists in 1982. Maude Abbott's (1869-1940) saga reflected a prejudice almost as pernicious as that of Italy's fascist regime, which ejected Lattes from the University of Turin faculty.³⁵ Miss Abbott was awarded a scholarship to attend McGill in 1886 as a member of only the third class of women students to be admitted to the College's Faculty of Arts. She graduated in 1890, as the class valedictorian, and wanted to stay on to study medicine, but McGill's medical program excluded women.

She reacted by publically petitioning McGill to have a medical course for women, attracting support from Montreal's newspapers, but McGill stood its ground, even withstanding her heritage that had helped to establish the University. She then became the only woman in her class at the Bishop's College Faculty of Medicine, graduating with honors in 1894. Working at the Royal Victoria Hospital, she produced an analysis of functional heart murmurs that was accepted for presentation at the Montreal Medico-Chirurgical Society, where it had to be read by a male physician. She went on to excel in everything she did, focusing on congenital heart disease and publishing over 140 papers and books. McGill, ever late to the table, awarded her an honorary medical degree in 1910, appointing her as Lecturer in Pathology and, belatedly, to Assistant Professor in 1925.

Dr. Lattes received P&S's Distinguished Service Award in 1990, and The United States and Canadian Academy of Pathology's Distinguished Pathologist Award in 1996. He returned to Italy in 1998 following the deaths of his older son and wife. When visited in Turin, in 2000, he was depressed, with marked visual and hearing impairments, but lightened when reminded of old friends and good times.³⁶ His wonderful sense of humor and humility reappeared, when he said, "At least here, I don't speak with an accent." He died where he wanted to be on May 28, 2003, 6 days after his 93rd birthday.

V.K.F. served on the P & S Admissions Committee, an activity she enjoyed greatly, and her younger son Andrew is still the Associate Dean for Admissions at P & S at age 79. She was a member of the Board of Directors at Bryn Mawr and had been offered the Presidency of the College in the late 1930s, which she declined, preferring to remain in Medicine. In 1958, on the occasion of their 40th reunion, the class of '18 named a laboratory in Bryn Mawr in her honor.

The New York Pathological Society elected Dr. Frantz President in 1949, and again in 1950, and The American Thyroid Association chose her to be its first woman President in 1961. In 1957, she had considered rejecting The New York Infirmity's Elizabeth Blackwell Award for Distinguished Service to Medicine by a Woman, saying "I can accept recognition as a doctor but not as a female doctor." Delving into the Award's history improved its palatability. Elizabeth

*Three series of fascicles have been published, usually as single volumes, although occasionally combined, and a fourth series is in the works. An example of current correct referencing is: Stout AP, Lattes R. Tumors of the esophagus. AFIP Atlas of Tumor Pathology, 1st Series, Fascicle 20. Washington DC: American Registry of Pathology; 1957.

Blackwell (1821-1910) received her M.D. in 1849 from western New York's Geneva Medical School, as the school's only female student and the first woman to receive a Doctorate in Medicine from an American medical school.³⁷ In 1857, Dr. Blackwell and two other women physicians founded the New York infirmary for Women and Children to care for the poor and provide internship training for women physicians, who were generally unwelcome elsewhere. The Infirmary's Medical College for Women opened 10 years later, joining the New England Female Medical College and the Woman's Medical College of Pennsylvania in providing an unprecedented access to undergraduate medical education.

In 1962, the year of her retirement, the American Radium Society invited Dr. Frantz to give the Janeway lecture, named for Henry Janeway (1873-1921), an American pioneer in the therapeutic use of radium.³⁸ Edith Quimby was so honored in 1944, as was Stout in 1952, for her work on radium dosimetry and his observations that defined intraepithelial carcinoma of the larynx. V.K.F. spoke on "Privileges and Challenges in the Study and Treatment of Thyroid Cancer." Janeway Lecturers are rewarded with a Medal bearing the likeness of Odin, the Allfather of Norse mythology, who sought enlightenment for the sons of men. The reverse side shows Odin's ravens that soared about the universe and returned each evening to perch on his shoulders and report the day's events and progress. Dr. Virginia Kneeland Frantz was awarded P&S's Silver Bicentennial Medal for Distinguished Service as a teacher in 1967, shortly before her death from colon cancer.

Commentaries

Andrew Frantz



My mother's second year lectures in *Introduction to Surgery* were much appreciated by students because they combined important factual information about surgical principles with clinical stories of patients she had known and followed, in some cases for many years. She spoke with humor, and her empathy and concern for other people

were so evident that even a brief exposure to her tended to make for deep and well remembered impressions.

I recall having dinner in the late 1980's at a meeting of the Association of American Physicians. Sitting next to me was a much older man, who was looking at the name on my place card, "Excuse me," he said. "Are you by any chance related to Virginia Kneeland Frantz?" I said she was my mother, and asked if he had known her. "I met her just once," he said, "for half an hour. That was back in the early '40's. She interviewed me for admission to P&S. It was the best admissions interview I have ever had." I asked if he had been accepted to P&S. "Oh yes," he said, "it was certainly the school I most wanted to attend, but I wound up going to the University of Washington." He explained that he had three younger brothers, all in or headed for college and maybe graduate school. After consultation with his family, he decided it would be unfair to them if he did not

choose to go to his state medical school because of its much lower tuition fees. "But I have never forgotten that interview almost fifty years ago," he said. "Your mother was clearly not only a superb doctor. She was also one of the most wonderful women I have ever met."

The true extent of Mother's charisma as a teacher revealed itself when she died, in 1967. I received almost 400 letters of condolence – an extraordinary number. Most of them came from doctors completely unknown to me, who identified themselves as former P&S students. They said they felt they had to tell some member of her family how much her teaching had meant to them, and in many cases, changed the course of their lives.

John Schullinger



P&S student, John Schullinger, with a fresh-caught pickereel, circa 1952.

of my P&S '55 classmate, Andy's now 28-year tenure as P&S's Associate Dean for Admissions.

Marianne Wolff



My personal interactions with V.K.F. were in the 2nd year "Introduction to Surgery" course, and in a surgical pathology course, offered as part of the 3rd year surgery rotation, which I found fascinating, little suspecting that I would be teaching it in a few years, as a surgical pathology attending. Dr. Frantz asked us 3rd year students if we had any questions. Hearing none she asked, "Do I take this silence as a sign of so much or so little knowledge?"

At the beginning of my 4th year, having decided to go into pathology, I sought Dr. Frantz' advice, as to whether I should take a clinical internship prior to the pathology residency; she strongly advised me to do so, and I will be forever grateful for that sound advice, which, I am sure, has made me

a better pathologist. We put on a Christmas skit during my surgical pathology residency, lampooning the faculty, and I was cast as V.K.F.!

A Virginia Kneeland Frantz '22 Distinguished Women in Medicine Award was established in 2000, and I had the honor and privilege of presenting the award for the first 4 years of its existence. Dr. Frantz, never a feminist herself, stood tall among the giants of her time. She was a trailblazer, an innovator, a superb teacher, clinician, pathologist, researcher and an engaging human being, who spent her entire professional career at the Columbia University, née Columbia Presbyterian, Medical Center.

I thank Mr. Peter Wortsman, a professional writer and frequent contributor to the *P&S Journal*, for making his entire Dr. Frantz file available to me. It brought back wonderful memories and was very helpful.

Jim Chandler

My 6 months on surgical pathology were fabulous. I felt very welcome and was astounded by the determination of the surgical pathology faculty and residents to give me every opportunity to learn. Sitting down with the slides of a case that I had worked up, albeit, with generous coaching from the surgical path resident, across from the person who wrote the relevant fascicle was an unforgettable and oft repeated experience. What a contrast from trying to peek around the operating surgeon's arm to get intermittent glimpses of the operative field without annoying the "real" surgeons by the slightest movement of my retractor's blade.

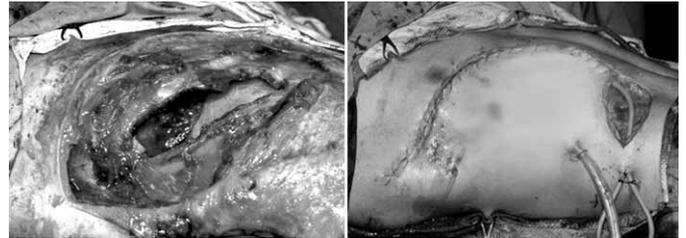
Then there was the friendliness. Dr. Frantz allowed me to talk about wound characteristics that favored healing in a session of her renowned course and thanked me with an autographed copy of "The Book." Dr. Lattes invited us to his house for dinner where Cindi teased me about my bargain "Snark-33" lawnmower engine's premature demise. We went home with Dr. Lattes' old mower with a broken axel but a working engine and Eva's rice recipe. Then, there was the lovely evening at Dr. Frantz's roof top apartment adjacent to Central Park, where

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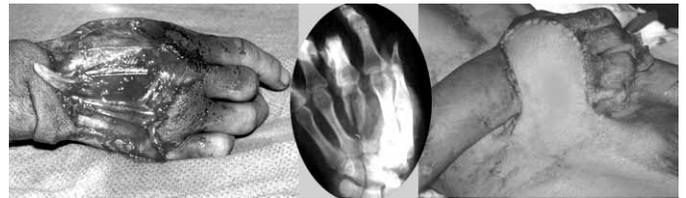
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I fell asleep in a chair, another often repeated residency happening but never before or after in such sumptuous surroundings.

In 1966, I was doing quite a few rotation and pedicle flaps to cover blast wounds that needed immediate protection for exposed bone, tendons, and vital structures. So, I wrote to Cushman Haa-



Debrided blast wound of chest, with lung contusion and excised devitalized rib, closed with rotation flap being held against the chest wall by suction drains prior to donor site grafting.



Blast back through trigger aperture of shoulder held rocket launcher when rear of tube was too close to a wall, with degloving, 3rd metacarpal fracture, and extensor tendon tears treated by debridement, cross pinning metatarsals heads, tendon repairs, and pedicle flap coverage.

gensen, asking for a set of his skin hooks, which allowed flaps to be elevated with minimal tissue trauma. They arrived, far more quickly than letters and tapes ever did. I envisioned Dr. Haagensen wagging his finger in the face of a quivering postal clerk who thought he would be charged with treason if the package was not on the first plane out. A Lattes-provided lagniappe arrived about two weeks after the hooks, which was the signed "The Establishment" photograph that heads this article and graces my office at home.

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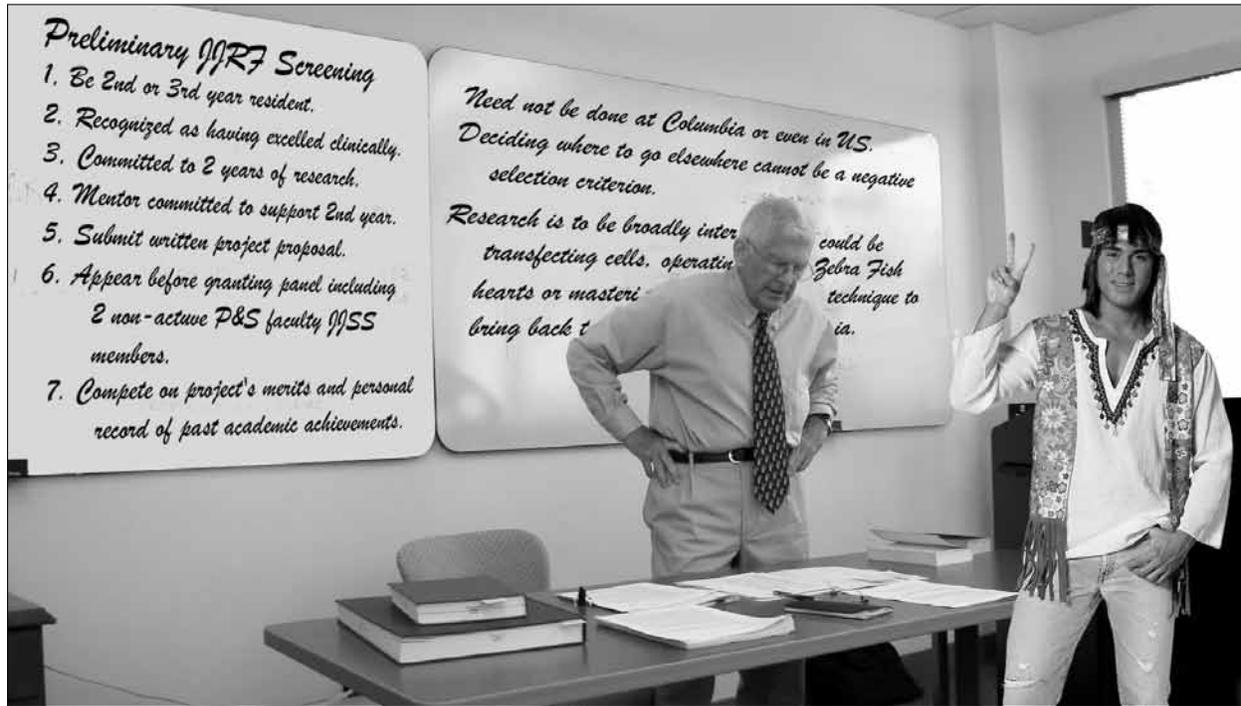
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The John Jones Research Fellowship has a corpus of \$126,430, now representing contributions by 8% of our membership. We should congratulate our selves: this rate exceeds that of the American College of Surgeons membership's participation in the ACS Foundation. Look at the white boards in the cartoon and please consider joining your colleagues in this worthy endeavor, so that this apocryphal interview can become a serious reality.

Checks should be payable to Columbia University, with John Jones Research Fellowship on its memo line and sent to William J. Horan, Senior Director of Development, Columbia University College of P&S, 100 Haven Avenue, Suite 29D, New York, NY 10032. Telephone or e-mail Bill at 212-544-1920 or wjh2104@columbia.edu to arrange payment by credit card or stock gifts.



Foundation Administrator: We do not have enough in the corpus to fund a fellowship yet, but, as you know, we are optimistic about next year and are doing some preliminary interviewing.

PGY-2 Robert Craig Bentner That's exactly why I am here!

FA: Frankly, I have to say that you don't exactly look the part.

RCB: I dress this way when I am on my own time, so the Residency Review Committee can never have any doubts about my being outside of our mandated 80-hour week. I do not mean any disrespect, but I have to say that your posture doesn't exactly suggest someone who is open to out-of-the-box thinking.

FA: OK, let's set our appearances aside. Where are you planning to do a fellowship?

RCB: At the Bentner Institute, in Santa Barbara.

FA: We are not going to approve funding for work in a for profit enterprise except for an unforeseen very exceptional project. What exactly are you planning to do?

RCB: I am going to do work that was begun by Paul Gauguin near the end of the 19th century in the Marquesas, but ours will be done on Huahine, which is the most isolated larger island in French Polynesia. Huahine's population is highly inbred and their women are said to never get breast cancer, which needs verification. I am going set up a field laboratory there to do just that and then compare their genomes with those of out bred, humans like ourselves, to see

if we can detect differences potentially exploitable for preventative therapy. We are postulating "Czar" codon sequences in locus control regions relating to breast development that silence any replication with unwanted variability.

FA: How can you be certain that your mentor will fund your second year of research?

RCB: He's my uncle.

FA: If you find a consistent difference, how could it be applied therapeutically?

RCB: Transfection, but it would be prepubertal and prophylactic. I don't foresee a therapeutic potential.

FA: Will there be adverse side effects to this genetic manipulation?

RCB: We're essentially talking about genetic bureaucracy, so naturally replication will be slowed, but Huahine women lactate normally. The risk might be that the Czar function gets out of control and markedly slows epithelial replication in high turnover organs like the G-I tract, which could result in restrictive shortening. That might not be all bad, given the incidence of colorectal cancer and our obesity epidemic – food for thought anyway.

FA: Thanks for coming in this morning.

RCB (glancing back on his way out): I sure hope you get more money soon – I'm hot to trot!

Philip D. Wiedel

(March 25, 1916-July 26, 2009)



LtJg Philip D. Wiedel, MC, USN, 1943

Phil Wiedel was born at a tumultuous time in Germany but was destined to live his life in a manner that comforted everyone who had the pleasure of knowing him. He graduated from Columbia College in 1937 and from P&S in 1941, becoming an Assistant in Pathology before enlisting in the Navy in 1943. He served with the Pacific Fleet and was twice decorated for valor, eventually retiring from the Naval Reserve Medical Corps as a full Commander. Wiedel was released from active duty in

1946 and returned to the Presbyterian Hospital and Columbia's Bellevue division for his surgical training. He then became a much sought after attending at both institutions, as well as when consulting at Harlem Hospital. Phil Wiedel retired from active practice in 1981 to enjoy the pastoral pleasures around Danbury, Connecticut in an area that he and his wife Monique had protected from urbanized oblivion 35 years ago. His exemplary compassion for his patients endures through CUMC's Philip D. Wiedel, M. D. Fund for Humanism and the Surgeon, which supports visiting lecturers on topics related to humanism in surgical education and training.

In addition to his wife who shared their lives for 67 years, he is survived by daughters Suzanne and Janine, and three grandchildren. A celebration of his life was held at Meadow Ridge in Redding, Connecticut, where the Wiedels have resided in recent years. Ken Forde's tribute was the celebration's high point, and those privileged to be in attendance believe it warrants broad sharing.



August 7, 2009, Redding, CT

For scores of us Phil Wiedel was a lifelong teacher and role model. It started as he took time out of his busy practice to teach us Columbia 2nd year students in a course in which we took care of animals as patients. For me that was in the 1950s. He gave us insights into the importance of preparation, teamwork, and, yes, compassion.

Later, as some of us became his trainees in surgery he taught us how to deal with patients. Sir Astley Cooper, the famous 18th century British surgeon said: "It is the surgeon's duty to tranquilize the temper, to beget cheerfulness and impart confidence of recov-

ery." Phil did that and more – and with respect, dignity and clarity of expression. We idolized him! His patients idolized him. They knew him well because he took the trouble to know them well.

His broad and classical education did not escape the notice of us his residents, and his tastes in culture and adventure were much admired. In making a presentation a resident was once challenged about a particular word and its origin and glibly responded: "Oh, it's from the Latin so-and so." Phil Wiedel quietly went to the blackboard and wrote the word's origin in classical Greek. We all knew of his skiing and hang gliding, and more, and worried much when he incurred that basal skull fracture—which fortunately healed.

Always impeccably dressed, often in bow-tie and vest, we would gossip about frequent sightings of him going in or coming out of Carnegie Hall or the old Met—in top hat and tails, no less.

As a surgeon, his technical skill was legendary and his gentle dexterity enviable. Some of us spent fruitless hours trying to imitate the way he tied a knot using the 4th finger of his right hand. He took total care of his patients. I remember him visiting his patients late at night, walking the halls of Harkness Pavilion pushing a small cart with dressings, which he changed himself. He taught us that to take care of the patient you had to listen, explain, and also touch. He was unflappable in the most tense and unexpected surgical situations; his physical stamina was inexplicable. With his elegance, charm, wit, flair and style, it will not surprise you to hear that the nickname by which he was known to his residents was: Prince Philip of Wiedel.

After having been both his student and his patient you can imagine how overwhelmed I was to be chosen later as his surgeon. But always considerate, he made it easier for me. Let me share with you a clear example of the consummate professor and empathetic surgeon. As he was comfortably asleep, and just before I began the operation, the anesthesiologist said: "Dr. Forde, Dr. Wiedel asked me to give you this before you begin." On a sheet of paper Phil had sketched a map of his abdomen. It was an aide-memoire. I immediately recalled that he had told me how Albrecht Durer, the Nuremberg artist of the famous praying hands, communicated his symptoms to his doctor by drawing a picture of his abdomen with a pointing sign which read: "Schmerz hier." Phil's drawing (which I will treasure forever), reminded me "appendix already out" and warned me with a pointer to the spleen "caution here." The operation went smoothly after that. Always teaching, always reassuring, always humoring - his most severe admonition when you did something wrong or stupid was a nervous snicker.

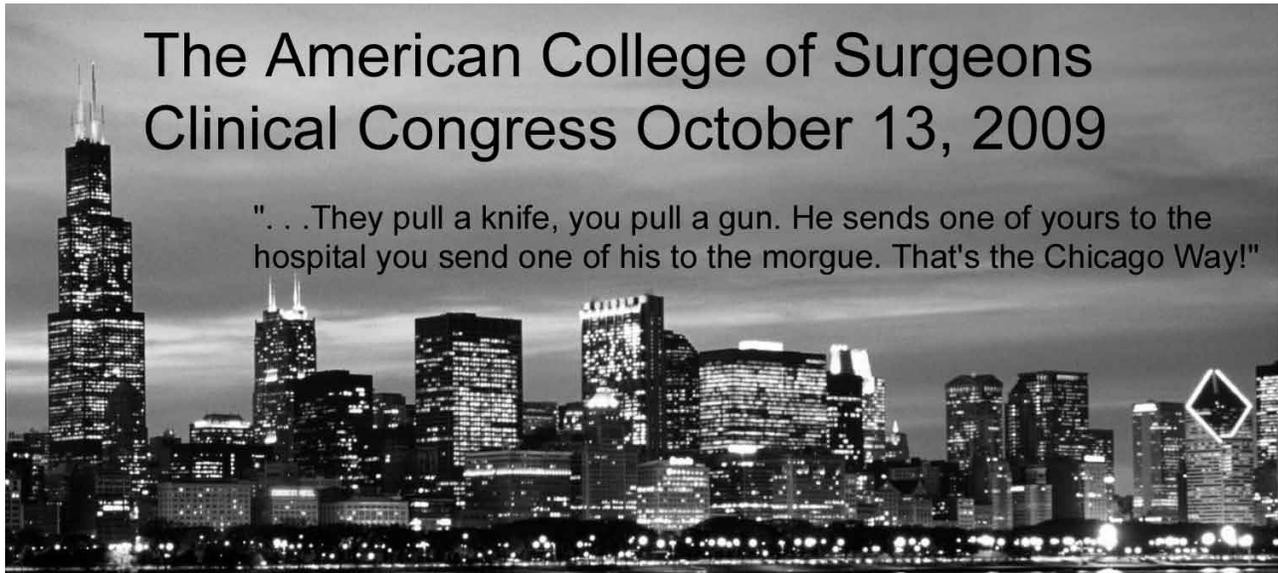
These thoughts that I have recounted are shared by all who came under his influence, including Drs. Fred Herter and Fred Jaretzki, his former colleagues, who are here today. E-mails from multiple former trainees echo the same descriptive superlatives and join those of us here in expressing sincere condolences to his family. We rejoice that we were able to share so much of him, so I speak for many when I say: *Good night sweet prince and flights of angels sing thee to thy rest.*†

Kenneth A. Forde

† Horatio's fond farewell upon Hamlet's death: "Now cracks a noble heart. Good night sweet prince; And flights of angels sing thee to thy rest!" Act V: Scene II

The American College of Surgeons Clinical Congress October 13, 2009

"...They pull a knife, you pull a gun. He sends one of yours to the hospital you send one of his to the morgue. That's the Chicago Way!"



The John Jones Surgical Society's Reception was held at Chicago's Fairmont Hotel on Tuesday October 13th. It was lightly attended, but those who were there were clearly enjoying the conviviality. The ACS registration was also down, but less dramatically. It wasn't the weather, which was beautiful, nor fear of "The Chicago Way,"[‡] because two generations of Daleys have pigeonholed the city's crime into warrens where most people would not venture. Tight travel budgets and fear of H1N1 flu exposure were partially responsible, as well as competing events. Regulars Jack and Joan Jacobson were at the Governor's Dinner. Columbia's cardio-thoracic surgeons were represented solely by alumnus Jack Connolly, who as usual, had been feted at his own namesake society dinner on the previous evening. A check of the ACS 2009 program shows only three Columbia C-T faculty participants, suggesting that the Clinical Congress may not be as attractive to C-T surgeons as it was in the past.

Trisha acknowledged the predictable presence of pediatric surgeons Charlie Stolar and Pennsylvania State's Peter Dillon by including Gerber's newest minced shrimp-with-mango product, serving it in small, curved feeding spoons. Gerber recommends warming the mince for its intended consumers, but our spoons were nestled on crushed ice amidst more conventional adult hors d'oeuvres, which might account for its apparent stimulant affect on Dr. Stolar.

Patricia Sylla is no longer a "fellow," as exemplified by her appearance at the reception. She completed her fellowship in colorectal surgery at Mt. Sinai, in New York in 2006 and one in Minimally Invasive Surgery with David Rattner and his colleagues at the Massachusetts General Hospital in 2008. The latter led to July appointments to the Harvard faculty and MGH staff as a general and colorectal surgeon. Years 2009 and 10 will easily surpass 2008 for Patricia and husband Paul Cohen. They will have had their first child well before you are reading this, and Paul, a former CUMC medical resident, is in his final year as a Cardiology fellow at Brigham and Women's Hospital. Her eschewal of a hyphenated professional name is understandable but patently unfair to Harvard student and resident punsters, as in "I should get through early today. I'm working with the 'Valley Girl' and she's really slick." Look up Sylla p (no coma) in Pub Med and you will find four 2009 publications on Natural Orifice Translumenal Endoscopic Surgery (NOTES), as well as a legacy article from Mt. Sinai days. NOTES has had more than its share of naysayers, in the almost

6 years since its inception, but is being pursued in a controlled environment of international, cross-discipline, scientific cooperation, and Patricia's work is ongoing at one of its epicenters.

Gerald and Karen Fried graced the party, as they often do, as guests of Ken Forde and Dennis Fowler. More than a decade ago, when others were bemoaning the rate of common bile duct injuries, which attended widespread adoption of laparoscopic cholecystectomies, Gerry introduced simulator training at Montreal General Hospital and published metrics that validated its worth. He remains a very active contributor as the Steinberg-Bernstein Chair of Minimally Invasive Surgery and Innovation at the McGill University Health Centre, recently publishing an assessment of the ability of a sophisticated colonoscopy simulator to differentiate operator skill levels.

Steve Libutti gave up his government job after 13 years at the National Cancer Institute and heading the Surgery Branch's Tumor Angiogenesis Section for the last 3 of those years. As of February 2009, he is the Director of the Montefiore-Einstein Center for Cancer Care and Vice Chairman and Professor of Surgery at the Albert Einstein College of Medicine. He's hit the Bronx running. Over the past 9 months, he's recruited five new faculty, opened a new 8,500-square foot outpatient facility, and reoriented Montefiore Cancer Center's classic departmental structure into multidisciplinary disease- and organ-based clinical services. On the research side, he has his former NCI laboratory up and running at Albert Einstein, continuing its focus on tumor angiogenesis and tumor specific microenvironments.

The next ACS John Jones Surgical Society reception will be on Tuesday, October 5, 2010, when the Clinical Congress will be in Washington, DC. Go early and enjoy the results of British scientist, James Smithson's (1765–1829) contingency bequest to the government of a country that he had never visited. The gift was conditioned upon his only nephew dying without heirs, which he did in Genoa, Italy, 1835. This, 10 million in today's dollars, "seed grant" was to create an "Establishment for the increase & diffusion of knowledge among men." It's grown into a federal-private, mainly-tax-supported enterprise, with 19 museums, 9 research centers and a world famous zoo. DC houses the zoo and 15 of the Smithsonian museums, so there must be at least one that you haven't seen. But please reserve Tuesday evening for John Jones, lest we find ourselves at an uptown-midtown, New York Presbyterian Hospitals, 2011 reception in San Francisco.

[‡]"You wanna know how to get Capone?" Sean Connery, as Beat Cop Jimmy Malone, to Kevin Cosner, as Elliot Ness, in "The Untouchables," a 1987 Brian DePalma film, set in Chicago in 1930-32.



Sherman and Peggy Bull



Jack Connolly and Jim Chandler



Tyr Wilbanks, Andre Campbell and Gary Tannenbaum



Ken Forde, Bret Tabach and Steve Libutti



Steve Libutti and Mahamoud El-Tamer



Dennis Fowler and Mark Hardy



Ken Forde and Tom Magill



Trisha Hargaden, Ken Forde, Ruth Hardy and Adam Kushner



Gerald and Karen Fried



Patricia Sylla and William "Billy" Bertucci



Paul Starker, Juan Noguerras, Charlie Stolar and Lee Starker



Juan Nogueras, Charlie Stolar (on stilts) and Peter Dillon



Jim and Cindi Chandler



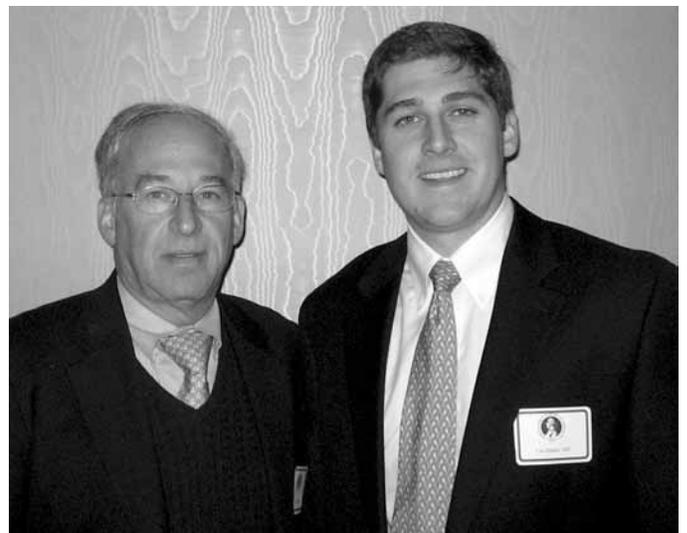
Ruth and Mark Hardy



Sheldon Feldman, Theodora Budnik, Christine Rohde and Bret Taback



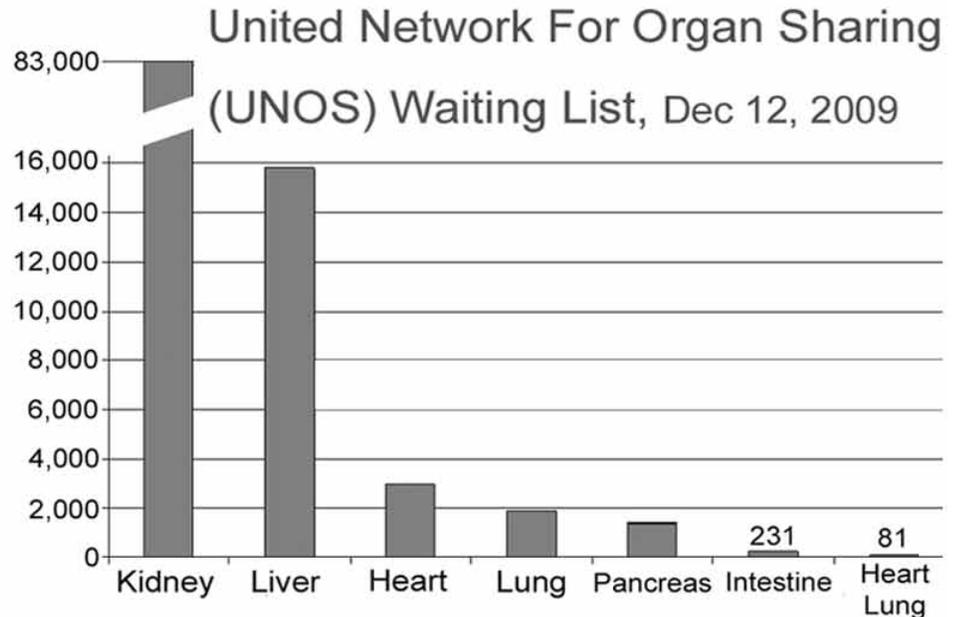
Ken Forde, Marjorie and Tom Magill



Paul Starker and son Lee

Save the Date, Friday, May 21, 2010

The 10th Annual John Jones Surgical Society Spring Meeting will feature a wide ranging and authoritative transplantation symposium in the Hammer Health Sciences Auditorium, with a mid-day lunch and business meeting, and 6:30 PM cocktails and dinner at the New York Athletic Club. CUMC has followed a successful formula in transplantation of laying back a bit until the first-out-of-the-gate dust settles, which has paid off handsomely in terms of prima non nocere and rapid build up of good outcomes. Harvard plastic surgeon, Joseph Murray, led off with a renal transplant between identical twins in 1954 and then performed the first successful cadaveric renal allograft in 1962. Joe Buda and J. B. Price led a team that performed the first kidney transplant at the Medical Center on November 15, 1969, which functioned almost immediately after declamping. The Center now enjoys prominence in the transplantation of most organs in both adults and children, justifying high expectations for a great conference. The following is a synopsis of the symposium's preliminary program being organized by Mark Hardy, who does not go quite back to the 3rd century, twin Saints Cosmas and Damian but has wrestled with the vicissitudes of isolated pancreatic islet transplantation for nearly 40 years.



Transplantation—A Glimpse at Past, Present, and Future

Morning

David Kinne, *Moderator*

The Beginnings of Transplantation at Columbia, *David Kinne*

Future of Organ Procurement—Public Access, Distributive Justice, Legal & Financial Issues, Michael Goldstein, *Medical Director, New York Organ Donor Network*

General Surgeons' Role in Management of Organ Donors
Michael Marvin, *Director of Liver Transplantation, Jewish Hospital, University of Louisville*

Comments on Heart and Lung Donors

Break

Mark Hardy, *Moderator*

Renal Transplantation Outcomes, Optimizing Organ Donation and Protecting Living Donor's Interests, Lloyd Ratner

Liver Transplantation Outcomes—How to Improve Utilization, James Guerrera

Living Liver Donors

Talia Baker, *Northwestern Memorial Hospital, Chicago*

Heart Transplantation Outcomes and Bridges to Life
Yoshifumi Naka

Improving Donor Organ with Stem Cells, David D'Alessandro
Director of Clinical Trials, Montefiore Medical Center

Lung Transplantation and Alternatives to Breathing, Joshua Sonett
ECMO as a Bridge or Cure for Pulmonary Failure, Charles Stolar

Lunch and Business Meeting

Afternoon

Jean Emond *Moderator*

The Effect of New Advances in Transplantation on General Surgery,
Tomoaki Kato

Panel Discussion—Islets, Hepatocytes, Stem Cells, Organ Preservation
(Perfusion/Reperfusion),

Robert Brown, Jr., James Guerra, Mark Hardy, Yoshifumi Naka,
and others

Xenotransplantation—Where are you? Megan Sykes,
Mass Gen Hospital, Harvard University

Ethical Issues in Organ Transplantation, Kenneth Prager
Chair of CUMC's Ethics Committee

Closing Remarks – Mark Hardy