

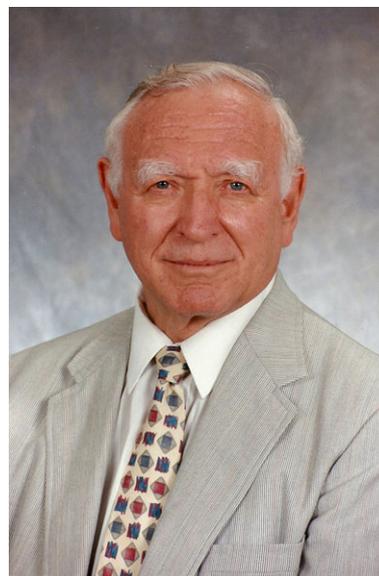
## Remembering Gene Stollerman, MD

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Some of us were born soon enough to fall in love with medicine when it was a young science but an old art.

With these words, Gene Stollerman, MD, former editor of the *Journal of the American Geriatrics Society* (JAGS), begins his memoir.<sup>1</sup> Gene, who died on August 1, 2014, at the age of 93, was truly a larger-than-life figure in academic medicine. In this age in which excelling in even research and clinical care seems so difficult, it is amazing to consider someone who was the true “quadruple threat”—a master clinician, groundbreaking researcher, superb educator, and leader of many successful academic programs—and all this was possible because of his true passion for medicine.

Gene was fortunate to have had the opportunity at the end of his life to describe his remarkable career through his book *Medicine, A Love Story*,<sup>1</sup> as well as to document his many contributions to geriatrics in a JAGS perspective piece.<sup>2</sup> As he narrates so well, Gene was intimately involved with the scientific revolution in medicine. He received his medical degree from Columbia University in 1944 and completed his residency at Mt. Sinai Hospital. After a brief stint in the army, he was able to obtain a research fellowship in Colin MacLeod’s laboratory only a few years after their discovery of deoxyribonucleic acid as the factor responsible for transforming pneumococci. It was there that Gene began his work studying Group A streptococci, the factors that determined their potential to cause rheumatic fever, and how these infections could be prevented. In 1951, Gene became the Medical Director of the Irvington House for Children with Heart Disease, where he began his pioneering work initially showing that benzathine penicillin could prevent recurrences of rheumatic fever in children and subsequently primary disease in military recruits. In his later career, when seeing an individual on a high dose of penicillin, Gene was always



certain to quip that he “had wiped out rheumatic fever with less penicillin than in that patient’s urine.”

Gene’s success in his work with streptococcus and rheumatic fever led to an offer in 1955 of an endowed professorship at Northwestern University, followed in 1965 by the position of Chairman of Medicine at the University of Tennessee. Gene was a tireless advocate for expanding bioscience research at the university and providing high-quality medical care for the urban population of Memphis. Although he would frequently tell stories of the many battles he fought to build up the department, with his competition at the neighboring Baptist Hospital frequently eliciting his scorn, one of the battles he lost perhaps best illustrates his strong advocacy for patients. Because of his knowledge of penicillin and its use in treating syphilis, he was asked in 1969 to serve on an ad hoc advisory committee to the Centers for Disease Control and Prevention on the future of the Tuskegee Experiment.<sup>3</sup> Gene felt strongly that, regardless of whether treatment was effective in advanced syphilis, it was morally and ethically necessary to stop the experiment and offer penicillin therapy. Amazingly, the panel voted 11 to 1, with Gene being the sole person in opposition, to continue the experiment, and it was not for several more years before public outcry forced its closure. Although Gene was never one not to speak about his accomplishments, he rarely talked

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about this experience, perhaps because he was not successful at ending something that he knew was so wrong.

After 16 years as Chair of Medicine, Gene decided that he was ready for another change. He moved to Boston's University Hospital, ostensibly to teach, practice medicine, and write. He took responsibility for one of the inpatient firms, where he had a huge presence on the floors, but recognizing that he could do much more to promote his burgeoning interests in geriatrics and health services research, he soon took over as Chief of the Section of General Internal Medicine. He closely aligned the Section with the Geriatrics Section, requiring that all general internal medicine fellows have a 2-year long-term care experience at the Jewish Memorial Hospital. It was during this period that he succeeded Paul Beeson in becoming editor of JAGS. Gene was particularly interested in medical ethics and end-of-life care, which he strongly promoted in JAGS by creating a special section on ethics and contributing many editorials. He was especially proud of his piece *Loveable Decisions: Re-humanizing Dying*, in which he argued for the central role of physicians in the dying process.<sup>4</sup>

On reaching the age of 65, Gene decided once again it was time to follow his passion by dedicating his time to teaching, writing, and practicing clinical medicine. He took an honorary position as distinguished physician at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts. This time, it took Gene 2 years to realize that, in this position, he could not adequately promote his agenda for shaping the clinical geriatrics and research programs. He switched to the position of Associate Chief of Staff for Geriatrics and Extended Care in his efforts to strengthen these programs. He was also able to obtain funding for the creation of a Veterans Affairs Health Services Research and Development Center of Excellence, which he named the Center for the Health Maintenance of the Aging Veteran. In 1995, Gene was ready for his "final" retirement. He moved to Hanover, New Hampshire, and immersed himself in the rich academic environment provided by Dartmouth University, where he continued to lecture and write on diverse topics of interest.

Beyond these many achievements, there are two things that really stand out in my mind about his career. First is how masterful he was at the bedside. As any of the residents or fellows making rounds with Gene could attest, he was challenging and entertaining. One always had to be ready for questions such as what the fundi looked like or what happened when you boiled the urine (even though Gene well knew that even back when I was a fellow, absolutely no one was boiling urine). As fellows making rounds with Gene at the Jewish Memorial Hospital, we took seriously the challenge of coming up with cases with which to stump him. This was rarely possible, even when we described a disease he had never heard of. I still remember his discussion of an elderly woman with ptosis and dysphagia due to oculopharyngeal muscular dystrophy, a rare type of muscular dystrophy typically seen in French Canadians that has an onset late in life. After eliciting the history, examining the woman, and reviewing the extensive tests, Gene excluded conditions such as myasthenia gravis and paraneoplastic syndrome, concluding that this was clearly some primary disorder of muscle that he had never

heard of before. Gene was sufficiently impressed with the case that it became a JAGS case study.<sup>5</sup> However, it was also the link to history that was so entertaining. Whoever's name came up during rounds, be it Alvan Feinstein or Gene Braunwald, there would be some memorable story or quip such as their first presentation at the "young Turks" meeting in Atlantic City. These links to medical history made the case discussions all the more interesting.

Second, beyond his many positions, he created an enduring legacy. Rheumatic fever has been mostly eliminated, at least in Western industrialized societies. Although through many rounds I have seared in my memory that rheumatogenic strains of Group A streptococcus always have a characteristic mucoid appearance on blood agar (something that was apparently a source of great controversy among streptococcus researchers), I have never seen a case of rheumatic fever. Gene's line of research on Group A streptococcus continues, and he was immensely proud of his "academic grandchildren," the mentees of his mentees who are continuing his work. He closely followed their careers and accomplishments. The programs he helped develop in Memphis and Boston also continue to thrive. As just one example, the Health Services Research and Development Center at the Bedford Department of Veterans Affairs, which I now codirect, has over 50 MD and PhD investigators and a staff of 120.

I last spoke with Gene about 6 weeks before he died. He had sent me his final manuscript, *Hospice: It Ain't Over 'til It's Over*, and was wondering where it should be published. He considered this manuscript the coda to his book. Fitting for a final chapter, he took the opportunity to discuss his preparations for dying and how fortunate he was at the end of his life to be receiving the kind of hospice care that he had always promoted as editor of JAGS. Knowing that death was imminent, he ended the manuscript with "ciao."

Gene's final legacy is his family. He shared his passion for medicine with an equal passion and involvement with his family. He outlived his first wife, Corynne; his second wife, Vita; and his oldest daughter, Lee. His son John, daughter Anne, stepchildren Leonard and Rebecca, and six grandchildren survive him.

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