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Part III: Clinical Departments and Divisions --- Chapter 30: Allergy and Clinical Immunology, and Chapter 31: Geriatrics (pages 497-504),

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An important aspect of medicine—allergy and clinical immunology—has a complex history at Jefferson. For most of the twentieth century, the “specialty” of allergy was not formally organized as a Division of any Department but was related principally to the Department of Medicine until 1982. As a well-functioning Clinic, this in no respect impaired the effectiveness of the discipline.

Historical Background

Numerous references in medicine and literature exist relative to processes now described generally as allergic or that relate to immunologic events. As early as the second century A.D., Aretaeus the Cappadocian described exercise-induced asthma. Moses Maimonides (1135–1204 A.D.) wrote Treatise on Asthma. Early awareness of an immunologic process was exemplified by Edward Jenner’s 1798 use of vaccine for smallpox prevention. The term “hay fever” was coined by John Bostock in 1819, but identification of pollen as a cause of the problem awaited a description in 1872 by Morrill Wyman. Skin testing and desensitization were attempted as early as 1873 by Charles H. Blackley.

At Jefferson at about the turn of the twentieth century, otorhinolaryngologists in particular showed much interest in this field, and, in addition, Dr. Solomon Solis-Cohen (Jefferson, 1883), later Professor of Clinical Medicine, published a paper entitled The Use of Adrenal Substance in the Treatment of Asthma (1900); he also noted vasomotor disturbances as a part of the pathological physiology of common allergic disorders. The increasing role of immune phenomena during the twentieth century is well documented and was not limited to the area of allergy and immunology as it is perceived today. Such areas as transplantation, rheumatology, and nephrology come to mind. The past few decades, however, have seen considerable development in the direct area of allergy and clinical immunology.
Clinical Allergy at Jefferson

The first Allergy Clinic in Philadelphia was established by Dr. J. Alexander Clarke, Jr., (Figure 30-1) in 1921. Dr. Clarke (Jefferson, 1916) interned at Roosevelt Hospital in New York City, where he was attracted to the new and famous allergy clinic there under the pioneer allergist, Robert A. Cooke, M.D. Dr. Cooke was a founding member and first President of the Society for the Study of Asthma and Allied Conditions, of which Dr. Clarke was later President. The Jefferson Clinic was organized under the Jefferson Outpatient Department with Dr. Clarke as Chief Clinical Assistant and Instructor in Medicine. He was soon joined by Drs. George B. Meyer and James S. McLaughlin. The clinic thrived and ultimately developed into one of the largest in the Outpatient Department. Beginning in a small store on Eleventh Street, it was moved to the 1898 College Building at Tenth and Walnut and later to Curtis Clinic. For many years the students were rotated through the clinic.

Dr. Clarke became a leader in all aspects of his specialty and published numerous articles, but his untimely death prevented publication of the book that was in preparation. Among his early trainees were numerous physicians, who organized allergy clinics in nearby hospitals. For many years the physicians who served in the Jefferson Clinic were volunteers and proved unusually loyal in their attendance at the regular clinic sessions.

During Dr. Clarke’s period of activity, he became certified in Internal Medicine with the establishment of the American Board in 1936. In 1942 the subspecialty Board of Allergy was formed and certified him as well.

Harry L. Rogers, M.D., Chief of the Allergy Clinic (1943–1958)

Dr. Clarke became ill during the height of his career and died January 31, 1943, at the age of 52. The Clinic continued under the supervision of Dr. Harry L. Rogers (University of Pennsylvania, 1917) who served as its Head from 1943 to 1958. During this time, the Clinic maintained its previous status as mainly an outpatient enterprise, with only limited hospital association. Dr. Rogers was in charge of all student teaching as well as the laboratory for preparation of antigens for testing and therapy. Among the physicians serving during this period were Drs. James McLaughlin, Howard C. Leopold, Frank J. Gilday, George W. Truitt, Alexander M. Peters, Samuel Rynes, Charles F. Milon, James H. Ruetschlin, and Carl M. High.

Howard C. Leopold, M.D., Chief of Allergy Clinic (1959–1974)

Dr. Leopold (Jefferson, 1932) (Figure 30-2) was appointed Chief of the Allergy Clinic in 1959.
Shortly thereafter, he began a series of lectures to junior students supplementing the Clinic experience. Dr. Leopold, having originally planned a career in pediatrics with residency at Children's Hospital in Philadelphia, interrupted this program to study infections in childhood with Dr. Bela Schick at Mt. Sinai Hospital in New York. Soon thereafter Dr. Schick sent him to the Cooke Clinic in New York, encouraging him to take up studies in allergy. This training resulted in his appointment to Dr. Clarke's Clinic at Jefferson upon his return to Philadelphia in 1936. His activities were widespread, and he was consultant to many regional facilities. During his tenure as Clinic Chief a few clinical research projects were carried out and reported to the American Academy of Allergy. Studies of autoimmunity in chronic bronchial asthma and the detection of antinuclear antibodies in patients with asthma using the fluorescent antibody technique were in progress. During the years of Dr. Leopold's activities, Dr. Robert Wise, Chairman of the Department of Medicine, wanted to develop a full Division of Allergy and Immunology but this did not occur, partly as a result of Dr. Leopold's impending retirement, which was hastened by his illness. He and Dr. Wise had agreed on plans for a full-time Director in 1973, but this was not consummated.

During Dr. Leopold's illness in 1974, Dr. Frank Gilday (Jefferson, 1944) was appointed Acting Director of the Allergy Clinic, and he continued its direction until 1982, when the Clinic was absorbed into the Division of Allergy and Immunology.
Immunology of the Department of Pediatrics. Following Dr. Leopold’s death, an opportunity was perceived to establish a comprehensive Division of Allergy and Clinical Immunology as a joint facility of the Departments of Medicine and Pediatrics. This was not accomplished but an effective program was nevertheless developed.

Herbert C. Mansmann, Jr., M.D.

Dr. Mansmann (Jefferson, 1951) was appointed Professor of Pediatrics and Associate Professor of Medicine in 1968, having previously been associated at the University of Pittsburgh with Dr. Robert L. Brent, Chairman of Pediatrics, and Dr. Paul H. Maurer, an internationally recognized immunochemist and Chairman of Biochemistry, both of whom came to Jefferson in 1966. All three shared interests and demonstrated skills in immunology. Dr. Mansmann was also made Director of the Division of Allergy and Clinical Immunology in the Department of Pediatrics. The plan was to strengthen the Pediatric Residency program and to develop clinical and research skills in the Department. He was also associated with the Allergy Clinic, which in 1982 was absorbed into his Division.

At the time of his arrival at Jefferson, Dr. Mansmann was already established as a clinician and investigator in the area of pediatric allergy. As a medical student at Jefferson, he had been an allergic patient of Dr. Harry L. Rogers. Following his training in pediatrics at Pittsburgh, he became a Fellow in Allergy in the Department of Medicine at the Massachusetts General Hospital (1955–1956) under Dr. Walter S. Burrage, Director of the Rackemann Clinic. He then served a year at New York University in immunology research, following which he returned to Pittsburgh to begin a research and clinical program.

Dr. Mansmann was certified by the American Board of Pediatrics and its Sub-Board of Pediatric Allergy. In 1968 he became the last Secretary of that Board, and in 1971 became a Founding Member and Secretary of its successor, the American Board of Allergy and Immunology. Since 1974 he has served as Executive Secretary of the Board. He has also been President of numerous professional societies and editor of a new journal, *Pediatric Asthma, Allergy and Immunology.*

**The Pediatric Allergy Program**

With the interest and support of Dr. Robert Brent, the new program at Jefferson thrived. Training of Residents and Fellows was comprehensive and their response enthusiastic. The policies included subspecialty training, frequently organ systems-oriented. An important special area was that of pulmonary medicine under Dr. Edward Sewall, Professor of Pediatrics and former President of the American Thoracic Society. Dr. Stephen J. McGeady, Associate Professor of Pediatrics with appointments also in Medicine and Biochemistry, joined the program in 1974 after completion of an outstanding training in Allergy and Clinical Immunology at Duke University Medical Center. He headed the Clinical Immunology Laboratory, where research especially into immune cellular functions was conducted. In addition to a laboratory for preparation of testing materials for patient care, there was also a Clinical Pharmacology Laboratory under Dr. Consuelo Saccar, where research into pharmacokinetics and clinical measurements of drug and metabolite levels in body fluids were carried out.

Initially as Medical Director of Children’s Heart Hospital (renamed Children’s Rehabilitation Hospital in 1986) and continuing as Director of Bronchial Asthma and Pulmonary Diseases, Dr. Mansmann developed successful teaching, research, and service programs. Three allergy and clinical fellows were stationed there to care for the 15 to 20 children with bronchial asthma, chronic lung disease, or immunological diseases. The full facilities of the Department of Pediatrics were available for the care of these children. The laboratories in Curtis and members from the Department of Medicine were also at hand. The Pediatric Pulmonary Function Laboratory, adjacent to the outpatient office in Curtis, saw frequent service.

**The Full Program**

With respect to adult allergy, which clinically constituted a major proportion of the outpatient
activities, the long and successful experiences in the old Allergy Clinic provided a solid base for continuing effort. Newer immunological principles and procedures were responsible for improvement in management and results. Bridging the area between pediatric and adult problems of allergy was no major problem because the mechanisms were similar. In this regard, the staff members from both Pediatrics and Medicine contributed signally to the clinical functions. Drs. John R. Cohn (Jefferson, 1976), Edward S. Schulman (Jefferson, 1975), Bernard W. Godwin, Jr., (Jefferson, 1955), and Charles F. Milon were representative.

Since 1968 there has been an acceleration of achievements, as shown by the numbers of Residents and Fellows who were trained and the continuing interest of the medical students. Sixty Fellows in Allergy and Clinical Immunology completed the program, all but three of them having become board eligible or certified. Twenty-nine were certified by the American Board of Allergy and Immunology and a number of them remained in the educational programs.

The management of allergy at Jefferson has undergone changes consistent with evolving concepts of the nature of immune processes, which in recent decades have become more clearly defined. Allergy has come to include basic science disciplines as well as those related to internal medicine, pediatrics, pulmonary diseases, otolaryngology, and other system-related areas. The program as recently structured has proved effective and progressive. Excellent teaching, research, and clinical capabilities promise further improvements in patient care.
“Old age, though despised, is coveted by all men.”

—Proverb

Perhaps the earliest organized treatment of the elderly at Jefferson began when Dr. J. Chalmers DaCosta was appointed surgeon to the Philadelphia Firemen and Firemen's Pension Fund in 1900, which service he rendered free to the active and retired firemen for 35 years. Final recognition of this service was made in May, 1931, when he was appointed Honorary Deputy Chief of the Philadelphia Fire Department and presented with a diamond-studded badge of office in the clinical amphitheater of the Thompson Annex.

Dr. Louis B. LaPlace (Figure 31-1), Associate Professor of Clinical Medicine, who headed the Cardiac Clinic, constantly reminded the students, interns, and residents of the need for study of care for the aged. The first mention of a Geriatrics Clinic was in the yearly reports of Jefferson Hospital and the Jefferson Medical College Catalogue in 1941. Dr. Louis LaPlace was the Chief Clinical Assistant, and Dr. J. Pancoast Reath (Jefferson, 1937), the Clinical Assistant. In 1942 Dr. Edmund L. Housel (Jefferson, 1935) became Chief Clinical Assistant in the Geriatrics Clinic; in 1946, he became Chief of the Hypertension Clinic. Dr. Housel (Figure 31-2) was assisted by Dr.
Oscar Wood (Jefferson, 1934) in the Geriatrics Clinic until the latter’s untimely death in 1951. Dr. Housel conducted a study of the use of dexedrine as a stimulant for mildly depressed aged patients and was impressed by its effectiveness in improving their alertness and physical energy. He also conducted a study of the eating habits of the aged.

In 1951 Dr. John N. Lindquist (Jefferson, 1943) became Chief Clinical Assistant of the General Medical Clinic and the Geriatrics Clinic, which he headed until Family Medicine was begun in 1974 (Figure 31-3). He made students aware of the elderly as a special group and stressed the need for their whole care. A mutual referral system developed with the Philadelphia Center for Older People (a day care center for the aged) and the Jefferson Medical and Geriatrics Clinics. Medical care was provided at Jefferson, and social and recreational therapy at the Center.

From 1965 to 1969 students in the Department of Psychiatry who were sent to Friends Hospital for training were assigned elderly patients and became introduced to the mental problems of the aged. This was an extension of the teaching of geriatrics from the Medical and Geriatrics Clinic. Dr. Lindquist conducted the program with Dr. Kenneth Kool, a psychiatrist. The students presented their aged patients at a weekly seminar attended by the psychiatrist, internist, social worker, nurse, nurse’s aide, and recreational therapist. The student was assisted by this team in planning for the patient’s immediate and future care.

The current Geropsychiatry Program at Jefferson is headed by Erwin A. Carner, Ed.D., with a staff of 30, whose services are integrated with the Departments of Rehabilitation Medicine, Neurology, Internal Medicine, and Hematology.
The Center for the Study of Geropsychiatry is a section of the Department of Psychiatry and Human Behavior. Clinically, the Center coordinates the Dementia Evaluation Center, which encompasses the Departments of Neurology, Internal Medicine, and Psychiatry. Patients suspected of having a dementia are evaluated by a team, which includes a neuropsychologist, psychiatrist, neurologist, and a physician who specializes in internal medicine. The Center also operates a geriatric partial hospitalization program for nursing home patients. This program, which has three locations in Philadelphia, serves the mental health requirements of a population greatly in need of such services. The Center has an extensive research program in the areas of Alzheimer's disease, aerobic exercise, and nutrition with nursing home patients and the elderly in emergency rooms. Some of these research projects are grant funded and some are done independently.

An elective in Gerontology exists for Freshman and Sophomore medical students. In this program students work with a well elderly person for two years. The Geropsychiatry Center coordinates a course in the Sophomore Seminar Series as well as constituting a training site for Junior and Senior students.

Over the past four decades there have been sporadic efforts to establish a formal Division of Geriatrics in the Department of Medicine. The interdisciplinary nature of this “specialty” has frustrated such a consolidation. Jefferson’s program, in striving for improved approaches to the problems of aging, is comparable to those of similar institutions. Whether ultimately the subject will emerge as a major specialty remains unclear. Despite the diverse aspects of Geriatrics, the care at Jefferson of aged patients in medicine, surgery, and psychiatry has been optimal. Ongoing research promises even greater benefits.