A. Bernard Ackerman—1936–2008

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(*Am J Dermatopathol* 2009;31:740–761)

Eleven years ago, at a morning in December, when A. Bernard Ackerman walked across snow-covered streets from his home at Rittenhouse Square in Philadelphia to the Institute for Dermatopathology at Jefferson Medical College, he suddenly felt a sharp pain in his chest. He was alarmed, slowed down, made it to his institute, and called a cardiologist immediately upon his arrival. Two hours later, an electrocardiogram was performed, and he underwent bypass surgery the next day. After 2 weeks, he was back at his microscope, his energy undiminished. No damage had been done.

Last year things were different. For 2 weeks, Bernie Ackerman had suffered from back pain, the cause of which was not apparent. On Friday morning, December 5, 2008, he had a severe heart attack. He reached the phone and asked the doorman of his home in New York city to call an ambulance, but when the latter arrived, he was already dead. Death came a bit early, at age 72, but it came the way he had hoped for, suddenly and conclusively, without an intermediate stage of ailing and dependence from others, which for Ackerman, who cherished independence like nothing else, would have been unbearable (Fig. 1).

With Ackerman's death, an era in dermatopathology came to an end. For 4 decades, dermatopathology had been dominated by Ackerman. There is hardly another discipline in medicine that has been changed so much by a single person. When Ackerman entered the stage of dermatopathology, the histopathologic findings of most skin diseases had already been described, but vaguely and inadequate for diagnostic purposes. Descriptions in textbooks were long winded, important criteria being mixed with irrelevant findings, and the impetus of dermatopathologists was chiefly elucidation of the pathogenesis of skin diseases, rather than accurate diagnoses. In most textbooks of dermatopathology, as in Josef Kyrle's "Lectures about Histo-Biology of Human Skin and Its Diseases" (Vorlesungen über Histo-Biologie der menschlichen Haut und ihrer Erkrankungen, 1925/1927), problems of differential diagnosis were not considered.[1] The first textbooks that contained special paragraphs devoted to differential diagnosis were Oscar Gans' "Histology of Skin Diseases" (Histologie der Hautkrankheiten, 1925/1928) and Walter Lever's "Histopathology of the Skin" (1947), but the respective sections were short and failed to provide dependable criteria for diagnosis and differential diagnosis.[2,3] In the preface to the second edition of his textbook in 1955, Gans acknowledged that, "*as our knowledge has increased, analysis of differential diagnosis has become considerably more difficult*."[4] In 1973, Wallace H. Clark described what he called the "*unhappy state of affairs*" of dermatopathology in these words: "*Most general pathologists manifest little interest in cutaneous pathology until confronted with … a pathology request slip asking the pathologist to rule out pityriasis lichenoides et varioliformis acuta. The response many pathologists have to a situation as just outlined is to quickly flip through one of the excellent monographs on cutaneous pathology to see whether one can find a picture with a name that matches that present in the section at hand*."[5] The "unhappy state of affairs," however, was soon to change, and that change came chiefly through Ackerman.

Albert Bernard Ackerman was born in Elizabeth, NJ, on November 22, 1936. He was named after his 2 grandfathers, but because his father dominated family life, he came to be called after his father's father. Ackerman had 2 siblings, a 14-months-old younger brother, Jim, who eventually became the Chairman of the Department of Orthodontics at the University of Pennsylvania and who, in Ackerman's own words, remained his "*best friend*" throughout life, and a 9-year younger sister, Sue. Ackerman's mother was very playful and imaginative; she invented hundreds of little stories herself, and when she read books to her children, she did it with such expression that her children longed to hear more and soon became enthusiastic readers themselves. She also taught her children lessons about matters ethical, cultural, and historical, ranging from the American war of independence to the invention of the telephone, and she used to check the efficacy of her tutoring in an ongoing "question and answer" game that started when Ackerman was only 3 years old. Ackerman's father, an orthodontist, was strict and demanding. He believed in the American tradition of upward mobility, had high expectations for his children, especially his oldest son, and did not refrain from brutalizing them when those expectations were not met. As in the military, his commands were often barked, and he required his sons to respond with a crisp "Yes, sir!" or "No, sir!" What mattered for him was that his sons would to be "a success," and he often told them he was sure they would be "a failure." He disapproved strongly of activities that, in his view, did not profit them on the long run, especially Bernard's enthusiasm for basketball, for which he had only comments perjorative, such as "You cannot eat basketballs, boy!" On the other hand, Ackerman's father was generous to his children, orchestrated nearly every aspect of their lives, and made many wise decisions. Ackerman's relationship with his father always remained ambivalent[6] (Fig. 2).

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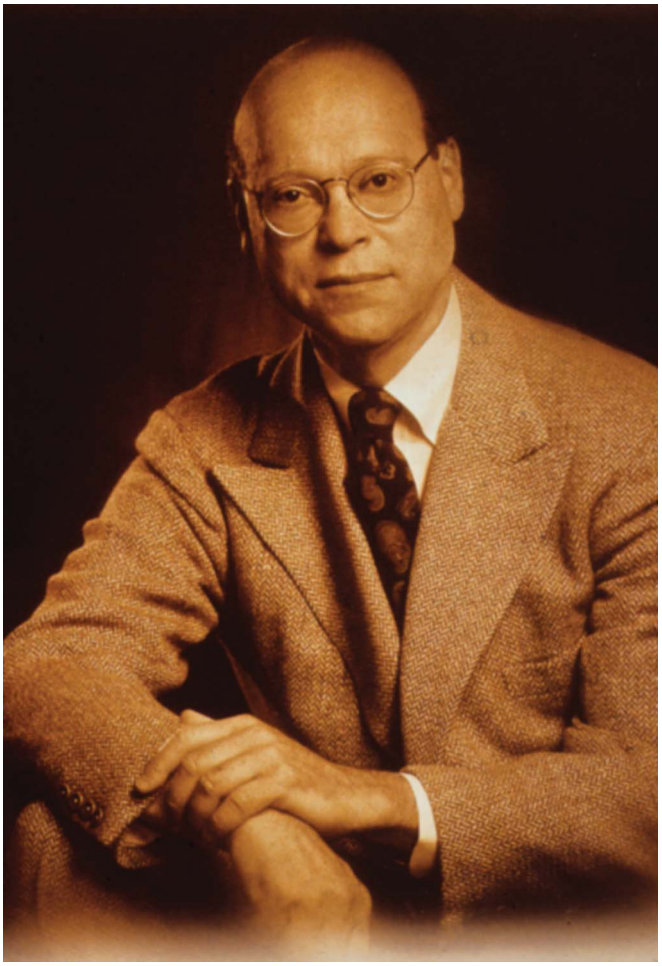

FIGURE 1. Albert Bernard Ackerman.

Ackerman's family was Jewish, and although Ackerman had no religious inclinations and did not believe in a personal god, he was influenced strongly by Judaism. From his mother, he learned much about Jewish culture and heard many tales that coupled a fascinating story with a grain of wisdom. Already as a child, he learned of the Holocaust, and he always remained painfully aware of the fact that he could have died in an annihilation camp himself, had not his grandparents left Lithuania and Estonia for the United States. As an adult, Ackerman practically never went to Synagogue and did not emphasize his Judaism, except when he felt that it was being attacked. Then he reacted sensitively, defended the minority from which he originated, and revealed himself with ostentation as being Jewish. In his youth, such attacks were not uncommon. There was a lingering anti-Semitism in the United States that revealed itself, for example, in a quota for Jews at universities. As a conscious effort against those tendencies, Ackerman chose Jewish subjects for his theses at Princeton University, writing his junior theses about "Dietary Laws of Judaism" and the "Hebrew Conception of Nature and Dignity of Man," and his senior thesis about the famous Yiddish humorist, Sholom Aleichem. When he made it into Princeton's Freshmen Basketball Team, Ackerman demonstrated his Jewishness by putting on a Mezuzzah.

Ackerman's Jewish origin was also important in another respect. His feeling to belong to a minority, to be an outsider in a society dominated by Christian belief and Christian culture, induced him to emphasize his individuality and to stand for himself. Already as a boy he tended to play alone, and the words of the Torah, "I, myself, alone," became his credo (Fig. 3). This is not to say that Ackerman eschewed company and colloquy. He enjoyed the company of colleagues, students, and friends, but he esteemed them as individuals, with their own critical set of mind, and he hated fraternities, the closing of ranks with others for the sake of a self-contained group, party, or institution, rather than a concept or idea. He took delight in collaboration with others, but he recognized that "*certain endeavors can only be done alone, perhaps chief among them introspection, contemplation, and reflection*."[7] Ackerman's credo, "I, myself, alone," implies responsibility and originality. Those 2 qualities came to be chief characteristics of Ackerman in his professional life.

Ackerman's awareness to belong to what he conceived to be a despised minority coupled with his father's ambitions for

FIGURE 2. Home of the Ackerman family in Elizabeth, NJ, with the 2 boys, Bernard (in the background) and his brother, Jim.

FIGURE 3. Bernard Ackerman at age 5, playing by himself.

him. As a consequence, he was determined to excel. From elementary school to high school, he was always among the best students of his class. He then attended Phillips Academy at Andover, the oldest boarding school in the United States. There, at age 16, he experienced what he called, "*pedagogically, the single most important moment of my life*." In an examination about Greek mythology, he was asked to write a play using 5 Greek deities and one of his classmates as characters. After having delivered his play in verse 3 hours later, he noted, with exhilaration, "*even I had a capability for creativity, if only I would call upon it!*"[8] Ackerman did not believe in a creator, but he believed in the creation and in creativity as the most noble human quality. He remained creative throughout his life and was untiring in his efforts to stimulate creativity in every single one of his students.

■ *To my delight, some students grew like bamboo under my tutelage, surprising not only me but themselves with their newly discovered possibilities for creativity. … The great challenge for a teacher is to elicit the very best that a student has in him, and the greatest triumph for a teacher is a student who exceeds him.*

—A.B.A.

After graduation from Phillips Academy, Ackerman entered Princeton University, where he graduated cum laude in religion and literature in 1958 (Fig. 4). Ackerman's love for literature influenced his style of writing. Precision in, and elaborate use of, language eventually became prominent features of Ackerman. Ackerman's interest in religion and philosophy found expression in his tendency to transcend a particular issue and to put it in broader perspective, be it analysis of histopathologic patterns of inflammatory skin diseases to which he applied general rules for recognition of morphologic images, as they are used in botany and zoology; description of different stages in the evolution and devolution of diseases that he compared with the aging of man; or dermatopathology, a narrow branch of medicine that he perceived as a microcosm to which the same rules applied, and for which the same perspectives, limitations, and dangers existed, as for the macrocosm of society.

■ *Dermatopathology is a microcosm, and the concepts that obtain for effective and gratifying practice of it are equally valid in the world beyond the microscope.*

—A.B.A.

By the time Ackerman graduated from Princeton, he had firm moral concepts and convictions. Not believing in a personal god who interferes with the world in rewarding or punishing fashion, he saw no inherent meaning in life. Life could only have meaning if that meaning was generated by oneself. This is what he set out to do: he wanted his life to have meaning, he wanted to leave his footsteps, to make a difference, to fulfill a purpose. The "sense of purpose," cognition of the end of one's own being, of one's own destination, was very important to him; without a "sense of purpose," he believed, one could not be happy. Ackerman saw his purpose in helping to shape the world according to principles that he valued highly, including a view of the world based on empirical knowledge, free of any prejudices or nonverifiable doctrines,

FIGURE 4. Bernard Ackerman after graduation from Princeton University. His thesis was awarded the Daily Princetonian Award, ''For the greatest physical and moral contribution to the University by an undergraduate.''

and judgment of human beings based on their individual behavior, abilities, and merits, independent from race, religion, or nationality.

Those principles can be furthered in many professions and, at age 21, Ackerman was not yet sure about his future. His interests were chiefly the humanities, philosophy, and literature, and he had never been strong in the natural sciences. Nevertheless, with great hesitation, he finally complied with his father's wish that he study medicine. Despite the numerus clausus for Jews and great competition, Ackerman was accepted by Columbia University College of Physicians and Surgeons in New York city, where he had the fortune to be instructed by outstanding teachers, such as David Seegal and Yale Kneeland, who not only taught him principles of health and disease, diagnosis, and treatment, but also about the ethics of medicine, such as readiness to acknowledge "Ic ne wat," Old English for "I don't know;" importance of an open mind, "Mens Candida," and the rule, "*Every time a physician sees a patient that patient must be better for the*

visit, else why the visit?"[9] It was the example of those teachers that confirmed Ackerman's vague hope that medicine might be the right subject for him. Despite difficulties in subjects related to mathematics and physics, such as physiology, pharmacology, epidemiology, and statistics, Ackerman was a successful student, was elected president of his class, and graduated in 1962. After internship at Mount Sinai Hospital in New York city, he became a first year resident at the Department of Dermatology of Columbia-Presbyterian Hospital. He then spent 2 years of military service in the Allergy and Dermatology Clinics at Andrews Air Force Base, Washington, D.C., and continued his residency in dermatology at the University of Pennsylvania in Philadelphia and at Harvard University in Boston.

More than 200 years ago, Wilhelm von Humboldt wrote: "*The true end of Man … is the highest and most harmonious development of his powers to a complete and consistent whole. Freedom is the first and indispensible condition which the possibility of such a development presupposes; but there is besides another essential – … a variety of situations. Even the most free and self-reliant of men is hindered in his development, when set in a monotonous situation*."[10] Ackerman read Humboldt only when he was in his late 1960s, but he shared those convictions, and he acted upon them. To develop his powers, he made use of the freedom to expose himself to many different influences. He not only spent his residency at 3 different universities, but was constantly on the move, seeing patients and attending conferences at many hospitals and becoming acquainted with the methods and personalities of some of the most famous dermatologists. In New York city, there were many well-known dermatologists who had immigrated from Germany during Nazi reign. All too often, when patients were being shown at meetings or conferences, those dermatologists rose, announced a diagnosis ex cathedra, and then sat down again. That experience created a lifelong disgust in Ackerman against the common attitude of giving a diagnosis, or a list of differential diagnoses, without justifying it, and prompted him to base his own diagnoses on clearly phrased criteria.

■ *Precision in language reflects precision in thought.*
—A.B.A.

Ackerman's most important teacher in dermatology was the Chairman of the Department of Dermatology at Columbia University, Carl Truman Nelson. Nelson was not a researcher and no fan of innovative procedures, but a superb clinician, an inspiring teacher, and a gentleman. Ackerman learned his first lesson from Nelson on the first day they met. When Ackerman applied for his residency and asked if he needed a contract at Columbia, Nelson replied, "*Gentlemen don't need contracts,*" a sentence that, in Ackerman's words, "*became my guide for both my professional and extra-professional life*."[11] Nelson demanded much of his residents and insisted that standards be maintained. He was invested, wholeheartedly, in the management of patients under his care. Nelson's premise, "*the patient comes first,*" became a credo of Ackerman who, despite many obligations, always took time to speak to worried patients at the telephone or to see them in his office. Nelson also became a role model by virtue of the importance he attached to education. For his residents and fellows, Nelson established courses in many facets of dermatology, such as radiotherapy, bacteriology, mycology, immunology, and dermatopathology. He organized a journal club, and invited speakers from other departments in the medical center to give a weekly lecture. Every Wednesday morning, Nelson met with his residents to discuss matters germane to their training and to care of patients, and each resident was assigned 2 subjects per year to be pursued in depth and then to be presented at a conference.[12,13] At Columbia, Ackerman learned that word doctor comes from the Latin, "docere," to teach, and he came to appreciate the value of educating, from the Latin, "educere," to lead out, instead of indoctrinating, of forcing-in. Ackerman eventually became a "doctor" in the true sense of the word; he devoted his entire life to educating his students in Socratic fashion. In that process, Carl Nelson played the role of a catalyzer; he patted the ground for Ackerman's future career as an academic teacher. Despite his failure to explore new concepts, develop innovative procedures, and advance the field, Nelson came close to what Ackerman envisaged as "*an ideal chairman of an academic department of dermatology.*"[14] It was the example of Nelson that made Ackerman sternly critical of the attitude of appointing chairmen of clinical departments on the basis of merits in research, rather than clinical competence.

■ *The laity and many physicians assume that pathologists lead professional lives far removed from patients. Even some pathologists accept this proposition. In actuality, a pathologist worthy of the designation must be an outstanding clinician who thinks always in terms of the patient as the ultimate person for whom he or she exists professionally.*
—A.B.A.

During his residency at Columbia University, Ackerman also made up his mind to specialize in dermatopathology. The reason was that, whenever problems in diagnosis arose, Carl Nelson turned to the dermatopathologist of the department, Lewis Shapiro, who usually had the last word. Ackerman wanted to be in that comforting position himself. Although Shapiro had other commitments outside the medical center and had little time to teach, Ackerman sought his experience and was introduced to the rudiments of dermatopathology. Together with Shapiro, he published his first articles about cutaneous manifestations of gonococcemia and pustular mycosis fungoides, and in 1966 provided the first description of lichen planus-like keratosis[15–17] (Fig. 5).

As in New York city, Ackerman utilized his military service at Andrews Air Force Base to get as much input as possible, visiting the monthly meetings of the Washington Dermatological Society and Baltimore Dermatological Society, the Dermatology Section of the National Institutes of Health, and the Department of Dermatology at Howard University, where he taught principles in clinical dermatology one half day each week. After those experiences, the second year of his residency at the University of Pennsylvania was disappointing, and in his usual way, Ackerman as a second year resident, told the Chairman of the department, Walter B. Shelley, after a ward round: "*Dr. Shelley, you can do better than that!*" The focus of the department in Philadelphia was on

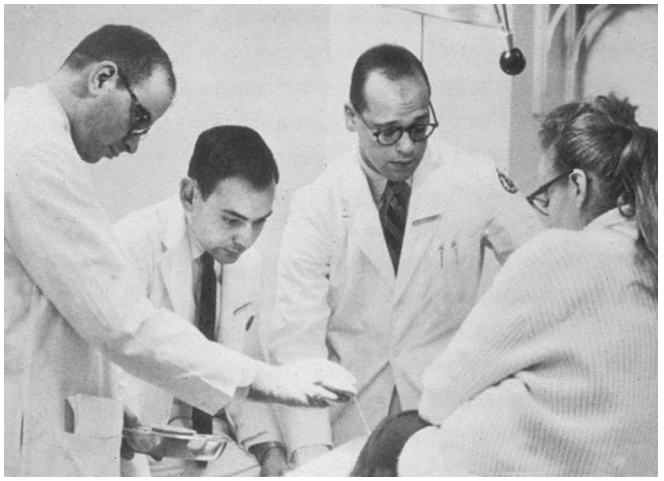

FIGURE 5. Bernard Ackerman during his residency at the department of dermatology of Columbia University together with his fellow residents, Peter Lombardo (left), and Richard C. Miller (middle).

experimental, rather than clinical, dermatology, and especially Albert M. Kligman had succeeded in turning research for the pharmaceutical industry and the US army into a lucrative business. In an unpleasant, often painful, and sometimes life-threatening experiments on prisoners and mentally disabled children, Kligman exceeded by far the limits of ethically acceptable research.[18] Ackerman participated in one study on prisoners that was relatively harmless but that he regretted and for which he later apologized to test subjects[19] (Fig. 6). Kligman's indifference in regard to fundamental ethical requirements, his cover-up, and his steadfast denial to have done anything wrong, eventually resulted in vehement controversies between Kligman and Ackerman. Nevertheless, Kligman's influence on Ackerman was profound. Ackerman copied Kligman in various respects, for example, by attracting students from the United States and abroad, by putting them in charge of a project, and by making them senior authors of the resulting articles, and thus, like Kligman, but to a far greater extent, Ackerman became the springboard for the academic careers of dermatologists and pathologists around the globe.

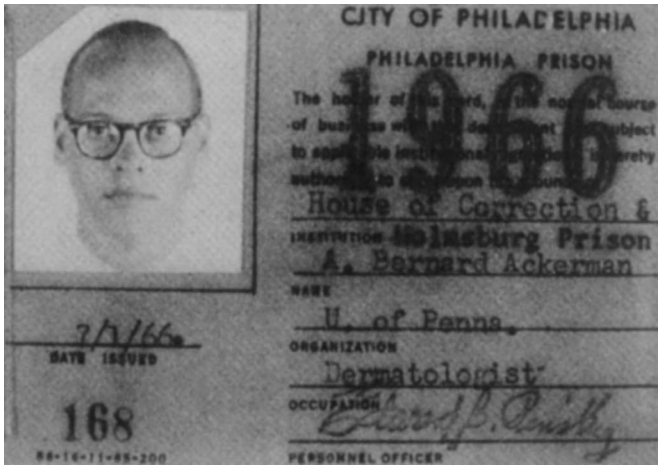

FIGURE 6. Card required for admission of Bernard Ackerman to Holmesburg Prison, Pennsylvania, issued on July 1, 1966.

After 6 weeks at the Department of Dermatology of the University of Pennsylvania, Ackerman told Walter B. Shelley that he would not stay for another year. Having decided to specialize in dermatopathology, he was fortunate to be accepted at Harvard where a fellowship in dermatopathology had just been established by Wallace H. Clark, Jr. Ackerman started his third year of residency in the summer of 1967 and became a fellow of Clark 1 year later. At that time, Clark grabbled with the classification of melanoma, resulting in his first major publication about melanoma in which he defined "levels of invasion" and distinguished between a superficial spreading, a lentigo maligna, and a nodular type.[20] Many other articles on melanoma followed, and Ackerman came to disagree with Clark in nearly every respect. Clark believed in a gradual transition from benign to malignant melanocytic neoplasms, whereas Ackerman made a clear-cut distinction between nevi and melanomas. Clark focused on prognosis, whereas Ackerman reminded histopathologists, "*your job is diagnosis, not prognosis*."[21] Clark referred to "*diagnosis as an intellectual catastrophe*" because, in his view, once a diagnosis was rendered, the thought process ended, whereas Ackerman insisted that a specific diagnosis on the basis of sound criteria was the raison d'être of histopathologists.[22] Clark and coworkers changed their criteria for diagnosis from one article to the next, and often within the same article, whereas Ackerman called for consistent use of criteria and admonished, "*never change the rules in the middle of the game!*" Nevertheless, despite their profound disagreement about many aspects of dermatopathology, Clark and Ackerman had great respect for one another. In a tribute to his former teacher published in 1998, Ackerman emphasized that "*he taught us about pride in competence and in professionalism. He taught us to make work play and that playfulness enhances pedagogy. He taught us the value of iconoclasm and unconventionality. He taught us about irreverence. He taught us not to be impressed by labels or titles. … He taught us the joy of intellectual curiosity and love of learning. He taught us what it means to be a human being and to be thoroughly human with flaws and foibles exhibited undisguised*."[23] (Fig. 7).

Ackerman's time at Harvard University was not wholly gratifying. The reason was a controversy with the Chairman of the Department of Dermatology, Thomas B. Fitzpatrick, that started when Fitzpatrick asked him to edit the clinical part of his textbook, *Dermatology in General Medicine*, but without being acknowledged as an editor. Although he would not be given credit for his work, Fitzpatrick assured him that "*everyone will know of your contribution and that will have a beneficial effect on your future*."[24] In Ackerman's calculus of importance, however, honesty and directness were among the highest virtues, and he hated duplicitous political maneuvers. He rejected Fitzpatrick's offer straightaway and, henceforth, his position at the department was shaky, impeded by repeated clashes with the chairman. When it became known that Clark would leave Harvard for Temple University, the Chairman of Pathology, Benjamin Castleman, asked Ackerman whether he wanted to succeed Clark as dermatopathologist at

FIGURE 7. Bernard Ackerman and his teacher, Wallace H. Clark, Jr, at a congress in 1984.

Massachusetts General Hospital, but Fitzpatrick was opposed to Ackerman and chose Martin Mihm, Jr. instead. When he informed Ackerman of that decision, he suggested the following: "*Let's have a contest. Let's see who does better, Mihm or you*."[24] Ackerman, prodded by his father, since early childhood, to be "a success" and not "a failure," was determined to engage in that contest, to win it smashingly, and to demonstrate to Fitzpatrick how poor his judgment had been.

■ *A pathologist, like every physician, should be a "pro," short for professional, not an amateur. … A "pro" takes up a practice or a subject not simply for amusement or diversion but for mastery of it; this mind-set requires full commitment for the duration of a career.*

—A.B.A.

It often happens in life that decisions against us that we detest and that hurt us deeply eventually redound to our advantage so that an ostensible blow turns out to be a cosmic favor. This became true for Ackerman. After his departure from Harvard University, he embarked on a study and lecture tour of dermatology centers in England, France, the Netherlands, Germany, Israel, Thailand, and Japan. After his return he started to work at the University of Miami School of Medicine, where the Chairman of Dermatology, Harvey Blank, had offered him a position in his department. As the first dermatologist ever to be made full-time dermatopathologist in the United States, Ackerman found excellent working conditions and soon published contributions to a wide variety of subjects, ranging from nonspecific histopathologic patterns, such as epidermolytic hyperkeratosis and focal acantholytic dyskeratosis, to granulomatous mycosis fungoides, erythema multiforme, and the histopathologic attributes of measles.[25–30] Moreover, he was lucky to find a close friend and mentor in the Jewish chairman of the Department of Pathology, Arkadi M. Rywlin, who had been born in Danzig (today Gdansk, Poland), had escaped from the threat of the Nazis, first to Paris, then to Barcelona, and had later lived in Palestine, Switzerland, Mexico, and, finally, various cities in the United States.[31] When walking, riding bicycles, and watching football games of the Miami Dolphins, Rywlin shared with Ackerman not only a fascinating view of the world based on his tremendous experiences, but also his wealth of knowledge about rudiments of pathology in the classic Virchowian tradition. Rywlin's maxims, such as "*one looks with one's eyes but one sees with one's brain,*"[32] his abhorrence of superfluous synonymy, to which he referred as "*the Tower of Babel in pathology,*" and his mockery about "*elephantine*" medicine, that is, the tendency of physicians to follow trendy concepts in uncritical fashion, like elephants with trunks linked to tails and tails linked to trunks, had a profound influence on Ackerman and were reflected in many of his articles, books, and lectures.

In 1973, Ackerman left the University of Miami and joined the faculty of the Skin and Cancer Unit of New York University School of Medicine, where he was given the task to "*build dermatopathology at New York University.*"[33] That task was exactly after his fancy, and so was the city. Ackerman loved New York, its cosmopolitan atmosphere, the chance to dine Italian, French, Libanese, Indish, or Japanese at any time day and night. He loved the stark contrast between the rumbling life in narrow street canyons and the width and calmness of Central Park, where he and Rudolf Baer, the Chairman of the Skin and Cancer Unit of New York University School of Medicine, met for a long walk on many Sunday afternoons. In a medium-sized building at the eastern border of Central Park, only a few steps away from Fifth Avenue, Ackerman bought a 10-room apartment that extended over 3 stories. The ninth floor encompassed living room, study, and kitchen, the 10th floor 3 bedrooms with appendent bathrooms, and the 11th floor a library, his collection of antique microscopes, and a huge, artistically manufactured pool table. It is not that he played pool—the table served chiefly as a deposition deck for manuscripts, and cue sticks and balls gathered dust in a rack, but Ackerman cherished beautiful furniture, especially if associated with a whiff of avant-garde or antiquity, and he loved generous dimensions. His bed was as large as the pool table, equipped with 4 rolling columns of dark Mahagoni and a baldachin, and in his spacy kitchen that he never used, there was a refrigerator, size XXL, that contained little more than fruit juice and beer.

His working place was just the opposite. Suite 7J in the hospital building at Second Avenue was small, and every square meter was used. There were rooms for Ackerman and his associates and secretaries, a room for fellows, and, in the first years, the laboratory, later to be moved to another

building. Ackerman's own room was tiny and packed with manuscripts, books, gifts from students, and souvenirs from countless trips to foreign countries. The largest room was the "reading room," equipped with an 18-headed microscope, where Ackerman studied sections of biopsy specimens or, in his own terminology, "read the slides" in the presence of students from the United States and abroad.

There were several reasons that attracted dermatologists and pathologists to 7J. One was the increasing importance of dermatopathology that, in the preceding years, had emerged as a distinct subspecialty of dermatology and pathology. Several textbooks of dermatopathology had been published in the United States, beginning in 1931 with Lee McCarthy's *Histopathology of Skin Diseases*,[34] followed by the first edition of Walter Lever's *Histopathology of the Skin* in 1949,[4] Arthur C. Allen's *The Skin* in 1954,[35] Hamilton Montgomery's *Dermatopathology* in 1967,[36] and the *Guide to Dermatohistopathology* by Hermann Pinkus and Amir Mehregan in 1969.[37] In 1950, the first fellowship in dermatopathology had been established at the Armed Forces Institute of Pathology in Washington, D.C., under Elson B. Helwig, named after dermatologist, Earl D. Osborne, and sponsored by the American Academy of Dermatology. Subsequently, fellowships were created by Hermann Pinkus in Monroe, Michigan, and by Wallace H. Clark in Boston. In 1962, the American Society of Dermatopathology, had been founded by 10 dermatologists and 2 pathologists. It was the first society worldwide to be devoted exclusively to dermatopathology, and its meetings, always held in association with the annual meeting of the American Academy of Dermatology, were well attended. In 1974, an examination for special certification in dermatopathology was established under the auspices of the American Boards of Dermatology and Pathology, and Ackerman was among the first 205 candidates who took the exam[38] (Fig. 8).

Despite those activities, the most common diagnosis rendered at that time in the realm of inflammatory skin diseases continued to be "chronic non-specific dermatitis." In his *Guide to Dermatohistopathology* in 1969, Hermann Pinkus decried the "*game of quick diagnosis and counter-diagnosis*" and called for "*systematic analysis*" of sections of tissue beginning at scanning magnification. Pinkus, to whom Ackerman referred as his "*idol in dermatopathology,*"[39] advised "*to determine first whether the section represents a tumor or an inflammatory process, and whether the epidermis or the dermis is involved mainly.*" Inflammatory diseases were classified into "superficial" and "deep" ones, and were then subdivided into diseases associated with "eczematous," "psoriasiform," and "lichenoid" patterns of inflammation, "vesicular and bullous diseases," "inflammatory virus diseases," and so forth.[37] Wallace H. Clark followed a similar method. He distinguished inflammatory dermatoses on the basis of the distribution of the infiltrate, and, in 1973, classified panniculitides into septal and lobular ones.[40,41] Those tentative attempts at a systematic approach to diagnoses in dermatopathology, however, remained incoherent, and it was left to Ackerman to expand on them and to integrate them into a coherent method.

FIGURE 8. Bernard Ackerman in a self-assessment course of the American Society of Dermatopathology in the mid-1970s.

It is an old principle of university life that teaching and research should rest in the same hands, the reason being, as Wilhelm von Humboldt argued in 1810, that professors are better trained, but often wedded to their own ideas, whereas students are less knowledgeable, but more open to the uncoventional, progress in science requiring the combination of both forces.[42] Teaching and research have rarely been wedded to one another more closely than at Ackerman's institute in New York city. At 7J, on a daily basis, teaching led to new findings and ideas, the latter, in turn, enhancing the value of teaching. That unique combination made 7J exceptional and attracted students from all over the world. When "reading his slides" at the multiheaded microscope, Ackerman never was alone and thus was required constantly to justify his diagnoses. This forced him to study sections of tissue in systematic fashion and on the basis of clearly phrased criteria, many of which he had to establish himself. As a result, a constant stream of articles emerged from 7J. In the mid-1970s, Ackerman and his coworkers described conditions such as pearly penile papules, and recurrent melanocytic nevi, which came to be known as "pseudomelanoma of Ackerman,"[43,44] undertook systematic studies of conditions such as Grover's disease,[45] and described criteria for differentiation of many lesions that mimicked one another histopathologically, such as Spitz nevus and melanoma, lymphoma, and pseudolymphoma, and metastatic carcinoma from the breast and morpheiform basal-cell carcinoma.[46–48]

For Ackerman, however, this was not enough. Since he had left Harvard, he wanted to write a textbook of dermatopathology that would be his personal legacy, different from, and better than, any that had gone before. The result was his book of 1978, *Histologic Diagnosis of Inflammatory Skin Diseases*, a classic in the history of medicine[49] (Fig. 9). The uniqueness of that book can be conceived by the fact that it was the first, because the textbooks of Willan and Bateman that classified skin diseases on the basis of morphology alone. Hebra had sacrificed that principle in his classification of skin diseases in 1845 that was based on abstract categories of general pathology, such as "hyperaemias," "anemias," and "exsudations," rather than morphology.[50] When Paul Gerson Unna in 1894 published his textbook, *Histopathologie der Hautkrankheiten*, he averred that "*a wholly pathologic-anatomic classification of the great number of different*

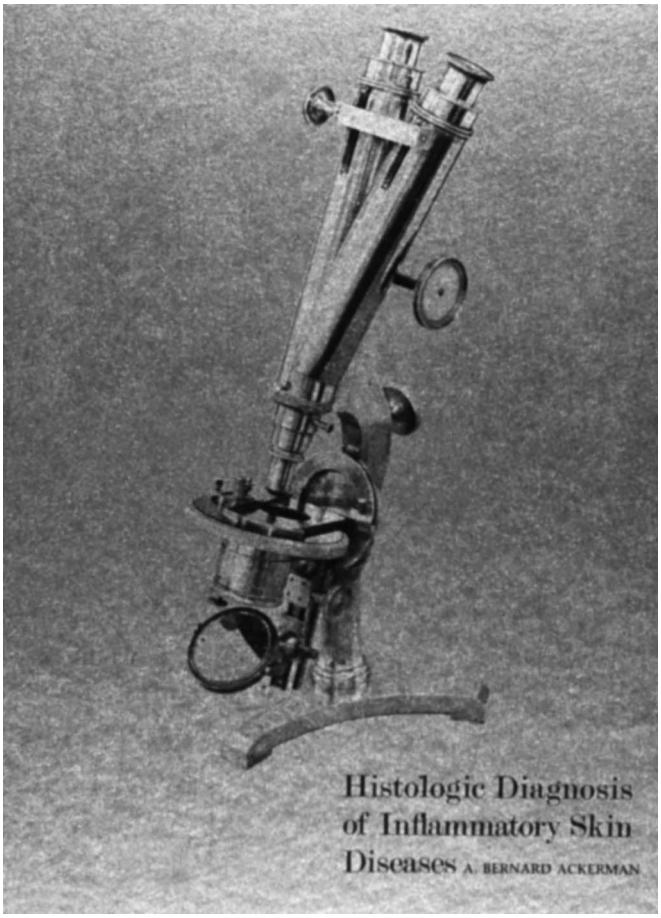

FIGURE 9. Ackerman's book of 1978, *Histologic Diagnosis of Inflammatory Skin Diseases*, a classic in the history of medicine.

affections is absolutely impossible."[51] Instead, he classified skin diseases on the basis of their presumed etiology which often turned out to be completely wrong. For example, Unna discussed psoriasis and malaria in a chapter devoted to "infectious inflammations." Despite the fact that the etiology of many skin diseases is unknown, most authors of subsequent textbooks followed Unna's path. For example, Oscar Gans wrote the following in his textbook of 1925, *Histologie der Hautkrankheiten*: "*Today it is out of the question to present a view that comes from the morphologic perspective alone. Therefore, classification based on causative considerations was the only one possible for me*."[4]

By contrast, Ackerman recognized that the very nature of dermatopathology, namely, forging specific diagnoses of skin diseases by analysis of morphologic images, required a wholly morphologic classification. On the basis of density and distribution of the infiltrate of inflammatory cells, he defined 9 major patterns of diseases, which were further subdivided by consideration of associated epidermal changes and the composition of the infiltrate. Because of that method, wholly unrelated diseases were discussed in the same chapter if they resembled one another histopathologically, but that did not diminish the book because the purpose of it was not to reflect the biologic nature of a disease but to assist in making a specific diagnosis. Ackerman's method also implied that different presentations of the same disease were discussed in several chapters, for example, lupus erythematosus in the chapters on superficial dermatitis, superficial and deep dermatitis, subepidermal vesicular dermatitis, folliculitis and perifolliculitis, fibrosing dermatitis, and panniculitis. The differential diagnosis, however, was different in each chapter, and wherever one started, systematic analysis of additional criteria lead to a circumscribed list of differential diagnoses or to a specific diagnosis couched in the language of clinical dermatology.[49]

■ *Every judgment made by a morphologist, whether a clinician or a histopathologist, is subjective – i.e., 100 percent subjective. To bring consistency to determinations that are wholly subjective, it is imperative that definitions of terms and criteria for diagnosis be dependably accurate. Only then can diagnoses be repeatable and reliable. Dependable criteria for diagnosis cannot derive solely from morphologic observations of sections from a single biopsy specimen at a single moment. Rather, such criteria derive from careful observations made over time, as a chronologic course expresses itself in biologic behavior witnessed clinically and histopathologically, i.e., in sections from biopsy specimens that sample the process. In short, criteria that enable histopathologists to come to accurate diagnoses, with repeatability, must originate in careful correlation of gross features with microscopic findings, monitored by sustained follow-up of patients, in many examples of a particular condition. Only in that way can the legitimacy of morphologic criteria be tested. When those criteria fail the test, as they sometimes do – because of actual behavior of a disease, revelation of new information about it, or both – the histopathologist must rethink and reformulate criteria, beginning afresh when necessary. The process must be conducted thoughtfully, reflectively, and scrupulously.*

—A.B.A.

With Ackerman's book, *Histologic Diagnosis of Inflammatory Skin Diseases*, a new era began in dermatopathology: the era of analytic, rather than descriptive, dermatopathology. A new era, however, does not result from new methods and findings alone; the latter must grow and be spread. Ackerman rose to that challenge. In 1978, the year his book was published, he organized an International Dermatopathology Symposium in Munich, supported by the Chairman of the Department of Dermatology of the Ludwig Maximilians University of Munich, Otto Braun-Falco, and by his coworkers, several of whom had been fellows of Ackerman in New York city. The faculty included nearly all leading dermatopathologists of that time, such as Jean Civatte, Wallace H. Clark, John T. Headington, Karl Lennert, Hermann Pinkus, Edward Wilson Jones, and Richard Winkelmann, and the audience consisted of more than 750 dermatologists and pathologists from many countries[38] (Figs. 10, 11).

The smashing success of the meeting in Munich prompted Ackerman to organize another International Dermatopathology Symposium in Amsterdam 1 year later. At that meeting in 1979, the International Society of Dermatopathology was founded on Ackerman's suggestion, and

FIGURE 10. Bernard Ackerman at the International Dermatopathology Symposium in Munich in 1978, together with his students, Helmut Wolff (left), and Anna Ragaz (right).

Ackerman became the first president of it. He also formulated the raison d'être of the new society, namely, to provide a forum "*where colleagues from different parts of the world could assemble to exchange ideas on the subject of dermatopathology and engage in good fellowship. … The spirit is academic, collegial, and devoid of any political or nationalistic taint. Everybody in it is given a chance to present ideas*."[52]

Ackerman did everything he could to make those goals come true. For many years, he outlined the scientific programs for the annual colloquia of the society and made sure that the latter were stimulating and instructive. He knew how to present problems in dermatopathology in entertaining fashion that shined through already in the titles of colloquia. For example, at the third Colloquium in London in 1981, titled *Sherlockian Dermatopathology*, many lectures reflected mysteries resolved by the fictional detective of Sir Arthur Conan Doyle, transferring lessons learned from those mysteries to problems in dermatopathology. Time and again, Ackerman provided young colleagues with the opportunity to give their first presentation at a scientific meeting, often assisted them in preparing their lectures, and imbued them with his credos, "*you are responsible for the audience*" and "*deliver a message*," insisting that every lecture must be instructive, present something new, and enrich the audience. Through his own example, Ackerman set high standards for the colloquia; his lectures were concise, comprehensible, clearly structured, with photomicrographs of unrivalled quality, and many funny comparisons that served to illustrate problems in histopathology. Ackerman also gave an example outside the lecture hall; his vitality, generosity, openness, and humor were contagious, prompted organizers of the annual colloquia to surpass one another in regard to the magnificence of the venue, gala dinners, and cultural highlights, and helped to create a spirit of friendship and mutual support that characterizes the International Society of Dermatopathology to this date[38] (Figs. 12–14).

In 1979, Ackerman founded not only a new society but also a new journal, the *American Journal of Dermatopathology*. As the first editor of it, he took care that it imparted knowledge in the same entertaining and stimulating fashion as the colloquia of the society. There was a section titled *Controversies in Dermatopathology*, wherein different points of view were expressed by their proponents, a section devoted to *Speculations in Dermatopathology*, and another to *Subtle Clues to Diagnosis*. Heretofore unengaged matters in dermatopathology were addressed in sections titled *Dermatopathology in Historical Perpsective*, *The Man Behind the Eponym*, and *The Arts in Dermatopathology.* There were also sections that went beyond the limits of dermatopathology, for example, one titled *Social and Ethical Concerns im Medicine*.

FIGURE 11. Bernard Ackerman as conductor of a brass band at the International Dermatopathology Symposium in Munich in 1978.

■ *Why do we aspire to uniqueness, especially in wedding the scientific with the artistic and humanistic aspects of medicine. We aspire because we believe that medicine in America, and perhaps worldwide, is in danger of stagnation and retrogression, … and that soon there may be no memory whatever of the concept of the well-being of patients as the principal purpose of medical activity and the physician as healer, scientist, and*

FIGURE 12. Bernard Ackerman at the fifth Colloquium of the International Society of Dermatopathology in Liège in 1984.

humanist. … I propose that students be selected for medical school on the basis of their human and personal qualities as much as their intellects. … Once in medical school, the student should be exposed to a curriculum that emphasizes the humanities and the arts as well as the sciences. … Ours is a serious mission and purpose. We mean to give vigor not only to dermatopathology, but, in a small way, to rejuvenate medicine in America and perhaps throughout the world. Perhaps we are over-reaching ourselves, but we will not fail from want of trying.

—A.B.A.

The *American Journal of Dermatopathology* also presented many original studies that are now regarded as classics. In the first year alone, Ackerman and coworkers published a comprehensive review of extramammary Paget disease, described the patch stage of Kaposi sarcoma, and gave the original description of Kamino bodies in Spitz nevi.[53–55] The very first article of the journal was a clinicopathologic study by Jorge L. Sánchez and A. Bernard Ackerman concerning criteria for histopathologic diagnosis of the patch stage of mycosis fungoides. That article changed fundamentally the concept of the disease. Previously, histopathologic

FIGURE 13. Bernard Ackerman at the eighth Colloquium of the International Society of Dermatopathology in Barcelona in 1987 together with the local organizer, Pablo Umbert (to his left) and 5 former, current, or future presidents of the society, namely, Helmut Kerl, W.P. Daniel Su, Gérald E. Pierard, John C. Maize, and Günter Burg (from left to right).

diagnosis of mycosis fungoides had be based on striking nuclear atypia and presence of so-called "Pautrier microabscesses," findings that are rare and often detectable only in advanced stages, in which prognosis for patients is poor. When Sánchez and Ackerman studied patches of patients with indubitable mycosis fungoides, they noted a variety of findings that allowed the diagnosis to be made "*with near certainty,*" including "*an increased number of mononuclear cells distributed singly or in small collections within an epidermis devoid of spongiotic microvesiculation, … lacunae surrounding intraepidermal mononuclear cells which gives them the appearance of 'haloed cells,' … and coarse collagen throughout a thickened papillary dermis*."[56] On the basis of these and other findings, mycosis fungoides could be diagnosed at an early stage, and it became evident that prognosis is favorable in the vast majority of cases. Conditions

FIGURE 14. Arkadi Rywlin at a visit in Ackerman's Institute in New York city.

formerly separated from mycosis fungoides, such as parapsoriasis en plaques, came to be recognized as manifestations of the disease, and patients were saved from sequential biopsies formerly recommended to detect a "malignant transformation" of parapsoriasis.

Ackerman's preoccupation with inflammatory skin diseases, each of which changes profoundly in time so that biopsies may reveal very different morphologic findings, prompted him to consider all diseases as biologic processes, whose morphologic expressions must be known at all stages of evolution and devolution. That theme became the subject of a book, *The Lives of Lesions*, published with his student and associate, Anna Ragaz, in 1984.[57] In that book, and in many articles and lectures, Ackerman proved what Rudolf Baer called his "*magic ability to make a slide come alive and to turn it to an evolving biologic process*."[58] This was true not only for inflammatory skin diseases and simulators thereof, such as early stages of mycosis fungoides, but also for malignant neoplasms. For example, he considered solar keratosis to be an incipient squamous-cell carcinoma and attacked forcefully, for many years, classification of it as a "precancerosis."[59]

The most vexing, and clinically relevant, problems in the practice of dermatopathology are created by melanocytic neoplasms. Naturally, the latter became a major focus of Ackerman's work. When he entered the scene, the state of knowledge about the histopathology of melanocytic neoplasms resembled that of inflammatory skin diseases: many findings of diagnostic import had been described, but there was no order, essential criteria being mixed with irrelevant observations, thus precluding a systematic approach to diagnosis. For example, already Unna, in 1894, had emphasized extraordinarily large nests, mitotic figures, abundance of plasma cells, and copious amounts of pigment as signs of melanoma. In 1899, Ludwig Waelsch described neoplastic cells in the upper reaches of the epidermis, and in 1927, Guido Miescher alluded to prominent dendrites, pleomorphism, and scatter of melanocytes in the upper dermis.[60] Those criteria, however, were mixed with irrelevant findings, were not contrasted with findings in nevi, and were neglected after the war. When Arthur Allen and Sophie Spitz in 1953 reviewed criteria for diagnosis and prognosis of melanoma, they quoted American articles only, except for one study that pertained to treatment, rather than diagnosis, and they mentioned only 2 criteria for differentiation of a malignant from a benign neoplasm of melanocytes, both of which are known today to be utterly irrelevant, namely, "dermal invasion" and pseudoepitheliomatous hyperplasia.[61] Those being the major criteria for malignancy, it is no wonder that Martin Swerdlow of Chicago remarked in 1952 that there was "*a recurring discrepancy between the clinical and pathologic diagnosis of nevus or pigmented mole*." Of 57 lesions diagnosed clinically as melanoma, only 16 (28%) were said to be melanomas histopathologically, and of 27 melanomas diagnosed histopathologically, only 59% had been diagnosed clinically as melanoma.[62] In 1962, Lund and Kraus[63] were the first to publish a list of criteria for diagnosis of malignant melanoma, including confluence of nests and lack of "maturation" with progressive descent in the dermis. The first study that contrasted systematically histopathologic findings in melanoma with those in melanocytic nevi, however, was done by Ackerman.

Ackerman published that study in 1976 together with his trainee in dermatopathology, Norman Price, and his old friend and mentor, Arkadi Rywlin (Fig. 15). Criteria were formulated "*on the basis of proven metastases,*" and included findings that had never been mentioned before, such as "*marked variation in shape and size of the melanocytic nests*" and "*poor circumscription of the intraepidermal melanocytic component of the lesion with lateral extension of individual melanocytes*."[64] On the basis of the huge amount of biopsy specimens seen in his regular practice and in consultation, Ackerman eventually reassessed, improved, and amended those criteria, and he spread them in lectures at scientific meetings and in several books about melanocytic neoplasms published in the 1980s.[65–67]

Physiologically, melanocytes are situated chiefly in the basal layer of the epidermis, from where nearly all melanomas arise. Accordingly, most criteria established by Ackerman and coworkers for histopathologic diagnosis of melanoma pertained to findings in the epidermis. As a consequence, melanomas could be recognized at an early in situ stage, before infiltration of the dermis. Those chances for early recognition prompted Ackerman to postulate in 1985, "*No one should die of malignant melanoma!*"[68]

With his new concept of in situ melanoma, Ackerman violated several time-honored principles of general pathology. One of them was the notion that no epithelial neoplasm could be dubbed malignant in the absence of "dermal invasion." For example, Wallace H. Clark referred to melanoma in situ as "*a contradiction in terms, the prototype of an oxymoron*."[69] He and other representatives of the Harvard school chose descriptive designations for such lesions, such as "atypical melanocytic hyperplasia." Ackerman, however, being aware of the "lives the lesions," condemned trivialization of early stages of melanoma that fulfilled all criteria for diagnosis and could be distinguished reliably from melanocytic nevi. He was a proponent of openness, of direct, unrestrained speech, and he

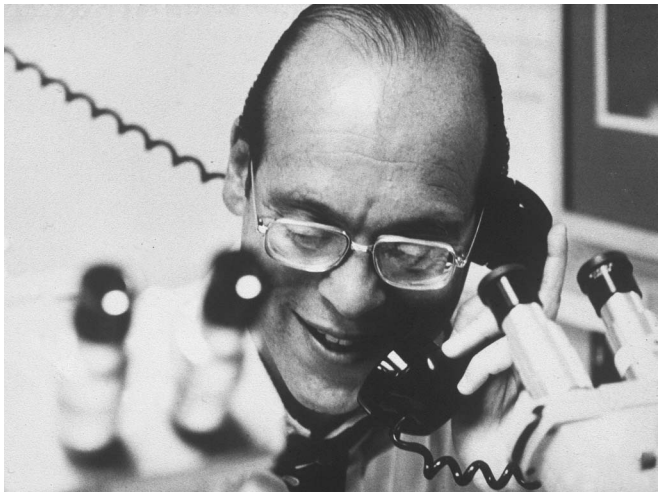

FIGURE 15. Bernard Ackerman taking a telephone call at the multiheaded microscope in his suite, 7J.

hated opaque, verbose evasions in medicine and private life. For Ackerman, a melanoma that fulfilled all criteria for diagnosis was a melanoma, independent from the stage of evolution, and to call it by a different name violated principles of intellectual honesty and jeopardized the right of patients to be given a correct diagnosis at the earliest possible stage.

■ *Only a pathologist who thinks like a clinician can fulfill his or her duty to a patient by couching diagnoses in terms that best promote the patient's interest.*

—A.B.A.

Another dogma of general pathology challenged by Ackerman was the idea that neoplasms are not malignant from the outset but have to acquire malignant potential in a process known as multistep carcinogenesis. Of course, Ackerman was aware of the fact that a variety of biochemical alterations are requisite for development of a malignant neoplasm, and that additional changes occur in the course of time. Nothing results from nothing, and every living being, every material undergoes changes continuously. But Ackerman believed that, in general, the molecular basis of a malignant neoplasm is laid long before that neoplasm is excised, one example being melanoma in which the essential histopathologic changes are present already in an early in situ stage. In fact, molecular changes indicative of melanoma cells have been demonstrated in the periphery of melanomas far beyond any detectable histopathologic alteration.[70] The molecular changes that cause a malignant neoplasm to develop do not correspond to different histopathologic stages of it, and by the time a neoplasm is excised, its biologic potential has long been defined. In the realm of melanocytic neoplasia, Ackerman accepted 3 diagnoses only, namely, melanoma, nevus, and "I don't know." By contrast, representatives of Harvard School considered melanocytic neoplasms in which diagnosis was equivocal also to be equivocal biologically. They made believe that problems in diagnosis did not result from insufficient discriminatory power, from inadequate criteria for histopathologic diagnosis, or inadequate application of them, but that their diagnoses in dubious cases reflected exactly the biologic nature of the neoplasms in question, the latter being situated in the middle of spectrum between benignancy and malignancy. Ackerman rejected that concept, and until his end, he attacked vehemently the terms associated with it, such as "atypical melanocytic hyperplasia" and "melanocytic dysplasia."

Ackerman was a battlesome warrior. He did not shrink from standing alone when he felt that the wrong must be attacked, and the right defended. Once he had made a judgment, after due consideration, he sticked to it and rarely changed his mind. Controversial discussions with him were difficult, and he usually had the last word because he was trained to think coherently, to marshall arguments quickly, and to express himself clearly. Inevitably, the last word was not always the right one, but the intensity with which Ackerman defended his theses, even questionable ones, his self-assurance, and his ostensible lack of qualms were also his key to success. A teacher must be convinced of what he says. To demand an Ackerman without some exaggerated positions, for example, his belief that lesions of atopic dermatitis are caused by scratching alone and that UV radiation does not play a significant in the pathogenesis of melanoma, would be the same as to demand an immune system without an occasional overreaction. In the vast majority of issues, Ackerman's assessment eventually proved to be correct, and the clarity and intensity with which he set forth his concepts, whether right or wrong, was an integral aspect of his personality.

■ *The only attribute more valuable than being constructively critical of ideas of others is being even more critical of one's own ideas. It is essential to be one's own harshest critic, In that way, one can be the first to reject one's own notions because they failed the test of one's own critical acumen. A corollary to this maxim is the value of choosing the severest critics available to assess one's work and make suggestions about how to improve it.*

—A.B.A.

The disputability Ackerman displayed in defending his convictions was caused, in part, by his knowledge of the Holocaust. Ackerman believed that the latter could have been prevented by an early, decisive stroke against the Nazis, and he resented any policy smacking of appeasement. He was impressed deeply by an admonition written as memorial to hundreds of thousands of innocents exterminated at the Majdonek concentration camp, "*You are standing here in silence. When you leave, don't be silent*." In 1953, when he was a senior at Philipps Academy, it was the silence of American universities vis-á-vis the bullying campaign of Senator MacCarthy against so-called Communists that tightened Ackerman's decision to spend his professional life in a university, and not to remain silent.[33] Ackerman considered it to be his duty to spot out mischiefs and to take action against them. This was the case in regard to issues related to dermatopathology, but also in regard to the ethics of medicine and to general problems in society. He took special offense at the big business into which malpractice suits were turned in the United States, where lawyers search for patients who feel they might have been harmed, and offer them free legal advice in return for a share in compensations. To secure success, lawyers pay substantial fees to expert witnesses, including professors of renowned medical departments, who do not shrink from distorting truth to impress the jury and to attain victory for their party. That attitude had been criticized often, but Ackerman named those colleagues and referred to them as whores.

In his attitude vis-á-vis despicable behavior, and in his direct use of language, Ackerman was guided by one of the Founding Fathers of the United States, Thomas Paine, who had declared, in 1807, "*I speak a language full and intelligible. I deal not in hints and intimations. I have several reasons for this: First, that I may be clearly understood. Secondly, that it may be seen I am in earnest; and thirdly, because it is an affront to truth to treat falsehood with complaisance*."[71] By following Paine's example, Ackerman made no friends, and although he did not shy away from conflicts, he never enjoyed them. He considered those conflicts to be necessary if they contributed to raising, or maintaining, standards of conduct. Ackerman had a strong sense of responsibility, acted in accordance with his conscience, and was ready to bear grievances and troubles associated with that attitude. Despite

the strength, vitality, and enthusiasm that he emanated without cease, Ackerman was not always happy. More than one friendship broke, and he often must have felt alone, when he woke up to his room, with silence around him, listening to occasional night-time sounds of Fifth Avenue before launching into his reading or writing.

There are many designs for life, but only one that one can follow. Ackerman had made his choice. He lived in close contact with others, but alone. He needed some distance and cherished his independence. Ackerman loved children and, in 1979, published a children's book about the skin, illustrated by dermatologist Mark Podwal, an artist of renown. That book may be more revealing of Ackerman's warmth and empathy than any other of his publications. It begins with this question and invitation: "*Would you like to take a trip to a fascinating place? Then come with me to a special region that is very nearby. We don't even need gasoline to get there. In fact, we're there already. Let's visit your skin!*"[72] In his apartment, Ackerman furnished a room for the little children of his siblings that he left untouched until his death. He surely would have loved to have a family of his own, but that was incompatible with the design for life he had chosen. On 2 occasions, he came close to marriage but shrinked back in the last moment. In the late 1980s, he fell into a deep emotional gap. The seriousness of his emotional state at that time can be sensed from this dedication in his 1990 book, *Neoplasms with Eccrine Differentiation*: "*For Alberta Szalita, M.D., deus ex machina in the drama of real life who by extraordinary wisdom and profound words came to the rescue of an ever grateful Bernard Ackerman*."[73]

Ackerman had many friends from whom he received support and encouragement, and even more whom he supported and encouraged. Not having a family of his own, his students became his extended family. Whether professor or medical student, he was on a first name basis with all of them, respected them equally, and took care of them. There was no letter that he did not answer promptly, no problem presented to him that he did not address. If one had worries, he gave advice; if one had requests, he tried to fulfill them; and he must have written thousands of letters of recommendation that often were able to open seemingly inaccessible doors. When sitting at the multiheaded microscope, surrounded by colleagues from many countries and by columns of trays with hundreds of slides that waited to be assessed, he was always ready to interrupt his work if confronted with a personal problem that he could help to resolve, such as getting the best doctor for a technician who had fallen ill or providing consolation for a fellow after a blow of fate (Fig. 16).

Ackerman's expanded family became bigger and bigger, as an ever increasing number of fellows from all over the world kept flocking to his institute, from the United States, Europe, Canada, South Africa, China, Latin America, Australia, Indonesia, Japan, India, Israel, and the Arab countries. Some of them stayed for some weeks, others for months, still others for a year, and many came back repeatedly. They, too, began to feel like members of a family, turned into siblings, were proud of one another, and proud to be Ackerman's students, his fellows, "Bernie's Buds." Ackerman's suite 7J came close to bursting at the seams. The laboratory was removed to another

FIGURE 16. Bernard Ackerman together with his fellows in the ''reading room'' of his suite, 7J.

building, and the "reading room" was equipped with another multiheaded microscope at which an additional slide of each section could be viewed parallel to the one studied by Ackerman. The spots at the big multiheaded microscope were treasured so much that some fellows came to the institute at 4.30 AM. in the morning to reserve their seat for the day. Nevertheless, when Ackerman came at about 7:00 AM. and started to "read" his cases for consultation, they often had to share their spot. It was a casual sight that 2 fellows were sitting cheek to cheek, one with the right eye at the left, the other with the left eye at the right ocular. Many close friendships started that way, and some marriages were launched (Fig. 17).

What was it that made Ackerman so attractive? Which qualities turned him into such a magnificent teacher? The most important reason was his competence. Bernie was good, unbelievably good! At least in the 1970s and 1980s, before others had adopted his methods, no one in the world could compare even vaguely to Bernie in respect to quick and

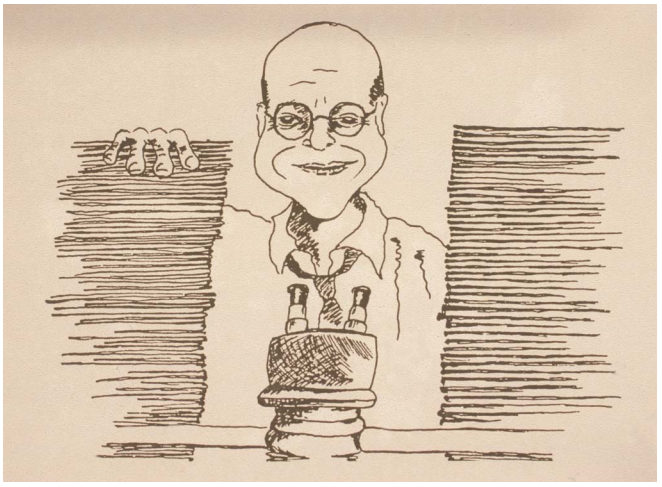

FIGURE 17. Caricature of Bernard Ackerman by one of his students. Note the high piles of trays with histopathologic sections to the left and the right of the microscope.

reliable histopathologic diagnoses of diseases of the skin. At scanning magnification, he was able to render rare diagnoses, such as acrodermatitis enteropathica or the macular stage of Kaposi's sarcoma, in split seconds, and without any additional information. It was his principle to study each and every section with an open mind, not blurred by knowledge of age of patients, sex, site of biopsy, or clinical diagnoses. Only after having made his own diagnosis, he turned to the request slip to reconsider it in the face of additional information and, sometimes, to change it. This approach enabled him, day after day, to learn from his mistakes, to recognize unusual manifestations of diseases, and to become alert to particular problems in differential diagnosis.

■ *A practice that I avoid scrupulously is obtaining clinical history prior to assessing histopathologic findings. Violation of that practice invites error because it does not permit a histopathologist to assess findings with an open mind, "objectively."*

—A.B.A.

The number of sections was immense. During his time at the Skin and Cancer Unit of New York University School of Medicine, Bernie raised the annual number of specimens from 2500 to 120,000.[58] Not uncommonly, when returning from a congress, he alone studied a thousand sections per day, and he did it with great pace. At his left, a fellow was sitting in front of a huge pile of trays, from which he took a slide and placed it under the microscope; at his right, there was another fellow who collected the slides and put them on empty trays for storage. In the language of baseball, those 2 were called the pitcher and the catcher, and it was considered an honor to be selected for that task. Bernie was sitting in the middle, a red pen in his right hand, took a quick glance at the slide at scanning magnification, sometimes went down to a slightly higher magnification, and announced his diagnosis, whereas already writing the computer code—7A or 10E—on the request slip. He then flipped away the old slide with his left, put aside the request slip with his right, and, at the same time, already studied the next slide that had arrived under the microscope. The pace by which sections were studied overtaxed newly arrived fellows, many of whom had just finished medical school, and established professors of pathology who were not used to that celerity. After a while, however, they became used to it and learned to distinguish knee-jerk different morphologic patterns, such as those of seborrheic keratosis, melanocytic nevus, and mycosis fungoides (Figs. 18, 19).

When, after many melanocytic nevi and seborrheic keratoses, a difficult or interesting slide came across the microscope, Bernie raised his eyes, glimpsed through his spectacles in all directions, and asked, "anybody?," or he called on someone particular to give a diagnosis. Whom he chose for that test depended on the case under the microscope; Bernie adjusted the difficulty of it to what he believed to be the state of knowledge of the fellow. Hence, his requests to render a diagnosis were perceived as a challenge and a commendation, to which fellows looked forward with mixed feelings. Whoever was asked, had to answer. Bernie did not accept a shrug of shoulders or an evasive comment. If a fellow could not provide a diagnosis, Bernie asked him or her to describe the findings in

FIGURE 18. Caricature of Bernard Ackerman by the child of one of his students. Note the date book in his shirt pocket without which Ackerman was unthinkable.

questions, and if this was not done to his satisfaction, he offered his assistance. When uncertainty about a diagnosis was reflected in incomprehensible babble, Bernie said, "*Don't mumble*." After a quick, but incorrect, reply, Bernie advised, "*Don't shoot from the hip!*" And when a correct diagnosis had been given by a fellow, he or she was asked to give reasons for it. Those reasons were discussed, and Bernie did not hesitate to change his own opinion if alerted to a finding that had escaped his attention. In those instances, the fellow was commended with a brief, "*Good for you!,*" and then swelled with pride. Sometimes, a few slides later, Bernie would interrupt his work, take a look at the proud fellow, and say, with a broad smile, "*Look how pleased he is with himself!*" Those words were not meant to be embarrassing, but expressed the pleasure Bernie felt himself, his belief that the fellow had every right to be pleased with himself, and his conviction that one must take pleasure in competence. The daily "reading" at the multiheaded microscope thus became a group experience in learning into which everyone was integrated.

■ *A fundamental precept of the ancient Romans was "Mens candida," i.e., "Open mind." … Without an open mind, there*

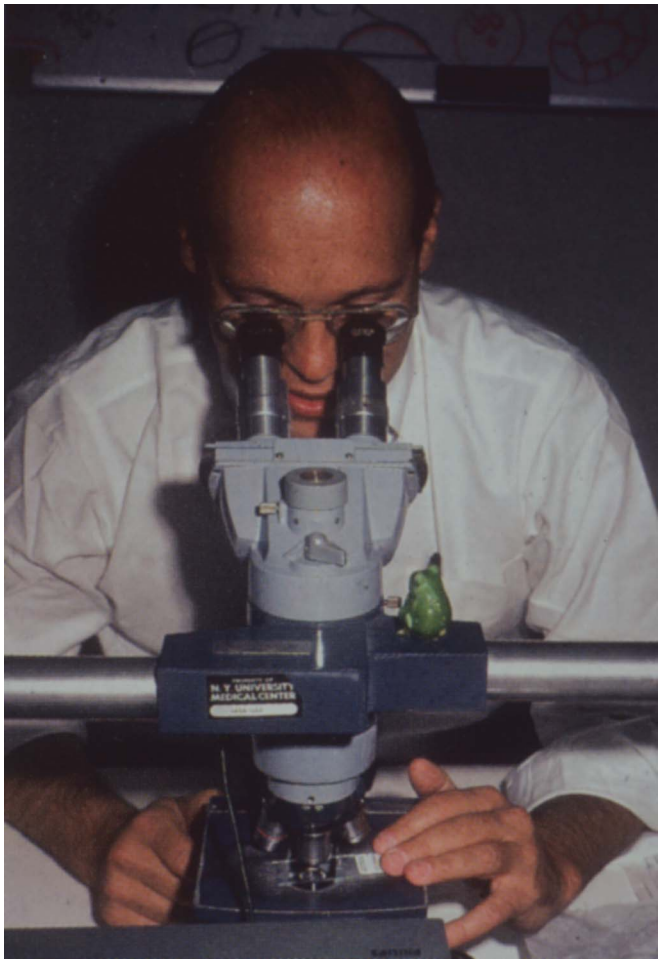

FIGURE 19. Bernard Ackerman at the microscope in front of the magnet board. The frog on the microscope was given to him by one of his fellows because Bernie used to say, when discussions arose about a melanocytic neoplasm that he considered to be benign, ''If this is a melanoma, I am a frog!''

can be no receptivity to new observations, new ideas, and new concepts. … The opposite of an open mind is one shut tight by limitations imposed by prejudgments, bias, and parochialism. … An open mind must be exercised, not just left open like a sieve. The mind must be trained rigorously to make accurate observations. …An open mind permits accurate observations to be made that, when subjected to critical analysis, can lead to profound knowledge, the goal that every professional – including dermatologists and pathologists – should seek to attain. The word profound implies depth of insight, and *knowledge* denotes familiarity gained through experience.

—A.B.A.

Every member of the group who stayed for a while was entrusted with a "project," a study concerning one of the countless problems and equivocal concepts in dermatology, pathology, and dermatopathology. The fellow had to collect slides with sections of tissue pertaining to his or her project, study the literature, and make first drafts for an article, and when the latter was published, the fellow was usually named as senior author, even if Bernie had written most of it. When, in the course of the daily "reading," a slide popped up that could be used for one of the projects, Bernie reacted with contagious exaltation. "*What a beauty!*," he shouted, or "*Supersmash!*," and the fellow to whom the slide was given was asked to "*Give me five!*" and to share the enthusiasm. For Bernie, enthusiasm was the most effective vehicle for teaching, and more than that. It was, in the true sense of the word, a gift to the Gods that everybody owed to life.

Sometimes, when a reason was given by a particular section, Bernie raised and went to the magnet board behind the microscope in order write down a definition, to list criteria for diagnosis, or to draw a sketch that represented an aspect in the anatomy of the skin or a constellation of histopathologic findings. In general, he addressed subjects that engaged him currently, such as the embryology of the hair follicle or the architecture of a particular neoplasm. Most of those who stayed at 7J for many months and who had already heard those explanations repeatedly, twisted their eyes, and could not conceal their boredom, but for others, those explanations were new and, not uncommonly, they included an additional aspect that had never been mentioned before (Fig. 20).

FIGURE 20. Bernard Ackerman together with his student, Patty Vitale, on November 22, 1990. The cowboy outfit was a birthday present, and Bernie did not hesitate to put it in action.

The daily "reading of slides" at the multiheaded microscope was long and often exhausting, but never tedious. The sessions were often interrupted by jokes, by plays on words and anectodes, and then Bernie could be seen in a posture typical of him, leaning back in his chair, his head in the nape of his neck, shaking with laughter, before taking off his spectacles to wipe away tears. Bernie was an iconoclast who liked to make jokes at the expense of others who were considered to be icons. Among them was Alfred Kopf, one of the most respected specialists in melanocytic neoplasia. For a while, both were engaged in a project, namely, correlation of features histopathologic and dermatoscopic in melanoytic neoplasms. For that purpose, Kopf came to 7J every Wednesday morning with a pile of dermatoscopic images and corresponding slides, and although Bernie respected Kopf and was engaged in the project, he complained of "Kopfschmerz," headache, afterward—he knew some German words. Eventually, when Kopf's arrival was announced, all that he said was, "*Here comes the Schmerz!*" Parenthetically, results of that study were published in the *American Journal of Dermatopathology*, and it is typical of Bernie that he waived being a coauthor, although he had done much of the work.[74]

■ *If the master-word in medicine is a little word, work, the magic word in medicine is even shorter – joy. … But work and joy are not mutually exclusive. On the contrary, they complement each other: When we love our work, we are joyful. And to love our work, we must do it well.*

—A.B.A.

Bernie told most of his young students, once they had made their first accurate diagnosis, that they knew more of dermatopathology than most Chairmen of famous Departments of Dermatology. Such remarks were received with cheerfulness and amusement, but they were not made for that purpose; their true purpose was iconoclasm, a conscious attempt at macerating awe for icons, at reducing reverence for great names, at enhancing self-assurance, and at furthering confidence in one's own judgment. Iconoclasm was not restricted to names but applied to concepts, too. Day after day, established concepts of dermatology and pathology were challenged and screened for incoherences, contradictions, and flaws in logic. Is it logical to make a distinction between cutaneous and systemic lupus erythematosus? Is it not true that lupus erythematosus, as a disease of the immune system, is always systemic and that cutaneous lesions are among the most important criteria for diagnosis of systemic LE? Is it logical to choose the horizontal margin for resection of a melanoma on the basis of its vertical, rather than its horizontal, extension, and to call for re-excisions even in cases in which the melanoma, without a trace of doubt, has been removed completely already? Bernie raised these and other questions continuously and encouraged his students to do the same. In 1995 and 2001, he published a bouquet of crisp criticism of traditional concepts in 2 volumes titled, *Resolving Quandaries in Dermatology, Pathology, & Dermatopathology*, which were equipped with skull and crossbones and a warning that those books might be hazardous for anyone preparing for a board examination.[75,76]

■ *A pathologist who questions accepted truths, plays with ideas at the same time that he or she resists ideas, and engages in collision of ideas will spawn new ideas; a pathologist who accepts ideas docilely because they are considered to be either established beyond doubt or politically correct is destined to have a sterile life, intellectually and spiritually.*

—A.B.A.

Although the sessions at the multiheaded microscope were engaging and entertaining, every break was welcomed. After having studied his cases for consultation with which every day was begun, Bernie went to his room, checked his mail, dictated letters, and called one or the other fellow to his room to speak to him in private. In the meantime, the others had a cup of coffee, or a muffin or doughnut, and because space in 7J was very limited, they often backed out to the privacy of the staircase. There was another break in the late morning that Bernie used for making telephone calls or speaking to his employees. Sometimes he went to his room with the remark, "*I take a dive*!", closed the poor behind him, stretched out on the floor, slept for 5 minutes, and then returned refreshed (Fig. 21).

The "regular reading" usually ended in the early afternoon, and after a break for lunch, Bernie started to work on projects. Sections that had been put aside by the fellow responsible for a given project were studied and put in order, reflecting the stage of evolution of the disease, certain variants of it, or particular problems in differential diagnosis. Bernie then dictated some paragraphs for an article or a chapter for one of his books, or he assembled slides for one of his lectures. His students had the chance to experience directly his method of work and his way of thinking, and most of them stayed until the end. At about 6.00 P.M., Bernie left 7J and returned home, but not without having made plans for the evening. Bernie practically never dined alone, and he often invited some students for dinner. In those instances, one usually met in his apartment at about 8:00 P.M., sat down on the soft couch in the living room, where one sank into near disappearance, and had

FIGURE 21. Bernard Ackerman on his 54th birthday at Palm Restaurant in New York city, together with his students, Mario DiLeonardo, Pierre de Viragh, Patricia Vitale, and Wolfgang Weyers (from left to right).

a first beer while waiting for Bernie to get ready. Then the group left the apartment, stepped over to Fifth Avenue, called a taxi, and took off for steak at Palm Restaurant or for pasta at Gino's. Bernie was regarded as a special guest in many restaurants, was welcomed by name, and was escorted to the table by the chef or owner. He was also known by many customers. On one occasion, when he had dinner together with dermatologist, Mark Podwal, and Elie Wiesel who had just been awarded the Nobel Peace Price, someone from another table approached them, but instead of addressing the newly named Nobel peace laureate, he asked: "*Excuse me, but aren't you Dr. Ackerman?*"[58]

Bernie took pleasure in being known and appreciated in his favorite restaurants. He was familial with many waiters, with whom he often exchanged some private remarks. After having been seated, he usually ordered drinks immediately, often 2 for everybody because he, himself, needed much fluid for the hot meals he relished. His pasta was always "rabiatissimo," and when he ordered it, it was evident how much pleasure he took in pronouncing at least one Italian word correctly.

Dinner with Bernie, whether in his favorite restaurants in New York city or at one of the meetings in dermatopathology, was always entertaining. Bernie knew how to relate to others at the table and how to integrate them in conversations; he asked interesting questions and was able to comment on the answers in an insightful, balanced way. Dinner with Bernie was also funny because he was treasure box of anecdotes. And when it came to paying the bill, one had practically no chance. It was a matter of course for Bernie to invite his commensals, and in that respect, he made no distinction between medical students and established professors; generosity, whether in regard to time, money, photomicrographs of rare diseases, or sections of tissue, was considered by him to be one of the highest virtues. In general, dinner lasted until about midnight. When one returned to the institute the next morning, tired and sleepy, it was always amazing to see Bernie arrive at 7:00 AM, impeccably dressed and distributing a bunch of manuscripts that he had edited in the meantime. In those years, Bernie usually got up at 4:00 A.M. to have a few hours to work on his writings. He also carried along manuscripts on his many journeys to congresses and other meetings and worked on them during his flights and in the early morning hours.

Ackerman's tremendous diligence and intensity of work resulted in a flood of publications. Among them were 4 volumes titled, *Differential Diagnosis in Dermatopathology*, in which pairs of diseases were contrasted with one another. Their similarities that generated problems in diagnosis were named, and differences that helped to resolve those problems were discussed, listed in tables, and illustrated in photomicrographs.[77–78] Another series of books of similar didactic value was titled, *Clues to Diagnosis in Dermatopathology*. Each of those 3 volumes contained 100 chapters that were presented as a quiz. They started with a photomicrograph of a distinctive finding that allowed a specific diagnosis to be made, followed by a discussion of that finding and of variants and exceptions to the rule.[79–81] Many of those "clues" concerned changes at a cellular level. This differed from Ackerman's usual method of making diagnoses at scanning magnification; "*never get too close!*" was one of his wisdoms, to which he also adhered in private life. However, at least in the realm of dermatopathology, he acknowledged that there were other ways, too, and he did not care how one arrived at a diagnosis, as long as it was accurate.

■ *Certain endeavors can only be done alone, perhaps chief among them introspection, contemplation, and reflection. Certain expressions of creativity, such as painting, sculpting, and writing issue from the brain of a solitary individual. The critical decisions made by physicians about diagnosis and care of patients are the duty of a single human being. No matter how many opinions of colleagues are sought in consultation, the diagnosis rendered at last by a pathologist is his or her responsibility, alone.*

—A.B.A.

That desideratum, however, was best achieved by examining sections of tissue at scanning magnification. Although there were exceptions to the rule, Ackerman sticked to his principle, "never get too close!," and advocated pattern analysis for inflammatory and neoplastic skin diseases. Already in the 1980s, he had emphasized architectural findings when establishing criteria for differentiation of melanomas from melanocytic nevi, namely, asymmetry and poor circumscription of the former. For many years, he studied all kinds of neoplasms at scanning magnification and found that, if the biopsy was appropriate, he could make an accurate diagnosis in nearly all cases without scrutinizing individual cells. He also came to recognize the reason for that, that is, the architecture of a neoplasm—its symmetry and circumscription, and the distribution and outline of aggregations of neoplastic cells—is a direct expression of its biologic behavior, reflecting the way the neoplasm has grown and behaved in the tissue.

Having realized the biologic significance and diagnostic import of the architecture of neoplasms, Ackerman re-examined, and re-classified, epithelial neoplasms of the skin. That endeavor resulted in 4 books about pattern analysis of neoplastic skin diseases, pertaining to neoplasms with eccrine, apocrine, follicular, and sebaceous differentiation.[73,84–86] Diagnosis of neoplasms on the basis of their silhouette, consisting of the outline and a featureless interior and thus reflecting the architecture only, was a completely new concept and came to be adopted by representatives of other fields of pathology.

■ *I have been accused, perhaps justifiably, of having written more than I have read. I would not presume to speak for the readers of my writings, but I can speak for myself: How enormously instructive and pleasurable it has been! I hope that readers feel the same.*

—A.B.A.

By that time, the mid-1990s, Ackerman had become a legend, and was referred to that way.[87] He had pupils in all regions of the world who had acquired leading positions themselves, and for whom their fellowship with Ackerman was the most stimulating and gratifying period of their lives. They communicated that experience to their own pupils,

for whom Ackerman became a myth, nourished by the books with which they worked; by the "Ackerman lecture," which was instituted in 1994 by the International Society of Dermatopathology as the highlight of its annual colloquia, and by portraits of Ackerman that were displayed at the walls of countless laboratories of dermatopathology. The name "Ackerman" came to outgrow the man who carried it (Fig. 22).

But a prophet has no honor in his own country. At New York University School of Medicine, the new Chairman of the Skin and Cancer Unit, Irvin Freedberg, curtailed liberties that Ackerman had been granted by his predecessor, Rudolf Baer. As a consequence, Ackerman in 1993 resigned from his position and accepted the offer to become Director of Dermatopathology at Jefferson Medical College in Philadelphia, together with his former students, Richard Jacoby and Mario DiLeonardo. It was hard for Ackerman to leave "his" city, New York, but it did not constrain his activities. The "reading room" in his old suite, 7J, remained orphaned, and fellows flocked to Philadelphia instead of New York city. In 1995, Ackerman founded a new journal, *Dermatopathology: Practical and Conceptual*, with the aim of assisting readers in their daily work at the microscope, of advancing "*refreshing, vibrant, controversial, novel, intriguing, iconoclastic, and noble ideas,*" and of identifying issues that, in a "*time of turmoil, … are remedial, to grapple with them, to propose alternative solutions, and to provide leadership necessary to implement correctives*."[88] This included false testimony by expert witnesses in malpractice suits. In one of the first issues of the new journal, Ackerman made a vow to expose, by name, all physicians taking "*advantage of the seeming anonymity of a courtroom by lying boldly or sniping cowardly as they seek to protect themselves at any cost, settle personal scores, or fire recklessly the gun they have been hired to sling*." By establishing a forum exposing false testimony, Ackerman "*hoped that any colleague in dermatology or pathology who considers, for even a millisecond, giving undeniably false or slanderous testimony will shrink from that inclination by the knowledge that any utterance made under oath may be published, just as it was spoken, in Dermatopathology: Practical and Conceptual*."[89]

FIGURE 22. Canvas of Ackerman depicting facets of how he envisioned himself, a doctor to whom patients could turn and in whom they could confide (in real life, Ackerman never wore a doctor's robe), receptive, calm, knowledgeable, introspective, reliable.

Being disappointed increasingly with the declining quality of medical publishing, Ackerman also founded 2 publishing houses. The first, Promethean Medical Press, was short-lived only, but the second, Ardor Scribendi, still exists, its objective being to publish, in highest quality, important books without great prospects at commercial success, and to provide a forum for education in dermatology and dermatopathology. Ackerman noted a decline not only in medical publishing but in medicine itself, as evidenced by the increasing commercialization of it, the language that turns "doctors" into "providers" and "patients" into "customers," the habit of naming departments at universities not after famous doctors, but after sponsors, the dual capacity of dermatologists as professors at university departments and consultants for pharmaceutical companies, whose products they praise in articles and lectures, and the increasing dependence of medical societies and medical journals from the cosmetic and pharmaceutical industry. Ackerman criticized that development repeatedly, and in strong words.[90,91] Nevertheless, he was caught up by the commercialization of medicine himself. When his laboratory at Jefferson Medical College was sold to a stock company, he returned to New York city and, with the help of another company, *Ameripath*, founded a new institute outside the university, the *Ackerman Academy of Dermatopathology.*

That cooperation enabled him, at last, to establish an academic center of dermatopathology in the way he had always envisioned. The new academy covered 10,000 square feet of space. Its largest room resembled a lecture hall and was equipped with a 27-headed microscope, the largest in the world, that had 4 video monitors attached, thereby allowing 75 students to participate in daily teaching sessions. There were rooms for Ackerman, his associates, and secretaries, and an extra room where every fellow had a niche for himself. The entrance consisted of a huge glass door with a large "A," and the walls of the corridors were decorated with all kinds of memorabilia, ranging from posters of congresses to framed letters of men like Oscar Gans and Hermann Pinkus[33] (Fig. 23).

FIGURE 23. Ackerman in front of the multiheaded microscope in the Ackerman Academy of Dermatopathology in New York city.

Ackerman was relieved to be spared the continuous train rides between New York and Philadelphia, where he had bought a town house but had never felt at home. He loved to be back in New York city and was proud of his new institute. However, there were problems, too. His publishing company, *Ardor Scribendi*, was on the red, and Ackerman was glad that his nephew, Andy Zwick, took over the commercial management of it. Following his advice, Ackerman shifted his activities in medical education to the Internet. He established a web site, *derm101.com*, in which he published his journal, *Dermatopathology: Practical and Conceptual*, video lectures on a wide variety of skin diseases, clues to diagnosis in dermatopathology, examples of difficult differential diagnoses in dermatopathology, a clinical atlas of dermatology, and many other features. One of the most intriguing sections of the web site was an interactive quiz created together with colleagues of the Department of Dermatology of the University of Graz, in which the very same lesions were depicted, clinically and histopathologically, along with comments regarding differential diagnosis, clinicopathologic correlation, and therapy. With more than 800 cases, that quiz may currently provide the best opportunity to learn dermatology by private study.

■ *Consultants may err in diagnosis, just as any skilled and caring physician may – it is a price one pays for the unique, remarkable fortune of being a human.*
—A.B.A.

For many years, Ackerman was proud to have what he called, "*the fastest eyes in town*." At his multiheaded microscope, he proved, consistently, to be the first to recognize patterns formed in tissue by cells, and to convert those patterns into a specific diagnosis. As he approached his 1970s, however, he noted "*that other, younger eyes were not only faster than mine; some, I am pleased to record, were even better.*" He concluded that "*the time had arrived for me to begin to shift the emphasis of my professional life … to consultations, in which vast experience could compensate for beginnings of a loss in visual acuity and cerebral resiliency.*"[92] Ackerman retired on June 30, 2004, passing on his responsibilities at the Ackerman Academy of Dermatopathology to his former student, Geoffrey Gottlieb. Henceforth, he was no longer involved in the regular "reading" of slides, but he continued to come to the academy twice a week, for the purpose of studying sections of biopsy specimens sent in consultation, collaborating with fellows on a variety of projects, expanding, systematically and indefatigably, the spectrum of interactive quizzes for his web site, and working on several books, including the 3rd edition of his textbook, *Histologic Diagnosis of Inflammatory Skin Diseases*, a book on Spitz nevus, and a book on mycosis fungoides.[93–95] Altogether, Ackerman published more than 60 books and more than 700 scientific articles, an incredible number if one considers that he actually wrote those books and articles himself, or at least contributed to them mightily, and never simply had his name attached to one of them.

Even after his retirement, Ackerman was the most prolific contributor to his journal, *Dermatopathology: Practical and Conceptual*, and published in other journals, too. Despite those ongoing activities, Ackerman cherished his new status, enjoyed to sleep a little longer, to have breakfast in one of the little restaurants close to his apartment, with lots of fruit juice, cheese, and tomatoes, but without coffee, and to walk though Central Park afterwards, where he went out on the lake in a rowing boat or sat down on a bench next to the sculptures of Alice in Wonderland to read. He also enjoyed traveling without congress obligations. After his retirement, Ackerman attended congresses rarely and, apart from few exceptions, only those dealing with historical or ethical issues, whereas he left the field of dermatopathology to the younger generation.

■ *… inevitable errors in diagnosis will occur, because ultimately morphologic diagnosis is entirely subjective. If Tiger Woods cannot putt a ball into a cup from 5 inches away 1000 times consecutively, how can a histopathologist be expected to discriminate between examples of Spitz's nevus and "spitzoid melanoma" 1000 times in succession. A histopathologist who has an open mind, the capability for accurate observation, the ability to think critically, and*

a reservoir of profound knowledge still will make mistakes in diagnosis at times because of failure in one or more of those human attributes.

—A.B.A.

Ethical questions played an increasing role in the sphere of his activities. Forty years before, as a resident at the University of Pennsylvania, Ackerman himself had participated in one of Kligman's experiments on prisoners. At that time, he had seen nothing wrong in it, but over the years, his attitude had changed. This was caused, in part, by 2 books to which he contributed mightily, one by Allen M. Hornblum about Kligman's experiments at Holmesburg prison, and the other by Wolfgang Weyers on the history of dubious medical experimentation.[96,97] Ackerman's offer to distribute the latter book, at his own expense, among residents of the University of Pennsylvania was rejected by representatives of that university who preferred to play down, and keep quiet about, that disreputable past. At Harvard University, Ackerman endowed a professorship dedicated to the subject of "Culture and Medicine" and, in 2004, instituted annual Ackerman Symposia addressing social issues in medicine, such as "Beating it into them? Beating it out of them? Moral values in medical education today" and "Medical industry, medical education." Ackerman addressed problems in medical education repeatedly, alluding to the disillusionment of residents who start with curiosity and intellectual vitality ("*like grapes*") but, after exploitment and indoctrination, end up without hopes and prospects ("*like raisins*"). After a lecture about the subject, "Residency training in dermatopathology needs radical revision," given at the World Congress of Dermatology in Sydney in 1997, Ackerman received standing ovations for minutes[98] (Fig. 24).

In his online-journal, *Dermatopathology: Practical and Conceptual*, whose editorship had been shifted to his student, Almut Böer, Ackerman was responsible for a section titled, *History, Ethics, & Academe*, in which he tried to enforce standards of conduct. There was no shortage in occasions to do that, and one of those occasions concerned himself. By oversight, he had examined only one-half of a bisected specimen. That half showed a melanocytic nevus. The other half that he had failed to notice, however, showed an advanced, completely removed melanoma that was associated with neoplastic cells in blood and lymphatic vessels. The patient, a young woman, died shortly thereafter of generalized metastases, and Ackerman was tried for malpractice. He acknowledged forthrightly his mistake, but the crucial question was whether that mistake was responsible for the fatal outcome. This question alone decided about the entitlement of the patient's family to damages.

■ *Acknowledge error forthrightly. Never cover up error. Learn from every mistake.*

—A.B.A.

Melanoma cells in blood and lymphatic vessels carry a grim prognosis. This is undisputed in the medical literature, but not in American courtrooms. The lawyers of the family hired 3 renowned professors of dermatology. One of them, W. Clark Lambert, Director of Dermatopathology at the

FIGURE 24. Ackerman in a ''reading room'' for dermatopathology established by him at Massachusetts General Hospital and equipped with an 18-headed microscope, a large collection of antique microscopes, and various memorabilia collected in the course of his professional life.

New Jersey Medical School in Newark, NJ, testified that, with regional lymph node dissection and a wider excision, the patient would have had a good chance for cure and that there was "*certainly a good chance that either one of those procedures, presumably both of them, would have cured her melanoma right then and there*." The second expert witness, Thomas B. Fitzpatrick, Chairman Emeritus of the Department of Dermatology of Harvard University School of Medicine, claimed that "*85.6 percent of people with those characteristics will live for eight years*." The third witness, Dupont Guerry IV, Director of the Pigmented Lesion Clinic of the University of Pennsylvania School of Medicine, averred that, of 100 patients with those characteristics, "*ninety-eight … would live forever,*" as if melanoma cells in blood and lymphatic vessels were a fountain of youth promising eternal life.[99]

By any physician, even nonexperts, those testimonies could be identified easily as being fraudulent, but not by a jury of laymen confronted with the tragic fate of a family and the impressive deployment of respected professors. As a consequence, Ackerman agreed to settle the suit out of court for

$2.7 million. However, he did not let the matter rest but came back to it relentlessly, confronting the experts of the opposite side with their fraudulent testimony. He did the same in other cases in which principles of responsible conduct had been violated severely. His chances to deter people from impudent behavior by the threat of exposing it and, thereby, to attain a positive effect on society, were slim, and he was aware of that. He sometimes complained that it was impossible to shame the shameless. Nevertheless, like Sisiphus, he did not stop trying. He knew that the relatively new phenomenon of utter shamelessness was a serious threat for medicine and for society at large. In the last months of his life, he had to witness how that phenomenon became responsible for a worldwide economic crisis.

Bernie Ackerman could have retired to a life of ease and pleasure. He had reciprocated the world for the gift of life, had rendered his services, and had an impressive record of achievement. He was considered a legend, was honorary doctor of the universities of Giessen, Germany and Pavia, Italy, an honorary member of many medical societies, and wherever he traveled, he was welcomed warmly by scores of thankful students. He could have leaned back to enjoy the autumn of life, but he continued to engage himself, to interfere, and to rectify grievances at the risk of becoming the target of attacks. Why did he do that?

Because life was important to him in all of its spheres: dermatopathology, medicine, society, and humanity. He could have ignored professors lying in court and universities continuing to excuse unjustifiable practices of research. He could have neglected students with personal problems. He could have given any diagnosis to an unusual benign neoplasm because precise classification of it is irrelevant for the patient. But he did not fall subject to any of those temptations. He took charge of difficult differential diagnoses, of the well-being of students and colleagues, and of fundamental rules of conduct in society. The new American bon mot, "Yes, we can!," has become popular worldwide. Ackerman's credo was, "Yes, I care!"

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