

Henry L. Jaffe, MD (1896–1979), A Pioneering Authority on Bone Diseases: Reflections and an Appreciation

Andrew G. Huvos, MD

The almost forgotten American pioneer in the history of bone pathology Henry L. Jaffe, MD died 20 years ago. He was instrumental in first describing many pathologic osseous conditions, both neoplastic and non-tumorous. His scientific achievement qualifies Dr Jaffe as a true giant of bone pathology.

Ann Diagn Pathol 3: 260-261, 1999. Copyright © 1999 by W.B. Saunders Company

Index Words: Bone diseases, diagnosis, history, bone neoplasms

TIME FLIES FAST and imperceptibly. Although Henry Jaffe (Fig 1) died 20 years ago,¹ few young pathologists are aware of his accomplishments as the founding father of modern American bone pathology. From the vantage point of two decades after his death, we can now realize how the creation of contemporary bone pathology was achieved by his initiative and scientific convictions. Many of the stars of pathology who brightly illuminated the immediate pre- and post-World War II period have faded, but Jaffe still fascinates his many disciples and those who are interested in the historical highlights of American pathology.

Jaffe's biographical data are simple and straightforward. A native New Yorker born in 1896, he graduated from New York University School of Medicine in 1920. Following internships and residencies at Bellevue and Montefiore Hospitals, he stayed on as an Assistant Pathologist at Montefiore. Due to his remarkable productivity in scientific investigation during his few years there, he was appointed at the age of 28 as Pathologist and Director of Laboratories at The Hospital for Joint Diseases, a post he held until his retirement in 1964.

These bare facts shroud a remarkably important series of scientific articles in which he first described entity after entity that have withstood the rigorous test of time. The subjects of these articles include juxtacortical osteosarcoma (1951),² osteoblastoma (1932 and 1956),^{3,4} osteoid osteoma (1935),⁵ nonossifying fibroma (1942),⁶ juxtacortical chondroma (1956),⁷ chondroblas-

toma (1942),⁸ and chondromyxoid fibroma (1948).⁹ These were all delineated in his laboratory, either by Jaffe alone or in association with his colleagues, including Louis Lichtenstein (1906–1977). One of several pioneering articles on giant cell tumor of bone¹⁰ was published more than a half century ago, but it retains its clinical relevance even today.

On reading Jaffe's articles, one is impressed by his



Figure 1. Henry L. Jaffe (1896–1979).

From the Department of Pathology, Memorial Sloan-Kettering Cancer Center, New York, NY.

Address reprint requests to Andrew G. Huvos, MD, Department of Pathology, Memorial Sloan-Kettering Cancer Center, 1275 York Ave, New York, NY 10021.

*Copyright © 1999 by W.B. Saunders Company
1092-9134/99/0304-0007\$10.00/0*

meticulous scholarship and the intensity with which he arrives at well-reasoned conclusions based on relatively few cases. He exhaustively analyzed his cases with panache and a deductive flair and established a rational basis for the existence of the entities he described.

In addition to his seminal articles, Jaffe also authored two standard textbooks on bone pathology. The first, *Tumors and Tumorous Conditions of the Bones and Joints*,¹¹ which first appeared in 1958, was reprinted many times and gave him instant worldwide recognition. It became the standard work for the accurate diagnosis and treatment of bone tumors. It is beautifully and profusely illustrated with radiographs that seamlessly mesh with the gross and microscopic pathology. The accompanying text is written in forceful, dispassionate prose and has a wealth of pertinent references.

Jaffe's lifelong interest in nonneoplastic osseous conditions culminated in his second book, *Metabolic, Degenerative, and Inflammatory Diseases of Bones and Joints*,¹² published in 1972, which contained more than 1,000 illustrations and figures. The book's 1,000 pages provide classic descriptions of bone diseases like tuberculosis, syphilis, Paget's disease, and a host of others. It is a treasure trove of well-discussed pathologic conditions made more instructive by the wealth of superb illustrations unavailable anywhere else. The book also contains the bone pathology collection of the noted Viennese pathologist Jacob Erdheim (1874–1937), who willed his material to Dr Jaffe.

Jaffe was a memorable teacher. I acted as one of the instructors for 3 consecutive years at his intensive comprehensive teaching course. This 3-month, 3-hour twice-weekly course on all and sundry aspects of bone pathology was enthusiastically attended by surgeons, diagnostic radiologists, and pathologists. The profusely

illustrated lectures helped the next generation of physicians to benefit from Jaffe's vast experience in dealing with these rare pathologic conditions and to familiarize the students with diseases they had to face daily during their professional careers.

H.L. Jaffe died in retirement in 1979 at the age of 83. During his time, he was at the forefront in the delineation of nearly all the freshly discovered bone pathology entities and inspired a generation of diagnostic surgical pathologists.

References

1. Mankin HJ, Jaffe HL: Obituary. *J Bone Joint Surg [Am]* 1979;61:632-633
2. Jaffe HL, Selin G: Tumors of bones and joints. *Bull N Y Acad Med* 1951;27:165-174
3. Jaffe HL, Mayer L: An osteoblastic osteoid tissue-forming tumor of a metacarpal bone. *Arch Surg* 1932;24:550-564
4. Jaffe HL: Benign osteoblastoma. *Bull Hosp J Dis* 1956;17:141-151
5. Jaffe HL: Osteoid-osteoma: A benign osteoblastic tumor composed of osteoid and atypical bone. *Arch Surg* 1935;31:709-728
6. Jaffe HL, Lichtenstein L: Non-osteogenic fibroma of bone. *Am J Pathol* 1942;18:205-221
7. Jaffe HL: Juxtacortical chondroma. *Bull Hosp J Dis* 1956;17:20-29
8. Jaffe HL, Lichtenstein L: Benign chondroblastoma of bone: A reinterpretation of the so-called calcifying or chondromatous giant cell tumor. *Am J Pathol* 1942;18:969-991
9. Jaffe HL, Lichtenstein L: Chondromyxoid fibroma of bone: A distinctive benign tumor likely to be mistaken especially for chondrosarcoma. *Arch Pathol Lab Med* 1948;45:541-551
10. Jaffe HL: Giant cell tumor of bone: Problems of differential diagnosis. *Bull Hosp J Dis* 1944;5:84-91
11. Jaffe HL: *Tumors and Tumorous Conditions of the Bones and Joints*. Philadelphia, PA, Lea & Febiger, 1958
12. Jaffe HL: *Metabolic, Degenerative, and Inflammatory Diseases of Bones and Joints*. Philadelphia, PA, Lea & Febiger, 1972