

The Stegman Papers: Biography of a Leader in Dermatologic Surgery

Kelley P. Redbord, MD, and C. William Hanke, MD, MPH, FACP

The Stegman Papers is a biography of Dr. Samuel J. Stegman. The papers were collected by Dr. Stegman during his lifetime as a dermatologic surgeon and leader. The manuscript includes a time line of Dr. Stegman's life and listing of his accomplishments, including significant publications. *Semin Cutan Med Surg* 31:60-77 © 2012 Elsevier Inc. All rights reserved.

KEYWORDS Samuel J. Stegman, biography

In 2006, Dr. Samuel J. Stegman's brother, John D. Stegman, brought a large box containing his brother's life's work to Dr. C. William Hanke in Indianapolis, IN. Dr. Stegman had given the box to his brother in October 1989 (5 months before his death) with the following instructions—"You will know what to do with this box and when to do it."

The large box contained 12 binders meticulously organized by date, including every article, abstract, presentation, lecture, lecture notes, and newspaper clippings concerning Dr. Stegman and his contribution to dermatologic surgery (Fig. 1). We subsequently spent a great deal of time abstracting the most important material from the 12 binders. With great pride and honor, we present The Stegman Papers chronicling the life and work of Samuel J. Stegman. We dedicate this work to the life of an innovator, leader, teacher, friend, and brother.

We have divided Dr. Stegman's life into four segments:

- (1) 1939 to 1975: The Early years, Education and Training
- (2) 1975 to 1980: Development of a Young Leader
- (3) 1980 to 1985: A Leader Emerges
- (4) 1985 to 1990: A Mature Leader

Laser and Skin Surgery Center of Indiana, Carmel, IN.

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1939-1975: The Early Years, Education and Training

Tables 1–3 and Figures 1–7



Figure 1 The Stegman Papers: Twelve binders representing a lifetime of leadership, teaching, publications, and education were collected by Dr. Stegman.

Table 1 A time line of Dr. Stegman's life, 1939-1975

March 10, 1939	Born in Peru, IN
1930s	Dr. Frederic E. Mohs developed chemosurgery at the University of Wisconsin
1956	Received Alexander Hamilton Bicentennial Fellowship for first place in national high school speech-debate competition. Sam Stegman went to the White House where he was awarded a 4-year college scholarship by President Eisenhower (Dr. Stegman used this scholarship for medical school because he already had a college debate scholarship)
1957-1961	Attended Butler University, Indianapolis, IN 4-year debate scholarship, Grant-in-Aide Cum Laude, premedicine Phi Kappa Phi, Phi Eta Sigma, Sigma Tau, Delta, Tau Kappa Alpha Outstanding Freshman Man President Sigma Chi Fraternity Top debater: 128 wins and 43 losses
1959	Won National 4-man debate tournament
1959	Won the Indiana State Peace Oratorical Contest (sixth in the National contest)
1961	Won National 4-man debate tournament at Bellarmine College
1961	Placed 16th at the national debate tournament at the US Military Academy at West Point, NY
1961	Graduated Butler University Cum Laude, with a BA in Chemistry
1961-1965	Attended Indiana School of Medicine, Indianapolis, IN Alexander Hamilton Bicentennial Fellowship Scholarship
1965	Graduated Indiana University School of Medicine with an MD, ranking 40/163
1965-1966	Rotating Internship Denver General Hospital, Denver, CO
1966-1968	US Navy Lieutenant Commander Third Marine Division, Fleet Marine Force, SE Asia US Navy Medal of Commendation
1968-1969	Internal Medicine Residency, University of Wisconsin
1969-1972	Dermatology Residency, University of California, San Francisco, CA
1972-1973	NIH Fellow, University of California, San Francisco, under Dr. Theodore Tromovitch
1971	Attended first Meeting of the American College of Chemosurgery
1972	Tropical Dermatology Rotation, Institute Dermatologico, Guadalajara, Mexico
1973	Stegman presents "Fresh Tissue Chemosurgery" at the American College of Chemosurgery meeting in Chicago
1974	Tromovitch and Stegman publish the first use of the fresh tissue technique in <i>Archives of Dermatology</i> : Microscopically Controlled Excision of Skin Tumors
1975	First issue of <i>The Journal of Dermatologic Surgery</i>
1975 June	Stegman publishes "Fifteen Ways to Close Surgical Wounds" in Volume 1, Issue Number 2 of <i>The Journal of Dermatologic Surgery</i>

Table 2 Dr. Stegman's academic productivity, 1939-1975

Publications	8
Abstracts	3
Book chapters	0
Books	0
Presentations and lectures	31
In the news	1

Table 3 Significant publications, 1939-1975

Tromovitch TA, Stegman SJ: Microscopically Controlled Excision of Skin Tumors. <i>Arch Dermatol</i> 110:231-232, 1974
Stegman SJ, Bonfilio ND, Fukuyama K, et al: Effects of phytohemagglutinin and concanavalin A on mammalian epidermal cells. <i>Cell Differ</i> 3:71-79, 1974
Stegman SJ: Fifteen ways to close surgical wounds. <i>J Dermatol Surg</i> 1:25-31, 1975

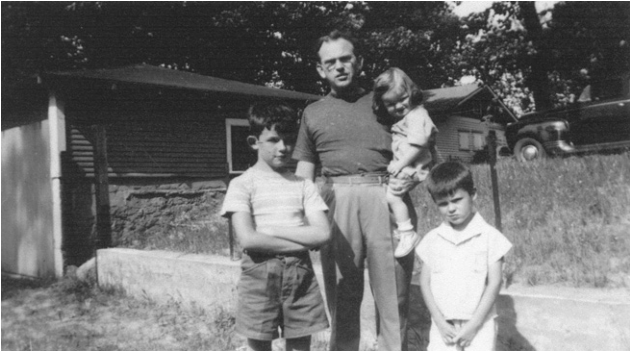


Figure 2 Sam Stegman with his father, older brother John, and younger sister Dorothy, at home in Peru, IN.



Figure 3 Sam Stegman, at the age of 5 years, had plans for a military career.



Figure 5 Samuel J. Stegman, MD, as an award-winning freshman debater at Butler University in the spring of 1958. Sam attended Butler University on a 4-year debate scholarship.



Figure 4 Sam Stegman, age 6 years, with a cast on his arm, with his first-grade class.



RHO CHAPTER

Sigma Chi FraternityBUTLER UNIVERSITY
INDIANAPOLIS, IND.

September 28, 1959

Dear Mr. and Mrs. Worth,

My name is Sam Stegman and I am scholarship chairman at Rho Chapter of Sigma Chi Fraternity, the fraternity which your son, Bob, has pledged. I am writing to acquaint you with a few of the things concerning scholarship which we stress.

First, our policy on scholarship was well stated by our faculty advisor Dr. George Waller, Head of the History department of Butler University. "College is a place to learn. If he joins a fraternity with another purpose in mind rather than making use of it in the over-all process of learning, he will be wasting both his time and the fraternity's."

We try to help each of our pledges by requiring that they study from 7-10 and 10:30 to bedtime on Sunday, Monday Tuesday, and Thursday evening each week. For those pledges living here at the house or those at the men's dormitory, we have a supervised study table here at the house; however, for the men in town, like Bob, we usually ask them to observe the same rules in their own homes. I'm sure that Bob on a pre medical course, as I am, knows that he will need many more study hours than are required by the fraternity. Through proper budgeting of his time, however, I'm sure Bob enjoy a well rounded college life.

I will try to keep you informed on Bob's progress; if he ever does poorly I will immediately write to you so that both of us may work together to correct any problems. Let me assure you that we, as you, are primarily interested in Bob's having a successful college career.

Sincerely,

Sam Stegman

Figure 6 This letter was written by Sigma Chi Fraternity (Butler University Chapter) scholarship chairman, Sam Stegman, in September 1959, to the parents of incoming Sigma Chi premed freshman Robert Worth. Dr. Worth is now a retired neurosurgeon in Indianapolis. The letter was given to Dr. Hanke by Dr. Worth's parents.



Figure 7 Sam Stegman and Butler University classmate, Priscilla Thomas, at USMA National Debate Tournament in 1961. Butler University ranked 9th out of the 38 teams that qualified for the national tournament.

1975-1980: Development of a Young Leader

Tables 4–6 and Figures 8–14

Table 4 A time line of Dr. Stegman's life, 1975-1980

1975-1978	Stegman on Board of Directors, American College of Chemosurgery
April 5- 9, 1978	Stegman is Program Chairman for the American Society for Dermatologic Surgery 4th Annual Scientific Meeting, San Diego, CA
1978-81	Stegman on Board of Directors, American Society for Dermatologic Surgery
1979-81	Stegman is Vice-President, American College of Chemosurgery
March 26-30, 1980	Stegman is Program Chairman of the ASDS 7th Annual Meeting, Las Vegas, NV
1980	Stegman describes chemical peel and dermabrasion in an animal model
1980	Stegman and Tromovitch consult with Collagen Corporation for Zyderm development
1980	Stegman and Tromovitch report on bovine collagen for scars

Table 5 Significant publications, 1975-1980

Stegman SJ, Fukuyama K, Epstein WL: Inhibition of the in vivo effects of concanavalin A on mammalian epidermis by alpha-methyl-d-glucopyranoside. <i>J Invest Dermatol</i> 66:17-21, 1976
Stegman SJ: Suturing techniques for dermatologic surgery. <i>J Dermatol Surg Oncol</i> 4:63-68, 1978
Tromovitch TA, Stegman SJ: Microscopic-controlled excision of cutaneous tumors: chemosurgery, fresh tissue technique. <i>Cancer</i> 41:653-658, 1978
Stegman SJ: Planning closure of a surgical wound. <i>J Dermatol Surg Oncol</i> 4:390-393, 1978
Stegman SJ: Principles of design and the dynamics of movement of flaps. <i>J Dermatol Surg Oncol</i> 6:182-186, 1980
Stegman SJ, Tromovitch TA: Implantation of collagen for depressed scars. <i>J Dermatol Surg Oncol</i> 6:450-453, 1980
Stegman SJ: A study of dermabrasion and chemical peels in an animal model. <i>J Dermatol Surg Oncol</i> 6:490-497, 1980

Table 6 Dr. Stegman's academic productivity, 1975-1980

Publications	28
Abstracts	0
Book chapters	1
Books	0
Presentations and lectures	92
In the news	3

A

Microscopically Controlled Excision of Skin Tumors

Chemosurgery (Mohs): Fresh Tissue Technique

Theodore A. Tromovitch, MD, Samuel J. Stegeman, MD, San Francisco

A variation of Mohs' technique, that is, microscopically controlled surgical excision is presented. The use of fresh tissue eliminates the need for zinc chloride paste. This substantially decreases the discomfort of the procedure and shortens the time necessary for extirpation of difficult tumors. A series of 102 basal cell carcinomas occurring in 85 patients was treated by this method. With a minimum follow-up of three years and a maximum of eight years there have been only three recurrences. We believe that this method retains the high cure rate previously experienced with the standard Mohs' technique, but offers important advantages.

Frederic Mohs, MD, developed chemosurgery in the 1930s. Since then, he and others have demonstrated that chemosurgery is not only an effective method for treatment of skin cancer, but that it is also the best treatment for recurrent tumors. Menn et al¹ reported that when recurrent basal cell epitheliomas were treated with the usual methods of curettage and electrodesiccation, excision, or x-radiation, there was approximately a 42% second recurrence. Conversely, Mohs² and Tromovitch et al³ have reported cure period of five years in more than 93% of the cases in which recurrent basal cell epitheliomas were treated with chemosurgery. The place of chemosurgery in the treatment of skin tumors is well established.

However, the patient discomfort caused by the zinc chloride fixative can be considerable, particularly if several days of reapplication of the zinc chloride paste is required. Also, several days of the patient's and the chemosurgeon's time are required for

completion of some operations. Searching for a less painful, quicker, but equally successful method for skin cancer therapy, we used the fresh tissue technique that Mohs himself had described for eyelid margins. This modification of standard chemosurgery seems to be practicable and has advantages in certain circumstances. We call this modification of Mohs' Chemosurgery—microscopically controlled excision (MCE).

Materials and Methods

The technique is essentially that of classical Mohs cancer chemosurgery, except that the zinc chloride fixative paste is not used. The area is first injected with 1% lidocaine (Xylocaine) with epinephrine, and the area of clinically suspected tumor is curetted. Hemostasis can be obtained by spot desiccation of the exact bleeding sites. Spot desiccation causes minimal cellular changes and does not interfere with the interpretation of tissues that may later be examined microscopically. At this time, a smaller curette is used to ferret out tumor strands that invade in unsuspected quadrants.

Full strength dichloroacetic or trichloroacetic acid can also be used for hemostasis. After the acid is applied, residual areas of tumor sometimes show as "whiter" areas and can also be removed grossly before the first section is taken for microscopic control.

Next, an excision of tissue 3 to 5 mm thick is taken from the entire bed and sides of the curetted defect. The cut is designed to obtain sections of a size suitable for preparing frozen sections. The incision is made around the periphery of the wound, including an additional 1 to 3 mm of tissue. Suitable cross cuts are made to outline the desired size and shape of tissue specimens. With the use of a sharp knife and a sweeping motion of the hand, each specimen can be cut with a flat under-surface. An assistant applies suction to maintain a blood-free field.

A drawing is made that shows the shape



Fig 1.—Grid drawn on lesion with bluing outlines area of defect and helps locate area of tissue to be sectioned.

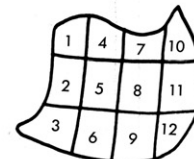
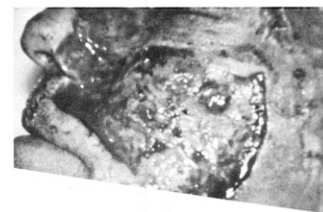


Fig 2.—Top, Lesion. Bottom, Plastic overlay with grid showing shape of lesion and demarcating specific areas.

of the defect, its relation to the patient's anatomy, and how the tissue is sectioned. If the area is severely irregular or a large number of sections are to be taken, a grid is drawn on the patient with bluing (Fig 1) or a plastic overlay is constructed so that the exact area can be located on the patient's lesion (Fig 2). Two adjacent edges of each section of tissue are color-coded, using 50% mercurochrome for the red edge and laundry bluing for the blue edge. Each piece of tissue is assigned a number. This number and the exact edges of color coding are drawn on the map. The color-coded, numbered pieces are transferred to a Petri dish that has filter paper in the bottom. The filter paper is cross hatched and each square numbered. The corresponding number of the tissue section is placed on the correct square and given to the technician who adds formaldehyde solution. The tissue is briefly fixed in the formaldehyde so-

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From the University of California School of Medicine, San Francisco.
Reprint requests to 350 Parnassus Ave, San Francisco, CA 94117 (Dr. Tromovitch).

Figure 8 (A, B) Drs. Tromovitch and Stegman publish the first use of the fresh tissue technique for Mohs Micrographic Surgery in *Archives of Dermatology*, August 1974. Dr. Stegman published 91 manuscripts in his career.

B

lution, flattened as in classical chemosurgery, and then processed by cryostat microtome technique. The sections are cut from their inferior surface and arranged on frosted slides in a line with the inferior-most cut at one end and the superior-most cut at the opposite end. They are stained with hematoxylin-eosin and are ready for examination within 15 to 30 minutes.

In this series, 85 patients with 102 basal cell carcinomas have been treated by MCE. Table 1 shows the distribution of the lesions by anatomic site. The most common site was the nose, the nasolabial areas with cheeks, forehead, scalp, inner canthi and eyelids, ears, neck and back, lips and chin, and orbit sites following in order of frequency of occurrence.

Table 2 shows the number of lesions that were primarily treated by MCE because of the size, location, or microscopic characteristics of the tumor and those that had prior treatment by other methods. The lesions initial visible size varied from 0.6 to 6.2 cm, although the true size at the end of treatment was often two to three times the original measurement. All lesions that were treated by MCE were lesions that were specifically selected for treatment by MCE because it was believed that MCE would offer the best chance of cure compared to standard dermatologic and surgical methods.

Results

Of the 102 basal cell epitheliomas, many of which themselves were recurrent lesions, there have been three recurrences. The follow-up period presently is three to five years for 76 tumors and five to eight years for 26 tumors (Table 3). One recurrence developed in the primary group and two recurrences in the group with recurrence of lesions after other forms of treatment. All three recurrences that occurred within 12 months, the lesions have been retreated by MCE and the cases were followed up without further recurrence.

Comment

We believe that microscopically controlled excision can be used as an alternative to standard cancer chemosurgery for treatment of certain difficult basal cell carcinomas. There are a substantial number of cases with a follow-up period greater than five years; and in this study we have been further encouraged by the fact that the recurrences among our patients

Site	No.
Nose, nasolabial	57
Cheek, forehead, scalp	18
Inner canthi, eyelids	11
Ears	6
Lips, chin	6
Neck, back	3
Orbit	1

	No. of Carcinomas
Basal cell carcinomas with previous treatment	44
Basal cell carcinomas, new	58
Recurrences	3

* Total number of patients was 85.

Period, yr	No. of Lesions
3 to 4	52
4 to 5	24
5 to 6	11
6 to 8	15

thus far have been in the first year post-treatment.

There are several advantages with MCE. First, it eliminates the patient discomfort that may occur using zinc chloride fixation. We now seldom find it necessary for patients to take potent analgesics following MCE. In several cases where we have used both MCE and standard chemosurgery, we found that the patients preferred MCE.

Secondly, the fixation beyond the surgical margins that is inherent in standard chemosurgery is not a part of MCE. We believe that this added conservation of tissue permits fewer perforations of the nose in those cases where the tumor had invaded deeply, but not completely through the nose. Often, perforation either by the tumor or the surgeon requires a second operation for repair, whereas the intact nose will heal primarily.

Thirdly, MCE is usually a quicker procedure. Standard cancer chemosurgery, as commonly practiced, requires 24 hours each time paste is applied. If three different cuttings are required, four days may be necessary.

With MCE, three and sometimes four cuttings can be taken within the same morning. Often we can even take two cuttings with the same local anesthetic still in effect. By condensing the time required, the patient is much less inconvenienced, and the time saved by the physician makes it easier for the doctor who is not a full-time chemosurgeon to use this modality.

There are two problems one encounters with MCE that are not part of standard chemosurgery: bleeding and unevenly cut specimens. Practice has minimized both of these difficulties. An assistant, using the suction in one hand and sponging with the other, adequately controls bleeding until the operator can cauterize the bleeders. The regularity of the inferior margin of our sections has improved as we ourselves have become more skilled with the technique. The use of a very sharp knife blade and a smooth, sweeping motion produces a specimen that, when pressed out before freezing, provides good visualization of the entire cut surface.

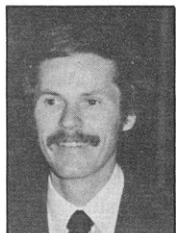
We offer our experience with this technique in order to broaden the incidence of removal of difficult and recurrent basal cell carcinomas by a microscopically controlled method. Hopefully the decrease in the patient's discomfort and the more rapid completion of operations offered by MCE will encourage more physicians to have patients with potentially problem tumors operated on earlier in the course of their disease by this modality. At the same time, the physician who presently uses the well-established, standard chemosurgery now has more latitude in tailoring the therapy to the individual needs of the patient and his tumor without sacrificing the high success rate made possible by microscopically controlled surgery.

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1. Menn H, et al: The recurrent basal epithelioma. *Arch Dermatol* 103:628-631, 1971.
2. Mohs FE: *Chemosurgery in Cancer, Gangrene and Infections*. Springfield, Ill, Charles C Thomas Publisher, 1956, pp 116-117.
3. Tromovitch TA, Beirne G, Beirne C: Mohs' technique (cancer chemosurgery): Treatment of recurrent cutaneous carcinomas. *Cancer* 19:867-868, 1966.



T. A. Tromovitch, M.D.

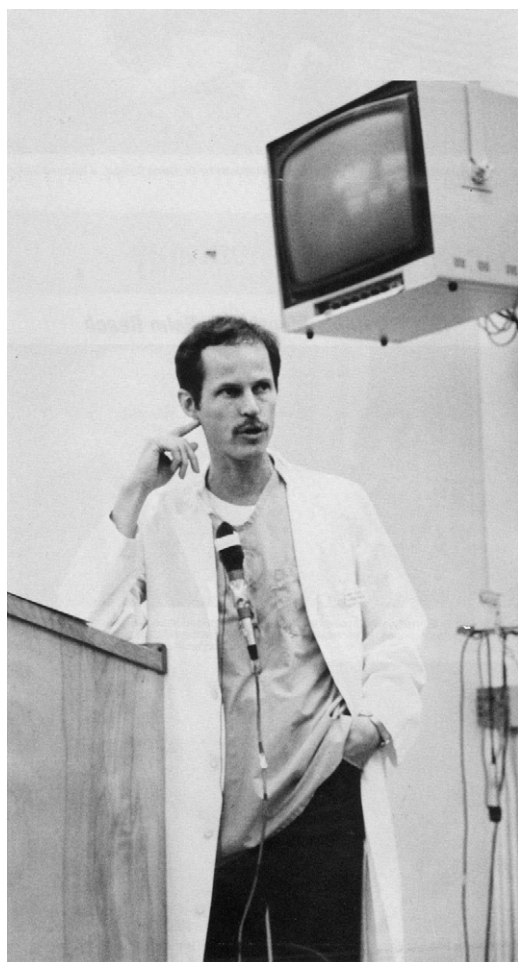


S. J. Stegman, M.D.

Microscopic-Controlled Excision

THEODORE A. TROMOVITCH, M.D.,* and SAMUEL J. STEGMAN, M.D.,†
San Francisco, California

Figure 9 Drs. Tromovitch and Stegman pictured for their manuscript in the 1976 *Dermatology Digest* entitled “Microscopic-Controlled Excision.”



Dr. Samuel J. Stegman's topic was Horizons in Skin Surgery; 1978.

Figure 10 Dr. Stegman lectures on “Chemical Peels and Horizons in Skin Surgery” at the 6th Annual Consultants Course in Dermatology at the University of San Francisco Medical Center, March 1978.



Figure 11 Dr. Stegman lectures on “Office Surgical Pearls” at the Pacific Dermatology Association meeting in 1979.

OFFICE SURGICAL PEARLS

Pacific Dermatology Association
San Francisco

September 19, 1979
Hyatt Regency

- I. Dermatology is a medical and surgical specialty
 - a. Can treat as many surgical cases as we have the desire to do and the skills for.
 - b. If the physician learns one new technique a year, in five years he will be doing approximately 200% more office surgical procedures.
 - c. Learn office surgery the same way as any surgeon learns more surgery
 1. Read
 2. Take courses
 3. Practice on pig feet
 4. Observe the procedure, take a case to another doctor and watch him do it
 5. Review with the staff the procedure, instruments and dressings
 6. Do small uncomplicated cases
 7. Do more complicated cases
 8. Repeat 1 through 7
- II. Procedures which can be done in the office by knowing the standard elliptical excision and a dog ear repair (audiences have mixed surgical skills and I want to entice whether than overwhelm so I will show a simple case than an advanced case using the same techniques).
 - a. Variations on the ellipse
 - b. Curettage and desiccation and excision
 - c. Small grafts
 - d. Staged excisions

Figure 12 Dr. Stegman's lecture notes on "Office Surgery Pearls" given to the Pacific Dermatology Association in San Francisco in 1979.

Injectable Collagen Held Safe



DR. STEGMAN

SAN FRANCISCO—The new injectable collagen implant which recently won FDA approval was described as safe and uncomplicated by Samuel J. Stegman, M.D., assistant clinical professor of dermatology at the University of California Medical School, San Francisco. The new implant could change the face of office cosmetic dermatology, he said in a report to the annual meeting of the American Academy of Dermatology.

"At a time when our specialty is losing some of its territory to other specialists, such as x-ray, internal

medicine and family practice, the expansion of office cosmetic dermatology is a welcome addition," Dr. Stegman told his audience.

The injectable collagen, which Dr. Stegman said is safe and effective for most patients with post-acne, post-trauma and post-surgical scars, is prepared from bovine skin by an enzymatic digested process which solubilizes dermal collagen, breaks it down to fine fibrils, and cleaves off the telopeptides.

Highly purified, the material is packaged in 0.5-1.0 cc disposable syringes in a dispersant of phosphate buffered physiologic saline containing 0.3% lidocaine. The fibrils remain separated as long as the material is kept at or below four degrees centigrade. When placed in the body at physiologic pH, temperature, and electrolyte concentrations, it repolymerizes into collagen bundles.

The main advantage with the injec-

(CONTINUED ON PAGE 11)

Figure 13 In *Dermatology News* June 1979, Dr. Stegman reports on the benefits of xenogenic collagen for the repair of soft tissue defects.



Dr. Ronald L. Moy (right), of UCLA, accepts congratulations from Dr. Samuel J. Stegman upon receiving a grant from the American Society for Dermatologic Surgery. Dr. Stegman presented the award on behalf of the ASDS.

Figure 14 American Society for Dermatologic Surgery 7th Annual Meeting in Las Vegas in 1980. Dr. Stegman presents a grant to young Dr. Ronald Moy. Dr. Alfred Hollander and Dr. Coleman Jacobson are also featured.

1980-1985: A Leader Emerges

Tables 7–9 and Figures 15–19

Table 7 A time line of Dr. Stegman’s life, 1980-1985

1981-1983	Stegman is President, American College of Chemosurgery
July 22, 1981	Zyderm approved by FDA
1982	Stegman reports on histology of dermabrasion and chemical peeling in human skin
1984	Stegman named outstanding Dermatologist by <i>Town and Country Magazine</i>
October 29, 1985	Zyplast approved by FDA
January 1985	Stegman appointed to Editorial Board of <i>Archives of Dermatology</i>

Table 8 Dr. Stegman’s academic productivity, 1980-1985

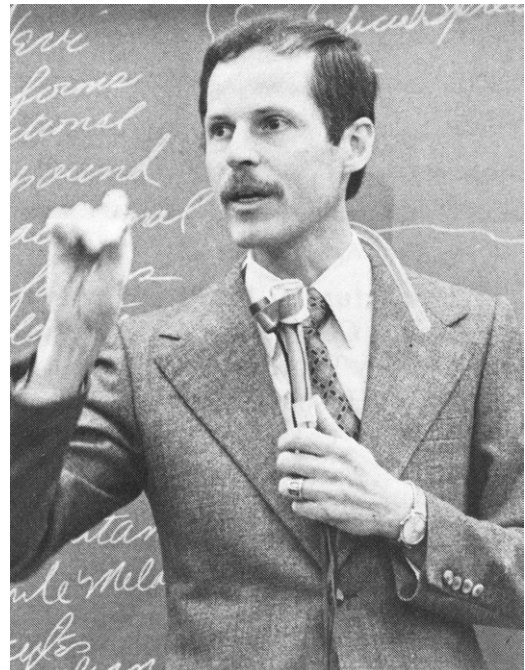
Publications	28
Abstracts	2
Book chapters	4
Books	3
Presentations and lectures	91
In the news	2

Table 9 Significant publications, 1980-1985

Stegman SJ, Tromovitch TA, Glogau RG: <i>Basics of Dermatologic Surgery</i> . Chicago, IL: Yearbook Medical Publishers, 1981
Swanson NA, Stegman SJ, Tromovitch TA: Mohs’ chemosurgery—microscopically controlled excision using fresh tissue technique. <i>Aesth Reconstr Fac Plast Surg</i> 6:2, 1981
Swanson NA, Stegman SJ, Tromovitch TA: Reconstruction of defects post Mohs’ chemosurgery or microscopically controlled excisions. <i>Aesth Reconstruct Fac Plast Surg</i> 6:3, 1981
Stegman SJ, Tromovitch TA, Glogau RG: <i>Cosmetic Dermatologic Surgery</i> . Chicago, IL: Yearbook Medical Publishers, 1982
Stegman SJ: A comparative histologic study of the effects of three peeling agents and dermabrasion on normal and sun-damaged skin. <i>Aesthetic Plast Surg</i> 6:123-135, 1982
Stegman SJ, Tromovitch TA: Cosmetic dermatologic surgery. <i>Arch Dermatol</i> 118:1013-1016, 1982
Carruthers JA, Stegman SJ, Tromovitch TA, et al: Basal-cell carcinomas of the Temple. <i>J Dermatol Surg Oncol</i> 9:759-762, 1983
Stegman SJ, Tromovitch TA: <i>Cosmetic Dermatologic Surgery</i> . Chicago, IL: Yearbook Medical Publishers, 1984
Tromovitch TA, Stegman SJ, Glogau RG: Zyderm collagen: implantation techniques. <i>J Am Acad Dermatol</i> 10:273-278, 1984
Barr RJ, Stegman SJ: Delayed skin test reaction to injectable collagen implant (Zyderm). The histopathologic comparative study. <i>J Am Acad Dermatol</i> 10:652-658, 1984



Figure 15 Dr. Stegman lectures on “What’s New in Dermatologic Surgery?” at the 33rd Annual Meeting of the Pacific Dermatologic Association in 1981.



Dr. Samuel J. Stegman

Figure 17 Drs. Frederic Mohs, Norman Orentreich, Michael Albom, and Sam Stegman participate in the Interspecialty Facial Surgery Congress in New York City in April 1983.

MARCH, 1981

PEARL OF KNOWLEDGE

THERE ARE MANY SMALL BENIGN CUTANEOUS LESIONS WHICH ARE BOTHERSOME TO PATIENTS. SOME OF THESE LESIONS ARE UNSIGHTLY; OTHERS MAKE THE PATIENT APPEAR UNHEALTHY OR UNMINDFUL OF THEIR APPEARANCE. BY KNOWING THE USUAL HISTOLOGIC CONFIGURATION OF THESE LESIONS, THE PHYSICIAN CAN BETTER ADVISE WHICH ONES CAN BE REMOVED SIMPLY, INEXPENSIVELY, AND WITHOUT MUCH CHANCE FOR SCARRING. FOR EXAMPLE, A BENIGN LENTIGO -- A LESION WHICH IS ALMOST ENTIRELY EPIDERMAL -- CAN BE LIGHTLY CURETTED, LIGHTLY DERMA-BRADED, OR LIGHTLY CAUTERIZED, THUS REMOVING AN UGLY BROWN MARK. WHEREAS, A SYRINGOMA -- A LESION WHICH IS LOCATED IN THE MID AND LOWER DERMIS -- WOULD REQUIRE MULTIPLE, FULL-THICKNESS SKIN EXCISIONS TO ERADICATE. OBVIOUSLY, THE LENTIGO WE WOULD ENCOURAGE THE PATIENT TO HAVE TREATED, AND THE SYRINGOMA WE WOULD SUGGEST THEY LEARN TO CAMOUFLAGE.

SAMUEL J. STEGMAN, M.D.

Figure 16 A Pearl of Knowledge from Dr. Stegman in 1981.

A

PRESIDENTIAL ADDRESSOBSERVATION
POSSIBILITY of Techniques

I. Policy Statement

Soon there may be too many chemosurgeons. With over twenty training programs applied for or approved, and with those additional locations where short term visits are permitted and passed off as training, it will be only a few short years before there is a glut. This is unfortunate because there are several ^{IN NEARBY} factors limiting the number of chemosurgeons needed. First Chemosurgery is a technique which needs to be performed with a certain frequency in order for the physician, his staff, and the histology technician to remain fully competent. A FEW SMALL SPORADIC LASES IS NOT ADEQUATE

Next the indications for the procedure are rather specific and limited. When the technique is used excessively, it will be only a short time before the third party carriers will object--indeed they already have objected. Each of you are probably aware of someone over utilizing the procedure. As President these past two years I have become aware of physicians, both in and out of this organization, billing for a separate surgical tray for each cutting, taking multiple tiny cuttings to inflate the charges, billing for a bilateral advancement flap closure when it was only the side to side closure of simple ellipse, and doing Mohs surgery on superficial or intradermal lesions on the trunk and extremities. Next the need for chemosurgery may be reduced as more dermatologists become better skilled at excision surgery. Wider margins taken on primary tumors will reduce the incidence of recurrent tumors. And as the number of physicians increases, each physician will have more time to learn and to perform more extensive office surgery. Thus, as the country is saturated with chemosurgeons, the need will stay at the same level or even be reduced.

Each chemosurgeron can help by 1) following the indication closely---not using the chemosurgery technique for all tumors. Excision and primary closure, cryosurgery, currettage and electrodesiccation--are perfectly acceptable modalities for many primary tumors. 2) Charging a reasonable

PREACHER

Figure 18 (A, B) Dr. Stegman's Presidential Address to the American College of Chemosurgery in 1984.

B

or prevailing fee. We are all aware of chemosurgeons-- both young and old--who charge excessively. Overcharging can only lead to disenchantment with chemosurgery by third party carriers, other Dermatologists, and government agencies. One physician in southern California so grossly overcharged his patient that she wrote her senator to complain when Medicare paid 80% of the bill. 3) Train within the Guidelines of the College of Chemosurgery to provide fully competent associates and replacements. Avoid supporting "how to do it" textbooks and "quickie" one or two day courses in chemosurgery. Favor the training of physicians already planning to move to an area unserved by a chemosurgeon or foreign physicians returning to their native country. Consider training dermatologists in dermatologic surgery, which is the real need of most academic centers.

The Board of Directors of this College is trying to help protect the Mohs method and Mohs Chemosurgeons in the following ways: 1. The bylaws have been rewritten and presented to the membership with the hope of creating a society which can vouch for the initial and ongoing training of its membership, 2. A program to increase public awareness of the merits of the Mohs method is being formulated, 3. A dialog has been started with the JCHC on recognizing the method and how it is practiced, and 4. Continued pressure is being placed on the AMA to correctly list chemosurgery in the Current Procedure Terminology manual.

Now, for the rest of my time, lets go back to pretending we only have to practice good medicine to survive. I would like to share with you a potpourri of techniques that I have found most helpful in the day to day practice of Chemosurgery. Interestingly, many of these ideas came from our training fellows.

Figure 18 Continued.

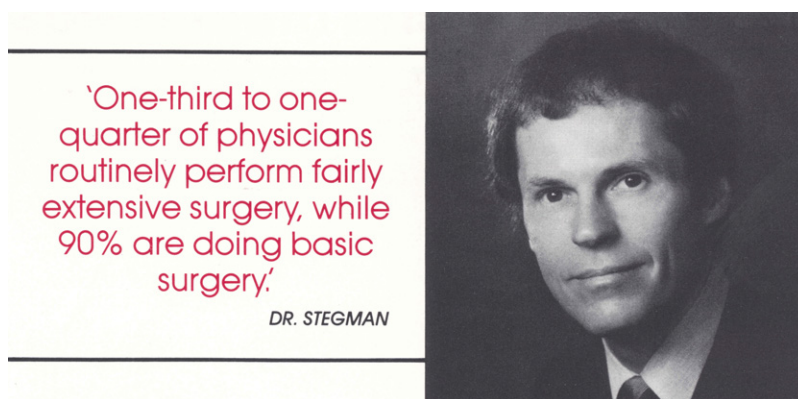


Figure 19 Dr. Stegman was quoted in September-October 1985 *Dermatology Perspectives* on the percentage of dermatologists doing dermatologic surgery.

1985-1990: A Mature Leader

Tables 10–15 and Figures 20–26

Table 10 A time line of Dr. Stegman's life, 1985-1990

1986	American College of Chemosurgery changes its name to the American College of Mohs Micrographic Surgery and Cutaneous Oncology
1986-1987	Stegman is President of the ASDS
1987	Stegman named Outstanding Dermatologist by <i>Town and Country Magazine</i>
1989	Stegman awarded the "Significant Sig" award from Sigma Chi Fraternity. The Significant Sig medal is given to the "illustrious sons whose achievements have brought honor and prestige to the name of the Sigma Chi Fraternity."
1989	Stegman awarded Distinguished Achievement Award from the American College of Mohs Micrographic Surgery and Cutaneous Oncology
1989	Stegman given Presidential Citation from the ASDS
February 14, 1990	Stegman awarded the Leon Goldman achievement award from the ASDS, at Annual Meeting in Hawaii
March 15, 1990	Stegman dies in San Francisco, CA

Table 11 Significant publications, 1985-1990

Stegman SJ: The application of liposuction surgery in dermatology. <i>Adv Dermatol</i> 1:211-219, 1986
Rubenstein R, Roenigk HH Jr, Stegman SJ, et al: Atypical keloids after dermabrasion of patients taking isotretinoin. <i>J Am Acad Dermatol</i> 15:280-285, 1986
Stegman SJ: Flexible rhombic flap. <i>Plast Reconstr Surg</i> 79:497-499, 1987
Stegman SJ, Chu S, Bensch K, et al: A light and electron microscopic evaluation of Zyderm collagen and Zyplast implants in aging human facial skin: a pilot study. <i>Arch Dermatol</i> 123:1644-1649, 1987
Stegman SJ: Sleep creases. <i>Am J Cosmetic Surg</i> 4:277-280, 1987
Stegman SJ: On credentialing. <i>J Dermatol Surg Oncol</i> 14: 159-161, 1988
Stegman SJ: Analysis of the skin of the aging face. <i>Adv Otolaryngol Head Neck Surg</i> 3:239-256, 1989
Tromovitch TA, Stegman SJ, Glogau RG: <i>Flaps and Grafts in Dermatologic Surgery</i> . Chicago, IL: Yearbook Medical Publishers, 1989
Stegman SJ: Technique variations in liposuction surgery. <i>Dermatol Clin</i> 8:457-461, 1990
Hanke CW, Higley HR, Jolivet DM, et al: Abscess formation and local necrosis after treatment with Zyderm or Zyplast collagen implant. <i>J Am Acad Dermatol</i> 25: 319-326, 1991

Table 12 Dr. Stegman's academic productivity, 1985-1990

Publications	27
Abstracts	0
Book chapters	2
Books	1
Presentations and lectures	54
In the news	61

Table 13 Dr. Sam Stegman's professional appointments

Professor	University of California, San Francisco, Associate Clinical Professor in Dermatology
Active staff	Peninsula Hospital, Burlingame, CA Franklin Hospital, San Francisco, CA Moffett Hospital, San Francisco, CA
Private practice	350 Parnassus Avenue, San Francisco, CA 1828 El camino Real, Burlingame, CA
Consultant	UCSF Dermatology Clinic, Chemosurgery UCSF Veterans Hospital, Dermatology Surgery Medical Advisor, Collagen Corporation, Palo Alto, CA
Director	Future savings and loan, Board of Directors, Division of Community Financial Corporation, Contra Costa County, CA
Editorial Board	Associate editor and contributing editor: <i>Journal of Dermatologic Surgery and Oncology</i> Abstract Editor, <i>Head and Neck Surgery</i> Editorial staff, surgical Editor, <i>Current Issues in Dermatology</i> Assistant Editor, <i>Journal of Cosmetic Surgery</i> Editorial Board, <i>Archives of dermatology</i>
Medical Board	Registered medical practitioner for New South Wales
President	American Society for Dermatology Surgery (1986-1987) American College of Mohs Micrographic Surgery and Cutaneous Oncology (1981-1983)
Awards	Goldman award from the ASDS (1990) Distinguished achievement award from ACMMSO (1989) Presidential citation from the ASDS

Table 14 Dr. Sam Stegman's professional society memberships

Society for Investigative Dermatology
American Academy of Dermatology
American Medical Association
California Medical Association
San Francisco Medical Society
San Mateo Medical Society
American Federation of Clinical Research
American College of Chemosurgery
Board of Directors 1975-1978
Vice-President, 1979-1981
President, 1981-1983
American Society for Dermatologic Surgery
Board of Directors 1978-1981
President 1986-1987
American Association of Cosmetic Surgeons
Vail Cosmetic Surgery Society
California Society for Specialty Plastic Surgery
Bay Area Physicians for Human Rights
San Francisco Opera Guild

Table 15 Named lectureships and visiting professorships

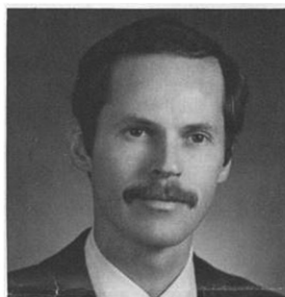
The Udo J. Wile Visiting Professor, University of Michigan Medical School, Ann Arbor, MI, July 21-23, 1982
The Northwestern University Medical School, Department of Dermatology, Chicago, IL
The Congres de Medecine Esthetique, Paris, France
Christian Radcliffe lecture, Department of Dermatology, University of Iowa, Iowa city, IA
Association of Military Dermatologists
San Fernando Valley Dermatologic Associations
Los Angeles Dermatologic Association
Utah Dermatologic Association
US Naval Regional Medical Center, Oak Knoll, Oakland, CA
Brook Army Medical Center, San Antonio, TX
Oregon Dermatological Society
Department of Dermatology, Emory University School of Medicine, Atlanta, GA
Montana Dermatologic Society
Duke University, Durham, NC
Indiana University Medical Center, Department of Dermatology
Walter Reed Guest Professorship, Washington, DC
Canadian Dermatologic Association, Vancouver, BC, Canada
Annual General Meeting of NSW, Sydney, Australia
Division of Dermatology, Ohio State University, Columbus, OH
Department of Dermatology, University of North Carolina, Chapel Hill, NC

Dermatologists must be fully aware of the fact that dermatology is both a medical *and* surgical specialty, according to Dr. Samuel J. Stegman, assistant clinical professor of dermatology at the University of California at San Francisco, School of Medicine.

In one of the reports to be made at Wednesday morning's session, Dr. Stegman in his remarks on "Office Surgical Pearls," points out that although surgical skills may vary greatly among practicing dermatologists, all can upgrade their surgical skills so that their practice may quickly lend itself to new surgical procedures.

"As dermatologists," says Dr. Stegman, "we can further train ourselves in dermatologic surgery by using the very same techniques that all surgeons use that increase their own skills within the specialty of surgery. There are excellent courses available for dermatologists to learn dermatologic surgery and these are given at many of our meetings. The need for such courses is highlighted by the attendance at the course given at the annual meetings of the American Academy of Dermatology where more than 450 receive highly skilled instruction. We also have good textbooks available and there are many practicing dermatologists who are happy to assist their colleagues to learn more about the practice of dermatologic surgery."

In his discussion, Dr. Stegman will present office pearls concerning stretching of the skin, tissue sparing, suturing and flaps and grafts. These will be liberally demonstrated through slides showing exactly how each procedure lends itself to use in the office. "In my lecture," Dr. Stegman says, "I will present several different ways to build upon the surgical knowledge that each of us has. With the assumption that almost all dermatologists can perform a stand-



Dr. Samuel J. Stegman

ard elliptical excision, I will demonstrate how to pyramid this knowledge and also show several new and exciting office surgical procedures."

In another report, Dr. Otis F. Jillson, Bangor, Maine, returns to California to pass along "Office Pearls" concerning treatment of a variety of dermatologic diseases. Thus, he cites the use of long-term low dosage erythromycin for treatment of atopic dermatitis of the hands when complicated by bacterial eczema. Among the problems cited and some suggestions relative to therapy are:

- Contact dermatitis of the hands stimulating atopic eczema.
- Bedbug bites: the art of explaining to patients that "it is what they have without offending them."
- A philosophy that will sustain us when caring for a patient with massive verrucae.
- An experiment concerning toe nail growth plus a simplified method of treatment for onychomycosis.
- Agoraphobia: one of the most common of the phobias. Where to look for it, recognition of the phobia, and the care needed in treatment of the concomitant dermatologic disease.

Figure 20 The American Society of Dermatologic Surgery Bulletin 1986 interviews Dr. Stegman. Dr. Stegman indicates that dermatology is both a medical and surgical specialty.



Figure 21 Meeting of the Editorial Board of the *Archives of Dermatology*, May 1986.

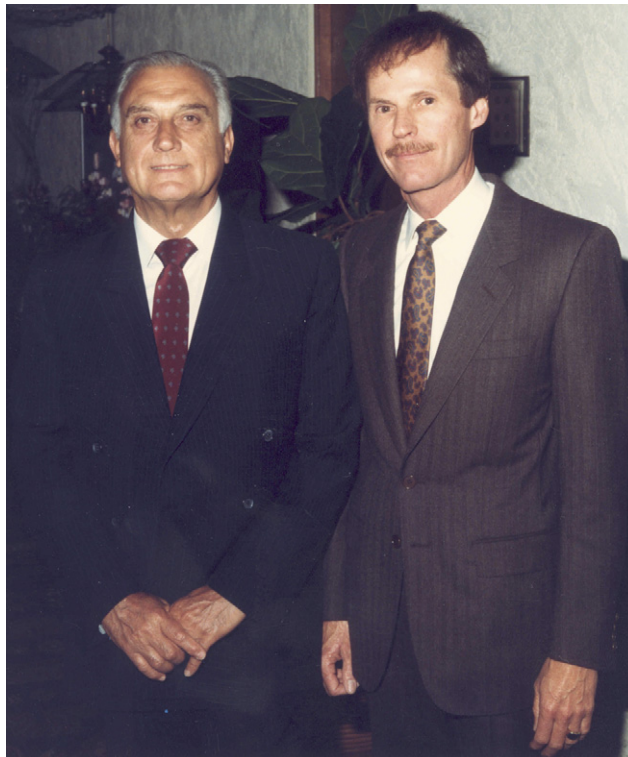


Figure 22 Dr. Stegman (right) and Dr. Pierre Fournier (left) at the American Society for Dermatologic Surgery Annual Meeting in Palm Springs, CA, in 1986.

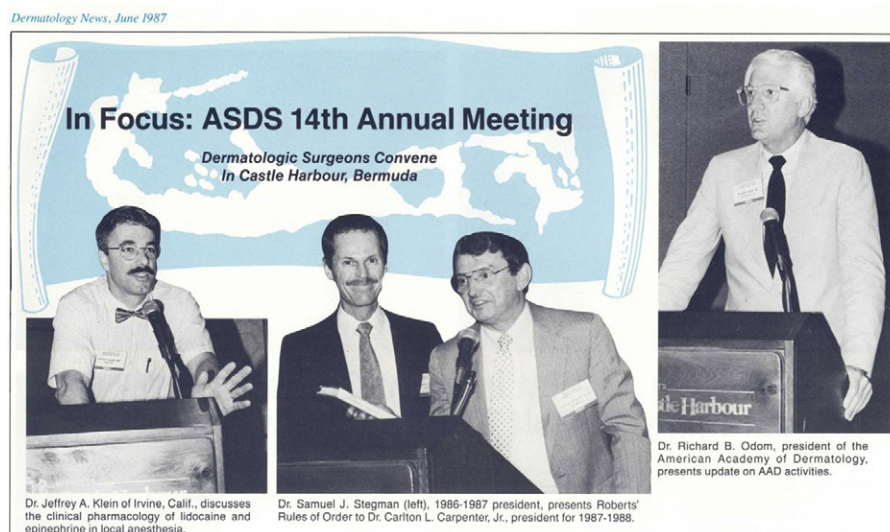


Figure 23 Dr. Stegman as the 1986-1987 president of the ASDS at the ASDS 14th Annual Meeting in Castle Harbour, Bermuda, in 1987. Dr. Jeffrey Klein (left), Dr. Carlton Carpenter, president 1987-1988 (middle), and Dr. Richard Odom (right) are also present.



Figure 24 Dr. Stegman publishes “Sleep Creases” in 1987 and is observed demonstrating the etiology of the sleep crease.

FOREWORD

For most people, most doctors, and a surprising number of dermatologists, it is a misunderstood concept that cosmetic surgery is widely practiced in our specialty. Reviewing the various cosmetic surgical procedures reminds us that well established techniques such as hair transplantation and dermabrasion were originated and refined by dermatologists (Orentreich and Kurtin). Many innovations such as combined techniques for chemical peeling, tumescent local anesthesia for liposuction surgery, and punch excision for acne scars were the contributions of dermatologists (Stagnone, Klein, and Lowenthal). Dermatologists have provided advances in laser surgery (eg, pulsed dye laser surgery for vascular birthmarks) that have improved the quality of life for many patients. The number of patients treated by dermatologists for cosmetic problems equals or exceeds that of all other specialties. These facts and books such as this one provide credence for the notion that Dermatology includes cosmetic surgery.

Most advancements are a synthesis of existing knowledge and skills. Representatives from each discipline

bring different information. In the case of cosmetic surgery, dermatologists contribute an in-depth understanding of the anatomy and physiology of the skin not fully appreciated by other specialties. Witness the concept of placing Zyderm® collagen within the dermis; utilizing the dermal and epidermal changes induced by Tretinoin® to prepare a face for peeling; appreciating the subtleties of atrophy and treating appropriately. Indeed the greatest majority of cosmetic procedures alter either the skin and subcutaneous fat or both. This text happily includes chapters that only dermatologists could write: ie, photoaging, electrosurgery, and laser surgery as they apply to cosmetic procedures. And all the chapters will reflect the authors' fuller understanding about the complexities of the body's largest organ: the skin.

By its publication, *Cosmetic Surgery of the Skin* focuses attention on the breadth of dermatologists' practice in cosmetic surgery, makes a vast amount of training and experience available for all to share, and brings back its cost many times over to the reader who is a serious student of cosmetic surgery.

Samuel J. Stegman, M.D.

Figure 25 Dr. Stegman (at the request of Dr. Hanke) writes the Foreword for *Cosmetic Surgery of the Skin*, edited by Coleman, Hanke, Alt, and Asken in 1988.



Figure 26 Dr. Stegman lunches with Nancy Pelosi and other Who's Who in San Francisco at a country lunch at Runnymede, as featured in 1988 *Town and Country Magazine*.