

**Frontiers of Medicine****UCSD's Unplanned Role in the Silicone Implant Controversy**

By Jack Fisher  
*Professor Emeritus of Surgery*

In November of last year, the FDA approved the use of silicone gel breast implants, previously restricted, for cosmetic purposes in women ages 22 and older, and for breast reconstruction in women of all ages. The agency added a recommendation that women who undergo the procedure be regularly monitored to assure safety.

This decision ended a controversy spanning two decades, when Dow Corning, America's implantable device pioneer, suffered a bruising courtroom defeat because one of its many silicone products, the mammary implant, was judged to be the cause of a rheumatic illness. Even in the absence of any scientific proof, *Stern vs. Dow Corning* cost the company \$1.7 million and established a legal precedent for thousands of similar claims to follow. UCSD faculty played an unplanned role in defining many new parameters for the body's unique tolerance of silicone polymers, but none of this work proved sufficient to quell the emotions of consumer activists, restore the public's confidence, or rein in the trial lawyers. By the time an Institute of Medicine panel concluded in 1998 that breast implants and other silicone products had not caused disease, more than \$12 billion had changed hands, most of it passing from major corporations to the trial attorneys. But I am ahead of my story.

Silicone polymers were first synthesized in the 1890s, quickly forgotten, and

then rediscovered prior to World War II. They helped win that war because of their extraordinary thermal stability. Without the silicone lubricants produced by Dow Corning, a wartime industry established in 1942, the attack submarine could not have dived to adequate depth, the P-51 Mustang and the B-29 Superfortress could not have flown high enough to complete their respective missions. During the decades that followed, hundreds of medical applications were introduced, many of them implantable with only modest tissue reactivity. One of these innovations was the mammary implant for surgical enlargement of the breast or for restoration following mastectomy.

**Troubling Reports Appear**

In 1981, UCSD Professor of Medicine **Nathan Zwaifler** asked me to review a manuscript reporting on three women with silicone gel breast implants who later developed a rheumatic disease called systemic sclerosis (scleroderma). It was his call as editor of *Arthritis and*



*Rheumatism* whether or not the paper was suitable for publication. Without evidence of a causal relationship, he and I agreed that coincidental occurrence was the only defensible conclusion. The manuscript was published, nonetheless, in order to attract reports of similar outcomes if they existed.

Although several poorly documented accounts of unexplained illness following injection of breasts with liquid silicone, paraffin, and other materials had already appeared in Japanese publications, the case report in *Arthritis and Rheumatism* was the first to link an American-made device with a confirmed diagnosis. Several more reports followed, some with diagnoses firmly established, but many more without. In time, silicone breast implants would be held responsible for more than 200 diseases or symptom complexes. Meanwhile, little attention was directed at all the other silicone devices in use, among them hydrocephalic shunts,

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– Fisher, *from p.1*

urethral stents, biliary cannulas, heart valves, and cardiac pacemakers. Silicone is used to coat the lining of all syringes and IV tubing. The beverage and brewing industries are entirely dependent on silicone as are the packagers of cosmetics and consumable home products.

### Measuring the Risk of Migration

The integrity of any gel device is protected by a durable elastomer shell, but all membranes are permeable. A paramount concern of industry and the breast implant critics was the potential for migration of silicone micro-droplets from the gel lattice. UCSD surgeon **Ross Rudolph** was interested in wound contraction, a phenomenon known to influence the quality of skin graft healing in burn victims. A common microscopic feature of all contracting wound surfaces is the myofibroblast, a specialized cell with the contractile properties of smooth muscle. A convenient model for studying normal and exaggerated wound contraction is the fibrous layer that inevitably forms around every implanted device, including the breast implant and even the stainless steel hip prosthesis.

The membrane permeability that permits escape of silicone from a mammary gel device became a confounding variable for Rudolph's clinical studies, prompting him to collaborate with UCSD pathologist **Jerrold Abraham**. They created back scatter images using scanning electron microscopy and energy dispersive x-ray analysis to identify in tissue biopsies any silicon-containing material such as silicone. Their innovative methodology appeared in *Science* in 1978. With their technique, they could measure how much silicone escaped a device (only a few grams) and they could search for any significant correlations between free tissue silicone and unfavorable clinical outcomes (they found none).

This was gratifying news for anyone with an implanted silicone device as well as for every insulin-dependent diabetic; insulin injections can be accompanied by a micro-droplet of silicone. Yet, trial

attorneys largely ignored the work of Rudolph and Abraham; they preferred to cite a grossly inaccurate television graphic showing silicone spreading throughout the body like a giant inkblot. Compounding this misrepresentation was the tendency of some journalists to confuse the terms silicon, a chemical element, with silicone, a complex polymer chain. Based on this misunderstanding, public opinion could be influenced to accept that if silicon caused silicosis, then silicones must do the same.

### The Biofilm Issue

Another biologic variable known to influence the fate of implanted devices is the biofilm, a translucent mucopolysaccharide layer known to harbor microorganisms, most commonly non-pathogenic staphylococci. Biofilms envelop all implanted devices but their clinical significance remains ill-defined because the resident bacteria are difficult to grow and identify. UCSD urologist **Lowell Parsons** applied his microbiological skills to establish a correlation between the presence of bacteria and chronic pain associated with implants used for penile reconstruction following radical prostatectomy. **Marek Dobke**, my successor as Head of the Division of Plastic Surgery, was a resident when he collaborated with Parsons to study the role of biofilm in complications following breast reconstructive surgery.

Attorneys never exploited the biofilm issue in their pursuit of monetary awards from manufacturers; the devices were all packaged and distributed sterile so any bacterial contamination must have followed surgical implantation. In fact, they are known to come from endogenous sources. This disinterest was fortunate because the historic term for biofilm is "the slime layer," not a phrase to which jurors could be expected to react positively!

### Checking the Epidemiology

The alleged link between breast implants and rheumatic disease was entirely driven by scattered clinical reports. UCSD rheumatologist **Michael Weisman** was the first investigator to subject

the question to epidemiologic analysis. In collaboration with Division of Plastic Surgery faculty who pooled their breast surgery experience, he carefully monitored a cohort of patients with implant exposure. Subsequent analysis revealed no correlation between a silicone device and any recognized rheumatic disorder. A report to this effect, published in 1988, was also ignored by the trial attorneys, not to mention the FDA, which would soon be led by **David Kessler**, an attorney who was more interested in the mounting litigation against Dow Corning than he was in several decades of biomaterials research.

### The Stunning Call for a Moratorium

On January 6, 1992, Commissioner Kessler stunned the entire medical device industry by calling for a moratorium on the use of silicone gel breast implants. His decision was greeted with alarm by recipients of every kind of silicone device, jubilation from the trial attorneys, and sharp criticism from medical professional organizations representing cancer surgeons, rheumatologists, immunologists, toxicologists, pathologists, radiologists, and of course all the plastic surgeons. Each discipline had declared support for the continued availability of all silicone devices. They were joined by the American Cancer Society, traditional advocates for women seeking breast reconstruction following mastectomy. None of these proponents had overlooked the illogic of believing that silicone in breast implants was unsafe but all other silicone exposures were beyond danger. Yet none of their testimony impressed the FDA, whose authority and jurisdiction control only the medical device industry and not the medical profession.

The agency justified its moratorium call by vague references to silicone-related diseases but withheld its evidence from public scrutiny. Implant manufacturers promptly sued the FDA, declaring that such findings must not be withheld from physicians or from the public. Rather than admit that its evidence came from the selective pleadings of trial

attorneys instead of laboratories or clinics, the FDA agreed to appoint qualified rheumatologists to its advisory panel in time for its February 1992 hearing.

Once again, Zwaifler found himself in the middle of the breast implant dispute. As editor of the nation's leading rheumatology journal, he was asked to serve as an FDA consultant along with **John S. Sergent**, Professor of Medicine at Vanderbilt University and President of the American College of Rheumatology. Both listened to a flood of evidence offered over the span of three days, much of it in the form of ardent pleas from women convinced they were victims of silicone toxicity. Asked for their opinions just prior to adjournment, Sergent chided the agency for conducting a politically-charged spectacle rather than a science-based forum. Then Zwaifler observed that if the testimony he heard was actually representative of a normal population sampling, he would be justified in concluding that breast implants actually protected women from rheumatoid arthritis, the most common of the rheumatic disorders. This was a ridiculous notion, of course; his point was that selected case reports are not representative of all women with breast implants. No assertion of disease causation can be established without deriving both the numerator and the denominator. Random case reports represent only a numerator and an incomplete one at that. Sadly, his position was lost to the activists whose minds were already made up, to the attorneys whose motives were apparent, and to FDA officials whose course was established. Severe restrictions were imposed on silicone gel breast implants but on no other silicone device.

Still missing from what might have satisfactorily resolved the controversy was more epidemiologic evidence involving larger cohorts of implanted women than Michael Weisman was able to assemble in San Diego. These studies were eventually derived from databases maintained by the Mayo Clinic, the Province of Alberta, and the Harvard School of Public Health. In each case, analysis produced no evidence for any of the alleged

silicone-induced maladies, but not in time to avert punitive awards as high as \$25 million, mass tort litigation involving more than 600,000 claimants, and bankruptcy for several device manufacturers, among them Dow Corning, whose breast implant revenue had never exceeded one percent of its total sales.

No ORU for biomaterials science existed at UCSD or at any other UC campus. Nonetheless, several UCSD faculty members collaborated for a better understanding of the biologic interface between alloplastic materials and human tissue, important knowledge for the eventual development of more sophisticated devices like arterial grafts and drug-eluting stents. Their findings – all of them – have stood the test of time. Regrettably, the same two decades also witnessed an extraordinary redistribution of shareholder value to the legal sector, unconscionable in my view because the systemic risks attributed to silicone were not founded on science.

### Drawing the Lessons

What lessons can be drawn from these events? One of them is that scientific questions cannot be resolved in any courtroom. Another is the realization that government regulation is a political process, even when the product involved is based on technology. Conflict between innovators and regulators shouldn't be a surprise to anyone. The process of discovery is by definition a risk-taking venture, whereas regulators are mandated by Congress and the electorate to avoid risk. Our society is made up of people who can be either risk-tolerant or risk-averse. In a democracy that protects the rights of each and every citizen, neither the innovator nor the regulator can escape the politics of risk.

One more observation: tort litigation cannot proceed without an injury or at least a presumption of injury, either one supported by the corroborative evidence of a designated witness. Unfortunately, courtroom trials can be a kind of theater where victims base their claims on fear rather than understanding, and the chosen experts testify on the basis of unprov-

en allegations rather than validated conclusions. Jury members often experience great difficulty making these distinctions. Why? Because most Americans still lack even a basic familiarity with statistical methods or an elementary grasp of scientific principles. In the final analysis, the conflict between enterprise and regulation, comes down to the continuing need for improved math skills and a better understanding of modern science.

*This article is abstracted from Fisher's forthcoming book, Silicone on Trial: Science, Regulation and the Politics of Risk.*

## Poet's Corner

### The Opossum

Her looks appear nervous and puzzled  
(Who knows what goes on in her mind?)  
Her profile is narrowly muzzled,  
With many more teeth than mankind.

This feature – essentially dental –  
Distinguishes 'possum from man.  
It shows that she's not placental,  
But of the marsupial clan.

Her tail is extremely prehensile:  
It curls with remarkable grace.  
Its tip is as slim as the pencil;  
The rest broadens out at the base.

Her eyes are small, beady and crossable.  
(Who knows what perspective she sees?)  
To catch her is almost impossible  
So long as she stays in the trees;

But when on the ground she's less agile:  
Her gait is a sort of a slouch.  
Her babies are tiny and fragile,  
And spend many weeks in her pouch.

A 'possum, in pink of condition,  
Is proud of the fur of her coat.  
(She may lean towards opposition –  
But no-one knows how she will vote.)

– Ralph Lewin

## Understanding How Infants Begin to Think – Surprisingly, in Concepts



By Jean Mandler  
*Distinguished Research Professor  
of Cognitive Science*

*The Foundations of Mind: Origins of Conceptual Thought.* Oxford University Press, 2004. Paperback: 2006. Received the American Psychological Association Eleanor Maccoby book award in 2006.

Phased retirement was largely responsible for my writing this book. In 1990 George and I took advantage of the UC phased retirement program. That program allowed us to continue to work 2 quarters every year, leaving 6 months free. The program, sadly killed a few years later, was terrific for both faculty and the university. It enabled the university to hire a new assistant professor for each of us because of the remittance of 1/3 of our pay. So the university retained our names and some teaching while being provided with the wherewithal to hire new young minds. The retirement program allowed us to draw some pension money each year to partially make up for our lesser income, but since we continued to pay into the retirement fund, it didn't damage our pensions much. Best of all from our point of view, the plan freed us up to do what we wanted.

We knew we wanted to spend more time in London, and the problem I faced was how to keep my lab going while away. That was solved by a wonderful postdoc, **Laraine McDonough**, who maintained the lab during my six months' absence every year. What that allowed was time to think and reflect without all the usual pressures of teaching, committees, and everyday chores in the lab. The result, when full time retirement in 2000 allowed even more time to write, was this book.

The book summarizes the research on cognitive development in infancy that Laraine and I carried out during the period of my partial retirement. We found, contrary to Piagetian theory, that infants do not go through a prolonged sensorimotor stage of development (learning only perceptual and motor routines), but begin to form concepts and begin to think and recall the past as early as 6 to 9 months of age. Also contrary to the most popular theory of the time, we found that so-called "basic-level" concepts (concepts such as dog or cup) are not the first kinds of concepts infants form. Instead infants tend to conceive of objects and relations in a much more general way, thinking in terms of animal and container, rather than dog and cup.

It is not until well into the second year that infants begin to conceptualize the details that distinguish one animal from another or one container from another. Of course, they see the difference in appearance of various animals, for example, as early as 3 months, but interpret what they see in a more general way, thinking of them merely as animals, rather than as dogs or cats or rabbits.

This kind of "top-down" development means that the conceptual system is formed by differentiating very broad concepts into ever finer details. It leads automatically to the hierarchical system

of concepts we find in adults. Interestingly, if brain damage causes the system to break down, it does so in the opposite direction. Subdivisions of animals, such as mammals, go first and the highest level, the animal concept, is the last to go.

The bottom line is that there is a straightforward path from infant to adult concepts. At first, concepts tend to be very general and, as best as we can tell at this point in research, they are based on the way that objects move (or don't move), and interact with other objects (or are interacted with). Attention to what they look like, perhaps surprisingly, comes later. But, of course, what objects do (or what is done to them) is more important than what they look like. There may be a moral here...

*Jean Mandler was recently named the recipient of the American Psychological Association Distinguished Scientific Contribution award for 2007.*



### Emeriti Website

The UCSD Emeriti Association maintains a website:

<http://emeriti.ucsd.edu>

Clicking the NEWS, PROGRAMS & MEETINGS button will allow you to view past issues of this newsletter. The website also provides the constitution and by-laws, lists of members, and minutes of meetings.

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## Thoughts on Aging

By George Feher  
Professor Emeritus of Physics

*The only solution to aging is to die young – but as late as possible.*

The impetus of writing about aging came the other day after a visit to the urologist. No, don't worry, nothing serious really happened. I just went for a routine check-up to get my PSA (Prostate Specific Antibody) evaluated. After waiting a while, I was finally called in by the nurse and given a consent form to sign. "What is this for?" I asked. "This is the permission to perform an endoscopic examination," she replied. "Why do I need that?" I inquired. "Because you have blood in your urine," she replied. "But I don't have blood in my urine," I protested. "Aren't you Mr. Felton?" she asked. "No, my name is Feher." "But I called out Mr. Felton," she said, annoyed. "Sorry, I must have misunderstood; I don't hear so well," I said sheepishly. Indeed, I had neglected to wear my hearing aid. At any rate it could have been worse if I hadn't inquired what I was asked to sign. (Incidentally, my PSA was O.K.)

As for the hearing, I was a long time in denial. I was hearing fine. I just couldn't make out what people were saying. I wished they would talk more clearly. When I finally realized that it might be my problem, I went to an otologist. He examined me and concluded that it was just a normal consequence of aging. But why do I hear worse with my right ear than with my left? After all, they are the same age. As a matter of fact, if my right ear continues to deteriorate at this rate, soon when my spouse whispers sweet nothings into it, that's exactly what I will hear – nothing. Besides hearing, the other senses, eyesight, smell, and taste also, unfortunately, deteriorate with age. When a kind person told me that although I lost my eyesight, I have retained my vision, it was a poor consolation at best. And the

common cliché: "Don't forget to smell the roses" is easier said than experienced.

When my father was in his eighties, he remarked to me: "They say that I have reached the golden years. Tell me Gyuri, where is the gold?" I had no answer to his question at the time. The answer recently dawned on me when I returned from the dentist. The gold is in the crowns!

Besides the physical deterioration, the decline of the mind can be far more serious. It includes impaired memory and cognitive ability. A ditty comes to mind (whose author's name I have long ago forgotten):

*I am accustomed to my deafness  
To my dentures I am resigned  
I can manage my bifocals  
But, oh, how I miss my mind.*

A great deal of research has been and is being done on memory. I shall not enter into the results of this research; suffice it to say that there are two kinds of memory: short term and long term. It is the short term memory that is usually affected in old age. How do we distinguish the relatively innocuous short term memory loss from the more serious cognitive impairment? When you can't find your keys, that's a short term memory loss. When you don't remember what keys are for, that's a serious cognitive problem. The short term memory can be replaced by a pad and pencil but it is not a foolproof solution: you do have to remember where you put the pad. But the best strategy is to do things immediately and not put them off.

Let's lighten up this discussion with a few memory jokes:

*The wife in her nineties to her husband of the same vintage: "Could you please go to the grocery store and buy strawberries and ice cream but please write it down, you always forget things." "No, I won't forget," he replies. "OK, remember there are two things you have to bring," she tells him. The husband returns with a bag of bagels. "Bagels?!"*

she exclaims, "and where is the lox?"

Sam, age 90, to his physician: "Doctor, I have a serious problem. Last night at 3 a.m. I started to make love to my wife, Sarah. She protested and reminded me that I had made love to her at midnight." The physician's response to Sam: "But that's marvelous; I congratulate you on your virility." To which Sam replies: "But doctor, my memory, my memory!!"

*Three old women sit at the table and complain about their memory loss. One says: "I look in the mirror and see I have a hat on. But I don't remember; am I going out or have I just returned?" The other woman complains: The other night I was sitting at the table with a plate in front of me and I don't remember; am I going to eat or have I just finished eating?" The third woman stayed silent and after some prodding, she said, while knocking several times on the wooden table: "Thank goodness, I am . . . . come in!"*

The doctor to his elderly patient: "I have bad news and good news for you. The bad news is that you have advanced Alzheimer's disease; the good news is that after a few minutes you won't remember it."

*When I was young I dimly remember running after girls. But I can't remember what I wanted from them.*

Oh memories, oh nostalgia (which isn't what it used to be!). Do you remember the good old days? When particles were particles and waves were waves; when AIDS meant help and gay meant cheerful; when hardware meant hammer, screwdriver and pliers, and time sharing meant togetherness and not computers and condos; a hard drive was a long grueling journey; windows were for looking out; a chip was a piece of wood; a mouse pad was where mice hung out

Gone are the days. But shouldn't we get some Brownie points for having been around for so long? Imagine, we were around before TV, penicillin, polio shots, open heart surgery, frozen food, space travel, Xerox, nylon, radar, fluorescent lights, credit cards, ball point pens, computers, fiber optics, cell phones, answering machines, microwave ovens, lasers, jet planes, a mind-boggling array of

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developments. I am sure I have left some out, so if you think of some more, please do contact me by e-mail or send a fax or leave a message on my answering machine or call me on my cell phone or . . .

Let me leave now the memory lane and turn to cognitive deterioration. There can be many causes for this affliction, from the most serious one, Alzheimer's disease, to more "normal" results of aging. It has also been shown that about half the patients that undergo open-heart surgery experience some post-operative permanent cognitive damage. Presumably, small clots that are formed during surgery are dislodged and travel to the brain where they cause mini-strokes. Before my by-pass surgery in 1990 a "thoughtful (or rather thoughtless) friend" brought me an article from the New York Times describing these grim statistics. Worried, I raised this point with my surgeon and anesthesiologist who after the operation teased me by dropping in several times a day top ask, "How is your I.Q. today, Dr. Feher?"

What is the "normal" progression of mental deterioration with age? The most marked deterioration is in the speed and accuracy with which information is processed. Although we don't usually quantify these developing deficiencies, we should not be surprised that they occur, since a quantification of physical deficiencies (e.g., the time to swim laps or walk a mile) clearly proves their existence. Popular homilies reflect this situation: "In youth we learn, in old age we understand," or "In old age we are *approximately* right, in our youth we are *precisely* wrong." Creativity, that elusive gift whose origin is so difficult to pinpoint, also seems to decline with age, although there are many examples of creative old people. For example, **Goethe** completed "Faust" when he was 80, **Pablo Casals** played the cello at 95. When asked why he still played, he replied, "I think I am still learning and making progress." **Abraham** moved at age 75 from Mesopotamia to Palestine and became the forefather of three great religions. And **Winston Churchill** in his old age made one of his

typical "tongue in cheek" remarks: "I love to learn, but I don't like to be taught."

So far I have talked about the external manifestations of old age. I want to turn now to our feelings and perception of old age. When do we become aware of it and what are our reactions to it?

When did I notice that old age was creeping up on me? It all started very gradually and subtly. When we first came to La Jolla in the 1960s, the cashiers at the UCSD cafeteria still asked me "student or faculty?" (student meals were subsidized) They soon stopped asking. When I was in my sixties, cashiers at the movies occasionally asked me for my driver's license to verify that I qualified for a senior discount. They too stopped asking years ago. When people started to tell me how well I looked, I started to get suspicious. I felt I had passed all the other stages of life: infancy, childhood, adolescence, and middle age, and had reached the final one. "Oh, you look so well," they said. But what really shook me up happened a few years ago when I arrived at a waiting room in the airport and a young lady stood up and offered me her seat. This was followed shortly afterwards by another embarrassing incident. I was standing on the curb daydreaming while waiting for the lights to change. Suddenly I heard a voice next to me: "May I help you across the street?" More recently I am being asked at the check-out of the grocery store: "May I help you with the groceries to the car?" And there are the occasional "senior moments" (I hate that phrase!) that you would rather forget about. You open the mail in your outbox and put shaving cream by mistake on your toothbrush. And when you hear a ring you are not sure whether it is the door bell, the telephone, or just the ringing in your ears. And contrary to my knowledge of physics, gravity seems to be getting stronger with time. But relax, you are not alone with these dilemmas. Recently a friend of mine in his eighties confided that when he tried to change the oil in his car he couldn't figure out how to activate the hood release. And he complained that his back goes out more often than he does and said how glad he

was the other day when he stepped out of the shower and the mirror was fogged up. Oh, and did I tell you that when they lit the candles on my last birthday cake, the fire alarm went off?

How do we cope with the inexorable aging process? How do our attitudes change with age?

A good characterization of old age is "grayness," not only of our hair but of our attitudes and opinions. When we were young, all issues seemed to us black and white. We thought we knew everything and had all the answers. It is ironic that as we age and acquire more and more knowledge and experience, we become more and more aware of our ignorance. We become aware of the many facets and complexities of the issues. The solutions are not as simple as they used to be – the black and white turns into grayness. It reminds me of the story of the old man who was asked to arbitrate between two neighbors. The problem was a branch of a fruit tree that extended to the neighbor's property. Who was entitled to the fruit of the overreaching branch? One of them argued that since the roots of the tree are on his soil, the fruit belongs to him. "You are right," said the old man. The other man argued that since the branches profit from the sun shining on his property, the fruits of that branch belong to him. "You are right" said the old man. "But both cannot be right," protested a bystander who witnessed the scene. "You are also right," answered the old man.

This "seeing all the angles" approach, mature and wise as it seems, results in a certain heaviness and lack of spontaneity, which I believe contributes, in the sciences at least, to reduced creativity. Not enough opportunities are given to accidental, serendipitous discoveries. Many an older researcher has talked himself out of a promising experiment that was successfully pursued by a less critical younger investigator.

An important change with age is a shift in priorities. Time, which had been our most precious commodity, has been relegated to a secondary place. Similarly, the accumulation of worldly possessions becomes of little interest. As a result we

may seem to be more generous, but what really happened is that giving no longer represents a sacrifice, it does not cost us much, so to speak. We also look more and more at our past and we refrain from making long-range plans for the future. I call it the “green banana” effect; we don’t buy green bananas since we don’t know whether we will be around when they ripen. Family and close friends become increasingly more important and we lose interest in acquaintances, particularly the ones that bore or annoy us. They are put “under the bar” and we ignore them together with the many daily annoyances that used to bother us. (It is getting quite crowded under the bar.)

With age we undoubtedly lose some degree of interest in what is going on around us. But we should not lose the capacity to care. It is not death that we should be afraid of but death of feelings and awareness. The two characteristics that actually improve with age, emotional intelligence and interpersonal social cognition, help us in overcoming that danger. And finally, we should be ready to replace our past ambition to stand high in the world by a loftier one: to stoop down and help others up.

Let me end on an up-beat note by listing the advantages of old age: You can say “When I was your age. . .” to more and more people. You probably will be among the first hostages released. You no longer care what people think, you can be yourself and do what you want. You feel comfortable being kind rather than being right. You have seen it all before, even if you don’t remember where and when. You get a discount in movies and on public transportation. You change the things that can be changed, accept those that cannot and most important, you have acquired the wisdom to know the difference. You have come to realize that enjoying the journey is as important as reaching the destination. It is the perfect time to look inward, outward, backward, forward and – upward.



# Anecdotalage

By Evelyn Lakoff

*At a memorial for my late wife Evelyn in January, I mentioned that her whimsy sometimes turned to puns (under my “punning” influence). Two examples are pieces she contributed to the newsletter of the San Diego Early Music Society. –S.L.*

## A Mewsical Program

In the mail recently came an invitation to “Celebrate Friends of Cats’ First Catnip Tea Party.” I groaned inwardly. The invitation had sweet pictures of kitties drinking tea, and contained an actual catnip tea bag inside. Friends of Cats is a local organization I support that rescues abandoned and unwanted cats and finds them new homes. But did I want to go to a tea party where catnip tea would be served – perhaps accompanied by deep-fried catfish balls dipped in tomato catsup?

A closer look at the invitation revealed that I had misread it. This was going to be an “Unparty” – there were to be no festivities. We were being invited just to send a donation in appreciation for not having to attend the event! I sighed with relief.

But then a thought crossed my mind. What if Friends of Cats had asked the SDEMS to present a program of early music for the proposed tea party? Consulting my muse, so to speak, I soon realized that we could have offered a delightful program! Here’s what the assembled soloists, singers, and orchestra might have performed:

- Birdlings Sweet Did Sing.... Anonymouse
- Cat’s Fugue .....Domenico Scarlatti
- Concerto grosso..Pietro Antonio Locatelli
- Catches ..... Henry Purcell
- Paws for Intermission
- Pussacaglia .....J. S. Bach
- Ohimeow, se tanto amate.....Clawdio Monteverdi
- Magnificat.....J. S. Bach

## Cave Canem! Music Goes To The Dogs

Ever since this newsletter offered feline fans a fancy feast of cat “mewsic,” dog lovers have been growling, demanding equal time.

On doing some digging, we found “O Bone Jesu” in versions by several medieval setters. **John Dowland’s** earliest collection was his “First Book of Songes and Ayredales.” Many early keyboard compositions were scratched out by **John Bulldog**. One of the first operas was, of course, Monteverdi’s “Arfeo.” And a great many composers set “The Lord is My German Shepherd” and portions of **Giovanni Battista Guarini’s** famous poem, “Il Pastor Fido.”

The great Baroque master, Johann Sebastian Bark, did his doggone best in such works as “Masstiff in B Minor,” “The Passion According to St. Bernard” (recently dug up), “Sheepdogs May Safely Graze,” and of course “The Goldenberg Retriever Variations.”

After Bark, many composers doggedly imitated him. **Wolfhound Amadeus Mozart** wrote a “Concerto for Basset Horn,” K. 9, **Ludwig van Beethoven** composed “Fur Elise.” **Mendelssohn’s** Scottie Symphony is favored by many owners, while others prefer **Frederic Chopin’s** “Waltz in C Sharpei Minor,” **Schumann’s** “Springer Symphony,” or **Mussorgsky’s** “Bitches at an Exhibition.” **Richard Wagner** was bitten by the bug when he wrote Die Fleagende Holländer, **Igor Stravinsky** wrote “Oedipus Rex” and of course there were the operas of the legendary **Giacomo Poochini**. Another of Bark’s imitators was of course **Jacques Oftenbark**, whose “Tails of Hoffmann” includes the famous barkarole. More recently, **Richard Strauss** wrote his “Alpo Symphony,” **George Gershwin** his “Corgi and Bess” (he was anticipating **Queen Elizabeth II** and her pet dog), and **Sir Michael Whippet** produced a small litter of symphonies. Lately, **Anne Sophie Mutter** has been rated best in show.

Appropriate encores might be **Gilbert and Sullivan’s** “Bow-Wow, Ye Lower Middle Classes,” or the ever popular “Yankee Poodle Dandy.”

OK, we promise there will be no more. Though one is tempted by **Mouseorgsky** and **Byrd . . .**



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Chronicles  
February 2007

**Mark Your Calendar!**

Wednesday February 14

**Dr. Web Cavanee**

*Professor of Medicine and Director of the Ludwig  
Institute for Cancer Research in the School of Medicine*

**“The Genetic Basis of Human Brain Cancer:  
An Exploitable Achilles’ Heel?”**



Wednesday, March 14

**Dr. Robert Mashman**

*Director, UCSD Psychological and Counseling Services*

**“Trends in the Mental Health of  
UCSD Students”**



At the Green Faculty Club  
4:00 p.m.

## Chronicles

Newsletter of the UCSD Emeriti Association

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