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"QUEER BREED" OR "HAPPY BREED"?

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A NEUROSURGEON'S IDENTIFICATION: "QUEER BREED" OR "HAPPY BREED"?

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"We neurosurgeons are a queer breed." This remark was made by Dr. Wilder Penfield while we were breakfasting in a Chicago hotel in 1956. Although Dr. Penfield presented a number of formal addresses during his stay in Chicago, it is this chance remark made at breakfast that has recurred in my memory patterns with that "lup-dup" monotony. Are we, in fact, a species apart, a group of physicians who outwardly seem to have those characteristics or qualities commonly attributed to physicians, but who are different intrinsically in some strange way from the usual physician? Did Dr. Penfield mean that the neurosurgeon of today is of a special class of human beings, or that he perhaps belongs to a class of special human beings? I, for one, at times have felt remote from the mainstream of my profession. All of us now and then are visited by the impression that neurosurgeons are regarded as different by their colleagues in other specialties. We can remember how occasionally we have been the targets of jest over a cup of coffee, as our colleagues in medicine indulged in good-natured chaffing.

In the days when neurosurgery was young and its practitioners numbered only a certain few renowned men, it might well have been that this small group of distinguished men in varying degrees embodied some of the characteristics which the word "neurosurgeon" seems to evoke in the mind of the public and even among our colleagues in other fields. These impressions traditionally have not concerned the arduous training of the neurosurgeon, but have centered upon his supposed stature, his emotional apparatus, his physical prowess, his stamina, his delicate touch. Probably we all have a model whose personal peculiarities come to rep-

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resent to us the ideal characteristics which a member of the specialty should have. These may relate to his aggressive nature, his hobbies, or even his management of affairs within his family circle. Since I was trained by Dr. A. W. Adson, I suppose I could eulogize his traits as being most typical of those an ideal neurosurgeon ought to possess. But the fallacy of such a course is obvious. The two-gun, deadeye knights of the saddle in the era before the West was won are not the typical cowboys of today, and the rollicking Rough Riders who charged up San Juan Hill in 1898 are not the coolly efficient American fighting men of our time. The specialty of neurosurgery has won its advance-guard skirmishes and is well established.

That Dr. Penfield's remark referred only to our pioneer neurosurgeons as a distinct class seems unlikely. Surely his association with so many neurosurgeons over the years would stimulate a more comprehensive evaluation. Can we be sure that no special physical characteristics are required? Consider the surgeons of modest physical habitus, such as Cushing, Ray, Woodhall, Pilcher, Semmes, Bucy, MacCarty, and many others. Is some compensatory force at work which produces, conversely, neurosurgeons of the physical size of Poppen, Olivecrona, Monez, Svien, Uihlein, and Fincher? Small and large, heavy and slight, manually dextrous and intellectually inclined—all can be found among neurosurgeons. Admittedly, there may be more Napoleonic manifestations among neurosurgeons than among specialists in other fields of medicine, but surely we cannot accept the notion that neurosurgeons are different from other physicians, either physically or intellectually.

We then turn to the question of the importance of motivation—whatever the force is that impels a man to be a neurosurgeon. Here, perhaps, we can come closer to the centrifugal force which acts to produce, ultimately, what we may call the "self-identification" of the neurosurgeon. For the motivation of a neurosurgeon is bound up in one inescapable challenge: the challenge to manage, to manipulate, and perhaps to exert influence over the master organ of the body. And as more and more secrets of the functions of the brain are unfolded for us, we cannot but stand in awe of the immense potentials of this relatively small structure. When both our perception and our knowledge reach their apogee and we achieve that condition in which our knowledge of the past will enable us to foresee probabilities, we shall be able to look back over the long evolutionary procession and more nearly accurately appraise the immense

influence exerted by that small area of brain which makes speech possible. This is the master center which controls the faculty of speech and thus the ability to talk and hence the expression of reasoning, the power which lifted man above his animal kin. We have ample basis for excitement and perhaps trepidation when we consider the many areas of the brain still lying dormant with their secrets undiscovered. Possibly the term "queer breed," viewed in such a light, is a succinct way of identifying those who have been moved to accept the great challenge—the challenge of administering to the disturbances and afflictions of the master organ of the body.

The neurosurgeon, once he has experienced the clinical results of his efforts, rarely returns to a life in the laboratory. He usually remains, primarily, a clinician. This has been true almost without exception. Granted that he participates in research or administration or ventures into writing or philosophy, it is rare indeed that his interest in surgery is relegated to a secondary position by other endeavors. The magnitude of the challenge is such that it does not permit divergence from those long-known and well-established imperatives of the true physician, which are to minister to the sick and to assuage pain and suffering. The dedication with which we accept the challenge should be comparable in massiveness, and the composite portrait of the neurosurgeon must above all clearly depict this dedication to the basic qualities of the true physician. If it does not, the portrait will be that of a monster and not a neurosurgeon at all—a monster, indeed, who seeks to conquer the master organ, the brain, and to assert and to satisfy his grasp for power and to impose his will to control. Such would be a course destitute of all compassion and consecration to the ideal of applying knowledge and ability with empathetic wisdom to the succor of the infirm and the feeble.

It might well be asked, "What are the implied qualities of your true physician?" These were delineated by Hippocrates centuries ago and by Osler in our own time; there is therefore no occasion to enlarge upon the simple virtues of integrity, honor, confidence, selflessness, singleness of purpose, and ethical probity recognized today as the ideal. We are specialists, true, but we are also physicians, and we cannot be different in purpose or ethics if we would. Nor do I believe that any of us wishes to be sequestered within a narrow class, separate and distinct. We belong closely and are inseparable from the rank and file of true physicians, participating in the same dedicated purpose embraced by all. If, as I hope,

we are especially able to exercise an unusual understanding of the subjective aspects of our patients, I would say that such is an endowment of rare worth.

If we are willing to accept the appellation "queer breed," this action might help us to gain insight into our self-identification. This is much more difficult for us to do than it is for my eighteen-year-old son who, at this stage in his young life, arrives at his centrifugal identification easily, for when he looks into the mirror he sees plainly a high-school quarterback. But we must attempt to see ourselves, and we must also be viewed by our fellowmen. In the latter instance, a real and important image emerges, not as from a mirror, but one which ineluctably is a product of the cosmos of man because it is engendered in the environment of man, an environment which he controls or strives to control. Frequently, this anthropocosmos can reflect shivery blasts of unpleasantness, for it generates our centripetal identification, in which the active, moving force is our patient and fellowman. This is an identification from which the neurosurgeon cannot escape, because it is compounded from the multiple impressions of his fellowmen in respect to his performance in toto.

There was a time when a neurosurgeon was an enigma to the public. Those few persons who understood what his services were often were frightened by the word "neurosurgeon" alone, not to mention the disquiet stimulated by the presence of this specialist. Today this is not true, for neither the neurosurgeon nor his work is a mystery to the public. Television serials, exciting newspaper accounts, and even the occasional lawsuit fully depict the neurosurgeon and the type of work he does. Popularly he is talked about as if he were a major-league ballplayer, and his professional actions are as attractive to the reader as are those of Dick Tracy.

Throughout history the centripetal identification of the physician has oscillated between the desirable and the undesirable. Very likely the one which attracts the admiration of most of us is that expressed so eloquently by Robert Louis Stevenson in the dedication of his lyric poems, *Underwoods*, in 1887:

These are men and classes of men that stand above the common herd: the soldier, the sailor, and the shepherd not unfrequently; the artist rarely; rarelier still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only to be marvelled at, in history, he will be thought to have shared as little as any in the defects of the period, and most

notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practise an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are more important, Herculean cheerfulness and courage. So it is that he brings air and cheer into the sick-room, and often enough, though not so often as he wishes, brings healing.

This inspired passage probably approaches the ultimate in panegyric writing. Recently, however, signs have appeared which suggest a tincture of indifference and suspicion toward physicians generally on the part of the public. Certainly the admirable portrait fashioned by Stevenson has not persisted untouched in the changing and often troubled socio-economic structure of our time. We can readily sense an environment fast becoming altered by the rise of cold, impersonal relationships. Perhaps the remote and gelid overtones which cloak our relations with one another only reflect the dispassionate solitude of a mechanical and technological era, an age of concrete, steel, and glass, with ever increasing deficits in the warmth and amity which once illuminated men's lives with a firm basis in understanding or brotherly love. The bleak, capitulative philosophy of existentialism can be discerned in certain pointless actions on the campus, in the home, and in the community.

These remarks do not imply that the neurosurgeon no longer experiences a sense of satisfaction and a degree of achievement from his ministrations; quite to the contrary, many whom his work benefits reciprocate with deep appreciation and warm affection. But the impediments to such a notable relationship are all around us. They take the form of an insufficient period of time to give each patient; the rigid methodology in medical education, which stresses scientific analysis as against intimate personal rapport; too-ready acceptance of the easier, quicker, so-called objective approach to the patient's problems instead of the sympathetic, receptive, unhurried visit which involves also a willingness to listen to what the patient, as a human being, has to say. The foregoing are some of the forces which can fetter a conscientious desire to achieve an empathetic understanding of the patient.

The neurosurgeon, like any of his colleagues, can be, and sometimes is, assaulted by compensatory and litigation problems and by the threat of suits. The patient who comes to the physician for other purposes than to get well is all too well known. The disparity between maintaining a commendable philosophy in medical practice and carrying that philosophy into practical application is ever increasing. There are times when every

physician comes to be moved by exasperation, frustration, and even resentment by the untoward mental attitudes of some unthinking patients, the dissembled purpose of their visits, or a needlessly ill-kept, offensive physical appearance. Under such circumstances, the most compassionate of men may find that evaluation may be based upon something more than a sympathetic and perceptive approach toward the patient.

Previously I touched upon the cold and impersonal detachment which seems to threaten the warm bond of the traditional relationship between patient and physician. It may come to such a pass that the patient of the future will become scarcely more than a conscious machine and, like a machine, without volition or initiative. As such, he would be willing to take his body to any group repair shop as he would his automobile. No personal attachment or concern will exist for the mechanical physician running the routine tune-up tests and repairing defective parts. Now, the political sociologists of our time seem to think that this type of medical practice is just short of ideal, and to perfect it they would interpose a third party, a vast, insensate bureaucracy to administer medical care. Such an enterprise, of course, never could come into being without a carefully inculcated, receptive passivity on the part of our people which would allow them to accept and embrace the same impersonal attitude toward their health that they entertain toward maintenance of their automobile.

Can you believe that in the sterile, glacial wilderness of such an environment your centripetal identification will be acceptable, gratifying, sought after, or even tolerated? Many of you, impatiently awaiting the marvels of future technological developments, may think you were born too soon. As for myself, I have the distinct conviction that I was born forty years too late, because the art, the acumen, the resourcefulness, and the spirit of inquiry bound up in medical practice of the past seem innately more familiar and certainly infinitely more attractive to me than the electronic uniformity of today. I feel a satisfying closeness to Osler; I feel the need of wearing the cloak and colors of those physicians of which Stevenson wrote. Truly, "the time is out of joint." I am but a solitary companion in that fast-depleting company of men known as humanists, who live in quiet desperation in an age which seems to have no time for the humanistic approach to life. In many circles today even the mention of art in medicine implies a derided link with empirical knowledge, the stamp of biological archaism, a mind pinioned by the dusty impedimenta of the

past, quite unable to venture into the mainstream of so-called scientific technological medicine. Since the motivation of all of us must be similar, some of you no doubt share this view with me. Although we may accept and even cherish the designation "queer breed," I wonder whether the thalamic structure of our brain is resilient enough to assure us an inner strength which will enable us to face and accept adequately the confused and distorted identification which surely will be thrust upon us in the future if we are to dwell in a society which has no concern for the requiting warmth of personal ties, the accretion of skills conferred by long and intimate experience, the keen perception sharpened by proximity with countless clinical dilemmas, and the identity of the sick man as a creation of vibrant life instead of as a series of digits.

What an impressive ascension of the spirit it would be, indeed, if our "queer breed" could be transmuted into something approaching the majesty of:

This happy breed of men . . .
Renowned for their deeds as far from home,—
For Christian service and true chivalry,—