CHAPTER

1

Presidential Address: Reflections

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It has been both an honor and privilege to serve this past year as President of the Congress of Neurological Surgeons. The tenure of my service to this Congress stretches back 10 years to when I first served on the Host Committee in Miami. My active association has been throughout both personally and professionally rewarding. It has provided an opportunity to meet and work with some of the finest people one could hope to know. I would wish for each of you a similar experience.

Your Executive Committee is unique in the dynamic quality of its individual members, so varied and in many ways so similar. Over the years that I have served on that body, I have been privileged to come to know well most of the neurosurgeons serving on it and their lovely wives, just as I have come to know well many of you. In this, I am blessed. The relationships do not stop here, however, for the Congress of Neurological Surgeons must interface closely on occasions with other neurosurgical organizations as well as organizations both in and out of the field of medicine. Most of these contacts have been beneficial, and I trust that the dialogue will be continued in the future.

The occasion of this address has provided me a rather unexpected opportunity to reflect over the past 10 years, indeed, to step back even further and to think in very broad terms about my professional life—where I was then and where I am now, what has changed and what remains the same. For me it has been a period both of growth and achievement, as I am sure it has been for you. At this meeting we have heard and will hear, as is appropriate, various scientific presentations. However, I want to do something quite different in what follows, though I believe it no less important. It is my conviction that we too seldom have—or take—the time to mark and appreciate the human and professional progress in our lives. We are not sufficiently aware nor do we share with each other things about our practices which bring an increased quality of life to ourselves, our families, our friends, and our profession. I have thought some about all of this in very personal and nonscientific ways, and I would like to share some of my thoughts with you in the hope that they may provoke similar reflections on your part.

Ours is of course a very active, achievement-oriented profession and life. Surgeons are seldom known by fellow physicians as being overly reflective; indeed, quite the reverse. As you may know, it is widely rumored that surgeons have by temperament and personality a driving need not only to achieve but to be perfect. Some have even accused us of having obsessive concerns to completely control our environment and to assume total authority over, and therefore responsibility for, everything. Although this may be a caricature, you may also see some truth in it. We have chosen a profession which by its very nature demands the highest degree of skill, energy, intensity, commitment, and responsibility. These are the well-known virtues of our profession. It is only against this background that I can say, unfortunately, with some risk of being misunderstood, that we must also incorporate into our personal, public, and professional lives some of the very opposite virtues.

There is an adage, familiar to me and perhaps to some of you, which may have in it a germ of wisdom for us. It speaks to a world caught up in continual performance, to a world obsessed with achievement, progress, and perfection. In effect it says that "sometimes the only way to catch up is to slow down." Notice this does not do away with achievement or progress; it only speaks against the obsession and entanglement which may get in the way of real achievement, genuine growth, and substantive progress.

Medicine is not an island, nor is any physician. There are forces acting upon it, and us, which must be met with and integrated or guided in such a way as to serve the best interests of all. We live and work in a complex of interfacing systems of technology, business, labor, education, and government, all of which interact, impinge upon, and work to shape for better or worse our effectiveness. Fortunately, however, our way is well lighted and our journey abundantly provisioned. We have a great historical and scientific tradition on which we can depend, colleagues and teachers from whom we can learn, and finally, human and personal resources on which we must rely. I propose to speak to you today about two of these crucial resources: the great tradition of neurological surgery to which we are heir, and the personal human resources present in our daily lives, to which we must become attuned.

First then, how have we arrived at where we are as neurosurgeons? What has gone before? What are some of the rich endowments on which we draw? Though examples of operations on the skull can be found dating from the neolithic period, thousands of years ago, it has been only in the last 100 years, since William McEwan and Victor Horsley, that we can speak meaningfully of the new specialty, neurological surgery. These men, along with other courageous pioneer surgeons of the next few

decades, were primarily general surgeons who, acting under the direction of neurologists, created and developed the early neurosurgical procedures.

In 1879, William McEwan performed the first known cranial operation for neoplasm. His patient survived for several years following the procedure. Other accounts have credited R. J. Godley with this honor. In June of 1887, Victor Horsley, under the direction of William Gowers, the leading neurologist of the time, performed the first removal of an intraspinal tumor. Some accounts credit McEwan with this pioneering effort, but be that as it may, it was Horsley's procedure that seemed to have "fired the imagination of surgeons in all parts of the world with the result that many such cases were reported over the next few years."[4] It soon became evident, however, to those surgeons performing neurological procedures that if this new field were to thrive, the surgeon must himself develop the interests and skills to function both as a neurologist and surgeon. Horsley early recognized this and began to devote time to neurological study and research in the experimental laboratory. Subsequently, as with the first laminectomy, he was able to apply principles learned in the laboratory to problems faced on the clinical wards. It is worthy of note that, though a surgeon, he became one of the original members of the Neurological Society of London when it was founded in January of 1886. In February of 1886, he was appointed surgeon to the National Hospital for the Paralyzed and Epileptic, Queens Square. Dr. Harvey Cushing[1] dates this as the "birth of modern neurological surgery."

Obviously, even a brief history of modern neurological surgery would be incomplete without mention of Doctor Cushing's own work. Although his interest in neurological illness may have begun earlier, by his own account it was further kindled in 1896, while working on the service of Dr. William Halstead. Here he had the opportunity to care for a patient rendered quadriparetic secondary to a gunshot wound of the cervical spine. This interest, once kindled, flamed to produce one of the most remarkable clinician-investigators known to modern medicine. His technical, research, and literary achievement are well known to us all. However, his enthusiasm for the emerging surgery of the nervous system was not shared by his chief, Doctor Halstead. By Doctor Cushing's own account,[1] he petitioned Doctor Halstead for a post as neurosurgeon in the clinic at the Johns Hopkins Hospital: "My former chief was evidently staggered at the proposal. He suggested as an alternative that I take a position in orthopaedics, a subject which in his opinion covered practically all neurological maladies having surgical bearings. . . in short there was no possible source of livelihood in neurological surgery and did I know of anyone, even Horsley, who had actually limited himself to such a specialty? I did not. . . . Consequently for the next few years I continued

to do general surgery in the adjacent hospital; and, contrary to all expectations, neurological cases began to accumulate in such numbers as to guarantee a living."

This pioneering period of surgery of the nervous system was followed, as it must be, by the development of improved neurological diagnostic techniques. Included in these were Walter Dandy's ventriculography in 1918 and pneumoencephalography in 1919. In 1927, Egas Moniz first reported his successes and failures with cerebral angiography, and in 1929, the electroencephalogram was reported by Hans Berger. Myelography soon made its debut, and during the 1950s and 1960s, angiographic and pneumoencephalographic techniques improved remarkably. In 1971, the first computerized tomographic scan of the brain was demonstrated, and the machinery was introduced to clinical medicine. The subsequent evolution of this remarkable apparatus is well known to each of us. With the improved diagnostic techniques have come improved surgical instrumentation and techniques culminating in the use of the operative microscope as introduced into neurosurgery by R. M. P. Donaghy and popularized by a number of contemporary neurosurgeons.

Each of us can think of different or additional persons and procedures meriting inclusion as hallmarks in our heritage. I would certainly add my own mentors, Dr. Guy Odom and Dr. Barnes Woodhall, as I am sure you would add your own professors. From these, as well as from others, be they family, friends, teachers, or colleagues, we have learned not only the science, but also the *art* of neurological surgery. Through the struggles of such people we are gathered here today as creditable and useful practitioners of a medical specialty. Perhaps our being relative newcomers may explain the vitality and vigor, as well as the innovativeness, so evident in our specialty. Such in brief, then, is its recent history. As practitioners, we owe a daily debt of gratitude to those creative physicians who have shown us how to practice neurological surgery.

In paying our tributes to those whose names and accomplishments are well known to us all, however, let us not forget our earliest neurosurgical ancestors. Long ago, caring men ventured into the unknown and began doing procedures on the skull, not because they could identify specific pathology, but because they recognized human misery and wanted to correct it. Some called this "releasing evil spirits" while others saw it as a more physical method of treatment. What we do today began as an effort to enhance the quality of human life. It was born out of caring for the whole person. To recall this is to be confronted once more with our own primary commitments. We are persons, physicians, and neurosurgeons in that order of priority. To forget or to deny our humanity is to steal from life much of its extemporaneous joy and to diminish our ability to identify with our patients. It is to forget that they have some lessons for us even as we struggle with their illnesses.

It is certain that we have each been privileged to encounter in our practices those patients who are better able than most to cope with life and some of the burdens which it may deal. It has seemed to me that these are people with strong support of family and friends; relationships nurtured over the years, and now like grain stored for the winter, available in a time of need. I am reminded of a young mother of two preteenage children, whom I first encountered shortly before Christmas a few years back. She had been hospitalized with severe headaches which sadly proved to be secondary to a large metastatic right frontal lobe tumor. She and her husband accepted the diagnosis and recommendations for surgical removal with apparent equanimity. Her initial course progressed nicely, and she was discharged in time to spend the holidays with her family. This was fortunate since, despite all therapy, her tumor, which had originated in the lungs, spread rapidly and did not allow a second Christmas at home. During the months that she lived, however, her family ties appeared to grow stronger, and it was rare, if ever, that a complaint was heard. Rather it seemed of greater importance to each member of that family to help others be as at ease in dealing with this problem as they were. The children were willing and capable of discussing openly with their parents their mother's illness and what the future might hold. Her death, then, though faced with sorrow by all who had known her, did not appear to be the very traumatic terminal event that I have noted in the families of some of my other patients.

I expect all of you have had similar experiences. The question is: What can we learn from this? There is strength as well as wisdom here, and as neurosurgeons we must draw on every resource we find. I cannot tell you what you will find; it may be different for each of us. I am only saying there is something to be learned here, and I encourage you to look for it.

The second crucial resource which I mentioned at the outset connects just here. If, indeed, we are committed to viewing our patients as whole persons instead of focusing on areas of specialty to the exclusion of the rest of the human being, another very real and intensely personal issue arises. That issue is the quality of our own lives. This is no incidental matter. There is an imperative here which we cannot ignore. It has often been noted, and is well known even outside of medicine, that by commonly accepted standards of measuring success in living, the profession of medicine is deeply flawed. The evidence cited is the relatively high rate of occurrence of divorce, suicide, and various addictions among its members. I do not want to focus on these negative social and emotional residuals of a high stress profession; I wish only to acknowledge a crucial area for our common concern.

Four years ago, the President of the Congress of Neurological Surgeons advised each of us in his memorable address, "Physician, Heal Thyself."[3] This surely is wise counsel. I would only add the following—in order to

make ourselves whole we must learn to enjoy ourselves, our families, our friends, and the very precious commodity of each new day. Please do not understand me too quickly; I am not counseling you merely to enjoy yourselves. I am saying rather that for us, the superachievers, it may require a kind of conscious effort to genuinely enjoy ourselves, to become sensitive to the excitement or to the quiet beauty that pervades our everyday lives. Our training absorbed half of our expected lifetime. Our daily practice is often arduous and exacting. It may be that many of us are more comfortable at work than at rest or play. There is an appropriate but sometimes misunderstood passage from Scripture I would like you to consider here; "What does it profit a man if he gain the whole world and lose his soul?"[2] That is, one can become so devoted to the world of medicine, of surgery, of research, of achievement, that he fails to develop a sense of the wealth of life that is in him.

A friend of mine who shares with me the very strong need to be successful remarked that in his drive to the top he has missed much of the beauty of everyday life. Indeed, he has stated that he has found it necessary, when attempting to relax, to think back to the beautiful scenes of his boyhood rather than that which is about him presently. He states, "This represents a kind of failure. Why should I have to go back many years and many hundreds of miles for an experience of beauty and restfulness? Have the intervening years been such a push toward the top that I have missed the beauty? Perhaps I have forgotten how to be at peace doing nothing more than sitting on the bank of a beautiful mountain stream staring at the rapids or the majestic mountains above."

It is the very nature of our personalities and of our field of specialization that we are seemingly always on the go. In spite of that, or perhaps because of it, much can be gained from taking the time to learn from our daily personal encounters. I have been privileged to encounter in my practice a young health professional, who on learning that he had a malignant glioma in the nondominant motor strip, exhibited what I consider to be a rather minimal amount of anxiety as he faced the necessary surgery and subsequent radiation and chemotherapy. His illness has been saddening, but his ability to deal with it is heartening. Happily, he is now some 2½ years from that surgery, and during that time has continued to practice his profession, albeit at a somewhat lesser pace. On a recent follow-up visit he remarked he had come to better understand the value of life and the need to enjoy each passing day. He has made it a point to take time to be with his family and friends, something he had previously thought to be nearly impossible. He described to me the joys of watching his sons as they grow. Faced with the prospects which he has, and with his knowledge of the nature of his tumor, he recognizes his own mortality, but more than that, he has a new

appreciation of the beauty of life and what each day has to offer. I am certainly the better for having been his physician and shared both the sadness and the joy in his life.

This brings me back, then, to what I consider to be the main theme of this talk. From whomever or whatever we learn it, one of life's great lessons is that our life should not only be useful; it should also be enjoyed. We are better surgeons for living fuller lives. How can we do this? In practical operational terms we need to program some deliberate pauses into our frenetic schedules, thus giving ourselves time to see, hear, and feel the beauty and life that surrounds us. Don't misunderstand me; medicine is not the only vocation which is subject to this hectic pace. Norman Vincent Peale once commented that "America has become so tense and nervous it has been years since I have seen anyone asleep in church, and that is a sad situation." Perhaps that is an exaggeration, at least among my acquaintances, but it illustrates the pace at which too often we find ourselves moving. If you will, as I suggest, sometimes slow down, look up, and out, and back, you will discover and create laughter and fun, and your life as well as your practice will be better for it.

Many speak of the joy in their profession, and certainly it is true that one rarely succeeds at anything unless he enjoys it. As neurosurgeons we understand the joy in our work, but I would also like us to understand and to remember the simple joys of life: the beauty of a sunset, the laughter of a child, the glory of a symphony, the smile of a grateful patient, the quiet love of a mate, as well as the drama of the operating room. These are the road markers which must direct us along our journey. When it is over, some will remember our surgical skills, but many will remember how we lived. Both are crucial, and they are integral. Let us do both well and thus find fulfillment as neurosurgeons, as physicians, and as human beings.

REFERENCES

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