William S. Halsted and Harvey W. Cushing: reflections on their complex association

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Reflective papers such as the following one by Voorhees et al. have the useful effect of introducing readers to unfamiliar but great names in the history of surgery, and causing us to give thought to the not always smooth relationships between mentor and pupil. If the authors had added Walter S. Dandy to the equation—who was both Cushing’s student and arguably Halsted’s successor as Johns Hopkins’ most prominent surgeon—it would have become even more intriguingly complicated.

The next step, however, is surely to produce new biographical studies of Halsted based on primary sources. American surgeons need a fuller understanding of both Halsted the surgeon and Halsted the man, and this waits upon someone being willing to study both Halsted’s surgical writings (the 2-volume edition of his Surgical Papers is very handy) and whatever personal records can be found at Johns Hopkins and in other archives. We already know that more can be said about Halsted’s addiction: in 1969 Osler’s notes on Halsted’s condition were published, indicating that he had broken his cocaine addiction by switching to morphine. Osler was not sure whether Halsted might not have broken his morphine habit in the years after 1905, and there are some signs suggesting that he might have undergone a second personality change.

Similarly, Harvey Cushing’s personal papers are fully open to historical scrutiny, and in my view provide a more accurate account of the relationship between the 2 men than possibly apocryphal recollections offered many years after the fact. The Halsted-Cushing anecdote related by Elliott Cutler, a man with a tendency to embellish, might at least be true in spirit. I simply do not believe the story drawn from Willis Gatch’s recollections. If there is any germ of truth in it, it may relate to Halsted’s concern that Cushing knew enough of the addict’s erratic and dubiously professional treatment of patients to be able to hold a menacing guillotine over him.

Attention to the exact chronological unfolding of both humans’ interaction and surgeons’ professional development is essential in the search for historical truth. Without quite realizing it, Cushing’s first biographer, John Fulton, misled generations of readers by not drawing attention to how fully formed Cushing was as a surgeon before going to Europe in 1900. Just as he left for Europe, he published his seminal paper on his new approach to severing the gasserian ganglion in cases of trigeminal neuralgia, indicating that his work had taken him literally to the edge of the central nervous system. The experience in Europe working with Kocher was not, I think, as crucial in Cushing’s neurosurgical evolution as writers have implied.

Finally, it is surely time in the 21st century to at least raise the kinds of questions that historians of sexuality and gender in our time would bring to the examination of the founding circle at Johns Hopkins. Just as a number of the women who played a critical role in forcing the Johns Hopkins Medical School to admit females on equal terms with men were at least protolesbian in their sexuality (see Helen L. Horowitz’s fascinating biography) similarly there is much circumstantial evidence causing some of us to wonder about both Halsted’s and William Welch’s sexual proclivities—not least the domestic arrangement between William Halsted and his wife that Cushing found peculiar in the extreme.
Historians raise questions like this not out of prurient interests, but because we think it important to know everything possible about the interaction of a subject’s private concerns with his professional achievements. William S. Halsted would probably have been an even greater figure in the history of surgery had he not been shaped by private courses adopted fairly early in life. Harvey W. Cushing, by contrast, benefitted from an uncomplicated, neopuritan dedication solely to hard work and traditional norms of family life.

References

Response

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We greatly appreciate the thoughtful comments by Dr. Bliss. As a biographer of Cushing, Dr. Bliss has valuable insight into Cushing’s life and his career. Discussion of the Halsted-Cushing-Dandy triangle is particularly intriguing. Unfortunately, we did not explore the “Dandy effect” of this relationship. Osler may have also played a paramount role in Cushing’s early career growth. Although Cushing desired Halsted as a mentor to emulate his surgical technique, Osler may have remained as one of Cushing’s most important counselors. However, Cushing was never able to reproduce Osler’s effective personality.

Halsted underwent a personality change during Cushing’s residency years, which most likely allowed Cushing to become an independent pupil with unrestrained boundaries. Cushing determined his mission to conquer intracranial surgery early in his career and realized the mission’s challenges. Halsted’s aloof approach was distressing to a young anxious pupil with a seemingly impossible task ahead. This lack of respect for the “chief” may have potentiated Cushing’s disagreement with Halsted to pursue the viability of the “hopeless” discipline of brain surgery.

If Osler’s effective and soft-spoken mentorship was unable to contain the passion and fury of the young pioneer in difficult times, one may ask if any other surgical mentor’s dictatorship of the time would have allowed for Cushing’s unrestrained early career environment as a foundation for the birth of a specialty which required a pioneer with an unrepressed ego and unprecedented passion for surgical perfection in an uncharted and rudimentary voyage through the cranium.

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