Invited Editorial by William H. Mosberg, Jr., M.D.

Foundation for International Education in Neurological Surgery, Incorporated

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"An opportunity and a challenge are being presented to the American medical profession today to espouse idealistic and humanitarian motives, world-wide in extent, and universal in their implications."

—P. D. Comanduras

In 1905, when Albert Schweitzer was 30 years old, a minister, principal of a theological reputation, he read an article describing the need for doctors in Africa. Resolving to go to that continent, he studied medicine for the next 7 years. In 1912 he married Helene Bresslau, who became a nurse so she could accompany him. Their accomplishments in Lambarene, climaxed by his winning the Nobel Prize for Peace in 1952, have inspired others to devote their lives to such a cause. Notable among the latter are Dr. Larimer Mellon and his wife Gwen, whose Schweitzer Hospital in Deschappelles in the Artibonite Valley of Haiti has been one of the great sources of good will toward the United States in the Caribbean.

For more than a century, developed countries, especially European, have played a significant role in nurturing medical practice and medical education in less well-developed parts of the world. Many European physicians, often through the vehicle of military service or colonial service, have devoted their professional careers to such pursuits. The names of some, such as Ernest Conseil in Tunisia, are still regarded with reverence in their adopted homelands. At this very time, a number of other countries, including Canada, Great Britain, Belgium, Israel, and France, are participating vigorously in international medical efforts.

Although many American physicians were inspired to make such a contribution to international medicine, few indeed were those who could alter their entire lives to do so. Emulation of the Schweitzers or the Mellons may be but a dream; nevertheless many American physicians are troubled when told that over one-half of the people of the world, over one billion human beings, may not see a doctor from the time they are born until they die. With the founding of MEDICO in 1958 by Drs. Peter Comanduras and the late Tom Dooley, a mechanism was provided whereby physicians could volunteer for as short a time as 1 or 2 months to aid interna-
tional medical efforts. Organized initially as a division of the International Rescue Mission, MEDICO became affiliated with CARE in 1962, and has since been known as “CARE-MEDICO.”

In answer to the same challenge, Dr. William B. Walsh in 1958 conceived the idea that ultimately resulted in the 235-bed hospital ship, S. S. HOPE. After Dr. Walsh had obtained approval from Presidents Eisenhower and Kennedy and had carried out a number of fund-raising efforts, the hospital ship S. S. Consolation was taken out of mothballs and turned over to the organization he had founded, the People-to-People Health Foundation. It was this ship that was renamed HOPE (Health Opportunity for People Everywhere). On September 22, 1960, the S. S. HOPE sailed on her maiden voyage from San Francisco to Indonesia.

Subsequently other organizations have facilitated overseas volunteer assignments of American physicians. Among these are the Peace Corps and The Volunteer Physicians for Viet Nam which was initiated as Project Viet Nam on July 1, 1965. Indeed, today more than 80 American agencies are engaged in medicine abroad, and over 2000 American physicians are serving out of the United States. 7

Many neurological surgeons have participated in these efforts. For some years the Neurosurgical Society of America, Inc. has provided neurological personnel for the S. S. HOPE, while the Congress of Neurological Surgeons, Inc., has been affiliated with CARE-MEDICO. In collaboration with the International Division, Social and Rehabilitation Service, Department of Health, Education and Welfare, the Congress of Neurological Surgeons, Inc., has provided a roster of visiting American neurological surgeons to India and has facilitated visits to the United States by Indian, Pakistani, and Egyptian neurosurgeons. Trips to different parts of the world by many American neurosurgeons have led to a number of requests for further interchange of neurosurgical experts.

Most U.S. neurosurgeons have incomplete knowledge of the difficulties encountered by foreign trainees as they undertake practice in their native country. 5 Not all foreign countries need as many neurosurgeons per capita as the United States. In many countries neurologists do the diagnostic work-up, neuroradiologists the diagnostic studies, and orthopedists the surgery for herniated intervertebral discs. Hospitals and medical practice in most foreign countries are government controlled; thus, the neurosurgeon may be able to practice only where his government authorizes a neurosurgical facility, and the number of private patients may be insufficient to supplement meager government salaries. The shortage may be one of neurosurgical units rather than of neurosurgeons and based on a realistic government attitude. There are more people dying of starvation than of brain tumors. In many prospective neurosurgical centers there is a basic need for the usual backup medical services and facilities. 4, 5 There is little if any system providing for continuing personal contact between the “pioneer” trainee just back from the U.S. and his former U.S. teachers.

The need for coordination of recruitment and deployment of personnel and resources and a clearer definition of the opportunities and problems relating to the large number of foreign medical graduates who receive training in the United States prompted the formation of an organization concerned with international education in neurological surgery. 1, 6 The American Association of Neurological Surgeons, Inc., appointed an ad hoc committee to study the advisability and feasibility of establishing such a foundation. There were valuable precedents. Since 1948 the Foundation of the American Society of Plastic and Reconstructive Surgery has been effectively teaching plastic surgery to South Vietnamese surgeons. Orthopedic surgeons, less formally organized as “Orthopedics Overseas,” have sponsored projects in Jordan, Tunisia, and Southeast Asia. CARE-MEDICO has been the operative agent for both of these ventures.

This ad hoc committee, consisting of two members from each of the five national neurosurgical organizations in the United States, after study and consultation with existing organizations, made the following report:

1. There is a need for efforts directed toward the exchange of knowledge, experience, techniques, etc., between

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neurosurgeons in various parts of the world.

2. Organized American* neurosurgery can make a significant contribution toward this end.

3. Accordingly, a Foundation for International Education in Neurological Surgery, Inc., should be established.

4. This Foundation should be incorporated as a nonprofit organization in order that gifts, dues, and expenses incurred by persons participating in the projects of this organization be tax exempt.

5. Membership in such an organization should be voluntary, and the organization should be supported by dues from the members and by gifts from various sources.

The recommendations of the ad hoc committee were approved by the Board of Directors of the American Association of Neurological Surgeons, Inc., and the Foundation of International Education in Neurological Surgery, Inc., was duly incorporated in April, 1969. In August, 1969, it received from the Internal Revenue Service the status of a charitable and educational organization. Goals, objectives, and projects of the Foundation are still in a formative stage, but, in general, include the following (and additional suggestions are welcome):

1. Support and coordination of neurosurgical efforts and actions of the existing related international medical organizations.

2. Tabulation of up-to-date information relative to opportunities for a foreign medical graduate who seeks training in the United States to practice neurosurgery upon return to his country of origin.

3. Facilitation of visits by program directors to their former foreign trainees to evaluate their training against the background of prevailing conditions in their own countries.

4. Provision of neurosurgical advice to foreign medical schools in establishing departments of neurosurgery.

5. Facilitation of visits to this country by foreign neurosurgeons for the mutual benefit of the neurosurgeon and those he may visit in this country.

6. Facilitation of visits by American neurosurgeons to foreign areas.

7. Facilitation of short-term return visits by foreign trainees to this country for the purpose of continuing education.

8. Facilitation of arrangements for "junior staff neurosurgeons," both foreign and American, to obtain specialized training and experience outside of their respective countries.

The strength of the Foundation will stem primarily from the pool of neurosurgeons and ancillary medical personnel from which it can draw, rather than from its financial resources. To those who believe that there are already too many professional associations and have no enthusiasm for the formation of still another neurosurgical organization, it must be made clear that this Foundation has been created to coordinate and facilitate activities already in existence in varying degrees, whose worth merits further extension.

It is hoped that the efforts of the Foundation will stimulate an increasing number of neurosurgeons to volunteer for overseas service, and that those who would like to contribute to the development of international neurological surgery but whose academic or clinical commitments do not permit them to volunteer for a period of overseas service will participate by becoming members of the Foundation.

References


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