Neurosurgery in American Medical Schools*

Presidential Address

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Many of my predecessors at this podium have wondered why they were chosen for this exalted position. I must confess that I have engaged in this line of thought, but have found it to be a singularly unrewarding pastime. Whether it has been chance or reason, let me say simply that I am grateful for this, the highest honor of my life, and that my family, colleagues, and friends in Memphis rightly share this with me.

In my acceptance remarks to this Society last year, I warned that neurosurgery was being challenged in many arenas: medical, academic, and political, and that our cause was coming out second best in most. One of these is undergraduate medical education.

I am concerned about our loss of neurosurgical curriculum time in our medical schools and its ultimate effect on patient care. I am disturbed about the secondary status of neurosurgery in faculty organizations, with loss of control of patients in these schools and elsewhere, and about our lack or paucity of influence in organizations which dictate by accreditation or otherwise alter the course of medical education, such as the Association of American Medical Colleges, the American Medical Association, the American College of Surgeons, and the Federal agencies, particularly the National Institutes of Health.

I am alarmed by our loss of contact with medical students. As one of my orthopedic friends stated, "We will lose the chance to mold and influence the medical student at his most malleable age." No doubt, many of you were influenced in the choice of neurosurgery by some able teacher; certainly, this was true in my case. I was a student at the Brigham Hospital that summer in 1932 when Doctor Cushing retired. It was my privilege to come under the spell of this brilliant and talented man who had a profound influence on my life and surely on my choice of neurosurgery as a career. It was the thrill of a lifetime to be second assistant in his operations, the usual spot in left field reserved for the medical student. If it is a waste of time for a medical student to have contact with such gifted members of the medical school faculty, I am blind to this kind of logic.

Frank Mayfield stated in his address last year that, if we were to make our influence felt, we must first put our own affairs in order. By the time this meeting is over, I believe you will agree with me that we have taken the first step in this direction, but before we can take the second step, we must be thoroughly informed and take an active interest in areas where many of us heretofore have had little concern.

The title of this address is "Neurosurgery in American Medical Schools." It is here, in my opinion at least, that our opportunity for service is being curtailed, and, indeed, our existence as a medical discipline, which contributes so much to medical care and the science of the nervous system, is most seriously threatened. This should concern the private practitioner and the teacher alike.

In the beginning I had some reservations as to whether I should undertake this task because, frankly, I had never thought of myself as an academicians in the long-haired sense of the word, but rather as an operating neurosurgeon with a sincere interest in teaching, training, and research. Furthermore, I was apprehensive at the outset about the propriety of a society, such as ours, concerning itself with undergraduate education, much less attempting to influence it. In fact, I had been so advised in no uncertain terms by some of my friends in medical administration. One of these, after a thoughtful discussion of the subject, added: "I should be opposed to the Harvey Cushing

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Society or any other organization trying to impose terms or conditions of education on a university.” However, I view this as unrealistic because this is being done constantly, either directly or indirectly, by most of the organizations I have enumerated above.

Several events have occurred which encouraged me to take on this chore. In the last few years almost every medical school has revised or is considering a major revision of its curriculum. Last year in Memphis, after a site visit from an accreditation team to inspect the University of Tennessee College of Medicine, the surgical specialties were informed by the Curriculum Committee (which, incidentally, had no representative from us) that, in order to give more elective time to students as recommended by this team, only one fifth of the students would have a clinical clerkship in a given surgical specialty unless the students themselves elected such subjects. Since only a few interns and residents in other specialties rotate through neurosurgery, it immediately became apparent that most of the physicians graduating under such a system would never have personal contact with or responsibility for a neurosurgical patient during their pre- or postgraduate education. The implications of such action are all too clear.

In conversation with my friends, I had heard that this was taking place in other schools and, in fact, that all of surgery was in jeopardy as an undergraduate discipline.

In his address last year, Frank Mayfield had posed this question: “In education, for example, would not a studied policy (by this Society), defining minimum standards for neurosurgical curricula in medical schools, be helpful to those of our members who have the responsibility for undergraduate as well as graduate education?” Another professor of neurosurgery who shall remain nameless asked: “How could a strong neurosurgical society help me as a chairman of the medical school division of neurosurgery, who is also a director in a neurosurgical training program?” He answered his own question by saying that a definitive statement by some committee or organ of our Society, which had outlined a minimum neurosurgical curriculum for medical schools, would be extremely helpful to at least 60 of the 70 chairmen of medical school divisions responsible for exposing medical students to neurosurgical essentials. Another who was just organizing a department stated: “I have been disturbed for some time that there was no information available to me as to what most medical schools are doing with respect to curricular time and other problems.”

Lastly, with the publication of the Coggshall Report to the Association of American Medical Colleges, it not only becomes proper, but vital, that we and other national societies concern ourselves with undergraduate education. This committee of the Association of American Medical Colleges, after identifying trends in health care, stated: “The need for the future is for the university to assume comprehensive responsibility for medical education, extending to the premedical student, the medical student, the intern, the resident, and the practicing physician.” They added: “Society must be protected from practitioners who neglect their continuing education as it is protected from those whose basic competence is inadequate.”

In other words, this committee recommends that the university take over not only all of medical education and training but, in effect, the control of the practice of medicine as well. This does not, of course, mean that the A.M.A., the College of Surgeons, or the specialty boards will voluntarily give up their obligations and responsibilities nor does this suggest that all medical school administrators agree with this recommendation. But I believe we must consider its implementation a possibility and be forewarned.

Leo Davidoff, in his Presidential Address to this Society in 1937, was concerned about the place of neurological surgery in the undergraduate curriculum and sought the opinions of many of the senior members of this Society. At that time, I believe, the question was what and how to teach neurosurgery, although some of you had serious doubts that it had any place in the undergraduate curriculum and were willing to leave the teaching to our neurological confreres. But now, in so short a time as 9 years, we are faced with the possibility that it will not be taught at all, either in the undergraduate curriculum or in postgraduate educa-