ALFRED WASHINGTON ADSON—PIONEER
NEUROSURGEON
1887–1951
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ALFRED WASHINGTON ADSON, after a full life devoted to medicine and surgery, was approaching retirement. He had begun his medical career in the field of general surgery but fate directed his interest toward the specialty of neurosurgery. Hearing of his imminent retirement, the former fellows in neurosurgery at the Mayo Foundation, Graduate School, University of Minnesota, wished to show their devotion to and admiration for him and, on September 28 and 29, 1951, they gathered in Rochester, Minnesota, to honor him at a dinner and to present him with a token of their esteem. Most fortunate was this celebration for, without warning, less than two months later, on November 12, Dr. Adson’s life came to an end in an attack of coronary occlusion.

The position of Alfred Washington Adson in the specialty of neurosurgery and the place of neurosurgery in the world and in America have been felicitously described by Earl Walker: “Although neurological surgery may have been conceived in England and spent its infancy in Europe, there is no doubt that it passed a stirring adolescence and came of age in the United States of America. To Harvey Cushing belongs much of the credit for the guidance of the growing specialty through its formative years. The growth of neurological surgery was not confined to the New England States of America—Frazier, Dandy; Sachs, Adson, Naffziger and others in widely separated parts of the country were aiding in the maturation of the specialty.”

At the testimonial dinner given for him by the former fellows in neurosurgery, Dr. Adson was asked to relate some of his early experiences in the development of neurosurgery at the Mayo Clinic. His informal story was of historical value as it revealed the trend of the development of most of the surgical specialties and his relation to his own specialty. Also, it gave evidence of his forceful character, his determination to excel in neurological diagnosis and neurosurgical technic and his desire to impart to younger men those facts gleaned from his own experience that would make them better doctors.

The succeeding several paragraphs so closely follow the account that he gave that they have been treated as a quotation.

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On July 1, 1914, having just been graduated in medicine from the University of Pennsylvania, I was admitted to the Mayo Foundation for a three-year course in general surgery. At that time I had no interest in neurosurgery nor did I ever suspect that I should devote my full time to neurosurgery.

I served as assistant to Drs. W. J. Mayo, C. H. Mayo, E. Starr Judd, Walter Sistrunk and Emil Beckman. While I was serving as first assistant to Dr. Beckman, he became ill with an infection which extended from a nasal furuncle and resulted in his death on November 7, 1916. Dr. Beckman was an exacting surgeon. His teaching created in me a desire to perfect myself and to become competent in general surgery.

Following Dr. Beckman’s death, I was invited to join the staff of the Mayo Clinic as junior general surgeon and, on January 1, 1917, to become a staff surgeon. In my interview with Dr. W. J. Mayo regarding my staff duties, he said, “You will, of course, be expected to look after the few neurosurgical cases that will come to the Clinic.”

I carried on in general surgery, assuming more and more of the responsibility in major cases, with the advice and assistance of the senior surgeons. In my first year of independent surgery, from November 10, 1916, to November 1, 1917, I had occasion to operate on five neurosurgical patients. I had learned that all cases of tumor of the brain and spinal cord are not hopeless. I had become impressed by the fact that patients suffering from lesions of the central nervous system are just as anxious to be relieved as are those who complain of abdominal symptoms.

The first of the five patients was a male who presented symptoms of a tumor in the right motor cortex. Dr. Walter Shelden of the neurological department was convinced of the diagnosis and of the location of the lesion and he prevailed on me to perform craniotomy. On December 7, 1916, I turned down an osteoplastic flap over the right parietal area. There was the tumor situated under the dura and attached to it. After controlling the bleeding by the cumbersome methods of that day, I proceeded to incise the dura about the tumor, protecting the brain with cotton. The tumor, then, was easily removed. The patient made a satisfactory recovery and returned to work. I heard from him annually at Christmas time until 1938.

The second case was not as dramatic, and it taught me that if I were to attempt more neurosurgery it would be necessary for me to study neuro-anatomy, make dissections and, probably, improve on the instruments and methods employed for hemostasis.

The case was one of trigeminal neuralgia in which the peripheral mandibular branch had been avulsed and, later, alcohol had been injected without relief. On February 16, 1917, I proceeded with transtemporal section of the sensory root. What a nightmare! I used a headlight, Cushing retractors and, to control hemorrhage, gauze strips. Blood from the middle meningeal artery squirted all over the place. I tried to occlude the foramen spinosum with a wooden plug but I was unable to find the foramen in the pool of blood. After several hours of mental agony for me, I filled the middle fossa with gauze strips and gave the patient 750 cc. of physiologic saline solution to alleviate the symptoms of surgical shock. Four days later, I removed the packs with fear of another hemorrhage. Fortunately, the meningeal artery had thrombosed; the sensory root was brought into view and I avulsed it. However, I regret to say that the avulsion was not complete. Thus, it became necessary to operate again two months later. The patient’s pain was relieved, but unfor-