OUR TRAINING PROGRAMS AND THE FUTURE OF
NEUROLOGICAL SURGERY*

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La vraı science et le vraı étude de l'homme, c'est l'homme.—Pierre Charron, 1601.

The future of neurological surgery in North America lies in the hands of the members of this Society. This is neither a light nor a simple responsibility. The course of our specialty cannot, successfully, be allowed to find its own way. If the high level of clinical achievement, investigative progress and broad influence upon medicine generally, which our predecessors have set for us is to be maintained, it can be done only by constant effort directed by serious thought and consideration.

It is often difficult to recognize and assume responsibility that has been transmitted to us from older, revered hands. In neurological surgery we have been so very dependent upon the inspired leadership and able guidance of Harvey Cushing, Charles Elsberg, Charles Frazier, Walter Dandy, Max Peet and Alfred Adson, to name only those who are no longer with us. These men have very wisely directed the birth and development of neurological surgery and have maintained its intimate relationship to general surgery, anatomy, physiology and clinical neurology.

The responsibility to continue what they have begun is a complex one. There is no simple or single solution to the proper future development of this field, but the greatest single requirement is now and shall continue to be the providing of young men with stimulating leadership, attractive opportunities to work, to achieve and to grow, and ample time in which to do so.

Certainly the first demand upon us is that we provide competent men, adequately trained in clinical neurological surgery. That is not an easy task. It is not sufficient that we be content to teach young apprentices a trade. Ours is not a static field. No one of us can be satisfied with our present-day accomplishments. It is not enough that we teach only what we already know. We must prepare the future neurological surgeon to make new discoveries, to push neurological surgery to new frontiers. He must be prepared to appreciate and properly evaluate the discoveries and observations of others. He must be sufficiently conversant with the related fields of medicine and surgery that he can adapt and utilize the discoveries in other fields of clinical and basic sciences to his own work.

How can we best fit our residents to develop a better neurological surgery than we have today? We have already recognized that they have much to learn from the neighboring surgical fields, but what are we doing to insure

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that the greatest advantage is taken of the existing opportunities? Very little! We have recognized that these young men should be thoroughly grounded in the basic principles of surgery. But we have either felt that we ourselves are too deficient in our own knowledge of these principles or we have been too lazy to teach them. In any event we have insisted that the prospective resident come to us fully equipped in this regard by a year of training in general surgery. Surely it must be pike-staff plain that if these basic surgical principles are of importance to the practice of neurological surgery then any neurological surgeon worthy of conducting a residency should be thoroughly conversant with these principles and able to transmit them to his pupil. Obviously it would also be possible for the young man to learn these principles at the feet of a competent teacher of general surgery; but, what opportunity does he have to do so? Our present requirement of a year spent in general surgery is seldom a suitable way of attaining the desired end. It is often difficult for the prospective neurological surgeon to obtain the desired one-year residency in general surgery, and when he does obtain it, it is usually one of the poorer, less desirable residencies that he is awarded. It is perfectly natural that the best surgical residencies are not open to these candidates. The leaders in general surgery and the institutions with the best residency programs wish to concentrate their limited time and resources on men who will complete the full training program in general surgery and go on to leadership in that field. Men who spend only one year in a residency neither gain the most from the training nor contribute the most to the program. Thus the prospective neurological surgeon finds it necessary to accept one-year surgical residencies under men who are not particularly competent to teach and who are little interested in imparting surgical principles. These residencies are commonly in institutions prepared to offer a year of experience in the ordinary general surgical operations. Surely we are not interested in wasting a year of our prospective residents’ valuable time in assisting at appendectomies, and cholecystectomies. Surely their time could be far better spent in learning basic surgical principles caring for neurosurgical patients and assisting at operations upon them. It seems most unfortunate that our present requirement fails to provide the training and experience that we all recognize as important while at the same time dissipating a year of the candidate’s time to little advantage.

Demands made upon the neurosurgeon have created another problem. Neurological surgeons working in universities, large clinics and the bigger urban centers are able to call upon their neurological confreres for advice and assistance but as the younger men have gone into the smaller communities they have found not only that they have no neurological associates to call upon but that the local medical profession turn to them for assistance in the diagnosis and treatment of purely medical neurological disease. There are many obvious reasons, which we shall not discuss, why a neurological training is of importance to a neurological surgeon, but the simple practical points that have been mentioned here are of themselves sufficient reasons