IS THERE ROOM FOR A NEUROLOGIST IN A NEUROSURGICAL WORLD?

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How are the mighty fallen!
Tell it not in Gath,
Publish it not in the streets of Ashkelon;
Lest the daughters of the Philistines rejoice.

This quotation from Chapter 1, II. Samuel, portrays my feeling as I address this Society. I must admit that the feeling is not one of marked anxiety or depression, but just one of general apprehension mixed with a bit of hope that by “catharsis” I may be able to improve my own situation and perhaps influence the neurosurgical mind to be at least more kindly inclined toward the downtrodden neurologist.

To appreciate the present place of neurology in the world of neurosurgery, it is necessary briefly to allude to the evolution of neurology, its relation to other branches of medicine, and to evaluate the several factors that may play a part in determining the present role of neurology in the world of neurosurgery.

Neurology was at all times only a small branch of medicine. It was never a large empire. In keeping with the above-mentioned quotation from the Bible, it always remained a small country at the junction of Africa and Asia, and has always been threatened by the great powers from the north, east and west; whether they were Persians, Greeks, Romans or later the Turks. Like the little country in north Africa, it nevertheless was able to preserve some semblance of a soul of its own. In ancient medical history, neurology shared the superstitions and the objective knowledge of its times. It would appear that it was the physician rather than the then unknown surgeon who did the trephining of the skulls in ancient Egypt. In the period prior to Galen, little concrete was known about anatomy, the function and the disorders of the nervous system. Relatively little was learned during the so-called Dark Ages. The Renaissance contributed considerably to the anatomy and began to contribute toward the localization. However, it was not until the latter part of the 18th century, and especially during the 19th and present century, that strides were made by individuals who were interested in the various parts of the nervous system. Although anatomists and physiologists have achieved a great deal, it was the clinical neurologists, who were often also the neuropathologists, who clarified the intricacies of many of the diseases

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now amenable to treatment by surgery and other means. It should be borne
in mind that until the turn of the century there were no chairs in neurology,
even in the great medical schools of the world, and that even now there are
some schools where neurology is considered a sub-specialty in internal medi-
cine, which I believe it should be.

Unfortunately, until recent decades, neurology remained largely a de-
scriptive, though interesting branch of medicine. There was much preoc-
cupation with anatomical, pathological and physiological factors, and all too
little therapy. It was the neurologist who elucidated the nature of diseases
that are now attacked by chemotherapy, substitution therapy and surgery.
The neurologist prepared the soil to be taken over by the internist, pediat-
rician and the so-called syphilologist, and by the surgeon. The neurologist,
on the surface, appears to have outlived his usefulness. Pernicious anemia
and other deficiency states are generally taken over by the well trained in-
ternist. All forms of syphilis belong to the dermatologist. The neurosurgeon,
who ordinarily has little time for detailed histories or neurological examina-
tions, short-cuts his diagnoses by contrast medium studies and is often im-
patient about the academic attitude of the neurologist. At best the general
surgeon and the neurosurgeon are a trifle impatient with individuals who do
not wield the scalpel, the hemostat and the bovie. The motor expression in
their work sometimes fails to neutralize their inborn and developed drives,
which are at times erroneously designated as aggression.

The woes of the neurologist have, in the past 50 years, been further in-
creased by changes in psychiatry. At the turn of the century most of the
neurologists were interested in and practiced psychiatry. They believed that
disturbances in feeling, thinking and acting in the great majority of cases
should be closely related to the cerebrospinal and vegetative nervous sys-
tems. At the turn of the century, modern psychopathology and psychotherapy
had rapidly assumed great importance and reached a plateau where there are
those who believe that one need not know any medicine to be a psychopathol-
ogist or psychotherapist. In the last few decades men have been trained in
both neurology and psychiatry, but either because of intrinsic interest in
psychiatric problems, and perhaps for monetary considerations, or both,
these individuals in many communities drop their neurology and devote
themselves to psychiatry, leaving the community and often hospitals with-
out any one trained in organic neurology. The neurosurgeons, on the other
hand, feeling their "oats," get fairly good training in neurology and often
unwittingly become the neurological consultants in small and even in good-
sized communities.

It is true that there is a definite change in neurological thinking, at least
among the younger neurologists who survive these various invasions into
neurology. There is a tendency on their part to return to the earlier concepts
that neurology is a part of internal medicine, clinical and experimental, and
they devote their energies along these directions, finding a place for them-
selves, at least in the larger medical centers of the world. They attempt to