Dr. James L. Poppen died suddenly on December 8, 1978. At age 75, he was still engaged in the private practice of neurological surgery, having retired from the Lahey Clinic in 1970. His neurosurgical career began in 1933, when he joined the staff of the Lahey Clinic. After he had completed a 2-year surgical residency at the Illinois Research and Educational Hospital, during which he trained in general, thoracic, and genitourinary surgery as well, his major interest seemed to focus on neurological surgery. His formal tutelage in this field, brief by present standards, was provided by Dr. Eric Oldberg.

In the early 1930’s the newly formed Lahey Clinic was beginning to expand its practice, and Dr. Frank Lahey recruited Dr. Gilbert Horrax to head the Neurosurgical Department upon Dr. Harvey Cushing’s retirement from the Peter Bent Brigham Hospital. The long and fruitful association of Horrax and Poppen became well known. They were both to add their impact to the growing specialty and eventually to pass a rich experience along to ever-increasing numbers of younger neurosurgeons who trained with them.

Poppen’s early experiences were disappointing. A restless and imaginative surgeon, he was dissatisfied with tedious and often unrewarding procedures. He was frustrated by the frequent recourse in early years to temporal decompression as a means of dealing with deep-seated tumors. But he was encouraged by visits to the clinics of Dandy and Peet, especially when he learned that seemingly inoperable tumors were being removed. He attributed to Dandy the inspiration he needed to develop an operative technique which he reasoned could readily be combined with the careful neurosurgery of Cushing and Horrax. However, in those days of burgeoning surgical practice little time was devoted to observation. It was largely his own ingenuity and resourcefulness that led to the development of a remarkable surgical ability.

Dr. Poppen was born in Drenthe, Michigan, on February 28, 1903. His father and mother were both of Dutch ancestry and lived on a farm, the family homestead. Even as a young boy he was interested in hunting, and from very early in life he had a dog and a gun. His mother died when he was 10 years old, but his father and other members of his father’s family were a source of strength. Several of them became physicians and medical missionaries. His early education was at Hope Preparatory School in Holland, Michigan, and then at Hope College. During this time he managed to teach school for 2 years in the upper elementary grades. A hard-working student, he was also an excellent athlete, particularly in basketball and baseball. The latter sport provided a livelihood for him during summer vacations from college and early medical school, and his experiences as a professional baseball pitcher helped in the molding of his character and thinking.

Upon graduation from Rush Medical College in 1930, he spent a year of internship at St. Luke’s Hospital in Chicago before entering his residency. Nancy High, who had come from Wyoming, was also studying in Chicago when they met and they were married in April, 1933. Three months later they moved to Boston. They had two children and, eventually, six grandchildren. Until his death he and Nancy lived in the same home in Brookline visited so many times by his fellows, former fellows, and friends when they were in Boston. Through the years he continued to have an interest in baseball, and was often consulted by major league players for problems outside the realm of neurosurgery. He also became an active golfer, and was attracted by the lure of big game wherever it could be hunted all over the earth.

Neurosurgical historians would agree that the role he played in the development of the specialty was primarily in the area of operative technique. He developed a set of principles very early in dealing with excision of brain tumors, particularly meningiomas and acoustic neurinomas, with the aim of minimizing damage to the brain and preserving cerebral function. His dissection of a large lesion, reducing it in size and delicately extricating it from the pons, the Rolandic region, or the anterior cerebral arteries and optic nerves, was always an exercise in artistry as well as skill to most observers. The technique of piecemeal removal was all the more important in those days when cerebral edema was difficult to control. Even