

# THE TURN

## Richard Rapport, MD

Richard Rapport, MD, is Clinical Professor in the Departments of Neurological Surgery and Global Health at the University of Washington School of Medicine.

Nothing lasts, and yet nothing passes, either. And nothing passes just because nothing lasts.

Philip Roth

**M**ost of the residents in my neurosurgical training program were sick of hearing about Harvey Cushing. I certainly was. It was 1973, and students—even graduate students well insulated from Vietnam—were in revolt.

Neurosurgical training is nearly military in structure, reporting, and schedule of responsibility. Habits and traditions have evolved since the first trephiner picked up a sharp rock and began to grind away on someone's skull. Cushing transcribed these habits into law.

In most ways, it is now more clear to me, this graduation of authority is reasonable and necessary, but none of us liked it then, and we saw it as part of our repression.

My undergraduate education was meant to produce critical thinking to the point of skepticism: "What you avow absolutely, I absolutely deny. Make your case."

I knew Cushing was too good to be true and lumped him with all the other authority figures of the 1970s. Of course, I didn't yet know a lot about neurosurgery, but that didn't seem much of an impediment. I didn't believe in Cushing in the same way children grow weary of the



fable told about George Washington and the cherry tree, or Santa. I was fed up with hearing that neurosurgery's father had been a genius. Useful, innovative, and dogged are all adjectives that might be applied to our founder, but not genius. That apotheosis came from Cushing's disciples who, after all, had a horse in the race.

Cushing, or someone like him, was necessary to get through the barrier of the dura.

Cushing was too clever himself to buy the genius label, though he exploited the idea. He would have known that he was the product of his own genetics, environment, and opportunity, blended with the Puritan ethic that nurtured him. These circumstances created a person best suited to his gifts, and lack of them.

Those disciples who followed Cushing were handed his armor and simply put it on, thereby creating for themselves an instant persona, and, at the same time, expanding the

myth. In the end, they floundered under the weight of the armor inherited, but not entirely earned.

One morning during a department meeting, I thought this had happened to our Chairman, the man who had assumed this role at the age of 34.

There is a moment in his monologue when a pitchman leaves describing the product and asks for money. This instant is called "the turn," and is both quick and clever, so that the listeners don't notice. In life, there are similar turns, when ones passes from bestowing to requesting.

All of the residents in my program remember the instant when "the turn" came to our Chairman, the only person our department had ever had in this role. None of us realized at the time the full extent of what had really happened. We all recall exactly what he said, not because it was necessarily out of character or aggressive, but because he had never before found it required to suggest any such



Illustrations by Jim M'Guinness

thing—not in public.

I met the Chairman before I started my residency. Trained both in neurosurgery and neurophysiology, he was one of a very few program directors who could do basic research. Because he produced his own science, he was a capable judge of experimental work, and of the diligent, ambitious young men who manufactured it. I admired these abilities. Because I could do independent research, he recruited me to join his program after I left the National Institutes of Health (NIH).

We gathered every Monday morning in the department conference room. Although it was called the Monday morning scheduling meeting, the gathering was as much to critique the events of the past week as it was to plan the coming one. It was not an hour any of us wished to share with strangers.

In 1973, computer imaging was a stack of diagrams on an electronics shop workbench at the EMI Corporation in England. There were no CT or MRI scans, no PET or SPECT scans, no digital enhancements or subtractions, no 3-D reconstructions. Our attending physicians had to teach us how to infer where tumors grew, abscesses festered, discs pinched, or hemorrhages collected—not from pictures of the things themselves, but from the displacement of normal structures nearby. It was like hunting fossils; one had to figure out from a distorted image what the thing really looked like.

Although we had journal articles and basic textbooks of neuroanatomy, radiology, and pathology, as well as manuals describing surgical techniques to guide us, there were no new comprehensive textbooks written by American academic neurosurgeons. This was not an oversight; we were still being taught the methods described by Cushing, who more than 50 years earlier had proclaimed most of what our teachers felt we needed to know about operations on the nervous system.

Our professors had to teach us these diagnostic techniques, do the operations, see new patients in clinic, as well as write grant applications, do research, teach the medical students, and prevent us from killing anyone. As self-assured, successful young men (there were no women in the program) we resented them. Because the process of making our own careers consumed us, we found little of interest in theirs.

On this particular Monday, the Chief Resident—a slick 32-year-old encyclopedia of details with an acid tongue and no sense of boundaries—was prepared for trouble. A patient operated on the previous week had not done well, and the fingers that were likely to be pointed around the table that

day were most likely to end up directed at him. He had violated a fundamental principle we all knew, and while making a craniotomy had placed a burr hole in the skull exactly at a point we had been taught to avoid.

In presenting the case, his strategy was to defend what he had done as acceptable by referring to the obscure author of a South American textbook of neurosurgery. Initially, all of the attendings, and even some of the bolder residents, questioned the placement of the burr hole, but said nothing about the authority cited. Not satisfied to escape wounded but not dead, the Chief Resident persisted, and when he had finally exceeded the tolerable by again quoting his source, the Chairman said, “Perhaps you’d like the opportunity to finish your training in Argentina! That can be arranged.”

The conversation was no longer about the schedule or the patient, or even about where the burr hole had been placed. All of the normally assertive residents stared at their shoes and said nothing. Even the attendings were surprised into silence.

The Chief Resident’s blood rose to his tie, then to the bridge of his nose, and finally to the very top of his blond head.

Now, from the advantage of 40 years of experience, I know that this was “the turn” for our Chairman. Assertion of authority over the young, rather than its spontaneous acknowledgment, must be done repeatedly and with increasing force. The only thing we understood about the Chairman was that he was responsible for our training; this was a man we wished so much to admire us, but who never seemed to.

The change showed up in small ways after that—things said or passed over in conferences, or on the phone at night when we talked to him about patients on his service at the county hospital. He had now been the Chairman of the Department of Neurosurgery for more than 30 years, and he had always attended at the county hospital—a spare man in an elegant suit making rounds in the cluttered corridors and wards filled with alcoholics, poor, broken people, and patients with head injuries so severe that all that remained of them was a brainstem.

By 1975, CT scans began to appear, and the Chairman could not accustom himself to a picture of the thing itself, rather than the shadow of the thing. Neither could we, of course, but we knew the language, and could use it well enough to sound as though we understood. Actually doing surgery is a mechanical act with rules and consequences, but talking about doing it is simply vocabulary, a jargon that is easily picked up by the young.

In our savage selfishness, we set traps for our Chairman and led him to claim things in public we knew were coming to be viewed as wrong. It never occurred to us that he might wish for us to admire him.

After six years of training, the teaching position I thought I had been readying myself to begin seemed less possible, but for the Chairman, academic medicine was the only life. He knew a time when faculty members in medical schools did research at the bench with residents and students, and could do that as well as operate and teach. He didn't see that academic medicine had also undergone "the turn."

When I thought about him after that, it was usually with resentment. I didn't really have much to be bitter about, but I somehow had expected more from him—affection or approval, I suppose, or at least acknowledgment that I had learned the trade, and that he considered me able. But he was a man, like Cushing, who did not dispense a compliment.

The Chairman had been born in what was then Ceylon at the end of colonization, the only son of missionaries—a Raj Orphan. He had been sent back to the East Coast to prep school, and then to Yale. That life seems to have produced a certain type of distant person, and the aloofness with which he treated the residents and even the patients was not so much cold as withdrawn. The ambition that had launched him was unseen to us, but ours must have been almost comically wearying to him, one striving resident after another. We were required to phone him each evening when we were on his service, and no matter what time we called, his wife answered and told us he was having dinner. "Please call back in an hour," she said week after week, year after year. They held a holiday party at their house each Christmas for the residents and staff, and each year it was the same cheerful misery.

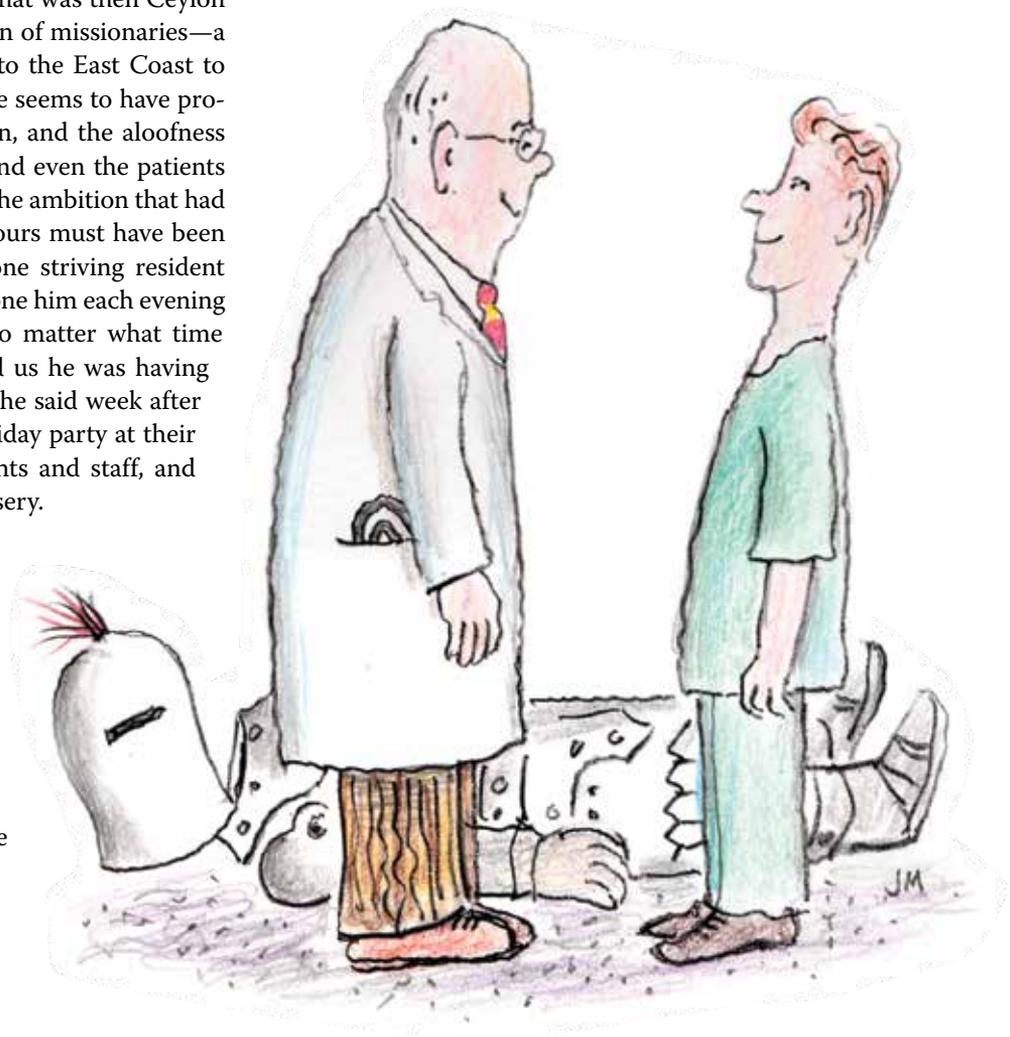
Approaching the end of my training, I went to ask his advice about finding a job. He listened as I clumsily explained my plans, but said little to help. I suppose he thought it was my responsibility to find work that suited me. If he helped me at all I never saw it. But the reputation of the program assured job offers, and they came in predictable ways, though each one appeared less satisfying than its predecessor.

My wife and I took a train East for interviews, and at the last stop on a

two-week trip spent two days in Boston being examined at a university looking for someone with my skills. They took us to dinner at a fashionable restaurant where the competitiveness of the faculty members mixed with the unhappiness of their wives came so loudly to the surface that we decided to do something completely different than we had planned. We left the country.

When we returned two years later, I heard about the Chairman from time to time. His successor was a hearty younger man without his manners or intellect who delighted in mentioning errors the old man—by then emeritus—sometimes made during neuroradiology conference. The Chairman began to spend more time on his boat. Because he was too old to operate any longer, and without the department to run or research projects to oversee, he finally retired altogether.

There was a gathering of former students and staff, a meeting arranged in his honor and named for him, though



really an opportunity for the new chairman to demonstrate that a more modern era had begun and that the old Chairman was gone. And he was, too. No one saw him at rounds or in the hospital; no one even saw him around town, or mentioned him. It wasn't that he'd so much disappeared, but more as if we had not known enough about him in those last years to take him seriously.

When he took "the turn," we didn't know how to relate to him, so rather than being able to appreciate what he had done for us, we forgot about him.

We heard the news of his operation after it was over. Ironically, it was a neurological problem that had required surgery. He went to see one of the senior faculty members, a man he had recruited to the department three decades earlier. While the surgery was easily done, sixty years of smoking cigarettes could not be undone, and he developed post-operative pneumonia. He was past 80-years-old then, and in the intensive care unit (ICU) his infection quickly collapsed into respiratory failure, intubation, and mechanical ventilation.

As happens with many elderly patients, his progress was uneven, and though he improved for a while, new complications arose, and he descended through lethargy into coma. Like decades of those patients in the same condition he had attended at the county hospital, he was mute, catheterized, tube-fed, intubated, and helpless.

My partners and I, all of whom had been his residents, discussed the strangeness of this fate, but then heard reports that he was improving. He got better, slowly at first, and then he woke up and was extubated. The physical therapists came to move him around. Soon they sat him up, and his internists finally moved him out of the ICU to a regular medical ward in the university hospital.

"Why don't we go see him?" I asked my partners. I was surprised when they seemed indifferent. Maybe they had expected less from him, received more, or had no need of a final reconciliation.

I knew I still owed him something.

It was a new room, in the new wing of the hospital where I had learned neurosurgery. The Chairman had occasionally made evening rounds with me in the same building, and showed me how to operate. I walked in to find him waxen, eyes closed, delicate under the stiff white sheet. A clear plastic hose slithered out from under the sheet, down the side-rail, and into a catheter bag that hung from the edge of the bed. I introduced myself to the young nurse, and she called to him softly. "Doctor, you have a visitor," she said.

He opened his eyes, searching the room for something

familiar, tried to focus, found the nurse, and then found me. He seemed to begin sorting through old photographs, trying to put my 55-year-old appearance together with his 20-year-old recollection of me.

I don't remember ever having seen happiness in his face before that instant, and certainly not what welled up in his eyes, filled the room, and then filled me. Almost 30 years after I first met him at NIH, and drove him down to Capital Hill one summer morning in my Jeep where he spoke before some Senate Committee, we recognized each other.

I sat on the side of his bed, but couldn't quite bring myself to hold his arm or hand, as I often do when visiting very ill patients. During the few minutes that I talked to him, he didn't speak. He nodded his head though, and he understood why I had come.

I wanted to thank him for the chance he had given me, and for his patience with a young man who was impatient with him.

On that day, I was about the same age the Chairman had been when I first met him in Bethesda, and I saw him with the eye of a surgeon who had acquired a memory of the best and the worst of thousands of sick people.

I suppose that he had known me all along.

I am now convinced that when "the turn" came for the Chairman he recognized it, and had known what it was. For the young who were there that day, and saw it happen, it was only an awkward moment in the life of a middle-aged man we all thought to displace without a sorrow.

Ten days later, he died.

I don't remember him now as that mute outline under a sheet pulled up to his chin in the hospital room on a languid winter day. I don't even think of him as the Chairman, handsome and certain in his perfect suit, leading a collection of scruffy residents in scrubs through the battered halls of the county hospital. I have him in my mind as a 14-year-old boy fluent in Tamal and English boarding a ship alone in Columbo. All the Indians and Europeans who knew his family would have called him a clever lad. I see him in New York boarding a train for Massachusetts, starting out for Deerfield Academy to make something of himself.

The author's address is:

University of Washington School of Medicine  
Box 359924  
325 9th Avenue  
Seattle, WA 8104  
Email: rappor@uw.edu.