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THE NUN'S STORY

by

Robert A. Fink, M. D.

Although I am, in U. S. terminology, a "neurological surgeon", I have always considered myself a clinician as expressed in the British sense, a "surgical neurologist". This is acutely borne out by the epitomal experience, in my early medical life, that led to my choice of the specialty in which I have practiced for 37 years.

In my freshman year of medical school, I was privileged to have as a Professor of Neuroanatomy, one of the "greats". He was Dr. Walle J. H. Nauta, the developer of the Nauta stain for nerve cell activity, a Dutch

survivor of World War II, and a consummate teacher. At the University of Maryland School of Medicine, where I went to school, there was always a higher-than-normal percentage of each class which settled on one of the neurological sciences as a career, this clearly the result of Dr. Nauta's inspirational teaching. Thus, it was no coincidence that I, after participating in Dr. Nauta's Neuroanatomy class, decided on a career in Neurology.

In the summers between my freshman and sophomore years, and between my sophomore and junior years, I participated in a Summer Fellowship in the Division of Neurology under the tutelage of another great teacher, Dr. Charles Van Buskirk, Professor of Neurology. I worked on a project studying Parkinsonian tremor, but also spent many long hours on the wards examining patients with virtually all forms of neurological illness, many of which were incurable and had fatal outcomes.

In my junior year of medical school, I was assigned, as part of my Internal Medicine rotation, to the Medical Service at Mercy Hospital, a well-known Catholic hospital in Baltimore, and the institution where I, as a child had undergone several surgical procedures which left me with a very warm and positive feeling towards the nursing nuns who

were still supplying the majority of the nursing care services at that hospital.

One day, while walking down the hall, I encountered one of the attending internists, Dr. Saul Smith who approached me and said, "Hey, Bob, you are interested in neurology, aren't you?" When I responded in the affirmative, Dr. Smith told me, "I just admitted a 35-year-old nun for a urological procedure on her bladder neck for incontinence; she is paraplegic and in a wheelchair and has a classical case of multiple sclerosis. I am sure that she wouldn't mind if you examined her, and you will learn something." I eagerly accepted the suggestion.

I respectfully entered the nun's room and asked if I could examine her. She readily agreed, and I proceeded to perform a careful neurological examination on her. At the end of the examination, I had documented the paraplegia and the incontinence; but I had found a troubling sign; the patient had a sensory level at the nipple line (T6). This, to me, was an unusual finding in a "classical case of multiple sclerosis".

I sought out Dr. Smith that afternoon and told him of my findings. Fortunately, Dr. Smith, another wonderful

"teaching doctor", was willing to listen to a mere junior medical student, and he asked, "What do you think we should do?" I responded, "I think that we should call the neurosurgeons and get a consultation."

That afternoon, the neurosurgical people came and examined the patient, confirming my finding of a sensory level. A myelogram was done that very day (this was long before CT or MRI scans were available), and a mass lesion was found at T6 in the spine. The patient was taken to surgery that evening and a benign meningioma was removed.

Over the next several days, the patient experienced a virtually complete recovery of her neurological function. She never had the bladder neck procedure for which she had been admitted, because she recovered normal bladder function. She literally discarded her wheelchair and left the hospital about a week later walking under her own power!

This experience was, for me, the most powerful occurrence in my young medical career. While I remained deeply interested in the function and pathology of the central nervous system, the notion that I, as a neurosurgeon, could possibly bring such results about, made

it imperative that I seek training in neurosurgery as a specialty; and from that point on, my career was directed on that pathway. After spending the final summer in medical school (between the junior and senior year) as a "sub-intern" on the neurosurgical service, and a rotating internship the following year; I completed a residency in neurosurgery at the University of Chicago Hospitals, and have practiced as a neurological surgeon ever since. I have not forgotten my "roots" in medical neurology, as I still place great emphasis on a careful clinical neurological history and examination; but the ability to deal with certain neurological diseases and injuries in the "direct" way that is "special" to surgery, is very important to me.

When I was about 10 years old, my parents took my younger sister and myself on a trip up the Hudson Valley in New York State. We spent a week visiting the beautiful French-Canadian city of Montreal; and one of the sites that we visited in Montreal was Saint Joseph's Oratory. This edifice, a very special church, had a large flight of marble steps leading up to the entrance of the Basilica; and inside the door was a huge collection of crutches, wheelchairs, and other medical appliances which had been discarded by pilgrims after their climb, often on hands and

knees, up the steps of the church. Saint Joseph's Oratory was, at that time, considered as a Western Hemisphere Lourdes; and, to my knowledge, is still recognized as such. When I participated in the "miraculous cure" of the young nun at Mercy Hospital in 1959, I was experiencing some of the same thoughts that I suppose many who had visited Saint Joseph's Oratory had experienced over the many decades that this place had existed.

Certainly, for me, that young nun was my "miraculous cure", and this set me on the path which I have followed for the rest of my professional life.

The End.