Jewell Osterholm: Sharing Fifty Years of Insight

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Sample of articles published in 1957

Twenty years of Leucotomy
Freeman W. *Proc R Soc Med*. 1957 Feb; 50(2):79-84. Five-to-ten-year follow up of 162 cases of duodenal ulcer treated by vagotomy with and without associated gastric operations.

Walters W, Mobley JE. *Ann Surg*. 1957 May;145(5):753-7. The functional significance of the first thoracic ganglion in sympathectomy of the upper extremity in man.

Coldwater KB, Alexander WF, Cox JW, Randall WC. *Ann Surg*. 1957 Apr;145(4):530-9.

Jewell L. Osterholm was appointed Professor and Chairman of the Department of Neurosurgery in 1974, and left the Chairmanship in 1994. Recently, he gave a series of workshops on performing neurological examinations. These workshops are being archived on DVD so future residents can benefit from Dr. Osterholm's training. The emphasis is on interviewing and observing the patient; the only specialized devices used are the stethoscope and the reflex hammer.

Dr. Osterholm received his MD from Washington University School of Medicine in 1957, and his postgraduate training in neuropathology, neurology, and neurosurgery at the Montreal Neurologic Institute of McGill University. He came to Philadelphia in 1963, when he joined the neurosurgical service at Hahnemann Medical College; he became director of the Division of Neurological Surgery in 1967. He was responsible for the residency training program, spinal cord injury center, and neurosurgical research laboratories. He became chair of the Jefferson Department of Neurosurgery in 1974, as an experienced administrator with an active research program and a large surgical practice. By 1980, the Jefferson neurosurgical program provided more than 1,300 major neurosurgical operations yearly.

Residency training in both Neurosurgery and Neurology was enhanced in 1982, when an admitting arrangement was developed between these two departments to provide wider sharing of neurosurgical patients and a broader diagnostic workup. Neurosurgical residents received greater exposure to the basic neurosciences, neuroradiology, neuropathology, pediatric neurosurgery, and laboratory techniques. Resident attendance at various local and national conferences became routine. When asked about his star pupils Dr. Osterholm said "You can teach anyone to be a good neurosurgeon, but you need to be a natural with your hands to be great".

One of the biggest achievements during Dr. Osterholm's tenure was the establishment of the Regional Spinal Cord Injury Center of

Dr. Osterholm giving his lectures.

> "The first thing that goes in the press of a busy day is the neurological exam."
>
> *– Dr. Osterholm*

Dr. Osterholm performs a sample neurological exam on a resident (Dr. Sanjay Yadla)

Delaware Valley at Jefferson under the aegis of the Department of Rehabilitation Medicine in conjunction with the Departments of Neurosurgery and Orthopedic Surgery.

An outstanding feature of the Osterholm years was the intense activity in laboratory research. In the early years, attention focused mainly on the various reactions (metabolic, vascular, neurochemical and electrophysiological) of the spinal cord to trauma. By the late 1970's, the research emphasis began to shift to the study of stroke and the relief of cerebral ischemia and cellular anoxia by extravascular hyperoxygenation through perfusion of the

> "If the sign says **Open for Business** we take anybody."
>
> *– Dr. Osterholm*

third circulation with a balanced oxygenated fluorocarbon emulsion. This project eventually dominated the research program, was well funded, and had the most favorable progress. Nine United States patents related to the method were granted to Dr Osterholm in 1984.

While Dr. Osterholm was a medical student at Washington University School of Medicine he had planned to become a cardiothoracic surgeon, and in the last rotation of his fourth year he rotated through the Neurosurgery department, and then he decided to become a neurosurgeon. Dr. Henry Schwartz, Chairman of Neurosurgery at Washington University became his icon.

Dr. Osterholm stated that the operating microscope and new imaging modalities (MRI, CT, etc.) were the most interesting technical improvements at the time he practiced. He noted that back then neurosurgeons did all their own diagnosis. Dr. Osterholm's favorite operation was trigeminal neuralgia, it was a rewarding procedure because it was a long lasting effective cure for patients experiencing immense unbearable pain. His least favorite operation was syringomyelia, the procedure did not resolve the condition and it seemed to always come back; as a result he did not do many of them in the later part of his career. When asked if he had any advice for neurosurgeons and people interested in the field, Dr. Osterholm said "It's a noble profession, do the right thing".

Dr. Osterholm's Bibliography

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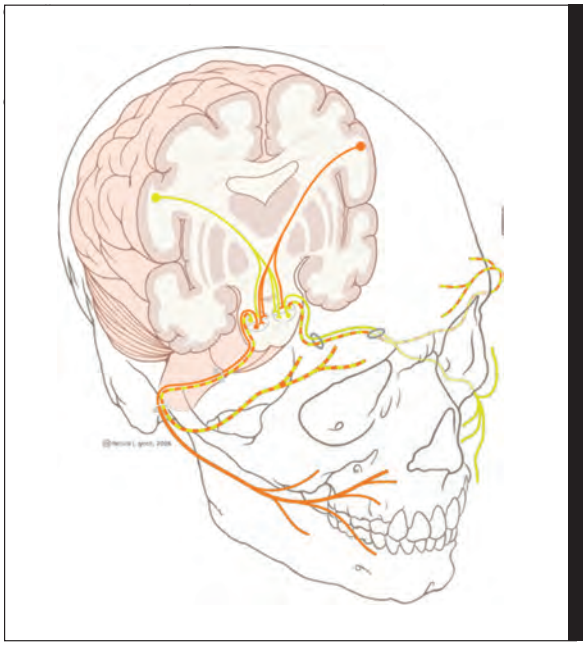
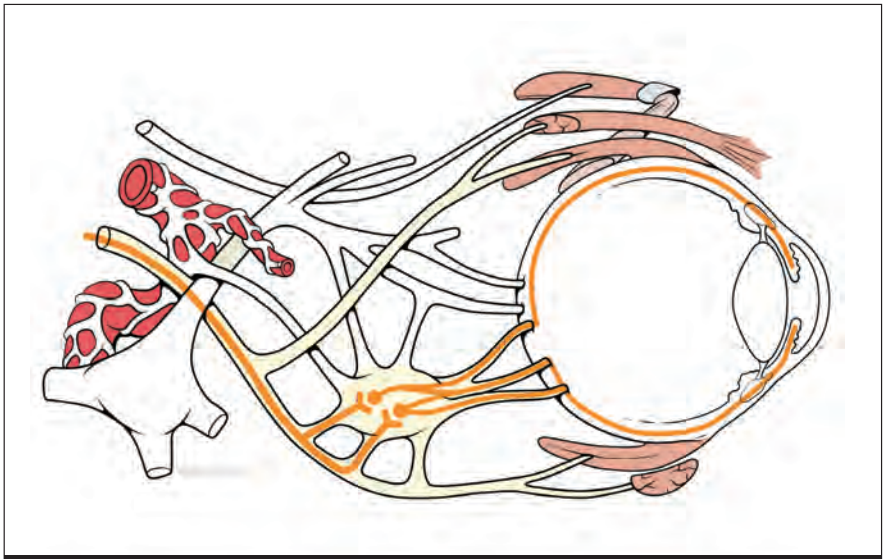


Motor functions of Cranial Nerve VII (the facial nerve) can be tested by asking the patient to change expression. Partial paralysis of the face shows CN VII damage. CN VII carries taste sensation, which can be tested by rubbing a flavored swab on the tongue.

Graphic: http://commons.wikimedia.org wiki/File:Cranial_nerve_VII.svg
Patrick J. Lynch, medical illustrator; C. Carl Jaffe, MD, cardiologist



Damage to Cranial Nerve III (the oculomotor nerve) affects the ability of the eyes to focus on an object or to react to changes in light.

Graphic: http://commons.wikimedia.org/wiki/File:Cranial_nerve_III_visceral.svg
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