

On May 20, 2006, Tsuguo Naruke died of a myocardial infarction at Kodokan gymnasium (a Mecca of Judo) while practicing Judo. He complained of chest pain and soon lost consciousness. Although he was sent to the nearby Tokyo University Hospital by ambulance, he had already passed away. He was 72. Until the end, he was truly a Samurai, a master of Judo, and of course, an active thoracic surgeon.

Tsuguo Naruke was born in Tokyo in 1934. He received his baccalaureate, medical, and the Doctor of Medical Science degrees from Keio University, Tokyo. After finishing a residency in surgery and pathology—including training at Hahnemann University in Philadelphia—he held a staff appointment in the Division of Thoracic Surgery at the National Cancer Center Hospital, Tokyo, under the leadership of Dr. Shichiro Ishikawa and Dr. Keiichi Suemasu. He was promoted to the Division Head in 1974, Chief of the Department of Surgery in 1989, and the deputy director of the hospital in 1994. Even after his retirement from the National Cancer Center in 1999, Dr. Naruke continued his career as a consultant surgeon at the Saiseikai Central Hospital, Tokyo, until his death.

Throughout his professional life, Dr. Naruke was an active academic surgeon in all aspects—clinical surgery practice, education, and research. His greatest contributions as an academic surgeon included the establishment of the lymph node map and the evaluation of prognostic significance of systematic lymph node dissection for lung cancer, the technical refinement of bronchoplastic procedures, the development of the screening system in lung cancer, and technical development of thoracoscopic surgery (VATS). The promulgation of the lymph node map has had significant impact on current surgery practice. The concept of classifying the lymph node stations in the hilum and mediastinum according to anatomical landmarks was not only unique and novel, but also practical for describing the exact location of metastatic lymph nodes. Because of this map, the route of lymphatic spread and the prognostic significance of the metastasis to specific mediastinal nodal stations has been elucidated. Although the ATS nodal map is currently being used in many countries, the concept of dividing mediastinal sites into nine stations by a single-digit number and hilar/interlobar/pulmonary stations into five stations by a two-digit number was incorporated into the ATS map from the map proposed by Dr. Naruke. There is controversy in the anatomical definition of lymph node stations, and the establishment and evolution of the new map has become an important task for the future.



Tsuguo Naruke, MD, 1934–2006

In Japan, Dr. Naruke was a pioneer in the VATS procedure despite his senior status in the early 1990s. Even after his retirement from the National Cancer Center, he continued his efforts as a master surgeon, seeking to refine and perfect VATS lobectomy with complete lymph node dissection. This energy was based on Dr. Naruke's profound belief that the less invasive the surgery, the greater the benefit to the patient. He must have seen the future of thoracic surgery through VATS to robotic and technologically advanced surgery.

Dr. Naruke had a firm belief that the sound mind of a surgeon required a sound body. He continued to practice Judo regularly, even in the latter part of his life. He never talked about how often or when he went to the Kodokan gymnasium for practice, but it must have been in the early morning or in the late evening. In Judo, he was ranked at 8-dan (the third-highest ranking black belt) and was nominated as a Master. His practice in surgery

was based on the Bushido spirit (the Samurai's discipline and way of life), in which courage, benevolence, politeness, sincerity, honor, loyalty, and modesty are highly valued. I heard that he read the book *Bushido: The Soul of Japan*, which was written by Inazo Nitobe about 100 years ago and translated into many languages (the first edition was published in 1900 by The Leeds & Biddle Co., Philadelphia). In the resident education of surgery, he spoke little during the operations, but all of a sudden, the residents were told, "You are to try this case!" He took readiness seriously, just as the old Samurais did.

Death during surgery or on the Tatami (Judo mat) of the Judo gymnasium might have been what death was supposed to be for him. Still, he left us too soon. One consolation to his wife, Tomoko, is the maturation and intellectual growth of their son, Dr. Masao Naruke, as a thoracic surgeon. I believe that Dr. Naruke's spirit will continue in his son. It is altogether fitting that Dr. Tsuguo Naruke be recognized for his important and tremendous contributions to the thoracic surgical community and the field of thoracic oncology and that we pay tribute to a true Samurai of Japan.

Hisao Asamura, MD
Division of Thoracic Surgery
National Cancer Center Hospital
Tokyo, Japan

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