

**Interview with Maynard M. Cohen, MD, PhD**  
**American Academy of Neurology**  
**Oral History Project**

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# **American Academy of Neurology Oral History Project**

**Interview with Maynard M. Cohen, MD, PhD  
Professor and Chairman Emeritus, Dept. of Neurological Sciences  
Rush University Medical Center  
Past President of the American Academy of Neurology  
Woods Hole, Massachusetts  
August 1, 2012**

**Christopher Goetz, MD, and  
Barbara W. Sommer, Interviewers**

Maynard M. Cohen: MMC  
Deborah Vidaver-Cohen: DVC  
Elena N. Cohen: ENC  
Christopher G. Goetz: CGG  
Barbara W. Sommer: BWS

## **Track 1030**

BWS: Today is August 1, 2012. We are interviewing Dr. Maynard Cohen for the American Academy of Neurology Oral History Project. We are at Cape Cod; Dr. Cohen has a long association with Woods Hole and the Marine Biological Labs here. With us today, in addition to Dr. Cohen, are his daughters – Dr. Deborah Vidaver-Cohen and Elena N. Cohen. The interviewers are Dr. Christopher Goetz and Barbara W. Sommer. During the interview we are going to review and discuss your career and your association with the American Academy of Neurology.

[interview participants state their names]

BWS: Now we'll start the interview. We had talked about starting by asking you about how and why you came to the decision to go into medicine. Go back to the beginning.

MMC: Well, by the time I got into medicine, I had looked over everything that there was to look over of another kind. I said that's [medicine's] the best thing you can do. It's one [a field] in

which you can learn. It's one in which you can do. And it's one that [allows you] to get in with people who are smart. I couldn't find anything better.

BWS: You were looking for people who were smart – and do what you wanted to do?

MMC: It isn't looking for – it's being saturated with. It's the [smart] ones that really count – stand high.

BWS: Within medicine, you were in pathology but working with neurology. How did that come about?

MMC: I didn't have a great deal of confidence in myself. I looked things over and over and over and over. I just couldn't find anything better.

BWS: Neurology was the best of the best?

MMC: Oh yes,

BWS: Smart?

MMC: I did not originally intend to be a neurologist. I intended to be a neuropathologist because that is the area in which you get to the bottom of everything.

CGG: I can say that certainly that was the tradition – the final diagnosis was under the microscope so the end product was always in the hands of the neuropathologist.

MMC: That's right. And what I did as it [a new development] came along, when there was something that could be used [in a new way], we would try to completely fill the space [use it to the fullest].

CGG: One of the most illustrious things that I remember training with you is that you brought to us one of the first CT scans in the world. That allowed us to look at pathology in a new way while the patient was still alive. But it was still, Maynard, you finding the anatomy, finding the diagnosis, which really was [in the end] neuropathology.

MMC: That's right.

CGG: Remember that – that process by which you – the machinery was available – how you brought it to Chicago as really a world discovery.

MMC: Well, I never, ever thought of myself as anything special, because it was easy to do, and if you could do it, you would do it. That's what I tried to instill in people like Chris.

BWS: That sense of –

MMC: Are you still writing the books? Doing the book thing?

CGG: I'm still writing books. Yes, yes – your inspiration.

(5:13)

MMC: You know, the things that I looked for, that I wanted to keep, I wanted them [the people I trained] to be good. It's all – I thought mostly about the people that I was responsible for. He [Christopher Goetz] stands high.

CGG: I can remember – you may not remember this – but I remember it because it was so pivotal to my career. I was a very junior faculty member. You came into my office and you said, “Chris, why don't you become a Fulbright scholar?”

MMC: That's right.

CGG: And I said, “Maynard, Fulbright scholars are celebrated. I’m just an assistant professor.” You said, “You’ve had this big NIH grant. You should be a Fulbright scholar. Look into it.” And then you just left. But it prompted me to look it up in DuPont Circle and get in touch. And sure enough, I became a Fulbright scholar. But I would have never thought of an opportunity like that without having a professor come in and not only say, “It’s out there,” but “I want you to pursue it.” It was that kind of personal – and yet, you didn’t do it. I did it. You left it for me, but you gave me the thought that I could be something greater than just an assistant professor with my very proud NIH training grant. I could do more. I think that’s what we are talking about here. Do you remember that?

MMC: I sure do. I do remember that. [CGG: I remember that.] I remember all the good things that I could do for my people. [CGG: Yes.] As you know, we sent a number of people out of the country because that was the – that’s what Abe [B.] Baker did for me when he sent me to the North [Norway] to do my time – my first big time [involvement in major research outside the United States]. And it was a big time because the work that I did in Norway was a grant by the Norwegians and I’m sort of a hero there. I’m in their [inner circle] – they are important. I’m practically a citizen.<sup>1</sup>

ENC: Dad used to joke that every year, they would have a big celebration on his birthday. Of course the reason that that happened is it is also Norwegian independence day. [laughter]

MMC: They took to me there. I really – this area was the top area for this type of work. To be a member of their people that they think that much of, I couldn’t – .

CGG: I remember that, perhaps, you sent people to Europe as part of training and enlarging their horizons, but you also invited many international people just to come through the Department. I remember that you announced that we were going to have a Norwegian guest. And, you know, I don’t know – just a little reception or something. And he was going to give a

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<sup>1</sup>In addition to his neuropathological work in Norway, MMC learned about the experiences of Norwegian neurologists during World War II. His book, *A Stand Against Tyranny: Norway’s Physicians and the Nazis* (Detroit, MI: Wayne State University Press, 1997 Hardcover, 2000 Paperback), recounts their story. In 1982 he was elected to the Norwegian Academy of Sciences and Letters – a singular honor for a person who is not a citizen of the country.

seminar. And in walks Professor [Sigvald] Refsum. I had been, of course, as a junior person, studying – there are just so few people you meet who have a disease named after them.<sup>2</sup> And here Refsum comes in and he is as humble and as interested in young careers as one could even ever hope for. And here, he just came because you brought him. I thought, this is quite an amazing entourage of colleagues that you developed.

MMC: Well, he came to visit us when he was in the United States. When I was very young, I was already in the Department [at the University of Minnesota], so Abe [Baker] gave me the task of taking care of [Refsum]. I kept taking him around and taking him around. [Finally] he said to me, “Dr. Cohen.” [laughing] He said, “I am so many years old.” [laughter] Anyhow, he invited me to come there [to Norway], which I did with enthusiasm.

(10:35)

CGG: Just – to meet the person who has described a new disease. My basic training was thinking that all diseases in neurology had really already been established – that [Jean Martin] Charcot had established the nosology of all of neurology. Then to meet people who actually have described new diseases – that was a big treat for me. I still remember Refsum coming through the Department and describing, with such humility, his discoveries. A good colleague. Fond memories.<sup>3</sup>

MMC: He was – he became a great friend once I got there. Whatever important work – dealing with anything, whether it’s for pleasure or for work, he was very good to me. He knew everything. He knew everything in Norway. He knew everything in music. He knew everything. He was a remarkable man – but he was tough on his people. [CGG: Was he?] [laughing] Well, I love that. That’s the thing that carries me to everything. So that Abe took his, I took mine, and that’s it.

CGG: So how did he [Abe Baker] push you? How was he hard on setting the bar so high?

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<sup>2</sup> Refsum's disease is an inherited disorder of fatty acid oxidation characterized by phytanic acid accumulation in the blood and tissues, causing a motor and sensory neuropathy. “Refsum’s Disease,” <http://www.patient.co.uk/doctor/refsum's-disease.htm>, accessed January 7, 2013.

<sup>3</sup> CGG is the author of Christopher G. Goetz, Michel Bonduelle, and Toby Gelfand, *Charcot: Constructing Neurology* (New York: Oxford University Press, 1995).

MMC: I went to Abe merely for [mentorship] – not for neurology. I went just for a good, plain person who was working in that one single area. At that time, that area was blood – was the heart. It wasn't – but from the heart, I went up to the brain. Then I was lost. [laughter]

CGG: You were found, you were found. Barbara –.

BWS: So tell us a little bit more about working with Abe [Baker] – about Abe – and being at the University [of Minnesota].

MMC: Abe – yeah –it doesn't end with a cheer for Abe. I had come to him from being a pathologist in the Army. I had no idea that I was going to go into neurology. [He told me:] “I like the way you work. I like what you do – what it is – and you like [know] where the openings are that you could get into.” [Editorial note: MMC switched topics without transition, but the context of the conversation was to make a parallel of the mentorship relationship between Dr. Baker and him as a young physician and then between himself and Dr. Goetz in his training years] I think Chris is one of my greatest persons that I personally could take. Now, the reason that Chris was so surprised [referring to CGG having several mentors] was because his area [of movement disorders], although it was in the same area, that it had the same kind of need to get to [MMC recognized the same need to move ahead]. Abe loved what I was doing. I loved what I was doing. I hope that Chris did too, because he certainly acted like he did.

BWS: He pushed you? Abe Baker? Did he push you?

MMC: He pushed me. He pushed me with a sledgehammer. [laughter] Anytime something came up that he wanted done that was worthwhile, he came to me even when I was a resident. I guess the first thing that he did was the – he was in the course of taking a very wide look at a number of books. [Referring to Abe Baker's request that MMC contribute to the first edition of his book on clinical neurology] “You do this.” So, I'm still a resident. He comes to me and says this person that he had given the task [of writing a chapter] just wasn't going to finish, so the whole thing can't be finished. So he says, “I want you to do it.” I said – this was right toward the end

of my [training year] – I said, “In a few [weeks] – at the end of this year, I have to take the examination.” He said, “How long do you need to do it [the writing project]?” [laughs] He didn’t say, “How long do you [need to] think to do it?” [i.e.: “How long do you need to think about whether you will do it?”] Well, I always think it is easier than it is, but sometimes it is easier than I thought it was going to be. But at any rate, so I said, “All right.” It was something that I – [writing about] the poisons of the body, all ninety of them.<sup>4</sup> And I had – and it was at the end of that year that I had to take the examination. So I always say “yes” to my bosses.

(16:46)

CGG: Maynard, I remember – I mean, you learned well from your mentor because you were in charge of a series in the *Handbook of [Clinical] Neurology*, which maybe people listening won’t recognize, but it is – and always has been – a kind of definitive encyclopedic series published by Elsevier. Leather-bound and very elegant. You were in charge of the neuro-toxicology volumes. [MMC: Right, yeah.] Sure enough, you had almost everything done but there was some obscure toxin chapter that your author didn’t provide. And you knocked on my door [laughter] and said, “Here’s a chapter to write. This is an opportunity for your career.” And I don’t know if I had an exam – I don’t know. I said, “But, but, this is the *Handbook of [Clinical] Neurology*. These are famous professors.” You said, “Yes, yes. You’ll be right beside them. But – there’s a deadline.” And, of course, this is not a summary; it is an encyclopedic summary of all that is known about a given toxin. And you handed me a series of files and said, “Go to the library and check back with me.” So what Abe Baker taught you, you also transmitted to the next generation, my friend. [laughter]

MMC: That’s why I took to you. [laughter] Right away you saw a possibility that you could do, [and] you did it.

CGG: Perhaps there is a distinction though. You mentioned that Abe was like a sledgehammer.

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<sup>4</sup>MMC is referring to writing the chapter on cerebral intoxication in the first edition of *Clinical Neurology*, A.B.Baker, ed. (New York: Hoeber-Harper, 1955). The examination he mentions was for his PhD, which he received from the University of Minnesota in 1953, adding to the MD he was awarded from Wayne State University (MI) in 1944.

You were not. You put an opportunity forward. I saw this with some other young people. I thought this was such an honor, I took the initiative to follow through. But if other people were offered and they didn't [take up the opportunity], you didn't have much use for them. But you didn't demand it. You sort of put the opportunity [forward] and then saw what the young person did with it. [MMC: Yeah, right.] That's different from Abe. I have heard stories that he was much more insistent. You were never insistent.

BWS: Your teaching style sounds as if it were inviting and collegial and welcoming.

MMC: I think that – I don't remember any action that I took that I wasn't bound [to honoring its completion]. I either was bound to it or I didn't take it.

BWS: That's a wonderful story. You were inviting them [CGG and others] to learn and to advance as neurologists and to take this lesson forward.

MMC: I was one of the people who started from the beginning – the beginning of this particular time. It was Abe – and it was Abe that was – that really started the whole thing [the American Academy of Neurology]. One of his residents came to him and said – at that time, neurology and pathology and – it was the Department of Neurology and what was it? [ENC: Psychiatry.] Psychiatry. Of course, I had no desire at all for that [psychiatry], but everybody had to take the whole course. So Abe says – and I was only going there, only for the one thing – and Abe – Abe pushed me. As soon as I – not as soon as – as soon as I was nearing anywhere [completing any project], he had something else for me. This is how I got [experience in] – that I have, you know, so many areas which are contiguous, but are one at a time. So this is why I got all these different things that Abe gave me – and I loved it.

(21:49)

CGG: Did Abe Baker favor your move to Chicago?

MMC: Did Abe Baker? Well, when I told him I was going, he was standing up, and he fell down in a chair and said, "I will never – I will never believe in anyone again." Because, you

know, I was his inner self and he felt taken. We never then developed a relationship like I have with you-know-who here [looking directly at Dr. Goetz]. But I will say that he helped me when I needed him, because, after all, I was twenty years with him. You know, I was no kid. [In his view], I was going to stay there [in Minnesota] and [instead ] I went to Chicago [Rush University Medical Center, at the time Presbyterian-St. Luke's Hospital]. Chicago was one of the laggards in getting into neurology.

CGG: Absolutely. It was a raw kind of – the Far West.

MMC: That's right. It's like the way people think of Chicago. It really was – it's that thing and that was what it is. There was no real good – any one of the [neurology] programs there. The only one was the University [of Chicago]. They had a very fine university. So when I [first] got there [to visit Rush] I knew – I decided I wasn't going and Doris [Vidaver, his wife] burst out into tears. I thought, "Oh. OK."

DVC: She wanted to go?

MMC: She wanted to go not so much to Chicago but to get out of all the cold [in Minnesota]. I did it for "peace."

CGG: The move to Chicago – it certainly was a scientifically credible city, but not really a medical city – and certainly not neurological. But I recall speaking with you at one point in my career that you were insistent that if you came, you would be 1) a chair of a department and not a division, and 2) that you would chair a department of Neurological Sciences, not Neurology.

MMC: That's right.

CGG: Is that a fair statement?

MMC: Exactly right.

CGG: What was your point about the Neurological Science as opposed to Neurology?

MMC: You mean, at the time?

CGG: What is that distinction?

[This paragraph has been edited by CGG to reflect the words of MMC during the interview but also conversations with CGG from the past]

MMC: The distinction [in the department at Rush] was to take this group with the emphasis on science – what I did was to take small areas of neurology and very good neurologists who were pushing, going forward scientifically. That’s what these neurologists were doing. It [Neurology] was such a wide area, once you get into it. We moved from “How are your nerves?” to “What is the scientific basis of these diseases?” It’s amazing at how a specific area can be stretched out into. Everybody seemed to like it. After all, they went there. Some great people came out of that and some great experiments.

(26:51)

CGG: My recollection is that the environment – and maybe this is elsewhere, but it was in Chicago [at Rush under your leadership] – that there was a scientific approach to clinical neurology. We talked about the lab. We talked about experiments that thereby [clarified] what we saw clinically. That was the way we worked every day. It was not just the clinical neurology you had. It was the lab [and the clinic] and it was the discussions that went with it [this approach.] Most departments in the country were a department or division of Neurology, but not Neurological Science. I was kind of proud of that designation.

MMC: Yeah, that’s very true. It was true throughout the whole country except for the East Coast.

CGG: At the time you came, were most neurology services – were they divisions of medicine or were they autonomous departments?

MMC: Where?

CGG: Around the country? When you came to Rush, it was a Department. It was separate.

ENC: It wasn't even Rush at that time.

CGG: It was Presbyterian-St. Luke's. You're right.

MMC: I didn't have to go further. I started with the idea of the oneness. I did the other things just so I could get into it [the concept that clinical neurology and science were one and the same].

BWS: What do you remember about its relation to the medical school? How did that work?

MMC: When I came in, I went into a large [hospital] organization. They had one so-called [neuro-psychiatrist] and two other people – neither one of them were doing work and one was going to die the next year. But that was a challenge. I like challenges; I like to win them. [laughs] I don't always; that doesn't always happen. Anyway, the one thing that I wanted – Chris will know this. I wanted truth. I wanted them [the people I trained] to be successful. The reason that Chris was not closer to me before this happened was that he had a very dominant [mentor]– for what he was doing at the time [Harold L. Klawans, Movement Disorder specialist] who was taking him in the right direction. But whenever I saw somebody like Chris who had the get-up-and-go – he doesn't stand there. He wants to do something, he does it. That's the same thing for Steve [Steven P. Ringel].

CGG: We're talking here – my mentor, direct mentor, was Harold [L.] Klawans. He was a premiere movement disorder specialist at a time when movement disorders were just emerging. So Maynard had brought Harold [to Rush]. ... Steven Ringel was [trained] there [at Rush]. Bill Weiner was there. There was an entourage of people, there was an awful lot of lively science, and enough flexibility that you could go in a direction [that interested you]. Maynard would put it [an opportunity] on the table and if you didn't grab it, it would be gone. And if you didn't grab it, he knew you didn't grab it. [laughs] [MMC: That's right.] He didn't fool around with any

sense of mediocrity. That's the ambience that I recall. It is not overly flattering; it is truly my recollection.

MMC: As we all know, Harold was very introspective. But he was very smart and he was able to subject it [that knowledge] enough to make a win.

CGG: I think your model of working with Europeans also translated to Harold because he met George [W.] Bruyn from the Netherlands and a number of people and got involved with the World Federation of Neurology study groups. I think you were really part of that more senior inner circle, allowing, then, the generation above me to start those careers. Because at that time, I mean, there wasn't movement disorders. [MMC: Yeah.] That was really neuropharmacology. We didn't have a section on movement disorders in the American Academy of Neurology until many years into the [AAN] section hierarchy. We had neuropharmacology. That area of movement disorders really didn't exist. And I think you helped Harold with international colleagues to establish that [movement disorders] along with other big U.S. names. We [movement disorder specialists] now have whole fellowship programs and our own section at the Academy. This comes all within my career – a real evolution.

(32:45)

MMC: The one – the major thing that made this happen – shortly after I arrived [at Rush] – before the first two weeks that I was there – I asked for more [square feet for a lab] – to have in it what I wanted. I did my best – I made a request – I asked for 3,000 [square] feet. I had maybe a few hundred [square feet]. I wanted 3,000 feet and I thought, “That'll never happen.” But that wasn't the case. So often during my time [career] that some particular thing happens; it just happens.

CGG: Another personality that the audience will recognize is Frank Morrell. Again, it just happened. He came for some visits and gave some lectures. [MMC: Yeah.] And then you were able to recruit him from the West Coast. And then Leyla de Toledo, eventually Morrell, came. This is suitable to talk about because their home is also in Cape Cod for the summer. Frank has

died unfortunately, but Leyla is here in town. She spends the summers here. [MMC: Yeah.] This is a small group but all of international influence. We can be proud. You can be proud.

MMC: The Institute [Woods Hole, Marine Biological Laboratory] here is the finest one in the country, if not in the world. It is something, and it keeps going. That's the good thing about something that's good. It goes by its own – its own – its force.

CGG: It re-nourishes itself?

MMC: Yeah.

CGG: Intellectual vitality.

MMC: Yeah, that's right. There is always something going on.

CGG: Let's talk about the American Academy – your role in it.

MMC: These four fellows [Abe B. Baker, Russell N. DeJong, Adolph L. Saks, and Francis M. Forster ] were really – but it was really the core that made this organization possible, because of the best people of the talent pool (phonetic), they were the people who were anxious to get out and to get into this. It was surprising – it was surprising that from [mentions several numbers] 36 [initial members], the AAN grew to 28,000 – [ENC whispers numbers] – [laughs] she gives me the numbers. There are so many things to carry this same – same - same ingenuity.<sup>5</sup> It just pulls you along. The way it was before it was just creeping along, all of them, everywhere. But once this AAN got them, it just went zoom.

(37:17)

### **Track 1031**

MMC: You want to talk about this issue [the Academy]?

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<sup>5</sup> Membership as of December 31, 2009, stood at 25,711. <http://www.aan.com/go/about/statistics>, accessed January 7, 2013.

BWS: Yes, go ahead.

MMC: Well, Joe [Joseph Resch] was not a scientist.

BWS: Joe Resch. Joseph Resch. R-E-S-C-H.

MMC: He was not a scientist. He was a soldier during the war and he was very intelligent. [discussion about microphone placement] Joe was a very nice human being. That's the first thing. He was – I don't know whether he did do any psychiatry as well. I think he did more psychiatry – well, I don't know whether he did more. But he certainly was, unlike the others, he was interested in neurology. He was a very nice man. He was very understanding. And he was a very good friend of Abe's. So, then he decided he wanted to get into neurology.<sup>6</sup>

CGG: Can we go back just a second? I had understood that this man came to Abe Baker and suggested a larger, more open, and democratic organization to, perhaps, compare and contrast with the more academic and exclusionary American Neurological Association. Is that an accurate recollection or am I getting it – ?

MMC: No. For most of the time that I was with Abe, Joe was around less than a day a week. But what he wanted was a community to enter. He didn't have a community to enter because that's where he wanted to go. He did not want to be without a [neurological community] – basically, and as he – he kept moving closer and closer and closer. Finally he got to be the head of the department.

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<sup>6</sup> Joseph A. Resch was a World War II veteran doing his residency in clinical neurology at the University of Minnesota when he approached Abe Baker to ask about a neurology organization for young professionals. Resch was looking for an organization that would help him maintain contacts with others in the field and provide continuing education opportunities. There was no such organization at the time so, in 1948, Abe Baker helped found one. It became the American Academy of Neurology (AAN). For more information, see <http://www.minneapolisclinic.com/about-mcn/158-joseph-a-resch-md-faan.html>, accessed January 7, 2013, and *Leading The Way for 60 Years*, the 2007 Annual Report of the American Academy of Neurology:1.

ENC: Dad, what I understood your telling me about your history with the American Academy of Neurology was that Joe had wanted – what Chris was saying – was that Joe wanted the part of a professional society [MMC: Right.] like the psychiatrists, but for [all] neurologists.

MMC: He wanted it for the neurologists.

ENC: Right, he wanted it. So the American Neurological Association, which already existed, was more closed. It was more academic. He wanted something – .

MMC: Yeah, he couldn't. He wanted to get into something like that. That's right.

CGG: More anchored in clinical neurology, more open to young people – clinicians in practice as well as academics. [MMC: That's right.] Is that accurate? [MMC: Yeah.] And so he prompted that idea of a larger, more open organization.

MMC: Yeah, but he was at the periphery all the time until this started.

CGG: And did you work with him to foster that idea? [MMC: No.] You just watched it from the sides at the beginning.

MMC: Because it wasn't a great surge at the beginning, like the others.

(4:51)

BWS: But he spoke with Abe Baker or he planted the idea?

MMC: He planted the idea with Abe.

CGG: How did you get involved with the AAN – the American Academy of Neurology? How did you start in this?

MMC: Abe told me. [laughs]

BWS: How did he tell you? How did he tell you this?

MMC: You see, I was working with him before this whole thing happened. I just kind of got drawn in.

CGG: Did you have any early duties that you remember? Any specific assignments related to the American Academy [of Neurology]?

MMC: Oh, sure. I did the – we had the Academy. There was a meeting that formed it and there was another meeting. And then at a third meeting they began what now is this [the AAN] – and that is the function. So I, and three other people, started all this whole thing of these courses and everything. That was the beginning. So that first four – so there were the first four [courses], then there was more. And then they made a section of it [education]. Abe started the courses – and started them – and he did it for twenty years and then I did it. That's how we did it. Then it wasn't just one. We kept putting – adding all these things that are present today.

CGG: For the audience, I can say, in my career – at the early phase, I remember very distinctly going to the Academy meetings as a resident – junior resident – and there were, I believe, a handful of courses. You sat there all day. There was neuropathology. There was neurophysiology. They were the same courses every single year. [MMC: Yeah.] What I also remember is that in your leadership, you somehow came up with the idea that this was a golden opportunity – this educational section of the Academy [MMC: You're right.] – and suggested and perfected – brought about – a different format, a different model – in which those large courses probably still existed. But you introduced breakfast seminars, luncheon seminars, half-day courses – with very small and circumscribed, focused themes – which was elegant. But the most important to me, early in my career, was that that allowed the faculty to expand, and for young people to be named to the faculty because these were modest courses. They weren't the big, full-day course – they were perhaps an hour-and-a-half breakfast seminar. And a junior person like me could actually vie for a faculty position – which again I would go back –

Maynard came and said, “How about a breakfast seminar, Chris? Put it in, organize it.” Those were very early opportunities. But that model still persists every year.

MMC: Yes.

CGG: Do you have any reflections on the development of those courses and the expansion of them?

MMC: Well, see – I felt that - I looked at it, I guess you might say, almost as a world. A world in itself. That you could deal with things in existence [the latest information] which was just a pleasure. Just giving information to people who want to have some other information [updates and new developments]. So, you know, we went as far as having [a large array of courses]– we went into the literature. We went to anything that our people could profit from.

(10:41)

CGG: I think that is still the model that is used at the Academy because there are courses that rotate and really cover the gamut of what clinical neurologists would be interested in – people with interests in literary or media and neurology as well as the basic sciences. My recollection is that really hit its pinnacle during the years of your presidency. I’m not sure of that but my distinct memory is a meeting in New Orleans when you were president. As a young [neurologist] – now getting into the mid-range of my career – remembering and marveling at the number and breadth of the curriculum that was offered at the Academy. Did you see this as really reaching its peak when you were president or was this over a number of years? That I don’t recall – whether this was gradual or that there was a real introduction of this blast of new types of courses.

MMC: They [the attendees] wanted them.

CGG: They wanted them. They were successful and remain successful. Barbara, do you have the years of Maynard’s presidency of the Academy? Maynard, do you recall, what years you were president?

ENC: It was in the '80s.

BWS: It was in the 1980s. [1981-1983]

DVC: It was when I was living in San Diego because I remember you had a presidential address in San Diego when I was going there.

CGG: Introduced in '78 to '80 and then continuing on till 2012 – probably even expanded. It shows the kind of legacy. It is so important for education, but it is so important for the enlarged opportunity to teach and be on the podium at the Academy because of the number of courses and the emphasis of the Academy on involving young people as well as the senior figures in the field. That really is –I'm sure you've done a lot of things for the Academy but, to me, that stands as your greatest gift, Maynard.

[The editors have introduced some wording to clarify this statement.]

MMC: I think it was – talking about my becoming president – first watching, sort of [as president-elect], and then the second term – which was the actual term. [I remember Nelson [Nelson G. Richards] who was the president right after me (1983-1985) and was particularly an advocate for practitioners. ] This was a fellow who was picking at me all the time, of all the years that we were there. We were quite advanced there. [CGG: Nelson?] Yeah, Nelson. When we first got together, I said, “Look, you have been picking at me through all of this. What I want is uniformity. I want you and I to accept – to work out everything in which we are doing and it comes out as one thing.” He was ecstatic. He was absolutely ecstatic. His help with the people who were the doctors, not the researchers – they realized that [the AAN] had something for the doctors too. He went everywhere with me. He never missed anything. His final word was, “Anybody who tries to get between us will hear about it.” [laughs]

(14:34)

CGG: That is a wonderful story. It shows how you faced a challenge, how you faced that dichotomy of spirits. And you're right, when you sit down and talk, you can come up with a unified – maybe not always uniform – but unified presentation. And that that builds and, of

course, leaves a future legacy because, then, your tenure is all the longer. It is his tenure plus your tenure and then you pass the baton.

MMC: I never thought that he would come to it. But he jumped at it. He wanted to be loved.

CGG: Maybe Abe said the same thing about you. [laughs] Being included is an important part of advancing.

BWS: As you think about the Academy and the education, it seems that the education program really made a difference.

MMC: You see, what I was trying to do was to unify. Not only him, but unification of the whole thing [AAN educational effort]. And I wanted the whole thing to be close. It could be large, but it could be close.

BWS: And to grow? Continue to grow and advance?

MMC: Yes. There were some problems that we had. One of the problems was that the individuals in [leadership] spots [at the various universities across the nation] were fighting with each other. Particularly for the people coming in [up as future leaders]. [At the annual congress], they would go to the place they wanted to go, but [they were] not looking through the whole thing [meeting program]. So one of the things that I started was having the group of the residents, not the people who are teaching and working, that they should have an organization. So I started an organization and I was the president.

BWS: The Association of University Professors of Neurology [AUPN]?<sup>7</sup>

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<sup>7</sup> The Association of University Professors of Neurology (AUPN) was founded in 1967 and incorporated in 1968. Its original purpose was to foster development of academic neurology's educational, research, and patient care programs. Areas of major concern to the AUPN since inception have included legislative issues affecting the availability of research grant funding, representation of Neurology in the workforce, the neurological curriculum in medical education at all levels, undergraduate, graduate, and postgraduate, and the maintenance of communication and liaison for academic neurology with such organizations as the Association of American Medical Colleges and its Council of Academic Societies, the American Board of Psychiatry and Neurology, the Neurology Residency Review Committee of the Accreditation Council of Graduate Medical Education, the American Academy of

MMC: Yes.

BWS: That grew out of your thinking – ?

MMC: Yeah, that was absolutely it. This is one of the things that I proposed to our organization [within the AAN]. Our organization took care of it. There are a lot of small things that you put in, that you forget about. We got more peace between the different ones [professors]. They were not fighting for something. We were becoming more unified.

BWS: The departments or divisions?

MMC: Yeah, I called every department head – I called them together – and I said, “There’s no reason to fight.”

BWS: Let’s join forces.

MMC: Yes. It worked well.

BWS: To get back to the Academy, with the teaching – ?

MMC: But that’s in the Academy. [BWS: That’s in the Academy.] These are the people in the Academy. [BWS: Okay.] They are already in the Academy and they are fighting each other.

BWS: You saw a way of making this work better?

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Neurology, the American Neurological Association, and the Child Neurology Society. Along with several of these organizations, the AUPN was instrumental in forming a liaison council, previously the Neurological Intersociety Liaison Group (NIL), and now the Leadership Council of Neurological Societies (LCNS), on which its representatives serve. MMC was a founder and served as the organization’s first president. It currently is linked with the American Neurological Association (ANA). For more information, see the Association of University Professors of Neurology, <http://www.aupn.org/i4a/pages/index.cfm?pageid=3286>, accessed January 7, 2013.

MMC: Better. You know, everyone – you recognized that largely that these people are in there and they are intelligent and they want something. They want something [a forum] in which they can act. This is one way in which they can act together. That was one of the first things I did.

(19:47)

CGG: I think one of the stirring elements of the Academy to me – and I don't know if you were part of this initiative – but most organizations, when you go and you get your registration, your name badge – which may sound silly but it does have an impact – has – if you are faculty, you've got a ribbon – if you are officer, you've got a ribbon. What happens is you've got this – in the meeting you have the, kind of – very celebrated people, and then you've got the masses. [MMC: Yeah.] At a certain point the Academy tried to get away from that and have, as you said, a close organization though it's large. Everybody is there from the very highest to the first-year resident or senior medical student, all intermingling with that sense of [MMC: Yeah.] – everybody is equally important and everybody is there for the same mission. And then a junior person can feel very comfortable walking up to a senior person and doesn't need to be intimidated by his or her badges. Do you share that?

MMC: Of course. Of course.

CGG: It is an important distinction and quite different than many of the other organizations of which I'm a member.

BWS: Did you see the Academy as a broad, democratic, inclusive organization?

MMC: Absolutely.

BWS: One that can stretch out and pull in?

MMC: Absolutely – because you can go from one to the other without fear.

BWS: A place where everybody can come together [MMC: Yeah] and you can learn – the teaching – .

MMC: Well, they support that. They support that everybody belongs.

BWS: Everybody has an opportunity for continuing access to information.

DVC: I have a question. In this society [the Academy], did the clinicians and the academics mix together or did they stay in their separate camps?

MMC: [Turns to CGG] What do you say?

CGG: Well, I would say that, first of all, it is not a fifty-fifty split. And some of us are clinicians and academics – so we are not in one camp. But the actual number of private practice clinicians vastly outnumbers the people with academic credentials in the Academy [DVC: Oh, really.] because it is open. [DVC: I would have thought the opposite.] No, no, no. That is quite the important thing – is that the clinicians in practice bear a tremendous amount of influence because of their numbers and because of their fidelity to the organization – because they come to the meetings. So it's not – that's why these old courses of a full day of neuropathology – how much does the active practitioner need? I mean - all right, already. [MMC: That's right.] So we needed these small – something focused on how to evaluate the demented patient, how to use new CT techniques – things that are practical right there at the bedside. That's what encourages so many people to come to the Academy. The scientific papers are out there but those are small attendances relative to the enormous success of the courses.

[CGG briefly returns to discussion of AUPN with no further comment from MMC.]

DVC: What was your favorite experience when you were president of the Academy?

MMC: I think getting together with my friends. It was the best thing that I could do.

(24:36)

DVC: Getting together with your friends. That's why I go to meetings anymore.

ENC: I remember there was one time when I was in the hospital with someone with a serious neurological problem. We weren't able to get anybody – this was in one of the primary hospitals in New York. We were saying, “Why can't we find anybody?” Well, it was the American Academy of Neurology meeting and everybody was at the meeting.

BWS: Do you have any other stories, besides the ones you mentioned about the beginning?

ENC: I did remember hearing about the CAT scan story. That's not so much about the American Academy of Neurology but about how neurology has changed. I remember that Dad – he didn't tell us all that much when he was coming home, but I remember that he was just so excited about this. Should I tell this now? [general conversation about telling the CAT scan story] I'll tell it from my perspective and you can tell me how it was different. I remember Dad coming back. I was probably in elementary school at the time. I can't even remember the exact time. Dad was so excited about this – this instrument.

MMC: This was absolutely was one of the major, major, major accomplishments.

ENC: I remember you saying – you came home and you were saying, “This is just going to revolutionize the practice.” At the time, there were only about six [MMC: That's right.] – there were six that had been made and five that had already been spoken for. [MMC: Yeah.] You convinced them to – actually you said that the radiologists weren't that interested in getting one.

MMC: It was – as a machine, it was more – it's their area. But for experiments, that was what I wanted. When I heard about that one [remaining scanner] – you remember [discussion about name of neurologist] [CGG: Dr. Hasan.] [Malik] Hasan, yeah. Hasan. Then there was another one. [ENC: From Pakistan?] Yes, from Pakistan. The two of them – they worked together. The one was very adventurous in many ways – and in other things too. [laughs] But anyhow, he was an operator. The other one happened to be at another place who had – who had one – who had

ordered one of these instruments. So the other one – when I said that we didn't have one, he brought back one. He studied it and came back so we could use it. So I went to the – at that time I was on a committee for the government that gives out money. [DVC: NIH?] Yeah, NIH. I was at the NIH, so that I knew how to work around in this. With these other people who were in the thing, I could find the information – where and who and what. What we found out was who was doing it and so on. And I put Hasan to work. [laughs] He was a go-for – or, as they say, gofer. He really went at it. He got a hold of people and anyway, so we managed to get the sixth one. It was the only one left. So we got it. Then the radiology people wanted it. But we made the arrangement for it to come. Then after this was done, then radiology wanted it. And they asked for it. I said [to my neurological colleagues], “Well, here's what it is. If you give it to us, we will use it for experiments and for going forward [scientifically]. All they will do will be to take the money – or make it when it comes.” They didn't have any [scientific interests] – they would show pictures of different and so – what this is and what this is and what that is and so on. But they weren't experimenters, you know that.

CGG: We had –I do remember those early days and we did have remarkable images next to what we had dealt with. [MMC: Oh, we used it.] We used it. And the harmony between neurology and radiology, I think, was a good model because this became a very controversial topic in American neurology in the decades after we got our machine. Who would control CT? Would it be radiology or would it be neurology? I wasn't part of that because in movement disorders we didn't use too much of any of this, but that was a very big issue at the political level of the American Academy of Neurology, as I recall. Who would own neuroimaging?

DVC: And who won?

(33:01)

CGG: I think that radiology won. I think that the neurologists really didn't take a strong stand –

MMC: A stupid, stupid –

CGG: I remember these discussions – that this was an opportunity to control and to direct the neuroscience of neuroimaging and I don't think neurology really took that. That's my image and my –.

ENC: You wanted [neurology to do] that [take control]? Dad, you wanted that?

MMC: We did everything [to retain control] but they had more [influence within the hospital].

ENC: I remember – first of all, you did not call it the CAT scan or a CT scan. You called it the “emmy” [EMI] scanner. So that was how I always heard about it. So several years later when everybody was talking about the CAT scan, I didn't realize this was the same thing. But one of the funny stories was that Dad was not – shall we say, he was not the best at personal financial investment. He looked at this thing and he said, “This is a gold mine. This is definitely going to work. We're going to invest in this.” So he invested in it. And peculiarly somewhere around 1968 or '69, all of a sudden the stock is going down and down and down. He said, “I don't understand. What is wrong with this?” Well, it turned out emmy is EMI and they also controlled the Beatles. The Beatles broke up and so the stock did not do too well. Actually, when we were preparing for this –

MMC: The Beatles went out of business. [laughs] So did we.

ENC: But when I googled this story now, there are several articles that talk about that we have the Beatles to thank for the scanning because the money that EMI got from the Beatles, they put into<sup>8</sup> –

CGG: Research area. Interesting.

BWS: I have a silly question for you. The founders of the Academy are called “The Four Horsemen.” Is there a reason for this?

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<sup>8</sup> For further information, see The CAT Scan/Beatles Connection by Rich Whittle on August 22, 2008 in History. <http://www.business-opportunities.biz/2008/08/22/the-cat-scanbeatles-connection/>, accessed December 11, 2012.

MMC: These four men were the ones who were really the core. Abe - this kind of work was really strong on the coast – on the Atlantic coast – and the rest of the country was very poor in it.

BWS: Where did that nickname come from?

MMC: It is a French book. [BWS: OK.] Those people my age knew that at that time. That's why they picked it up.<sup>9</sup>

(36:15)

BWS: Was it your generation that picked it up?

MMC: I don't know who picked it up but it was not my generation. It was the one before mine. A famous French book [ENC: We can google it.] – at the time.

BWS: Everyone calls it that now.

MMC: It is still a live book, but not that anymore.

BWS: – and applied to these four men – who are considered – who are the founders.

MMC: That's right.

DVC: And who are the Four Horsemen?

BWS: You've got DeJong, Forster, Sahs, and Baker.

MMC: Abe Baker. These were specially four from the Middle West. Midwest.

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<sup>9</sup> Note: The immediate literary reference other than Biblical is the epic Spanish novel by Vicente Blasco Ibanez (*Los cuatro jinetes del Apocalipsis* ('The Four Horsemen of the Apocalypse') (1916). The novel largely takes place in France during World War I. When this novel was filmed in 1921, it became the vehicle that propelled Rudolph Valentino to stardom.

BWS: The center of the country. They were the ones who did it.

ENC: I seem to remember you saying that early on there was a woman who was involved in neurology? Fay somebody?

MMC: Fay, yeah.

BWS: T-I-C-H-Y. How do you say that?

MMC: Tichy. She was the neurologist – not the neurologist – the pathologist in Abe’s lab.

BWS: She was part of this [AAN development] as well?

MMC: Yeah, well, she worked on the first one [Academy meeting]. She left him quite early.

[BWS: She did? All right.]

CGG: Maynard, is there anything else you want to share with us? Any other final reflections – things that you would pass the baton along to a younger neurologist? Anything?

MMC: Well, in the first thing, the energy that has been put out in moving this [field of neurology], I think, cannot be beaten. It – it was an explosion. That was good. I have so many memories – I’ve been around the world so much and there are so many people that I love greatly that I can’t remember.

CGG: What I hear is that the guiding light for your career, certainly for mine, has been that you have to set the bar high and you have to have a lot of energy. Neuroscience has that implicit opportunity [MMC: That’s right.] if you take it. If you take it. For you, there weren’t that many people in the field and one professor could put the hammer down and say, “You are the guy to do this.” In my generation, there were more of us but still it was small. I think currently there are many, many young people. [MMC: Yeah.] The opportunities are the same because the field is so

broad, but the responsibility to take that initiative and to do something with it is the onus of each person who is going to be a neuroscientist and going to be successful. Certainly they have the opportunities – the niches are there. Hopefully the mentors are there as you have been for me and I hope I am for my next generation. Those opportunities are there which brings us a nice continuity of our interview.

MMC: I can't tell you why – I don't know why – but I like smart people. [laughs] I think that is one of the necessities – they can be nice but there is more to their work than that. The thing that I prize is to do good things and put out good people – which all of you have expressed in your feelings.

CGG: Thank you.

BWS: What is your advice to those who are coming now? What would you tell them? [MMC: Now?] Yes.

MMC: It is another world [today]. But still – neurology is still going. And it is going further and further. There are things that you couldn't have imagined – imagined – even in my time, that are popping out.

(41:45)

CGG: But still, a full career, retired – but where are we today? We are at Woods Hole, at Marine Biology. We are surrounded in science. And you have chosen this. You are surrounded by young people, it sounds like.

MMC: Well, it's luck. It is a certain thing that you have to have. That you have to have. My book that I'm putting out saying – what do I call it?<sup>10</sup>

DVC: “My Father, Chance and the Influence of Others.”

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<sup>10</sup> MMC refers to a book he and his daughters are writing about his life and career.

ENC: And I remember your story about the pathologist – the pathology professor – who got you started into pathology, and then it went into neuropathology. He knew Abe Baker – [MMC: Yeah. That’s right.] I remember you telling me this story. Chris, in one of your questions [prepared for the interview], you said, “What role does tennis play in your career?” I thought to myself – Dad taught me tennis and that was our big connection – I thought, “What could they possibly be talking about?” Then Dad told me the story and I thought it was just so fascinating. Do you want to tell it, how you were in the class – ?

MMC: I was – it was in my sophomore year in pathology. [ENC: In medical school – you already were in medical school.] In medicine, in medicine. I was sitting at the desk with a computer – not the computer [DVC: A typewriter.] [laughs] – a microscope, looking down the microscope, and somebody [Dr. Lawrence Berman] taps on my shoulder. He says, “I hear you are a tennis player.” Well, I was a varsity tennis player [ENC: at the University of Michigan]. So I said, “No.” Then I modified it and I said, “I’m a student – a medical student.” He said, “Oh no – Saturday, you are a tennis player.” He wanted me – he was a low [ENC: Beginning tennis player.] – mediocre tennis player. So he wanted me to teach him tennis. So, you know, I always say “yes.” I don’t know why – I always do. So I did. He said, “On Saturday, you’re a tennis player.” So I start giving him tennis [lessons]. As time went on, of course, you talk with each other, especially when you care for the same things. So he became my mentor. When I became interested in the brain – not in the brain – in the brain this was mostly, but in pathology, he was the teacher of pathology [in medical school]. So he gave me all my instruction. The final one was [the referral] to Abe.

BWS: To go to Abe Baker. So you were taught just as you have taught others and you were mentored as you have mentored so many others.

(46:17)

MMC: Well, what pleases me most is how many good people came out of our place. Wouldn’t you say that?

CGG: I am really honored when I think of the list. Not everybody, but a very substantial number of significant figures came out of your program. I think the final – what’s the last message? It sounds to me as though Maynard’s words are to surround yourself with smart people. [laughter] It is a good final record that Maynard shares with all of us. A nice way to end to the interview.

MMC: Also smart women. [laughter]

ENC: Women are people too. I just would like to add one dimension. Dad talks a lot about smart people. He also had another significant component to his practice and his humanness – even by his own description, he was a very good doctor and was very good with patients. There were many patients who were very devoted to him. When we had to deal with illness in our own lives, he was at times very compassionate and very good at communicating about what we should be doing and what we shouldn’t be doing. It wasn’t just – there are very many smart people who are not compassionate and he could be both.

DVC: And you never made anybody wait.

MMC: [Laughs] That was really – I could not stand doctors who made patients wait. I told my group, “When they come in and you know how long it [the appointment] is and everything – how long you take – do not make any patient wait more than twenty minutes.” [general comments] Isn’t that right? [CGG: Yeah.]

BWS: Thank you. We have wonderful messages to end with. I think it is perfect. Thank you for your information.

MMC: This went off very well. I was worried. [laughs]

BWS: You have given us so much and we appreciate everything.

CGG: This was really good. I think you were worried, but it turns out we didn't need to worry. [BWS: You were wonderful.] But we were a good foursome. I think we all worked nicely together.

MMC: A good group.

DVC: What is it – two weeks after a concussion?

BWS: Your memory is pretty good – absolutely excellent.

CGG: All right, my friend.

ENC: Well done. [applause]

[MMC and CGG briefly leave the room and BWS speaks with DVC and ENC]

ENC: There are a few other recollections I had. [BWS: This is Nini (Elena) talking.] This is Nini, their daughter. We really – growing up, we really had no idea that he had any particular reputation. I remember the first time I went to his office – I was probably about six or seven – everybody treated him with so much deference. I was so surprised, you know, that people actually listened to him. Our first interaction with his work was that he would bring home lab animals. We, of course, loved playing with the guinea pigs and the rabbits. We were a little bit upset when we found out what he did with them. But I really remember talking to him most about his career when I started my own career. I was always very interested in law and ethics and medicine – sort of the overlap. So when I started my professional career as a healthcare attorney and dealing with ethical issues, we would talk a lot about ways in which we agreed or disagreed and the ethics of dealing with patients. I remember one conversation was about AIDS testing, because at the time AIDS testing came out there was a lot of discussion about confidentiality and truth. It was very involved. I remember Dad saying, “We had similar issues with sexually transmissible diseases.” But the big difference at the time was that with some of the ones that had these significant neurological components, if you got treatment – syphilis, if you got treatment

right away, there would be a positive effect. So I asked him, “When you suspected that somebody had syphilis, did you tell them that you were testing for syphilis?” He said, “No. What we would tell them is, ‘Well, there are many different things that could be causing your neurological problems’.” We would test for many things including syphilis. Well, we certainly couldn’t do that with HIV, so that was a very interesting change – a change in approach of patient rights components. Then we also had discussions about if you suspected somebody had multiple sclerosis, and he said, “In the old days, I actually wouldn’t say anything to them for a long time, because when I first suspected it, it was very possible that they would never have another series of problems. Why have that be an albatross [around their necks]?” I actually had some people who were people who had suspected they had multiple sclerosis and I remember thinking about it, saying that and realizing many of these people actually never did have a problem again. He seemed to be very omniscient. We used to love watching “Marcus Welby [MD]” [TV show] and one of the big things, there would be somebody with this problem and nobody could figure it out. It would take the whole hour [of the show] and then they would figure it out. I remember there was this one time when we were watching and it was when the man was describing his symptoms. Dad looked at me and he said, “Oh, he has Guillain–Barré syndrome.” [laughs] And at the end, it comes back – !

(55:21)

One of the most significant events in my life – the person who was most important to me at the time had developed a brain tumor. Dad was just wonderful with that. It was during the time that MRIs were just starting. I remember – so he got him into one of these trials that didn’t work out, but they also got him into one of the first MRIs. I remember this doctor coming back and saying, “We’ve got the most amazing picture. We have no idea what it means, but it is just the most amazing picture.” That was in the ‘80s. He was already starting to be semi-retired – but that was just amazing.

BWS: That was the change in diagnostic procedures. Things [tests] that had been pretty awful before that. You dad was right on top of this as it was taking hold.

ENC: And then, also, with this person, the doctors that he had were very bad at communicating, especially with us. We would say, “Well, Dad” – there were all these symptoms that were coming up. Every time we would call this other doctor, he was just non-responsive and all this kind of stuff. We said [to Dad], “If we tell you a symptom, can you tell us whether it means anything particular?” So we would do this. Periodically he would say, “Well, there’s not much you can do about this.” At one point, we said sort of off-the-cuff, “Well, John [Kunreuther] has got this stiff neck.” He said, “Take him to the hospital, to the emergency room, immediately.” Of course, we would never have known that intuitively. It turned out that there was fluid in the brain and he had to get a shunt. It ended up prolonging his life for several months.

BWS: That’s the clinician side of your dad.

DVC: I want to add something about what he contributed to education in the field. He was very instrumental in bringing the humanities into medical education in his institution and into the Academy – a lot because of my mother whom he co-authored with. Doris Vidaver. They started the humanities program at Rush and then they branched that out into the Academy. That was the beginning of when they started having humanities-oriented content.

BWS: I’m glad you brought your mother into this. [General comment.]

DVC: They worked together and published together for many years.

ENC: Deb did a little illustration for one of their articles.

DVC: Their careers were – .

BWS: An interesting thing – he was in at the beginning of an organization that has really helped spread neurology. It has been a support [to neurologists] but an important factor in expanding the field that he is in. He’s had a front seat – this window - on history that is amazing, along with everything else he has done.

DVC: The title of his book – “My Father, Chance, and the Influence of Others.” The tennis story – that is chance. What if he hadn’t been a tennis player? Maybe he would never be a neurologist. The pathology professor wouldn’t have taken him under his wing. We will never know.

BWS: Did he also – there was more than chance. It is a great title, but he also talked about – “I was there.” He took the opportunities. He also sounds as if he was pretty driven.

ENC: Yes.

BWS: Not like Abe Baker with the sledgehammer, obviously. But he followed the path.

ENC: I think also – he came from a very modest background, to say the least. His father was self-educated. Just the fact that he ended up going to medical school already was a –

DVC: It was special because there were quotas for Jews at that time. There were very few Jews allowed. That was why he had gone to college at the University of Michigan.

BWS: Ten percent?

DVC: He had gone to college at the University of Michigan and then their quota for medical students had been filled already when he decided to go to medical school. So he ended up going to Wayne State for medical school.

BWS: That’s where he could attend?

DVC: They didn’t have their quota of Jews yet.<sup>11</sup>

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<sup>11</sup> For more information, see “The Rise and Decline of the Jewish Quota in Medical School Admissions,” Leon Sokoloff, MD, Vol. 68, No. 4, November 1992, Bull. N.Y. Acad. Med., 497-518.

BWS: I'm glad you brought that out. That comes up every once in a while [in interviews] about this [time] period.

DVC: People don't understand that. Why were there so many Jewish doctors of that generation? It is because the Army recruited them. The Army – the military went out and identified people that they were going to support so that they could get a medical education and then go into the Army and serve – which is what they did.

BWS: Doctors were needed.

DVC: When he was in medical school, he was a captain already in the Army.

(1:00:13)

BWS: Isn't that why Albert Einstein [College of Medicine] in New York was founded? To help deal with that, especially after World War II. It is a factor that should be mentioned.

DVC: He was able to practice pathology in the Army all the time.

[MMC and CGG re-enter the room.]

ENC: [When people asked "what's neurology" and you explained your specialty], people would say, "Well, it's not brain surgery." You would be very dismissive or belittling about neurosurgeons. And you said, "The neurologists are the ones who figure everything out. And the neurosurgeons – they just cut." Is that right?

MMC: [laughs] I might have.

ENC: In your own words?

MMC: It depended upon how good they were.

BWS: Oh, really.

MMC: Anybody can go in and out. There's no exclusion of them being able to do it. Some people have the hand to be able to do the surgery and some don't have. The problem is, how do you know? How do you find them? I find them because of the people I know – because the people that I know can do it.

ENC: I remember that one of the things that we would talk about – that you would say – is that neurology – the neurologists were the ones who really had the intellectual capacity and that the neurosurgeons had the very important skill, but the skill is with the hands. [general discussion]

BWS: Are there any other stories?

ENC: Well, we talked – Dad, we did some presentations together. We wrote an article together about permanent unconsciousness – the vegetative state – and a chapter. And we gave a presentation, then, for the Society for Health and Human Values, I think, on overlap – . Oh, and I remember you – there was a woman who – there was this one case – I was working with an organization that was dealing with forgoing treatment for people in vegetative states. One of the big issues was – when do we know for sure that somebody would come out of a vegetative state? There were certain situations when it was pretty clear that somebody wouldn't. So in this particular circumstance, there was a woman who was fifty years old and had a stroke. Her family was just getting ready to withdraw the treatment and then she recovered. People who were against this option would say, “This just shows that we don't know what we are doing.” Dad said, “No, you really have to look – somebody having a stroke is different than other situations.” He parsed out to the lay people why this previous diagnosis and prognosis was way too early because, given the kind of stroke she had and given her age, it was very possible that she could recover. Any well-respecting neurologist would have been able to figure that out.

(1:04:44)

End of interview.

After the interview, Barb Sommer took several photos of Dr. Cohen with his daughters and with Dr. Goetz.

Note: The interview took place in the Falmouth Care and Rehabilitation Center, Jones Road, Cape Cod, Massachusetts, where Dr. Cohen was recuperating from a fall. Announcements from the Center can be heard in the background during the interview.



Dr. Christopher Goetz and Dr. Maynard M. Cohen in the interview setting, August 1, 2012.



Dr. Maynard M. Cohen and Dr. Christopher Goetz in the interview setting, August 1, 2012.



L-R: Deborah Vidaver-Cohen, Dr. Maynard M. Cohen, and Elena N. Cohen in the interview setting, August 1, 2012.

# Maynard M. Cohen, MD, PhD

(December 2000)

## Education

BA University of Michigan, 1941

MD Wayne State University 1944

PhD University of Minnesota 1953

NIH Special Fellowship in Neurochemistry – University of London 1957-1958

Board Certification – Diplomate American Board of Psychiatry and Neurology American Board of Pathology (in Pathological Anatomy)

## Previous Positions

Rush University Medical Center

Professor and Chairman Emeritus Dept. of Neurological Sciences

Professor, Department of Preventive Medicine

Co-Director, Program in the Medical Humanities

Professor Emeritus, Department of Biochemistry

University of Illinois School of Medicine

Professor Emeritus, Department of Pharmacology

University of Minnesota, Instructor to Professor, 1950-1963

University of Oslo – 1951-1952 Research Associate Department of Neurology

Founder, Neuropathology Laboratory, Oslo City Hospital

University of London, Visiting Scientist 1958 -1959

Istituto Superiore di Sanita, Rome. Visiting Scientist, 1960

University of Illinois, Professor and Director Division of Neurology 1963 -1970 and Professor of Pharmacology 1963 -1985

**Expertise** – Clinical Neurology, Stroke, Phosphorous Metabolism of the Brain, History, Medical Ethics, Literature and Medicine

## Languages

Read and speak Norwegian and Italian; read German and Spanish

## Memberships

American Academy of Neurology -- Past President

American Neurologic Association

Fulbright Association

Alpha Omega Alpha

Norwegian Neurological Association – Corresponding Honorary Member

Association of University Professors of Neurology – Founding President

International Society for Neurochemistry – Emeritus Member

Marine Biological Laboratories Corporations – Emeritus Member

## Honors and Awards

American Scandinavian Society to University of Oslo – Fellowship, 1951-52

Crown Princess Marte Fellowship, 1986

Fulbright Professor to the University of Oslo, U. of Oslo, 1977

Wayne State University College of Medicine Distinguished Service Award, 1964

Wayne State University College of Medicine Distinguished Alumnus Award, 1985

Wayne University Distinguished Alumnus Award, 1970

Elected to Norwegian Academy of Sciences and Letters, 1982

American Academy of Neurology Distinguished Service Award, 1986 (1st such award conferred by the AAN)

World Federation of Neurology, Certificate of Appreciation, 1993

American Neurological Association – Honorary Member, 1997

American Academy of Neurology – Honorary Member, 1998  
Norwegian Neurological Association – Honorary Member, 1998 (only non-Norwegian so honored)  
Maynard M. Cohen Endowed Lectureship in Neurology, established 2000, Wayne State University  
School of Medicine  
Graduation with Distinction, Wayne University College of Medicine, 1944  
AOA Honorary Medical Society, 1944  
Sigma Psi Honorary Scientific Society, 1963  
Included in *Who's Who in America* (Marquis, New Providence NJ)

### **Previous Positions**

#### **Publications – Scientific**

##### *Scientific Books*

Cohen, MM and Snyder, RS: Morphological and Biochemical Correlates of Neural Activity. Hoeber  
Medical Division, Harper and Row, 1964  
Cohen, MM ed. Biochemistry, Ultrastructure, and Physiology of Cerebral Anoxia, Hypoxia, and  
Ischemia, Karger Press (Switzerland)  
Cohen, MM The Biochemistry of Neural Disease,  
1975, Harper and Row  
*Scientific Articles:* Over 100 covering Neurology, Neurochemistry, Neuropharmacology, Electron  
Microscopy, Neuropathology, Forensic Neurology

#### **Publications – Humanities**

Cohen, MM, A Stand Against Tyranny: Norway's Physicians and the Nazis Wayne State University  
Press, Detroit 1997 Hardcover, 2000 Paperback  
Sixteen articles covering history, legal medicine, biography. medical ethics, (5 with Co-Director, Doris  
Vidaver) and one translation of a poem from the Italian

#### **Professional Offices and Editorships**

President, American Academy of Neurology, 1981-1983  
President-elect, American Academy of Neurology, 1979 -1981  
President, American Association of University Professors of Neurology, 1966-1967  
Vice President, American Academy of Neurology, 1967-1969  
Vice President, 12th World Congress of Neurology, 1981  
U.S. Delegate to World Federation of Neurology, 1985 -1989  
Associate Editor, Journal of Neurological Sciences, 1963 -1984  
Editorial Board, Neurology, 1971-1977  
Editor, Monographs in the Neural Sciences, Karger Press, Basel, Switzerland, 1972-1990  
Editorial Board, Neuroepidemiology, 1981-1985  
Editorial Advisory Board, Neurologija (Yugoslavia) 1984 -2000  
Editorial Board, Journal of the Neurological Sciences 1963 -1984

#### **Major Committees**

Advisory Committee Life Sciences, Council for International Exchange of Scholars (Fulbright-Hays  
Act), 1978 -1981  
NIH Committees – Neurological Sciences Training Grants, (NINDB 1959-63) Biological Sciences  
Training Grants (1965 -1968) (NIMH)

#### **Additional Educational Activities**

Fulbright Lecturer, Spring, 1977: University of Oslo and Oslo City Hospitals  
Lectures abroad at University of Bergen, University of Paris, Val du Marne, University of Milan, Istituto  
Superiore di Sanita, Rome, University of Belgrade, University of Ljubljana, University of  
Salonica, University of Athens, University of Bombay, Seoul National University and at  
Lawyers Postgraduate Clinic, Chicago, 1974 -1996  
Postgraduate courses taught at American Academy of Neurology meetings in neurology,  
neuropharmacology, neuropathology, and literature and medicine