



Philip R. Dodge, MD

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The following profile was written in October 2004 by Robert S. Rust, MD, Chair, CNS Archives Committee on the occasion of the renaming of the CNS Young Investigator Award, first presented in 1983, as the Philip R. Dodge Young Investigator Award.

Philip Rodgers Dodge was born and grew up in the North Shore of Boston. He was a dutiful son and worked at many jobs to supplement the family income. He attended the University of New Hampshire and during World War II transferred to Yale in an army-sponsored program to complete his undergraduate education, which was followed by medical education at the University of Rochester, where he received his MD degree in 1948. While at Rochester, Dr. Wilbur Smith kindled Dr. Dodge's interest in neurology, neuroanatomy, and experimental neurosurgery. After medical internship at Strong Memorial Dr. Dodge returned to Boston where he trained in neurology and neuropathology under the direction of such legendary figures as Raymond D. Adams, Edward P. Richardson, Derek Denny-Brown, Mandel E. Cohen, Paul Yakovlev, and Benjamin Castleman.

During the Korean War, Dr. Dodge joined the Army Medical Corps. His decision to do

so may have run contrary to the plan that Dr. Adams had forged for Dodge to found and develop a program in child neurology at the Massachusetts General Hospital—a plan that Adams had characteristically shared with Dodge in the parking lot of Boston City Hospital. Told of the commitment he had made to enter the army, Adams acquiesced but told Dodge “when you extricate yourself from the military, get in touch with me. From 1950-1951 Dodge served as Chief of Neurological services in Tokyo, participating in more than seven hundred neurosurgical operations on individuals wounded in Korea. He also forged lasting bonds with the Japanese neurological community. In 1951 he transferred first to Hawaii and then to Fort Campbell Kentucky, he served as chief of neurological and psychiatric services.

Dr. Dodge returned to Boston in 1956 to fulfill Adams plan to establish child neurology at the Massachusetts General Hospital. His extraordinary personal impact was manifested from the start and resulted in the recruitment of large numbers of promising individuals to the new sub-specialty, attracted by his personal qualities from amongst the medical students and residents who encountered him on the wards early to late in the day and sometimes far into the night. Some were attracted in their teenage years after chance encounters with him as he cared for their family members. Others came from many parts of our country and the world as the reputation of his program rapidly grew. In each case, Dodge not only taught neurology, he also fostered enthusiasm for neurological research. In each case he seems to have divined such embers of ability and interest as he could fan into a bright fire of commitment to the development of the young subspecialty and its further sub-specialized areas of research and patient care.

He participated in meetings, together with Sid Carter and Randy Byers that would decide the fate of child neurology, the decisions that would cast its lot with both neurology and pediatrics, but under the

particular aegis of neurology. Although he was never formally trained as a pediatrician, he possessed the chief virtues that make for an effective one—love and respect for children—which when admixed with his innate understanding of them and his never flagging curiosity and scholarship made him a superlative one. The example of bedside physician that he provided for his trainees has deeply ramified itself through the years—with gentle kindness and genuine concern he would uncover all the pertinent details of a history as he permitted the child to play under his ever-observant eyes. From the start his trademark puppet, the hornbook version of Hugo’s “Battle of the Cannon” that tested vision and intelligence, the increasingly tattered large rubber toy tomahawk (complete with feathers and brightly painted handle) that he used to elicit tendon reflexes, and the resourcefulness that permitted him to take off his striped tie the striped to check where needed opticokinetic responses were with him. So was the unassuming way in which he attended a spinal tap—not so much to supervise as to stroke the head and in gravelly baritone sing “Clementine” to comfort and at the same time reliably position the child who was to be punctured. For these and other reasons he was called, as his early trainee Peter Huttenlocher recalls, “the master.” As is commonly the case, Dodge’s Huttenlocher acquired not just “pearls” but many valuable bits and pieces of the method and manner of this master—the commitment to work very long hours in order to sustain a multifaceted career and not least, the singing and soothing of children poised to receive the lumbar needle.

And so a large segment of our subspecialty grew under his guidance and wisdom. He became deeply engaged with the issues surrounding institutionalization of patients with neurological disease and found in Hugo Moser and others skilled and dedicated individuals who could with just a few suggestions transform his wishes into the de-institutionalization movement. He was able to enlist the interest of the Kennedy family in neuroscientific research bringing them to

view the experiments on water and salt metabolism to which he had attracted a young Darryl DeVivo, the foundation of a career in neurometabolic diseases (as he would those of Volpe, Prensky, and others) and a demonstration adequate to the purpose of establishing the funding that would not only underwrite the MGH child neurology program, but the network of Kennedy Centers throughout the country. From the start, Dodge encouraged women to join the ranks of child neurologists, his early selections including such noteworthy examples as Liz Dooling, Mary Anne Guggenheim, and Gwen Hogan. His international trainees including Ingrid Gamstorp of Sweden, Gilles Lyon of France, and Johannes Melchior of Denmark would carry his influence to large portions of the world.

His efficient practicality has taught many a young physician that one thing following another does not mean cause and effect. For those enthusiastic about treatment of Guillain-Barré with steroids, he might suggest deciding to treat but *not doing it* and noting the result. It was always a fine lesson to learn how effective such a decision might be. Dr. Dodge recognized that in medicine and life there are sine waves and that our interventions are often provoked at the height of them due to our frustration and worry and that we are not always correct in taking credit for the ensuing downslope. The powerful influence he yielded in Boston became even more powerful once he moved to St. Louis to assume control of an entire Children’s Hospital. His suggestion that neonatal neurology needed to be developed led, in the hands of Joseph Volpe to whom he suggested it, to an extraordinary result. The large cadre who followed him from Boston and those who were attracted as residents and faculty thereafter marked out other great areas of subspecialization—Dodson, Guggenheim, Greenwood, Fishman, among many, many others.

His powerful influence was not limited to his own trainees—it percolated deeply through the Boston and St. Louis medical

communities working valuable effects on generations of students, residents, colleagues, nurses, others down to the otherwise almost faceless and nameless individuals that kept a medical school working. He would with unaffected natural good will he would greet janitors or housekeepers by name expressing interest and concern in such problems as he may have become aware of. The same has been true of all others who have known him—he has manifested a generosity of thought and concern for the problems not only of patients but to colleagues, available at need to any of which he remained virtually at all hours. His availability was represented by his tendency to appear on the wards of the Burnham Building at the MGH or those of the St. Louis Children’s Hospital late in the evening, ready to suggest or to teach, often adding “Shall we sit down and talk this over? I can order in some sandwiches.” His view, stated with conviction, is that he learned at least as much from others as they have learned from him.

He has been able throughout his career not only to brilliantly illuminate with a few well-chosen words the right direction to take with complex cases, he has had the particular skill of making mundane cases far more interesting than they initially appeared and the opportunity for learning a better way of dealing with the ordinary. Throughout his career he was available not only because he loved what he was doing, but also because as he set his promising young trainees, junior or even more senior colleagues on their feet and pointed in a promising direction, he also scrupulously protected their time during these critical phases of their careers—very much at the expense of his own time. He has participated in many important commissions and study groups, including consultation with the NICHD concerning extramural programs on mental retardation and developmental disabilities. In such efforts his good will, sense of humor, and sense of balance have generally carried efforts in the most fruitful and collegial directions.

His own clinical research has included his prescient observations on early infantile toxic encephalopathies, recognition of syndromic diagnoses such as Sotos-Dodge cerebral gigantism, sustained interest in the study of meningitis, traumatic brain injury (including very early consideration of the battered child), subdural effusions, “flash edema,” nutrition and brain, childhood myaesthesia and myotonic dystrophy, myelitides, mental retardation, the hypotonic infant, juvenile Huntington’s, congenital myopathies, neurological examination, and many other topics. His laboratory provided important information concerning the relationship between brain, fluids, and electrolytes. His resourcefulness has extended to popularization of skull transillumination, something of great value in the days prior to CT or MRI. With characteristic self-effacement he has often mentioned how well he has been remembered for his use of this instrument to make unsuspected diagnoses—and how little people seem to remember the larger number of times when the diagnoses was wrong.

He has published nearly two hundred papers and several books, numbers that could have been much larger had he not displayed from the start a disinclination to take much credit for ideas he implanted, research he encourage, clinical and laboratory time, energy, and excellence for which he was responsible. His answer when asked if he would do the honor of co-authorship has usually been “But I didn’t do anything for you.” His insightful reviews contain a considerable wealth of original information that he not surprisingly “never had time to write up.” It is nonetheless true that he has been, through his own efforts and those he has trained, the fountainhead of many thousands of valuable papers, critical reviews, and standard texts.

It is particularly fitting that Dr. Dodge, who received the 5th Hower Award of the Child Neurology Society in 1978 should have his name attached to the Young Investigator Award of that Society. He has exerted extraordinary impact on the development of

child neurology and its training programs. He has worked tirelessly to encourage the development of clinical and basic research. The lengthened shadow of this man extends via his trainees and those that have been trained by trainees to the length and breadth of our profession. The address that he delivered upon the occasion of his Hower Award characteristically oriented itself not toward remembering the past, but on critical examination of the present and charting a course for the future. It included a challenge to our society and our young profession. Although he acknowledged the enormous progress as of 1978 in increase in numbers and distribution of child neurologists and the enormous contributions to service and teaching that 480 child neurologists were making, he asked, with his characteristic unadulterated honesty:

“...but what about research? Some very significant contributions to new knowledge have been made and important clinical observations documented, but are the members of our society at the “cutting edge” of clinical and basic research? I would submit that we are not and that this is a challenge for the future.”

He did not criticize so much as to raise the bar and point out what was needed to achieve higher standards of accomplishment: cultivation of interest in research and in making the commitment to spend the necessary time, often at the expense of various forms of gratification; formal mentorship in the method of research; protection of research time; avoiding rigidity in training requirements the extent that sub-specialization and time for research were eroded.