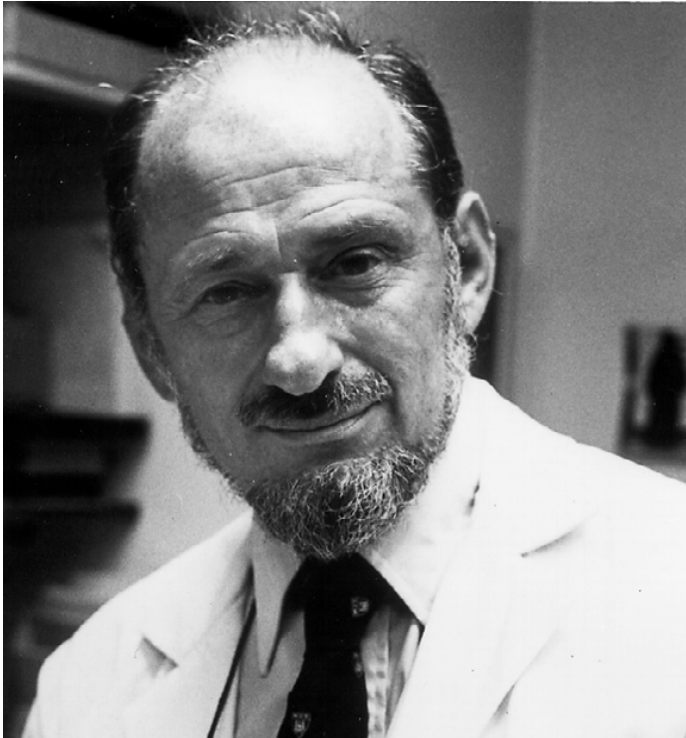




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# Norman Geschwind



When a scholar dies after long years of productivity, the intellectual contributions are more readily assessed than when death occurs in the ascendancy of a brilliant but foreshortened career. Then, the passage of time may temper or verify the optimistic predictions voiced at the acute loss. With his exceptional powers of astute clinical observation, extensive knowledge of the neurological literature, verve and creative imagination, Norman Geschwind generated countless lively ideas that challenged himself and colleagues world-wide. Now, a decade and a half after his passing, we can savor the fact that many of his ideas have matured, benefiting from the development of new experimental techniques and the subsequent work of his successors. Norman Geschwind, MD, '51 died on 4 November 1984 at

the age of 58. He had been ill at home but a few minutes, and suffered irretrievable cardiac arrest in the presence of a physician calling on him.

A native of New York City, Dr. Geschwind was tutored at Harvard College in two stretches that sandwiched a pair of years in the United States Army Infantry. Following graduation, *magna cum laude*, in 1947, he studied at Harvard Medical School, receiving his medical degree *cum laude* in 1951. After internship in medicine at Boston's Beth Israel Hospital, he began specialty training in neurology with three years at National Hospital, Queen's Square, London under a Moseley Traveling Fellowship, then as a USPHS Research Fellow. Chief residency followed under Derek Denny-Brown in the neurological unit, Boston City Hospital, then two years of research on axonal physiology with Francis O. Schmitt at the Massachusetts Institute of Technology.

In 1958 Geschwind moved to Boston University, joining Fred Quadfasel and the staff of the Boston Veterans Administration Hospital. He became VA Chief of Neurology in 1963 and in 1966, chairman of

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*In tribute to their dedicated efforts to science and medicine, deceased members of the Harvard Faculty of Medicine (those at the rank of full or emeritus professor) receive a review of their life and contributions with a complete reflection, a **Memorial Minute**.*

the department at Boston University and director of its Aphasia Center. Returning to Harvard in 1969, he was appointed Director of Neurology at Boston City Hospital and James Jackson Putnam Professor of Neurology.

In 1975 he became Neurologist-in-Chief at Boston's Beth Israel Hospital with the move of the BCH department. There, his leadership further flourished, creating a department unique in its clinical outlook and patient mix, and outstanding in its teaching and research. He brought to the task a scholar's knowledge of the early history of European neurology and neuro-anatomy, along with an extensive background of research on aphasia, the apraxias, language-induced epilepsy, the anatomical asymmetry of the brain, and brain dominance, laterality and hemispheric specialization. At Beth Israel these interests flourished, particularly in behavioral neurology, language alterations, the relationship of one side of the brain to the other, the significance of large networks and their interconnections, and the systemic relationships between brain development and other characteristics of both health and disease.

His mind was encyclopedic, not only in his specialty but in wide areas of both scholarship and culture. The capacity for learning, retaining and interrelating, combined with his singular vitality, sense of humor and capacity as both teacher and raconteur, made virtually every encounter with Norman Geschwind a pleasurable instance of illumination and a significant learning experience.

It was his contention that many patients laboring under psychiatric diagnoses would increasingly be found to have somatic neurological disorders as the basis of their psychopathology; the behavioral manifestations of patients with temporal lobe epilepsy for example. He played a major role in establishing mind as represented in the brain, not intangible and spiritual as was commonly felt in mid-century. The remarkable growth of the Behavioral Neurology Unit at Beth Israel gave evidence of the reality and clinical utility of these contentions, as did later developments in psychiatry world-wide. And the research output of his department gave forth neuroanatomical and other evidence of the validity of his hypotheses and the imaginativeness and brilliance of his approach.

What is particularly impressive is the duration of Norman Geschwind's creativity. Early on he stimulated the growth of major insights in neurolinguistics and in the nature of cerebral dominance with seminal contributions in the disconnection syndromes (1965) and on left-right brain asymmetries (1968). At the end of his career, his alertness to the clinical associations among dyslexia, left-handedness, certain disorders of the immune system and other non-neurological aspects of growth and development powered his last major work, published posthumously, which has proven remarkably productive of subsequent insights.

Colleagues recalling Norman Geschwind used the words, "... innovative ... vital ... alert ...". His warmth and energy, his humanity, vivacity and fine humor continue to be missed, and more so than his intellectual contributions for these latter remain vividly in the mainstream of concepts about brain function. His insights will continue to influence generations of physician-scientists in the scholarship of

clinical neurology.

Dr. Geschwind is survived by his wife, Pat, and by three children, Naomi, David, Claudia, and by his mother.

Respectfully submitted,

Mitchell T. Rabkin, *Chairperson*

Mark Altschule

Charles Barlow

Howard Blume

Donald Gair

Albert Galaburda

Andrew Herzog

David Hubel

Robert Joynt

Edith Kaplan

Marjorie LeMay

Jerome Lettvin

William McDermott

M-Marsel Mesulam

Alan Peters

Michael Ronthal

Thomas Sabin

Clifford B. Saper

Steven Schachter