

Commentary

Parietal lobe strokes

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The first patient I met on my neurology rotation in medical school appeared normal. The symmetry of his face, the equal strength of his extremities, and the coherence of his speech gave me the initial impression that this 60-year-old gentleman had been admitted by mistake. But when I asked him to draw a clock, I was stunned to watch him place all 12 numbers on the right side. Further testing confirmed that he had no perception of the left side of the world. This was my introduction to the classic presentation of a nondominant, parietal lobe stroke. I have never forgotten that man because his malady has helped me understand why some people see only one dimension of a multidimensional problem or issue. Metaphorically, such people suffer from parietal lobe strokes—like my patient, they see only half of the world.

The poignant essays in this issue of *The Pharos* by Dr. Martin Duke on the physician's black bag and Dr. David Pisetsky on "OutOfDate" illustrate an important parietal lobe deficit that hobbles the medical profession. If "medicine-the-patient" were asked to draw the clock, Dr. Duke's and Dr. Pisetsky's articles suggest that all the numbers would end up on the innovation side of the clock. Is medicine in danger of losing the ability to perceive the side of the clock representing tradition, experience, and wisdom? No wonder our profession has discarded the little black bag. How perilous it is to be an attending when some physicians are hard wired to computerized textbooks, but have lost connection with history and the art of healing.

The diagnosis of a profession suffering from a parietal lobe stroke is clear. Can it be treated? Or will medicine become like my patient, who continually collided with the parts of the world he could not perceive.

Neurophysiology offers us a guide to treating our condition. Just as healthy people need a right hemisphere, left hemisphere, and a corpus callosum connecting the two, so does medicine need to value its separate spheres of tradition and innovation, and integrate them. Medicine can reach its full potential only by using all of its intelligence.

Applying a two-lobed approach to the doctor's black bag may produce some surprising results. True, that approach would help us avoid the mistake Dr. Duke describes, of forgetting the symbolic importance of the little black bag. But a



two-lobed analysis—one incorporating both tradition and innovation—would also make us realize we need to revolutionize the black bag. Incredible as it may seem, the average doctor today uses the same tools William Osler did 114 years ago. Imagine the world we would live in if transportation and counting machines had resisted innovation as successfully as the black bag has. Dr. Duke notes that the black bag once symbolized the willingness of the profession to come to the patient, and that the old black bag declined as health care came under the gravitational pull of the medical center. Revolutionizing the black bag to exploit advances in technology (such as portable ultrasound devices) would enable the profession to add new meaning and utility to an old tradition. An integrated left and right brain approach seeks not to maintain relics merely for devotional purposes, but endeavors to anneal complementary strands of tradition and innovation. Let us not mourn the passing of the old black bag. Rather, let us devote ourselves to inventing a new one to help us provide care that is safer, more convenient, and less expensive.

Ward attending, chronicled in all its hazards by Dr. Pisetsky, also benefits from a full-brained approach. Indeed, Dr. Pisetsky captures this idea well with his account of how he discovered that effective attending requires access to both UpToDate (i.e., current medical knowledge) and OutOfDate, his tongue-in-cheek name for the repository of experience and clinical wisdom. There is nothing wrong with computerized textbooks of updated information. Nor is there anything wrong with clinical wisdom. What is wrong is reliance on one to the exclusion of the other.

These essays illustrate how important it is for us to see and embrace the many different dimensions that make our profession powerful. We should not emphasize the right hemisphere of tradition and humanism while neglecting the left hemisphere of innovation and science, or vice versa. Parietal lobe strokes are disabling for patients—and even more dangerous for a profession.

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