

INTERVIEW WITH DR. ADAM BRISH  
MARQUETTE, MI  
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Subject: Marquette General Hospital

MAGNAGHI, M. RUSSELL (RMM): Okay Dr. Brish, my first question for everybody is: what is your birthday?

BRISH, ADAM (AB): I was born June 26, 1925.

RMM: Could you tell us a little about your background, where you were from and how you got interested in medicine and then something about your medical education.

AB: Well, I was born in Lodz, Poland. As you well know, anything which happened there was interrupted by the war, that terrible war, the invasion of Poland by Nazi Germany. I was in the Lodz Ghetto when the Germans came and I am not going to go into details but most of my family was killed or died from disease or hunger and only I, with my father, hid inside the ghetto after everybody was taken to the Auschwitz camp. This way we survived until the Soviet army came.

RMM: You survived there all through the war?

AB: Yeah, but for five or six months we were hidden at the end of the war. They emptied the ghetto. They took everybody to concentration camps but the ghetto was not a concentration camp. We succeeded to survive. Later on, I completed my education and went into the medical school in Lodz and made my residency in the medical academy there. In 1956, I went to visit my father, who immigrated previously to Israel, and I am actually a tourist until now because I never came back to Poland. I stayed in Israel. I worked in Israel for seven years in the biggest hospital in Israel and then I immigrated with my wife to the United States, where I obtained some additional education as an intern and later as a neurosurgical resident. Eventually, I went to Wisconsin to work with a neurosurgeon there but it didn't work out very well. We couldn't get along. So, there was a professor of neurosurgery in Madison who knew that in Marquette they wanted to start a Neurosurgical division. They contacted me.

RMM: What year was that?

This was 1966 and I came to Marquette. Dr. James Tobin was, at the time, the president of the medical society and he succeeded to convince me to come in here. Of course, there wasn't anything related to neurosurgery at the time so I had to start from the very beginning. There were two hospitals in Marquette and one hospital in Ishpeming. I concentrated in St. Luke's hospital at that time which later integrated with St. Mary's as Marquette General Hospital. They were smart enough to buy proper equipment for me because at the time this was pretty expensive. I stayed in Marquette and practiced Neurosurgery for twenty seven years. Of course, we developed gradually. As time went by, I was the first one who used angiography in Marquette. I was the first one who requested a special care unit. I was instrumental in obtaining a CT scanner and later on an MRI which was quite an achievement here. Unfortunately, I couldn't at the time get enough material to keep another neurosurgeon here because they came several times and they didn't have enough surgery. So for all practical purposes, I was here by myself for almost 27 years.

RMM: I have some other questions. I wanted to go back to your medical training. So at the end of the war, you had completed college and whatnot so you could go on to medical school. What there was in the late 1940's, at the end of the war, was the medical school, did it survive the war? Was it standing or was it, you know, in terrible condition?

AB: Well, anything related to medicine and other scientific institutions were in very poor condition.

After the war, they opened a medical school in Lodz where I was. So, the neurosurgical specialty in Poland was relatively new and I was lucky enough to get enrolled into this residency and specialized in neurosurgery.

RMM: So things after the war got reorganized, or up and running, relatively quickly then?

AB: Well, I don't know if it was relatively quickly because Poland was in a terrible condition in any respect you look at it. So medicine was behind because there were no new physicians produced during the war and everything was ruined.

RMM: Was that probably one of the reasons why they wanted to get the medical school reopened because they needed—

Not reopened, there wasn't a medical school there before. This was the beginning of the medical school in Lodz.

RMM: Oh, after the war.

AB: After the war.

RMM: Because I imagine with anything scientific, anything medical, didn't the Germans either destroy it or take it out.

AB: They tried to destroy it thoroughly.

RMM: So here they had to start from the ground level and start a medical school to produce doctors for the country.

AB: Right.

RMM: Oh, earlier you had mentioned your wife. What is her name?

AB: Patricia.

RMM: And she was from?

AB: From Poland but I met her in Israel.

RMM: Then when you went to Israel, you were doing your residency at that point?

AB: No, I had my residency finished in Poland. They admitted me as an attending to this hospital which is still, I think, the biggest in the Middle East. It was a 900 bed hospital and I worked there for 7 years actually.

RMM: What years?

From '56-'63. However, when I immigrated to the United States the rules here were different. I had to go through an internship like a new physician and an additional residency before I went into practice.

RMM: Where did that take place? Where did you land when you came to the United States?

AB: I took my internship in New Brunswick, New Jersey, and later I took additional residence in neurosurgery in Boston, Massachusetts and from Boston I went to Wisconsin.

RMM: Now, is that through friends or some connection that got you to Wisconsin?

AB: Yeah, I had a friend who used to work in Wisconsin and he made the contacts for me.

RMM: This was in what town in Wisconsin?

AB: I worked in Kenosha and Racine. However, it didn't work out and through the professor of neurosurgery in Wisconsin, I was referred to Marquette. I came here for an interview and decided to start the practice here.

RMM: Did they do anything to lure you to come to Marquette, to stay in Marquette?

AB: Well, I mean Dr. Tobin, who was the president of the medical society at that time, took me around when I came. It was a beautiful Indian summer day. Everybody seemed very supportive of this idea. It also helped that they have a ski hill here and I am an avid skier. At any rate, it was not a very convincing situation that I am going to succeed. There was some risk in coming here but as it turned out the practice developed quite well and I stayed for 27 years in the practice.

RMM: So, when you came on this Indian summer day you were sort of looking forward to winter and the snow and skiing then?

AB: Well, they showed me that there was a ski hill here and it was a beautiful summer day. There are certain moments in life that you make big decision and that was one of them: to come here and try it out. I am very happy that I did.

RMM: Now you said that they supported you with equipment and so on. Did you find it difficult being the only Neurosurgeon? Were you on call then?

AB: I was on call 24 hours a day but after neurosurgical residency, which is extremely tough, it wasn't so bad. In particular if you are younger - but of course when you get older it's

getting much more difficult. We tried several times to get another neurosurgeon and we did it but there wasn't enough material at the time for two neurosurgeons. So, it always turned out that I stayed by myself.

RMM: So you couldn't do other procedures? You were basically a neurosurgeon, so you couldn't go into some other field in medicine?

AB: I don't know if it's practiced this way. I haven't heard of any neurosurgeon making any additional work. I had to stick to my neurosurgery.

RMM: So bringing in a second one there wouldn't have been-- if they didn't have a lot of neurosurgery work they couldn't go do some other procedures?

AB: It's not practiced this way.

RMM: So you either had the patients or you didn't need the additional surgeon?

AB: It's really a complicated situation because you have to have neurologists, who are non-surgeons, involved in neurological cases. They supply you your patients. Unfortunately, we had one or two neurologists which wasn't apparently enough to produce enough neurosurgical material.

RMM: From around the Upper Peninsula?

AB: Right, right.

RMM: Were doctors sending patients outside the area?

AB: Oh yes. You know, it takes time to develop the practice before you start get referrals. So very many doctors were sending patients where they used to before I came.

RMM: So then you had to start from the beginning to create—

AB: To develop referrals because you are dependant to a great extent on the referrals in a narrow specialty like that.

RMM: Now when you did get your practice going, where would the referrals come from?

AB: They came from around Marquette, Ishpeming, Negaunee, all the little towns around Marquette, from Escanaba, from Iron Mountain, Iron River, Sault St. Marie.

RMM: What about the Copper country?

AB: Copper country too, yes, but they were used to sending cases to Duluth. So part went to Duluth, part came here.

RMM: Now, some of the other physicians have pointed out that there were certain orthopedic problems that were common to the Upper Peninsula. Were there neurological problems that were special to the area?

AB: Not really, no. But of course there were certain things which physicians learned from me after I came here - to recognize, to diagnose, and send the cases to me which they didn't know very well before.

So, it's a process of educating the physicians around you.

RMM: Now did you do any outreach programs where you went out?

AB: Oh yes. I was driving around and having talks in these little towns around here so they would become aware of what we are doing.

RMM: Then that obviously worked?

AB: The more you do that, the more the general practitioners and the family practitioners become aware what you are doing, recognizing and diagnosing certain cases correctly which eventually came to me.

RMM: Now, you said there were some neurosurgeons who joined you for temporary periods. Now what has happened? First, when did you retire?

AB: In 1993.

RMM: Then who followed you and are there more neurosurgeons?

AB: One year before my retirement, another neurosurgeon came here and I started to taper off and he took over. Just before I retired, he took another associate. They developed, of course they had it easier than I because I built the basis. So as time went on, more and more patients came here. So now it's 16 years after I retired, now they have three neurosurgeons here.

RMM: So you were the pioneer of the whole practice?

AB: I would say so, yeah. It takes a long time to develop this kind of specialty in a new place. So they had a very good basis to continue to develop and they succeeded.

RMM: Who are the doctors, the ones that came in and who are the neurosurgeons today?

AB: Dr. Rovin, Dr. Coccia and Dr. LaHaye.

RMM: Were you able to fit your skiing in?

AB: Oh yeah. I was on call with my beeper and I was skiing.

RMM: Did you ever have to come in off of the hill?

AB: Many times.

RMM: Now, did you have a camp or anything that you could go to? Some of the physicians told me that when you didn't have the greatest communication, they could only have a place along the Lake Superior shoreline because the beeper would work but they couldn't go inland or something.

AB: Well, I didn't have a camp and I always was living close to the hospital because this made my life easier a little bit.

RMM: So you just then sort of rolled you sleeves up and gave your entire life to neurosurgery pretty much?

AB: Yeah, this is a pretty demanding specialty and very tough. You cannot work part time like some people do in other specialties. I sacrificed so many other things in order to perform properly as a neurosurgeon.

RMM: You might have said this before but you don't get that many neurological cases where surgery is necessary as opposed to some other areas, say heart problems or orthopedic surgery or something.

Neurosurgery is then specialized with not that many patients?

AB: Well it's highly specialized and you're right in numbers. There are much fewer patients reaching a neurosurgeon as compared to a general surgeon or an orthopedic surgeon. That's why you need the neurologist, to select the patients for you. That is very helpful.

RMM: So then just to reiterate, when you came those neurologists weren't there?

AB: No, no, no. We brought in a neurologist later on after I came.

RMM: But then you also had to educate the doctors in the outlying areas as to how to deal with neurological problems?

AB: Neurosurgery is different from neurology. It is like comparing a surgeon and an internist. I was a surgeon.

RMM: Some of the surgeons pointed out that they did some procedures, not major procedures but some minor procedures in local hospitals. Did you ever do that or was it all done here at Marquette General?

AB: 95% of neurosurgery was done in Marquette. I operated some cases in Ishpeming too but I was concentrated mostly at Marquette. First at St. Luke's then at Marquette General.

RMM: So you didn't do procedures like in L'Anse or?

AB: Not in my specialty. You need instruments and the personnel who are trained.



RMM: Could you talk a little about that? When you came you were the first neurosurgeon. How did you train the nurses and the surgical staff?

AB: From practice. I mean, you tried to concentrate your patients in one part of the hospital where the same nurses were working and they become used to these types of patients. Of course, at first, I would have to come to the hospital very frequently because they didn't know what to do but as time went by they became trained and they were very good. After they get the proper training, you don't have to stay in the hospital all the time.

RMM: Now were any of them sent out for special training because I know that some of the other doctors had gone for additional training or they would send their staff out to get trained.

AB: No, they were trained here.

RMM: Now did you have an ICU unit for—

AB: I opened an ICU unit. I requested an ICU unit which was, at first, one room with two beds but that's how you develop things. I mean, you cannot open an ICU with 20 beds. You have to start from the beginning and develop it gradually until you get enough to open more until you've trained additional personnel. It is a process which takes time.

RMM: I'm just thinking about my wife who had heart surgery a week ago and she was in the ICU unit but now it's a new complex. But you started with one room and two beds.

AB: Right.

RMM: This was not only for neurosurgery but for all surgery?

AB: Right, at the beginning.

RMM: How long did it take to expand?

AB: It took years to expand it. As the hospital became more sophisticated they opened a bigger ICU. Later they opened a Cardiac ICU which was parallel and like very many other

things as time went by it became more sophisticated. We got additional high tech equipment so that's what you see today. It didn't happen overnight.

RMM: Now did you have to go out and get special training too?

AB: Yeah as time went by. Of course every physician is involved in some training, being trained. So you take courses, you go to meetings. There are many things, many procedures which I never learned in my residency, they did not exist yet. So you had to adapt, learn new things, and apply them. The development of medicine in the last 50 years is unbelievable. The computers, of course, contributed a lot, like with any other specialty. It developed diagnostic tools. When you look back now and think how you were able to practice without CAT scans or MRI's. For many years we practiced without these. They say that one CT scan is better than 10 neurologists.

RMM: So then when you were doing your earlier work you were sort of doing things half blind?

AB: Well you can call it this way today but that was the best which could be done at the time. Yes, when you look back it was half blind. RMM: So today when the surgeon goes in there he's got?

AB: A lot more knowledge and details and much more sophisticated. It's incomparable.

RMM: So is there anything you want to add that I haven't asked about your career, something I missed?

AB: Well I think that my specialty was pretty instrumental along with some other specialties in developing this high level of medicine in Marquette. When I came there were, I think, 17 physicians in Marquette and Ishpeming combined. Today what, 200? You can tell that there is a tremendous difference. You need multiple specialties in order to develop a center like that which you have today in Marquette. One of them was of course neurosurgery. It was a pretty important factor in developing a sophisticated medical center.

RMM: Is that it for you?

AB: Yes.

RMM: Okay, well thank you I appreciate it.