Half a century ago, in 1960, when Neurologia medico-chirurgica (NMC) was first published, the turbulent postwar years in Japan were just ending and a new era was starting. Now, in 2010, many of those who worked to launch NMC have already passed away. In those days, Japan was trying to catch up with Western advances and then, as now, stroke was a leading cause of death with higher mortality than in the West. Our predecessors working to catch up with the West while also treating stroke were also pioneering surgical procedures for acute stroke—considered in the West to be a chronic cerebrovascular disease. Due to a lack of basic research funds, our colleagues of those days could only learn from their patients—yet, even so, they did learn—and successfully—to surgically treat acute stroke before it became treatable in the West. In 1978, when I was studying in Germany, Western surgeons still had not begun to surgically treat acute stroke. Professor Pia showed no interest in my attempts to discuss it, but he started such surgery immediately after I returned to Japan. This is just one example in which Japan has led the world in the field of neurosurgery.

While there surely have been other such examples since then, Japan has clearly contributed to dramatically changing neurosurgery by developing surgical navigation—an accomplishment that received no assistance from industry or the government, however, in Japan, and was therefore picked up by researchers in the West. When I look back on my own career, my only accomplishment is having proven “human cancer cells are preserved under hypoxic conditions.” How could our predecessors show such unique work in such postwar days? Many had received a prewar education or had been taught elementary and junior high school education by teachers who had been educated before the war. One basic difference between prewar and postwar education in Japan is that prewar teachings emphasized being proud of Japan, but postwar teachings emphasized recognizing Japan masochistically. I am not saying that prewar education was perfect, but to be proud of one’s own culture and the very existence of one’s people. Medical research and practice conducted using thinking unique to Japan will result in demonstrating the value of Japan. I am not saying, however, Japan should be a “Galapagos.” Evidence is
all for medicine and medical care fields. What is Japan’s current level of neurosurgery and medical care globally? The World Health Organization (WHO) ranked Japan first among 30 participating OECD nations in medical care (OECD Health Data). Regarding the infrastructure surrounding medicine and medical care, however, medical care is understood to be poor because Japan’s medical and research spending is among the lowest in the world. This is due to Japan’s self-denigrating post-war education.

On the occasion of the NMC’s 50th anniversary, what can we, the older members of the Society, do to help younger members have hope for the future? Rather than offering the teachings of our predecessors, we should, as physicians, go back to medical science basics and work on our research and medical care to solve current problems. Younger members can then see us striving and finding hope for the future. I do not mean to just work hard. The pioneering surgical procedure for treating stroke resulted from the zeal to save those dying of cerebral aneurysms, to begin with. In today’s information-saturated society, we should think outside the flood of information and commercialism, devise original ways to save the ill and injured, and practice what we learn on the clinical scene—no longer simply “catching up” with the West. To do this, we must develop new fields of neurosurgery for a megascience era through Japan-wide research and medical care.

On this momentous occasion, I look forward to seeing us create a nation-wide network of research and medical care.

Thank you.