

## PHILIP DODGE

PHILIP ROGERS DODGE (b. 1923) (figure 1) was born in Beverly, Massachusetts, and raised in New England. Most of his early years were spent either in Beverly, then a quiet, largely blue-collar town along the coast north of Boston (a region known locally as the North Shore) and in Lawrence, then a bustling mill town during the heyday of the large woolen mills in many towns north of Boston. During his youth, Dodge worked in a large variety of jobs to supplement his family's modest income.

Dodge remained in New England to receive his undergraduate education at the University of New Hampshire and Yale University. He attended medical school at the University of Rochester, where he received his M.D. in 1948. During his medical training at Rochester, Dodge worked as a research assistant in experimental neuroanatomy and neurosurgery with Wilbur Smith, who first kindled Dodge's interest in the nervous system. Dodge served as an intern in medicine at the Strong Memorial Hospital in Rochester and then returned home to train in Boston in neurology and neuropathology in the Neurology Services of the Harvard Medical School at the Boston City Hospital with Derek Denny-Brown and at the Massachusetts General Hospital with Raymond D. Adams. Dodge's continuing interest in neuropathology was fostered further by the tutelage and stimulation of Benjamin Castleman and Edward P. Richardson, Jr., at the Massachusetts General Hospital.

Dodge served in the U.S. Army as chief of the neurology services in Tokyo, Hawaii, and Kentucky in the early 1950s. During his service in Japan (1950–51), he had many interactions with Japanese neurologists, and, typical of all of Dodge's interactions, then and now, warm relationships developed and were to grow over the next thirty years. Interestingly, his work in the army in Tokyo included active participation in neurosurgery; indeed, he participated in approximately seven hundred surgical procedures related to injuries of the brain and spinal cord. Dodge's early work in experimental neurosurgery in Rochester served him well during this period. During his tenure in Fort Campbell, Kentucky, he was head of psychiatry as well as neurology, and put to good use



Figure 1. Philip Dodge.

the interest in psychiatric disease previously stimulated at the Massachusetts General Hospital by his interaction with Mandel E. Cohen.

After his service in the army, Dodge returned to Boston in 1956 to join the faculty of the Harvard Medical School and the staff of Raymond D. Adams's famous neurology service of the Massachusetts General Hospital. Indeed, at this time Dodge was keeping a promise to Adams, who, six years before had recognized Dodge's great potential

and asked whether he would be willing to develop a program at Massachusetts General specifically dealing with the neurology of children. Dodge indicated that he would be willing but had a commitment to the military, to which Adams replied: "Fine, and when you extricate yourself from the military, get in touch with me." This conversation, in keeping with many of Adams's crucial administrative decisions, took place in the parking lot of the Boston City Hospital.

In the years following his return to the Massachusetts General Hospital in 1956, Dodge developed and refined his interest in child neurology, and from 1956 to 1967 he created at Massachusetts General Hospital a pediatric neurology service that enjoyed an international reputation. Fellows from around the world came there to learn from Dodge and then returned home to begin pediatric neurology in their own countries. Dodge's pediatric neurology service trainees during that period are now heads of divisions of child neurology or chairmen of departments of neurology or pediatrics. Indeed, these graduates of Philip Dodge's pediatric neurology service are leaders at medical schools located in essentially every major region of the United States and abroad.

While at the Massachusetts General Hospital from 1956 to 1967, Dodge had a major influence not only on his own fellows but on scores of pediatric house officers and Harvard medical stu-

dents. He was a tireless teacher who made himself available at all hours. A common experience for a pediatric house officer at the Massachusetts General was to find Dodge walking through the wards of the Burnham building late in the evening, inquiring about interesting and difficult cases, and spending hours helping the house officer work through the complicated issues. On the other side of the coin, Dodge always had the knack of making the seemingly most mundane case interesting, uncovering new kernels of information and leaving behind several "pearls." A testimonial to the impact Dodge had during those years is the fact that a large number of outstanding pediatric house officers at Massachusetts General later followed him to St. Louis.

Dodge's impact on his child neurology fellows at Massachusetts General was huge and was experienced in many ways. All of us recall the famous Friday afternoons when he saw outpatients in his office in the Burnham building. After evaluating the patients and presenting them to him, each of us had the opportunity, really the privilege, to watch him examine the child, so very skillfully. Perhaps most impressive was the manner in which Dodge interacted with the parents of the child with neurological disease — his empathy, sensitivity, and remarkable insight into the impact of the disorder on every aspect of the couple's lives. We learned how to be physicians from the quintessential physician.

In 1967 Dodge went to St. Louis and Washington University as professor and head of the Edward Mallinckrodt Department of Pediatrics and as medical director of the St. Louis Children's Hospital. Under his leadership, the Department of Pediatrics at Washington University and St. Louis Children's Hospital attained preeminence in this country and abroad. Teaching and research programs flourished, and the best of medical care was delivered to all who came to that institution (figure 2). Careers of young faculty members developed in an atmosphere of collegiality, as Dodge constantly protected the time of everyone, except his own. He could be discovered at all hours, whether it be at 7 p.m. on a weekday, on a Saturday afternoon, or a Sunday morning. In considerable part as a consequence of Dodge's efforts, many of his faculty have assumed positions of leadership in academic pediatrics and pediatric subspecialties.

Dodge's warmth and personal goodness is exemplified by the



Figure 2. Philip Dodge during one of his very popular sessions with second-year Washington University medical students on the neurological examination of the infant.

such a congenial department among such a large group of active, ambitious, intellectually aggressive young faculty.

Despite his commitment to protect the time of his faculty (one of whom once said that he couldn't understand how "such a cream puff with such a big and sensitive heart" could put up such a vigorous fight to protect his faculty), Dodge assumed a role of leadership at many levels in pediatrics and in neurology. He served on a large number of national scientific advisory committees, including the National Advisory Child Health and Human Development Council, and was chairman of the Mental Health Commission of the State of Missouri. He is a member of virtually every national and international pediatric and neurology society, and has served on editorial boards of the *Journal of Pediatrics*, *Pediatric Research*, *Neurology*, and *Developmental Medicine and Child Neurology*. Among the numerous awards granted to him, Dodge received the prestigious Hower Award of the Child Neurology Society in 1978.

Over the years Dodge has contributed approximately 150 publications to the medical literature. An attempt to review these in any detail would result in a veritable textbook of pediatric neurology. Any collection of representative examples should include his studies of the neurologic complications of fluid and electrolyte ab-

normalities. His work in this area includes both clinical (Crawford and Dodge, 1959) and experimental (Dodge, Crawford, and Probst, 1960; Hogan et al, 1983) studies. He described the major features of myasthenia gravis (Millichap and Dodge, 1960), and myotonic dystrophy (Dodge et al, 1965) in children. His review of congenital neuromuscular disorders with its discussion of the approach to the hypotonic infant provided a framework that is employed by most child neurologists today (Dodge, 1961). He described many of the major clinical features of the battered child syndrome before the topic became a popular one (Dodge, 1962). His description of acute toxic encephalopathies in children and their multifactorial etiologies (Lyon, Dodge, and Adams, 1961) set the stage for the description a few years later of Reye syndrome. He demonstrated the value of transillumination to child neurologists (Dodge and Porter, 1961), in keeping with his frequent teaching that careful analysis of the patient with relatively simple tools was the key to correct diagnosis.

His studies of subdural effusion in children taught us the multiple etiologies of this condition, the importance of underlying brain injury in the determination of prognosis, the mechanisms of re-accumulation of fluid, the effective therapies, and, particularly, the criteria for determining the appropriate intervention (Rabe, Flynn, and Dodge, 1962, 1968; Rabe, Young, and Dodge, 1964). He presented a classic exposition (Swartz and Dodge, 1965) of the neurology and neuropathology of bacterial meningitis in children, the likely pathogenetic mechanisms involved in the various neuropathologic states, and the relative frequency of hearing impairment as a sequela of acute bacterial meningitis (Dodge et al, 1984). He described an interesting collection of his patients who exhibited a nonprogressive syndrome of intellectual deficits, other neurologic features, and, notably, excessively rapid growth in childhood (Sotos et al, 1964). That syndrome now bears the name of his colleague in endocrinology, Juan Sotos. Among his other particularly astute clinical observations were the descriptions of unilateral pupillary dilation during and immediately following seizures and transient blindness following often relatively mild head injury in children (Griffith and Dodge, 1968).

Dodge contributed a large number of clearly written reviews and chapters in books. Most included original material that, as he

would say, he "never found the time to write up." Included among these are marvelous discussions of pediatric cerebrovascular disease, myelitis and myelopathies, head injury, and diffuse nonbacterial inflammatory disorders of the nervous system. Surely a classic among these is his description of the neurologic examination of children in the several editions of Thomas W. Farmer's *Textbook of Pediatric Neurology*. Finally, his book *Nutrition and the Developing Nervous System*, written in collaboration with Arthur L. Premsky and Ralph D. Feigin, is widely recognized as a classic work (1975). When Dodge elected to devote his time to his research and teaching and to retire as chairman of pediatrics in St. Louis, he was promptly asked by the director of the National Institute of Child Health and Human Development to serve as a special assistant to review major aspects of the extramural mental retardation and developmental disabilities programs of that Institute. Not surprisingly, Dodge deferred his own plans and served 60 percent of the next year in that capacity. At the time of this writing he has returned to the Division of Child Neurology at Washington University to contribute, as only he can, to the research, service, and teaching activities.

At a testimonial to Philip Dodge on the occasion of his retirement from the chair of pediatrics at Washington University, which was attended by former trainees and faculty from all over the country, I said the following words about him, words that express the feelings of all who have been touched by him:

*He has given to me in many ways over the years. . . . He's been a father, a counselor, and a trusted friend. . . . He has gently directed my career at crucial times with a wisdom that is remarkable. . . . He has been there to give — whether it's the evening at the end of a difficult day or a Saturday afternoon or the middle of the night at a time of personal crisis. . . . I've been very fortunate to have been here with him. . . . Phil, it's a privilege to be able to tell you publicly how much you have meant to me and to thank you very, very much.*

Philip Dodge's impact on child neurology as a discipline and on all of us has been enormous.

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