C.M. Fisher – Master Clinician

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Charles Miller Fisher, MD, died quietly on April 14, 2012, a few months shy of his 99th birthday.

Many readers of *Cerebrovascular Diseases* may not have had the opportunity to know him in life as he seldom traveled, and when travelling returned as soon as the commitment/meeting ended. No tourist or bon vivant, C.M.F., as referred to by his admirers, lived for semiology, neurology/pathology, wife, family, patients, and a few trainees.

Thanks to the willingness of the German raider crew in 1941 to take on survivors of a brief gunfire exchange with the Canadian H.M.S. Voltaire, C.M.F. passed the war in a prison camp near Hamburg. There, he endured repeated Allied bombings incidental to early ordnance release from planes under Luftwaffe attack. Finally repatriated with the wounded in late 1944 [1], he had his post-graduate training at the Montreal Neurological Institute. Actively publishing on a variety of neuropathological subjects, he was awarded a neuropathology fellowship at the Boston City Hospital where he began his career-long association with R.D. Adams. Vexed on return to Canada by being advised to abandon his growing interest in the field of stroke in favor of another subject ‘where there was still some work to be done’, he accepted the invitation to return to Boston in 1954 and join Dr. Adams following the latter’s appointment as the new Neurology chief at the Massachusetts General Hospital. His ship captain’s ad-

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vice served him well: ‘Keep warm, don’t complain, and if you get a break, take it.’

In the 60-odd years since, his over 200 publications have certainly justified his being fished out of the South Atlantic [2]. During his long career, although most of his publications have shown the name as a simple C.M. Fisher, some

of those earlier were as C. Miller Fisher. He has been referred to by some well-intended but misinformed authors as C. Millar Fisher, C. Miller-Fisher, and C.M. Fischer.

His contributions to the literature started from neuropathology, expanded into the clinical observations with pathological correlations, medical and surgical therapies, and later to modern imaging. Many of his innovative publications changed the direction of the field. Since much of this literature is now firmly fixed in textbooks, it is difficult to envision the effect of the appearance of this steady stream of publications.

Although he wrote widely on neurology, some of his efforts for stroke deserve brief notation for readers of *Cerebrovascular Diseases*. He early challenged the concept of a cerebral Burger's disease of the brain, placing emphasis on carotid artery occlusive disease and also explaining what was known as 'infarct-at-a-distance' [3], now accepted as distal field infarction, independent of the work done by Noell, Optiz and Schneider widely known in Europe. Aware of the focus of pathology on the carotid bifurcation, he strongly encouraged the development of carotid endarterectomy. Later, concerned for too much emphasis on carotid source embolism, he published a classic study of plaque pathology [4]. Ever alert to the unusual, he and his colleagues described spontaneous carotid dissection [5]. His neuropathological work established the mechanisms of embolic hemorrhagic infarction [6]. In medical therapy, he was a founding member of the group that undertook the first trial of anticoagulation for ischemic stroke, publishing his own series when concerned about data quality in the overall multicenter study [7]. He sponsored a detailed autopsy study for the relationship of atrial fibrillation with cerebral (and other organ) embolism, previously ignored [8]. In the early Princeton Conferences, he was a major participant in debates on the definition and criteria for transient ischemic attack (his observations on duration stressing their short, not long, duration) [9]. His attention to detail led to a classic on transient monocular blindness [10], later to sorting out migraine equivalents not transient ischemic attacks [11]. He expanded his interest into the pathology and clinical features of lacunar syndromes [12] and parenchymatous hematoma [13], among these latter efforts reversing the widespread notion there was not a recognizable syndrome for cerebellar hemorrhage [14]. In his later career, he developed an interest in aneurysms; a paper on basal rupture of intracranial aneurysm caused difficulties for those who envisioned rupture only via the dome [15]. He famously challenged his career-long colleague Clark Millikan on the relationship of arterial spasm with aneurys-

mal subarachnoid hemorrhage [16] and with others developed a scoring system for its severity [17]. As another example of the prepared mind, investigations of unexplained cases of vasospasm yielded the recently defined syndrome of reversible cerebral vasospasm [18]. A common remark was: 'the eye sees what the brain knows.'

For non-native English speakers, it is worth a comment that he enjoyed creating alliterative and memorable titles: subclavian steal was coined in an unsigned *New England Journal* Editorial (then the policy of the journal); a variety of eye movements in stroke produced titles such as ocular bobbing, see-saw eyes, wrong-way eyes, one-and-a-half syndrome, and oval pupils. He coined the term 'string sign' in carotid dissection.

Those who served with him clinically recognized his deep commitment to semiology and pathophysiology [19]. Many less committed found themselves entangled for hours after revealing their only interest was a quick diagnosis. This behavior served him well when exposed to a new complaint, an unusual clinical variant, or an unexpected anecdote related by a patient. From such encounters emerged transient global amnesia [20] (published at the authors' expenses after the manuscript was turned down by several journals), symptomatic occult hydrocephalus (now known as normal pressure hydrocephalus) [21], pure sensory stroke [22], alien hand syndrome [23], ocular palsy in temporal arteritis [24], and worsening ipsilateral hemiparesis due to new ipsilateral atop contralateral infarction [25]. Although adhering to his personal database, he expanded his views when faced with confirmable observations of others [18, 26–30].

Some whose impact seemed high during their career later become examples of the axiom *sic fugit Gloria*. Others make contributions which last through time. His will last as long as there is neurology [31].

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