



Obituary



Akira Hakuba

The legacy of Akira Hakuba

We have lost a great neurosurgeon, great Japanese and a great mentor. In his lifetime, Akira Hakuba was a cheerful and invigorating presence that it was easy to forget what historic tasks in neurosurgery he accomplished himself. Hakuba was a dedicated teacher as well as a tireless neurosurgeon.

Born on May 5th, 1934, in Nara, Japan, Hakuba was the second child of his great father, who was a Buddhist priest. Hakuba attended Osaka City University in Osaka, Japan, and graduated from its Medical School in 1962. Hakuba joined the Yodogawa Christian Hospital in Osaka, Japan, as a resident in neurosurgery. Hakuba spent the 1966-1972 academic years in USA, where he was profoundly influenced by some of the greatest minds in surgery as well as neurosurgery. One of his supervisors and mentors was Leonard Malis. Malis's surgical technique, which emphasized gentle tissue handling, precise hemostasis, and attention to minute details, profoundly influenced Hakuba.

After completing the Residency program under the direction of Malis, Hakuba started neurosurgical practice at Osaka City University Hospital after getting the commitment from Shuro Nishimura that he would be allowed to focus on "skull base surgery" and "spine surgery". Hakuba established a very successful neurosurgical practice. In his career, Hakuba made many original contributions to neurosurgery, notably in the realm of skull base surgery and spine surgery. Hakuba launched skull base surgery as a distinct discipline and firmly established it as a separate specialty of neurosurgery. "Clivus Meningioma: Six Cases of Total Removal" in *Neurologica medico-chirurgica* (1977) was his first step to being a consummate neurosurgeon. He developed "Surgical Approaches to the Cavernous Sinus" in 1982. He was the first to develop the surgical technique of "Transpetrosal-Transtentorial Approach and Its Application in the Therapy of Retrochiasmatic

Craniopharyngiomas". "The Orbitozygomatic Infratemporal Approach" was introduced as a new surgical technique in 1986 by Hakuba.

From 1991, Hakuba was a Professor and Chairman of Neurosurgical department of Osaka City University Medical School. He dedicated himself to medical teaching to medical students as well as neurosurgical residents. One of Hakuba's major contributions while at the base hospital was to establish a logical and systemic approach to the care of the patients. Hakuba knew his own mind. He had firm principles and, we believe, right ones. He expounded them clearly. He acted upon them decisively. He was not baffled or disoriented or overwhelmed. He knew almost instinctively what to do.

Hakuba retired from Osaka City University Medical School in 2000. He then was named Emeritus Professor of Osaka City University and continued to serve as a neurosurgeon. Hakuba's life was rich, not only in neurosurgical achievement but also in private life. Indeed, his neurosurgical achievements were rooted in his private happiness. For the final years of his life, Hakuba was clouded by a prostate cancer. A consummate neurosurgeon and teacher, Hakuba died on November 20, 2004, yet he continues to inspire generations of neurosurgeons. Let us give thanks for a life that achieved so much for patients, their family, medical students and physicians. We here still move in twilight of neurosurgery, but we have one beacon to guide us that Hakuba never had.

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