

THE WALDORF-ASTORIA

You will have to obtain from the multi-faceted Murphey himself the story of further triumphs, including stopping a trans-continental train in full flight to suit the desires of two passengers.

While on this holiday in Colorado, mail from the Executive Committee and from our superb Program Chairman, Hunt Sheldon, has been forwarded periodically. There is little doubt that the New York meeting will be an outstanding one. For my part, you have my assurance that we'll try to hold the business sessions within reasonable time limits. I am confident that Spence Braden's committee will enable us to settle the matter of new members (and the pasturing of us old ones) to everyone's satisfaction.

I shall stay in Colorado another week during which time there will be one more expedition into the woods.

Reedie and I look forward to seeing you in New York.

Editorial Comment:

Your editor wonders where Francis Murphey picked up that magnificent bear rug that he took a photograph of as the original "Ike" Walton from the Deep South. He really would like to know if he actually shot that huge beast. He also notices the fishing rod in place of the savage rifle. Your editor also wants to know how many times they use the same string of fish in the photographs.

* * *

"What's money? Just something that brushes against your fingers on its way to Washington."

* * *

Your editor regrets that Exum has not sent in a letter for this edition but realizes with his recent marriage and his new clinic there has not been much time for letter writing. Those of us who were at the Harvey Cushing Society had the pleasure of meeting his lovely wife.

We have received Hunter Sheldon's preliminary program and it certainly reveals every promise of an excellent scientific session.

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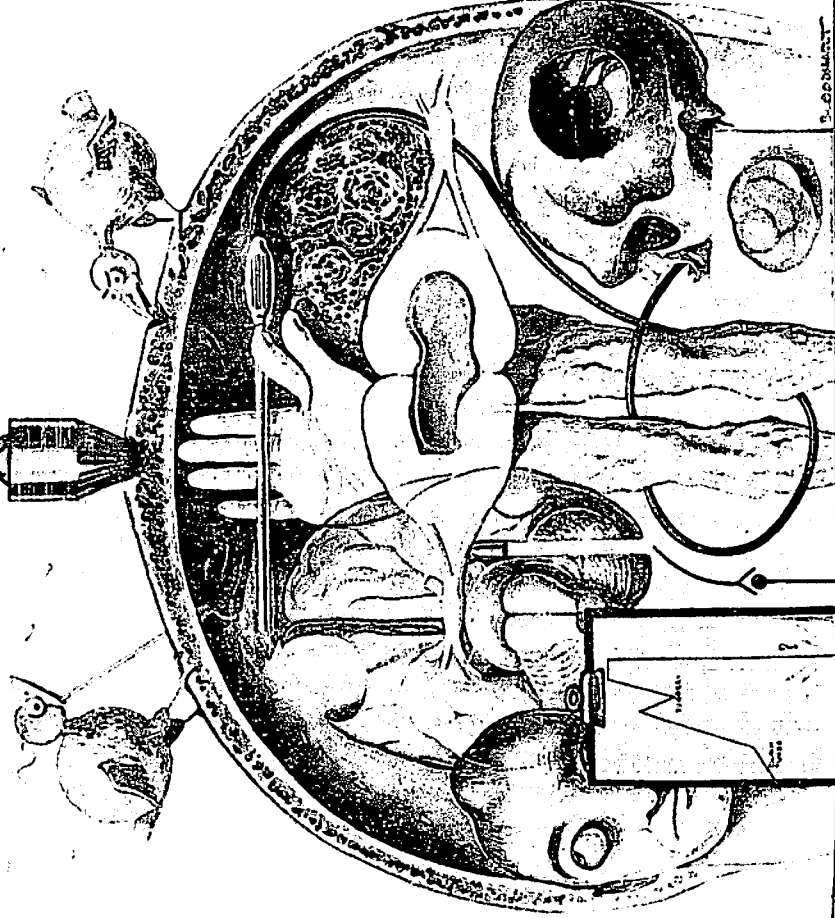
THE

BURR



"ROUND

ROBIN"



Volume 12 - No. 1

April 1952

NEUROSURGICAL

PROBLEMS



The American Academy of Neurological Surgery

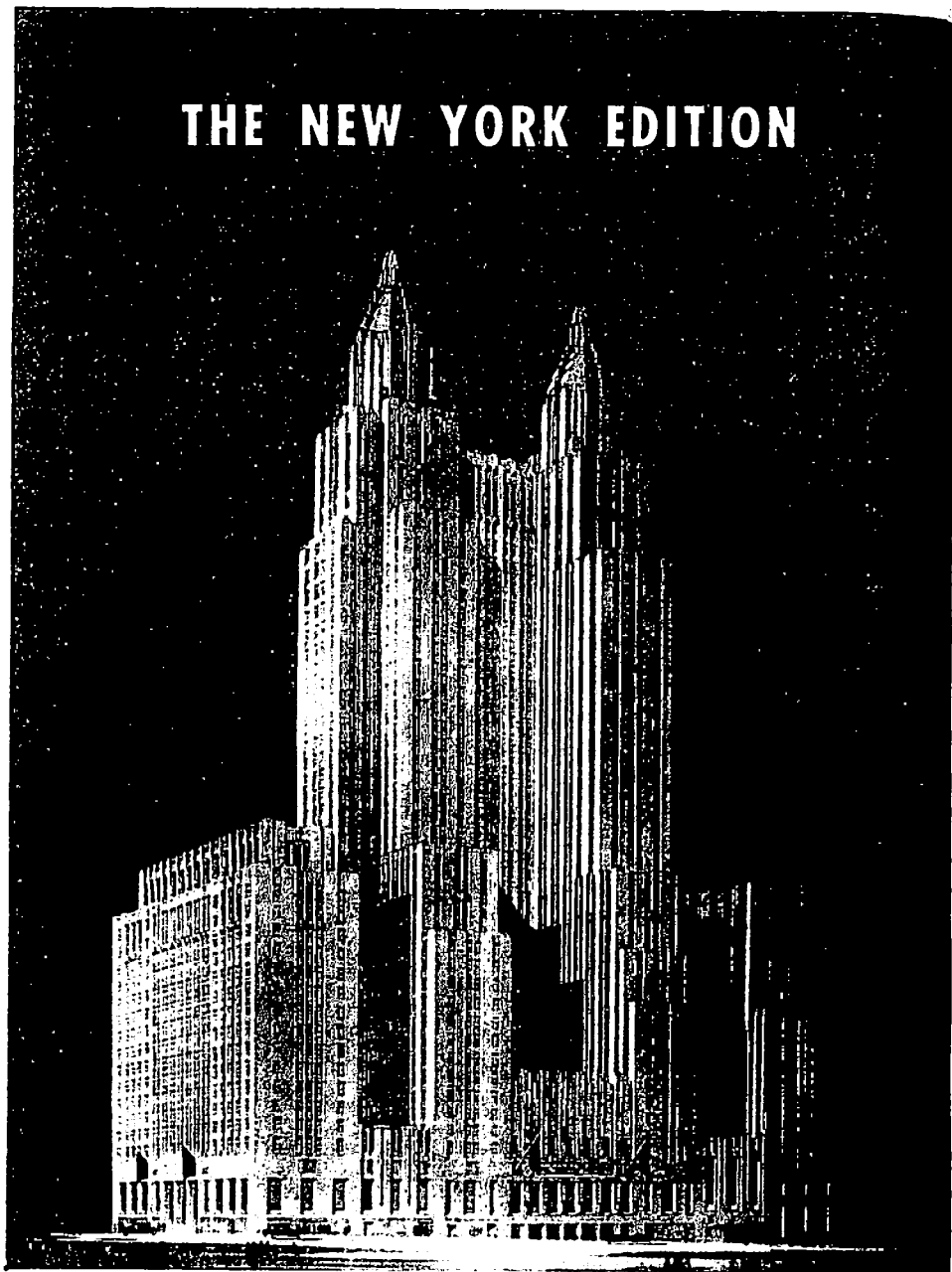


President	Henry G. Schwartz
Vice President	J. Lawrence Pool
Secretary-Treasurer	Theodore B. Rasmussen
Chairman Program Committee	C. Hunter Shelden

1952

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THE NEW YORK EDITION



The Waldorf-Astoria

The ROUND ROBIN LETTER of

THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

The fourteenth annual meeting of The American Academy of Neurological Surgery will be held in the fabulous Waldorf-Astoria Hotel, New York City, from September 29th through October 1st. It seemed only fitting and proper that the first edition of the year 1952 of "The Neurosurgeon" be dedicated to our New York hosts for this coming meeting. Our home in the largest city of our country we believe has been appropriately pictured in this edition.

The new cover is the contribution of one of your editor's ablest and most consistent supporters, Rupe Raney of Los Angeles, who has had Mr. Bloodhart design this unique cover. It will become increasingly interesting as you study it in your spare time. Your editor feels that the title "The Burr" is so different, unique, and euphonious it may be the most desirable title for the collection of material in the Round Robin Letter and invites your comments concerning it. Additional contributions in the matter of covers will be received, he is sure, and your editor will make every effort to include them from time to time so that later on a vote will be taken on the most popular cover and three prizes given. The Robin has not yet decided what these prizes will be.

The Robin suggests for enjoyable reading the October number of Town & Country for the year 1951. In it one learns that the second Waldorf-Astoria Hotel which occupies an entire New York City block running from 49th to 50th Street and from Lexington to Park Avenue celebrates two decades on Park Avenue and its 58th year. Interestingly, by cubic measurement it is the largest hotel on earth. Not infrequently it is referred to as a city within a city and it is stated there is virtually nothing that one can do in a metropolis that one cannot do in the Waldorf, and conversely there is plenty going on at the hotel that many a city would find hard to duplicate. The antennas strung between the Waldorf's twin towers 47 floors above the sidewalk are part of the largest all wave radio receiving system in the world. The Waldorf's telephone system could serve a city the size of Miami Beach. So many of the 150,000 who sleep in the Waldorf every year are of world fame that the hotel has become known as the unofficial palace of New York. In a section known as "The Towers" the hotel has set aside 116 apartments from the 28th to the 42nd floors for those desiring to live permanently in elegant private hotel suites. The "Towers" has its own private entrance for pedestrians and another for those who pull into the driveway in limosines. The current list of those who board in The Towers include Herbert Hoover, who has been living at the hotel for 15 years and is now one of its directors, General MacArthur who is settled in suite 37A to wait out the winter, and the Duke and Duchess of Windsor during each half-year they spend in the United States. Interestingly, the hotel has had among its convention guests the Association for Research in Nervous and Mental Diseases, and the main ballroom has already been booked for dinner to commemorate the 200th anniversary of Columbia University to be held

at 8:00 p. m. the night of October 31, 1954.

For a bird's-eye view of the great city the Robin suggests you turn to the Holiday magazine of April 1949.

That the fourteenth annual meeting will be a memorable one seems to be assured beyond any reasonable shadow of doubt by the officers elected for this coming year.

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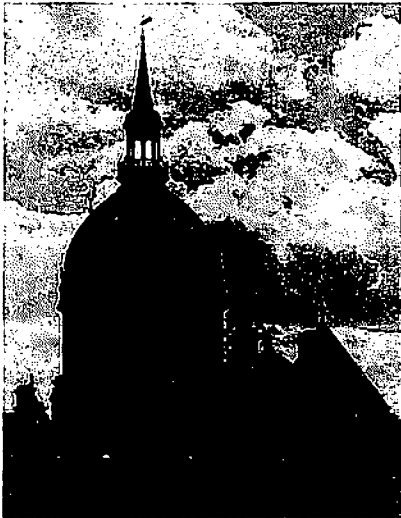
"Many blondes are a cross between a brunette and a drug store.

* * *

A. Earl Walker (December 11, 1951)

"In spite of the rush of this time of year and the meetings coming up this week in New York, where I hope to see many of our members, I want to take off a few minutes to say how much I enjoyed the Houston meetings and to tell you all 'A Very Merry Christmas.'

"During the past two months business has been quite routine except for a nasal encephalocoele in a newborn, which was readily repaired by an extradural approach, and a spinal cord neurofibroma in a girl of 8 who came in with a paraplegia in flexion, and is walking out. It seems amazing how, in childhood, the spinal cord can recuperate.



Johns Hopkins
Hospital

"The laboratory has been quite busy with work on neurogenic factors in experimental hypertension, cerebellar epilepsy and recently some studies on the alcoholic 'hangover'. We have a cosmopolitan group again this year with representatives from Spain, Switzerland, Canada, and Columbia, and at the first of next year from the Argentine.

"Lest the Ladies Auxillary be still concerned, I arrived home with days to spare before Rickey joined us. We all wish you and yours a wonderful Christmas Season and the best of New Years. "

Editorial Comment:

The Robin regrets very much that Earl's most enjoyable and interesting letter arrived too late to include in the Christmas edition. It is, therefore, the first letter for the present year. All of us were happy to learn of the arrival of Rickey to our distinguished member.

The photograph which appears on the preceding page represents a silhouette of the famous hospital in which Earl now is distinguished as professor of neurological surgery. The following is a list of disciples of this celebrated medical school and hospital: Thomas Ballantine, Jr., Winchell McK. Craig, Francis A. Echlin, Henry L. Heyl, Olan R. Hyndman, David L. Reeves, Henry G. Schwartz, Alfred Uihlein, A. Earl Walker, and Barnes Woodhall.

* * *

"The Hospital is the only proper College in which to rear a true disciple of Æsculapius."

- Abernathy

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Frank H. Mayfield (December 8, 1951)

"There were so many nice things done for us in Houston that it is difficult to comment upon them adequately. The Shamrock is the real malarkey, and certainly the arrangements in Houston and the cordial hospitality of our hosts most pleasing. I am particularly grateful to Robie for his kindness in arranging for the boat ride down the ships' canal to Galveston and for taking the time to drive us out to the boat harbor. Sure, it was not much - only 38 miles - but he was rather busy, and I thought that even for Texas this was unusually cordial. The Lyles, Sheldens, Davises and the Mayfields were most delightfully entertained by Pete Kellaway on his yacht The Brain Wave.

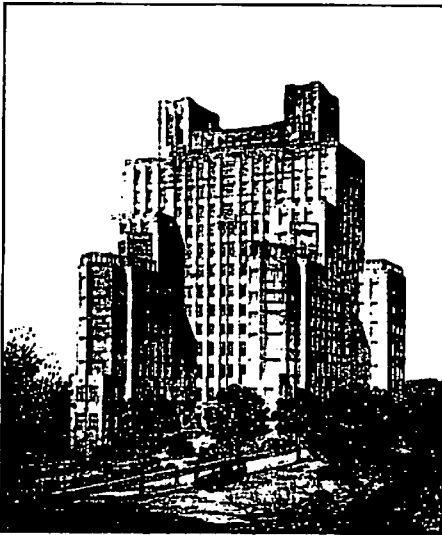
"It was nice to know that Sam Snodgrass is on the mend, and it was very pleasant to visit on Monday in the operating room with Doctor Jackson and in Doctor Pomerat's laboratory. Furthermore, everyone who goes to Texas should go on a fishing trip with Dean Echols the morning after and also you should know the formula for his new cocktail, now widely known as the "Gastric Galves". It consists of a full jigger of bourbon whiskey that has been open all night, mixed with warm 7-Up that has been open all night, in a dirty glass and stirred with a dirty finger and served before breakfast. If you have not tried it, I don't think you'll like it.

"We had a very delightful surprise consisting of a visit from Rupe and Alta Raney last week. Rupe has been chasing the coons in Southern Indiana. We finally got them up to the big city for two nights, but the call of the wild was too great. Rupe had to get in three more nights' hunting before returning to the West.

"Finally, may I add that I was very much pleased with the business meeting and particularly with the new members elected and am happy to welcome them. Furthermore, I had the opportunity of bending the elbow with the newly elected president, Dr. Henry Schwartz of St. Louis recently. Congratulations to Wallie for a fine job. Congratulations to Henry upon his new office."

Editorial Comment:

Your editor also regrets that Frank's very thoughtful letter did not arrive in time for inclusion in the Christmas edition but it is equally welcome for 1952. So far he has not received any photographs from Rupe during his coon hunting in Southern Indiana but he will try to run them down.



This is where our Vice President does his work as professor of Neurological Surgery at Columbia University.

J. Lawrence Pool (January 7, 1952)

"The Christmas Edition of the Round Robin marks such a high point in editing, commentary and 'laying a finger alongside of his nose' that I speed these most hearty congratulations to our Editor.

"Proposals regarding new members might be combined into a new, more or less streamlined system. A canvassing committee, including younger members, might select a small but worthy slate and thus do away with the long, tiresome lists of candidates we have had. Candidates, contrary to our present plans, might then be invited to our meetings at Academy expense, for after all it is for the benefit of our Society that they would be asked to come. They should then be invited to discuss a paper so that we may all see and hear them. (If their wives also discuss a paper, election should be guaranteed). Election by preferential ballot seems to

me not only to be simpler but preferable to more complicated methods requiring an I. B. M. apparatus.

"With regard to the program next October I thought the Staff of our Hospital might give papers during the Monday morning session, leaving the afternoon session for members of the Society. For the benefit of the home team it would be appreciated if the Monday session might be declared open to outside visitors, but on Tuesday and Wednesday (mornings only) no visitors except officially invited guests would be allowed, as I understand the wishes of our President and Program Committee.

"We are eagerly looking forward to next October and even more eagerly to Southern California (I hope Santa Barbara) in 1953.

"With warm regards and best wishes for a Happy New Year, "

"P. S. I have just sent in a title for a paper to Hunter. "

Editorial Comment:

Your editor feels that Larry's suggestion of a canvassing committee including younger members is a most desirable idea. We realize the work entailed in the preparation for the October meeting, and we thoroughly appreciate that it is in excellent hands.

Your editor is pleased that the group has chosen Santa Barbara for the fifteenth annual meeting in 1953. The Robin would also like to emphasize that the choice of Santa Barbara was the result of no skull duggery but was the decision made by the Southern California group chosen by your duly elected President. Any skull duggery that might have gone on went on in the Southern California group. Your President apparently decided the meeting should be in Southern California. Just how he was influenced in this I am unable to state.

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"Next to being shot at and missed, nothing is quite as satisfying as an income tax refund. "

* * *

R. B. Raney (January 17, 1952)

"The program for the meeting of the Pacific Coast group of neurological surgeons is in the form of completion. Our program committee informs me that they have more than enough papers to occupy the allotted time; a healthy situation, to say the least.

"Our scientific interests are limited pretty much to the immediate problems of everyday neurosurgical practice, and our enthusiasm rises and falls much like the temperature of relapsing fever. Chronic

subdural hematoma of infancy and senility, which have at least some factors in common, might bear some comments. In common these lesions, in our experience, have been characterized in many instances by a small amount of blood and a lot of fluid. When bilateral they often communicate. Notoriously, they tend to refill. Those in infancy, more than those in senility, offer in addition to the technical problem the problem of protein and electrolyte balance. Prolonged hospitalization with the incurred expense is the rule. Our so-called temperature spike of enthusiasm at the moment has been built around a closed drainage method. This is not native with us. Doctor Cone in Montreal for several years has had considerable experience with the procedure, particularly among infants. It is too bad he does not publish his material. Nevertheless, we believe that the operation merits consideration. An appropriate tube is placed in the subdural cavity through a small bur opening. It is then brought under the skin and dropped into the cul-de-sac of the abdomen through a small buttonhole incision. This takes care of the protein and electrolyte balance. The patient may be discharged from the hospital in a matter of a few days and symptoms disappear almost spontaneously. In a couple of months the patient may be brought back to the hospital to have a silver clip placed on the tube through a small buttonhole which is closed with a single stitch. It has been our practice to wait a few weeks, bring the patient back to the hospital, and remove the tube. Finally it must be admitted that complications could occur from the operation, but to us they do not appear to be great. Whether or not our enthusiasm will have a relapse, only time will tell. We have also had experience with the ventriculo-abdominal shunt, as the procedure might be called, in cases of both communicating and non-communicating hydrocephalus, and it may be said that the hydrocephalus was adequately and satisfactorily controlled. Our enthusiasm over other shunting procedures years ago had its rise and more or less permanent fall. "

Editorial Comment:

Rupert's discussion about Dr. Bill Cone's work at Montreal is well taken and your editor feels that he has contributed greatly to many technical procedures, has been satisfied with doing that, and has not bothered to write them up. He too feels that perhaps in many instances because of his failure to describe them in the literature he has not received the credit generally that he deserves for his fine clinical work. We feel that Doctor Cone's election to the office of president of the Society of Neurological Surgeons at their meeting in Rochester, Minnesota was well deserved and an honor well earned.

* * *

The doctor spoke tactfully to a patient about his bill, remarking, "I don't like to bring this up, but that check of yours came back. "

"I don't like to mention this, either, Doctor, " said the patient, "but so did my gout. "

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"Gold-digger: A girl who mines her own business. "

* * *

Winchell McK. Craig (January 22, 1952)

"I am in receipt of your letter of January 14 reminding me that the first edition of the Round Robin Letter for 1952 will go to press in a few months' time. I think the members will be interested to know that two of their honorary members, Dr. R. Glen Spurling and I, are vacationing together on one of the Keys south of Miami. In addition we will have Dr. Kenneth McKenzie and his wife along with us to solve some of the problems of neurosurgery as well as indulge in some piscatory athletics and elbow bending.

"I enjoy 'The Neurosurgeon' very much and hope it continues. "

Editorial Comment:

The Robin was pleased to learn that our first two honorary members were able to enjoy such a wonderful time in Miami and to have the pleasure of such a delightful person as Doctor McKenzie with them.

* * *

"The trouble with people who drink like fishes is that they don't drink what fishes drink. "

* * *

Eben Alexander, Jr. (January 29, 1952)

"I still feel in my own mind that we should have scientific and pseudoscientific contributions in one form which would be published as 'The Neurosurgeon' and the personal comments, particularly about new members and suggestions about meetings, attached on a different letter which would be sent out perhaps on a mimeographed sheet. Whether we want it or not, a number of people do have access to these publications, and some things might not be suitable for public consumption. "

Editorial Comment:

Eben's idea about having "The Neurosurgeon" as a scientific publication and "The Round Robin Letter" as a more personal news bulletin is something that needs further consideration and from my point of view is a very valuable one. As time goes on it might very well be wise for "The Neurosurgeon" to be taken over by a group in one of the medical centers who would better have the time and facilities for its preparation, and I feel such will come into being sooner or later and be accepted. It is perhaps a little too early at the present time, and the question also arises as to whether or not the Academy can support such a journal and whether there is a place for it. If "The Neurosurgeon"

is then taken as the official publication of the Academy, "The Burr" could well fill a place as the Round Robin Letter and I believe its title would be most appropriate.

Eben is already having his artist work on a cover for "The Neurosurgeon" and we plan to use it in one of the coming editions. We also plan to use other drawings by other artists and hope eventually to settle on the one which is most desired rather than having a different one each time, though the variation in covers might be a feature which would be more appreciated than a separate cover.

Homer S. Swanson (February 2, 1952)

"Your note concerning the Round Robin Letter served to remind me that I have made no effort to contribute to this very interesting and worthwhile publication for the past year's time. I have not only enjoyed the personal notes in "The Neurosurgeon" but have gained a good bit of helpful information in the discussions of cases and technical problems presented by the other men of the group.

"During the fall we have divided our time between the practice of neurological surgery and hunting, to the detriment of the latter. Unfortunately, for the purposes of my own personal enjoyment, there are too many sick folks here in Georgia to permit us to get away as frequently as we would like to compete with the illusive quail in Georgia. We have the dubious distinction of possessing the only living life that ever migrated from Texas; namely, the Mexican quail and I suspect that their wild and illusive traits were picked up as they staggered across the State of Texas. Personally, I am in favor of a westward migration.

"Upon returning from the meeting in Houston, we began to utilize the subarachnoid-peritoneal anastomosis discussed during the pediatric symposium and now have four youngsters with hydrocephalus, who have been subjected to this procedure with very gratifying results in this short period of time. The problem of hydrocephalus has been one which has concerned us for sometime because of our inability to successfully attack each problem to a satisfactory conclusion, and in the group tried thus far, we have been impressed with the short term follow-up on the four children subjected to this shunting procedure.

"Looking forward to seeing you in New York City in October,"

Editorial Comment:

The subarachnoid-peritoneal anastomosis is something which has been carried out for sufficiently long period of time for us to have some evaluation as to its ultimate feasibility. Further discussion and statistics will be followed with considerable interest.

* * *

"Tact: to lie about others as you would have them lie about you."

"Some day Russia will find out that our deadliest weapon is the automobile."

* * *

John Raaf (February 4, 1952)

"I received your letter regarding the Round Robin Letter. I'll give the subject of a cover for 'The Neurosurgeon', some thought and possibly have our medical illustrator do something. You have done a magnificent job on the Round Robin Letter, and you have my sincere admiration and congratulations. I was happy to learn that the 1953 meeting will be at Santa Barbara."



John cuts up a few chunks of venison at the Del Monte meeting.

Editorial Comment:

Your correspondent appreciates greatly the very fine comments referable to the Round Robin Letter contained in John's letter: Frankly, the opportunity to help out in this situation has been not only an enjoyable one but one of considerable education.

John gave an excellent paper at the Pacific Coast Surgical Association meeting at Del Monte Lodge, California on "Advances in Management of Head Injuries". This meeting was followed by the usual combined meeting of the societies of neurosurgery of the Pacific Coast, not yet amalgamated into a named society, but this seemingly is underway either as the "Western Society of Neurological Surgeons", "The Western Neurosurgical Association", or "The Western Association of Medical and Surgical Neurologists". The Robin feels that this western neurosurgical association will hold an increasingly important place in neurosurgery of our country as years roll on.

He also enjoyed our meeting with Lorene and John. Additional comments concerning the Rogue River Neurosurgical Society will be forthcoming later in the letter.

* * *

"When a woman driver gives you more than half of the road, she's walking."

"March is the time of year when it pays to be a loser."

Frank H. Mayfield (February 4, 1952)

"The most important event on my calendar since the meeting in Texas was a visit to Kansas City with Don and Max Coburn. I was honored to be asked through Don to address the Kansas City Surgical Society, but the principal reason for accepting was to visit with them. I saw the results of the terrible flood which had occurred there last Spring and I felt the results of other floods, while there.

"I was much impressed with the recent edition of the 'Round Robin' -- both as to appearance and content. I would not venture to suggest any changes in its format or in the material that the editor sees fit to carry.

"After complaining that the incidence of brain tumors in our service was relatively small, we have had 20 in the month of January. Now I wish they'd go away again. "

Editorial Comment:

The Robin is greatly appreciative of the fact that Frank made no comment of the recent rains which visited us here in California, and particularly in Santa Barbara.

Alfred Uihlein (February 7, 1952)

"Thank you for your recent letter of January 28, 1952. You certainly should be commended on the splendid job you are doing on keeping all the members of the Academy on their toes to give you material to keep the Round Robin Letter going. The title, 'The Neurosurgeon' for the Round Robin Letter of 1952 should be a splendid testimonial in appreciation of the efforts that you have expended in keeping this wonderful letter going.

"We have been graced this year by having a not too severe winter and consequently there has been plenty of work. I have had several very interesting cases in the past several months and at the next Academy meeting will discuss some of the problems with various individuals.

"Cerebral angiography in selected cases still seems to be of inestimable value and now that we have reduced the amount of dye per injection to 8 cc. very few sequelae have resulted but the picture still continues to be satisfactory. The test has proven to be extremely valuable in convulsive disorders where the air encephalogram was negative and angiography uncovered arteriovenous malformations as the source of the convulsive disorder. It makes many of us wonder how many patients in the past who have not had angiograms, and on whom air studies have been negative, were deprived of the possible localization of the offending lesion because they did not have an angiogram.

"One of the most fortunate patients I was able to take care of was a man in his thirties who came because of low back and sciatic pain which was incapacitating him considerably. His wife, however, informed

us that he had had a fainting spell about a year before for no apparent reason. Since I still prefer doing an air myelogram when I feel fairly certain there is not a cord tumor present in disk suspects, I combined air encephalography with myelography and what to my chagrin should I find but a shift of the ventricular system by a mass in the right temporal lobe. This proved to be a meningioma of the middle fossa that took its origin just lateral to the foramen ovale and was removed. This lesion explained his fainting spell and it was amazing that he had nothing more from it. He did have a small deformity in his myelogram at the fourth lumbar interspace which undoubtedly accounted for his sciatica. However, his sciatica was much improved following the intracranial surgery and no treatment was advised for now. By combining the air myelogram and encephalogram I avoided two lumbar punctures and an operation on his back because his back complaint was far more prominent and causing more disability than had the fainting spell. He also had had no headache. With the marked ventricular shift I wonder how much trouble I would have gotten into had I operated on his back not suspecting the intracranial meningioma. I certainly had a horseshoe that week.

"I have learned about another patient, a sixty year old man, on whom I carried out a pantopaque myelogram of the lumbar area because of low back and sciatic pain suggesting a cord tumor. The myelogram revealed a small disk defect at L₄ and the patient elected to go home. Shortly after leaving here the patient became mentally confused and was seen by a neurosurgical colleague in a neighboring city to the South who interestingly enough found a subdural hematoma. We are now being accused of malpractice and this case may prove to be quite a legal problem. I cannot recall any report of a myelogram being the precursor of a subdural hematoma. If anybody has ever had a similar experience I would certainly appreciate hearing from them. It makes mighty good food for legal thought.

"In paragraph two of your letter you request suggestions for an appropriate cover for 'The Neurosurgeon'. Mr. Drake, of our medical art section, as you will recall, made the illustration which now is used on the cover of the Round Robin Letter, and we are wondering whether we should ask Mr. Drake to try to make some other sketch to be submitted with possible others for selection of the new cover. If the sketch that you have now is adequate from this end then we will not ask Mr. Drake to think up another. I would appreciate your opinion on this matter.

"I was very happy to read that the 1953 meeting will be in Santa Barbara and that it has definitely been decided upon. I have not been in California and I am looking forward to a trip there in the city made famous by the name of Reeves."

Editorial Comment:

Al's case in which the myelogram revealed a small defect and then there occurred a subdural hematoma leads one to speculate on what can happen next and to think that such would be the cause of a legal situation also brings up the fact that it's difficult to know when you are apt to be caught with such problems.

The illustration which has been used on the lower left hand corner of the cover of "The Neurosurgeon" for the past two issues might very well be used in a larger form for the front cover. At the same time I feel that we would enjoy having Mr. Drake draw something new for a cover because his work is so outstanding.

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"People who wonder where this younger generation is headed would do well to consider where it came from."

* * *

Harvey Chenault (February 8, 1952)

"Thank you for your last letter and I hasten to send a contribution which I have so miserably failed on before.

"First of all I want to join every one else in complimenting your splendid Round Robin Letter and send my word of appreciation for the amount of work I know you must put in on making this such a good letter. I read every word of it and enjoyed the Texas Meeting by its medium and every time I read it I feel ashamed that I have not contributed more to help it.

"I am most of all sorry that I could not be at the Texas Meeting. We finally got the difficulties with our pregnancy over; the first boy after two girls.

"I should like to offer hearty approval of the report of the 'Committee Appointed to Make Recommendations' in regard to new members as extended in the Christmas Round Robin. I very much hope this can be implemented.

"There is no news here other than routine work and the establishment of our Radioisotope laboratory in charge of Mr. Robert Willmott, a highly competent physicist. He firmly believes that when he gets time he will make a good scintillation counter in order to cut down on the time of the examinations.

"Your request regarding a cover for the Round Robin leads me to suggest that the one on volume 11, number 2, 1951 of the circular surgeons passing the letters seems a very appropriate one. Has the heraldic device on the fly leaf of the Christmas Robin become the official crest of the Academy?

Editorial Comment:

It is interesting that Harvey liked the cover of the circular surgeons passing the letters, and we will make a point of using this in one of our other bulletins so that you can see it again.

"The trouble with people who drink like fishes is that they don't drink what fishes drink."

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Barnes Woodhall (February 12, 1952)

"I did not realize how hot it had been in Houston until I re-read the letter recently and saw so many photographs of myself cooling off. The high lights of the trip for me were - Robbie's few words at the banquet - and the night we left the chilly Shamrock into the muggy evening and found ourselves, some thirty, at a sympathetic Inn which Robbie certainly owned, at least spiritually. I was reminded of the year that Frannie and I raced some stuff across dry Virginia to Hot Springs - and Robbie left the seventy-fives, slammed his glass into a fireplace, and said that he had had a good time. So did we.

"I possess a very peculiar and personal feeling about the Academy. I could not find enough money to go to the Memphis and Cincinnati and, was it New Orleans? early meetings and recall that I finally was summoned to San Francisco. Some years later, I presided during a war year meeting, and now I seem to fit into the early sclerotic or choleric group of members. I am also safe now and swear that I shall never tell the story of your shooting rabbits behind those trees near the Baltimore reservoir. At any rate, I am trying to point out that my personal motives for writing the following comments are reasonably pure.

"Looking at the group in Houston, representing every major medical school and clinic in the country, I could not help wondering about the future of the Academy, and worrying about it. Neurosurgeons are indisputably prima donnas of the first water and I myself have difficulty getting along with more than a few per year. The membership problem can never be settled by umpty-nine separate members and that problem is the heart of our relative immortality. The neurosurgical clubs have been compared ad astra et ad the other way but few will dispute the fact that the Cushing has revitalized itself in its own way in the past few years. The regional clubs are also alive and have a fresh vis a tergo that is unmistakable. On the other hand, the Society may well lose its origin as its original characters go the way of other indispensable men, and the younger people fail to warm to the spark of its founder and his purpose. I would like to see the Academy add four to five of the younger and leading neurosurgeons each year and argue with Hannibal Hamlin that some heads should be cut off at the top as that time grows near. Let the Academy membership be one of selected privilege, not an honor group, not a snobbish group, but one based on personal integrity and accomplishment.

"To insure a life beyond that of its founders, near-founders and so forth, the Academy must present to all members almost all things, of which now it has an abundance of two - nice people and a growing tradition. I think that it further must possess an impeccable organization that is above

criticism and an annual program whose substance is at least adequate enough to deserve the embellishment of the printed page.

"The Academy has reached a difficult teen-age at which its members must commence thinking about placing its individuality into the hands of a trusted group. I propose for consideration the organization plans of the American and Southern Surgical Associations which have survived some 68 and 62 years respectively. In brief, the Associations are maintained at a high standard by an Executive Committee or Council which is composed of the officers and four to six past presidents. These men select new members through the aid of recommendations sent to them by the membership. They prepare programs and transact all business of the Associations. Actually, the Academy is doing almost that at the present in a freer, hit or miss fashion. There must be a group with a long-term viewpoint, uninfluenced by local conditions, whose major responsibility is the perpetuation of the Academy, if that is what we want.

"In the second place, I feel strongly that our programs and presentations should fulfill the customary requirements for publication in a recognized journal. I think I have seen a tendency to hold the polished work for the Cushing or elsewhere. That is fundamentally wrong although I have no feeling against round-table discussion or the like as part of the program. I am not sure but that we should consider the publication of a formal Transaction - we already have an accomplished Editor - the first Volume of which could condense our past as was done so nobly at Year Ten by Wally Hamby. As you may know, Dean Lewis influenced me strongly and helped me in many ways - among them, the publication of some early masterpieces in the Archives of Surgery, of which he was Chief Editor. From some feeling of sentiment, I took the editorial place vacated at Cobb Pilcher's death. I can almost promise one issue of this journal for acceptable papers provided that the Academy support the usual subscription list. There is also nothing personal in this - except my name on the masthead.

"Finally, I mention again, the important problem of casting the dead wood aside - in a nice way of course.

"Frannie and I are planning the Cushing trip to the bitter North and return via San Francisco - and we really are looking forward to your exotic land of make-believe in 1953."

Editorial Comment:

Bob has passed on a lot of good food for thought. Your editor appreciates Bob's comment about shooting rabbits behind the trees near the Baltimore reservoir and does not resent this being brought up any further because he knew Bob when he was known affectionately as "Waldheim", and as one might also say, he knew him "when-----."

It seems a little questionable whether the Academy of Neurosurgery, being such a small organization, needs to be run by an executive

committee or council because the danger there could be in a small organization that members would be chosen through their influence rather than by the approval of all members concerned. It seems to your editor that our papers should be published as a formal transaction by the Archives of Surgery, such as has been done by the Western Surgical Association and others and that this would stimulate the papers being completed for such purposes. It also seems that many should feel more honored in presenting a paper before the American Academy of Neurosurgery than elsewhere.

* * *

"Most parents don't know what parking problems are until they have a teen age daughter. "

* * *

W. A. Gustafson (February 27, 1952)

"I must apologize for my lack of contributions in the past, but essentially I didn't have too much to comment.

"Recently the Interurban Neurological Society Meeting was held in Chicago and there was quite a group here, including Hamby, Rowe, Erickson, Exum Walker, Uihlein, Matson and several others. This meeting is run rather informally in a round-table manner, even though there were 130 neurosurgeons at the meeting. Personally I like the idea of the round-table type of discussions and would like to hear any comments from other members that were there. Our group is somewhat small and I believe could participate in this round-table type of discussion very easily.

"In a paper presented on anesthesia in neurosurgery, Bistrium was used in lowering the blood pressure and apparently has been used in Sweden a good deal. I wonder if anyone in the group has had any experience with this drug in reducing the blood pressure. However, I can report one case with cerebral thrombosis as a result of reduction of blood pressure possibly and a decerebrate rigidity that followed. I say possibly since surgery was involved as well as the reduction of blood pressure. In discussion of the situation with Dr. Bailey, he states that we will most likely have a larger series of cerebral thrombosis again as in times past when blood transfusions were not used as readily in neurosurgery as at the present time.

"I am looking forward to the New York meeting."

Editorial Comment:

Interestingly, Exum Walker presented a paper at the neurosurgical meeting in Del Monte and also mentioned the use of Bistrium.

Exum seemed to be making a cross country tour en route home to his Neuroclinic. Your correspondent asked him to send a photograph of The Neuroclinic but this has not yet been forthcoming.

Your editor has used Bistrium on a few occasions and found it very satisfactory in lowering the blood pressure some 20 or 30 points. He feels it is a much more logical method to employ than that of total spinal anesthesia. A similar point of view was expressed by Frank Turnbull, whom we enjoyed seeing at the meeting. The likelihood of cerebral thrombosis following such blood pressure lowering is certainly going to be a serious complication.

* * *

"It's not necessary to take a person's advice to make him feel good - all you have to do is ask it."

* * *

William F. Beswick (February 14, 1952)

"This is a very dull season here in Buffalo as far as I am concerned and I cannot make any report that would be of much interest to the Society.

"We are all looking forward to February 23, 1952, when the Interurban Neurosurgical Society meets in Chicago for a one day meeting. As you can see from the program that I am enclosing, this meeting again promises to be a very exciting affair.

"Although I have contributed so little to the Round Robin Letter in the past, I have enjoyed every number and hope that in the future I can scrape up something that will be of interest to all of you."

* * *

"Anyone who doubts that income tax laws have teeth should look at the bite they take out of his salary."

* * *

John M. Meredith (March 3, 1952)

"I hope this reaches you by the time you go to press; I was not sure what the deadline was for this particular edition. We have recently had occasion to work up -- with one of our pathologists, Gordon Hennigar -- our cases of cerebellar hemangioma; we found 13 of them in our files dating back over 20 years. Five of them (38%) had erythrocytosis, although in only one could we be certain there was an associated angiomasia retinae (Lindau's syndrome). In only one also was there a suggestive familial history. There was one operative death in 11 cases (9%), comparing favorably with the 25 operated cases of Perlmutter, Horrax and Poppen, who reported on theirs in 1950 with an 8% operative mortality (2 cases in 25 operated). We do not feel the tumor nodule in the cyst or the solid hemangioma in the cerebellum

is actually hematopoietic as erythrocytosis has also been reliably reported in frontal lobe glioma, medulloblastoma of the cerebellum and tumors (varia) in the floor of the 3rd ventricle, even though Earl Walker's earlier cases and Woolsey's case (in the July '51 issue of the Journal of Neurosurgery) is rather suggestive of the erythropoietic potentialities of the tumor nodule (Woolsey's case, operated on twice, didn't develop erythrocytosis until after the tumor nodule of the hemangioma was demonstrated and the erythrocytosis promptly disappeared after removal of the tumor nodule in the second operation). We prefer to believe that the erythrocytosis in 38% of our cases (highest % on record) was probably due to the associated hydrocephalus and pressure on the hematopoietic center in the floor of the 3rd ventricle, relieved by operation; and with subsidence of this stimulating effect on the floor of the 3rd ventricle after operation (i. e. recession of the hydrocephalus), the erythrocytosis tended to recede also except in one case where it persisted and had to be treated by phlebotomy and radio-active phosphorus so that the patient survives in good condition 10 years after the 3rd operation on his cerebellar cyst and mural nodule which we hope now to have cured (?).

"Another of our 13 verified cases of cerebellar hemangioma was very interesting as she (a 55-year old white woman) had three separate lesions, all indicative of primary mesenchymal disorder: (1) von Recklinghausen's disease with innumerable cutaneous and subcutaneous lesions, (2) Pheochromocytoma of the left adrenal gland, and (3) Cystic cerebellar hemangioma. We prefer the term hemangioma, rather than the more popular "hemangioblastoma", as there is little or no microscopic evidence of any embryonal or immature vascular structures in these cerebellar tumors (cystic or solid) as one would suggest or imply by the term 'blast'; the same was true, I understand, in the 40 verified cases of this lesion studied at the Johns Hopkins Hospital by Silver and Hennigar and reported at the Cushing Society meeting in 1950: Only adult hemangiomatous tumors (microscopically) were found in those cases also and, therefore, the term "hemangioblastoma", largely or entirely a misnomer which originated several decades ago, was and is used by many writers today with, however, little regard to the true state of affairs histologically.

"We hope to see you at the annual meeting later in the year and are, of course, looking forward with greatest possible anticipation to the long-heralded and greatly to be desired trip to Santa Barbara -- the pristine jewel of the California Coast -- in 1953."

William Jason Mixter (March 3, 1952)

"As a brand new member of the Academy of Neurosurgery, I do not think that I have anything of particular interest to add to the 'Neurosurgeon'. It is indeed a pleasure to be a member of the Society, and I am looking forward to the meetings in the future.

"I certainly had a good time at my first one. With kindest regards, in which Mrs. Mixter joins me --"

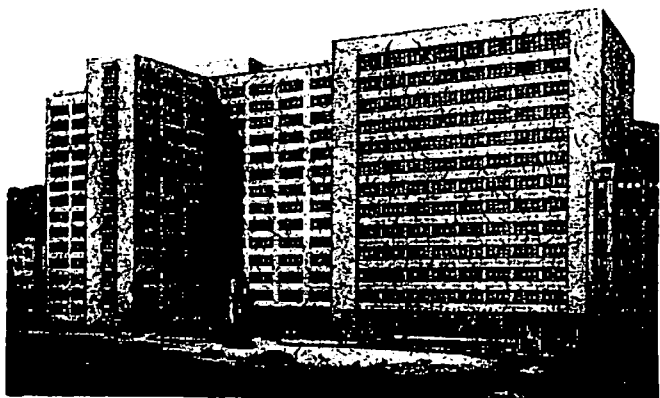
Editorial Comment:

The Robin joins all others in welcoming Doctor Mixter to our next meeting and in expressing our gratitude at his acceptance of Honorary Membership.

Edwin B. Boldrey (March 11, 1952)

"It was good to see you even though all too briefly at the Carmel meeting and to participate there in what at times amounted to a western session of the Academy. I think that all of us here on the West Coast should be pleased and encouraged at the way this mid winter meeting has been developing."

Univ. of Calif.
Medical School



Academy members representing this famous hospital:
Edwin B. Boldrey, Howard A. Brown

Editorial Comment:

Ed's comments referable to the neurosurgical meeting which was held at Del Monte are certainly well taken. All of us who had the good fortune to be in this beautiful spot realized how much neurosurgery has grown and progressed in the West Coast in recent years and in the number of men doing neurosurgery in this area. The program which was arranged was a great credit to those who had its responsibility. A number of the members of the Academy were there including Exum Walker, who was making a jaunt through the Western part of the world after going to the Interurban Meeting in Chicago, as the Robin has already indicated. Dorothy and Howard Brown were also there, and we were all pleased to learn that Howard had been elected to the Pacific Surgical Association. Lorene and John Raaf, Alta and Rupe Raney with the younger Raney's, the Pudenzes, Kate and Ed Morrissey, and the Davises added to the gaiety of the occasion. Hunt Sheldon and his wife were taking care of the situation in Pasadena while the other part of the firm was in Del Monte. Rupert Raney was the chairman of the meeting for the Southern group and Doctor Naffziger represented the San Francisco Neurological Society and both of

them were excellent in running the meeting and had a great deal to do with its success.



University of California's
new Regent

Doctor Naffziger recently was elected a regent of the University of California for a period of sixteen years along with Mr. E. W. Carter, president of the Broadway-Hale Store Inc. in Los Angeles.

Your editor would like to comment that Rupert has furnished the interesting cover for this Round Robin Letter and also the very good photographs that are included in the present edition. The accolade of the season is given to Rupert for his contributions in this letter as well as for his excellent photographs and contributions in the Christmas edition.

Jim: "I'm a man of few words."
Joe: "I'm married, too."



The feminine side of things at Del Monte



Jack and two lovelies study a bridge hand



It was a funny story

The new professor of neurosurgery at U. C. talks it over with an old friend.

After much urging your editor managed to worm the Presidential Address which Wally Hamby gave at The American Academy of Neurological Surgery at the meeting in Houston, Texas for inclusion in the present letter. While he believes this address may be published elsewhere, and he sincerely hopes that it is, we will have an opportunity of having it on record in our letter here, and he feels that something of this sort is a very worthwhile inclusion among the more informal comments that come in the letters.

"The selection of a topic for the Presidential Address to the Academy is no easy matter, as any of the Past Presidents will bear witness. In the present case it was doubly difficult because of the high standard set by my predecessors. A temptation arose to employ a professional substitute or even to heed the advice of the first friend to council me in the matter: 'Tell a couple of good stories, and sit down!' On the other hand, where else in the world would such a priceless opportunity arise, to have at one's mercy half-a-hundred or more of one's friends and their lovely ladies, bound by the convention of politeness to sit through an hour of one's entirely un rebuttable monologue? It is one of the questionable emoluments as well as penalty of the office.

"To make this as painless as possible for you, for I love you well, it occurred that perhaps my colleagues too would be interested in some of the people who figured prominently in the early attempts at alterations of the cerebral circulation. I hope the ladies also will find some elements of interest in these people, for, as in our own cases, the wives of these men helped to mold their careers. The recent, splendid 'History of Neurological Surgery', by Earl Walker and his collaborators, outlines the historical steps in attacks on the cerebral blood vessels. In several of these cases the personalities of our forbears were so outstanding that good biographical sketches of them remain. In other cases, only tantalizing fragments have rewarded my study.

Early Ligators of the Carotid Arteries

"Logically, the first ligations of the carotids, done in the pre-anesthetic and pre-aseptic days of surgery, were operations of necessity done to save lives threatened by hemorrhage. The first well documented case was operated upon by John Abernethy in England. It is reported that this was done in 1798, although in none of his writings could I find the date mentioned. Yet before the chicken there always is the egg, and the late Irving Cutter of Northwestern University reported that Ernst Benjamin Gottlieb Hebenstreit (1758-1803), in a German translation of Benjamin Bell's 'Surgery', mentioned a case in which the carotid artery, wounded during an operation for the removal of a tumor, was ligated by the surgeon. The patient was said to have lived for many years thereafter. I have been unable to find either a copy of this book, or anything about the man who wrote it. They remain fair game for future fireside and library stalking. (n. b. Within the past month, Mr. Wm. Jerome Wilson, Medical Historian

of the Army Medical Library, and I have laid this 'medical ghost'; Hebenstreit never did it, he has been misquoted.)'

"In the January, 1817, issue of the Medico-Chirurgical Journal and Review is the following note:

'----I have reason to believe, the honour of performing the first successful operation of tying the carotid artery, belongs to the late Mr. David Fleming, a Naval Surgeon; and in proof of this assertion, I send you a concise statement of the case, drawn up from his Journal, by permission of Dr. Harness, of the Transport Board. I can bear testimony as to the result of the operation, for being First Assistant Surgeon of the Tonnant, I accompanied the man to Plymouth Hospital in March, 1804. I am not aware why the case was not published by the late Mr. Fleming, as the success of the operation was much talked of by naval officers in general, belonging to the Channel Fleet. The Tonnant was at the time one of the fleet, but on detached service.

'I am, Gentlemen,

Your obedient Servant,

R. W. Coley

Member of the Royal College of Surgeons, a Surgeon in the Royal Navy and a Resident Practitioner at Cheltenham.'

"A footnote by the Editor continues: 'We can account for the non-publication of the case. Mr. Fleming sailed for the East Indies the year after the operation, and Dr. Johnson remembers to have heard him relate the case at Price of Wale's Island, in 1805, and his intention to publish it on his return. He fell a victim of the climate shortly afterwards; and Dr. Johnson entirely forgot the circumstance, till the present paper brought it to his recollection.'

"At the conclusion of the account of the case is another paragraph:

'Observations by the Editors

'This happened in 1803. In 1804, Mr. Abernethy's case was published, and therefore the claim of priority is at least divided between the two gentlemen. But the Naval Surgeon had great difficulties to contend with, and little assistance or advice. We believe that this interesting case presents the first and the only instance where the carotid artery was taken up after a rupture or wound of the artery itself, and life preserved. The transaction is recorded in the language of simplicity, and carries on its forehead the most convincing stamp

of truth. NAVAL SURGERY may justly be proud of this operation, which the hand of death buried for a time in oblivion. The departed spirit can no longer be gratified or grieved by honor or neglect; but justice is due to the dead as well as the living.

'Palmam qui meruit ferat.' (Let him bear the palm who has deserved it.)

"A month after Fleming's ligation, in November, 1803, M. F. Cogswell of Hartford, Connecticut, ligated the carotid and removed a huge aneurysm of the neck of a thirty-eight year old woman of Lebanon, Connecticut. This was the first planned ligation of the vessel for a cause other than hemorrhage. The patient unfortunately bled to death in the absence of her physician, twenty days later. I am sorry that I can tell you nothing of Cogswell's career.

"On November 1, 1805, Sir Astley Cooper ligated the right common carotid artery for an aneurysm of the neck. Seven days later the patient developed a temporary left hemiplegia and died of infection twenty-one days after the ligation.

"On October 18, 1807, Amos Twitchell, of Marlborough, N. H., successfully ligated the internal carotid artery for secondary hemorrhage after a gun shot wound of the neck. He had never heard of the operation being done before and ten years later, when he heard of Mr. Fleming's ligation in 1803, Twitchell refused to publish his own case. The account finally was wheedled from him for publication in the first volume of the short-lived New England Quarterly Journal of Medicine and Surgery in 1843, by George C. Shattuck, Jr., the son of one of Twitchell's Dartmouth school-mates.

"On June 22, 1808, three years after his first attempt, Sir Astley Cooper ligated his second case of an aneurysm of the neck, this time successfully. This was the first successful carotid ligation for aneurysm.

"Benjamin Travers witnessed Sir Astley Cooper's second operation and on May 23, 1809, ligated the left common carotid artery for the first time for pulsating exophthalmos, or carotid-cavernous fistula.

"It was not until seventy-six years later, 1885, that Sir Victor Horsley first ligated the internal carotid artery for an intracranial aneurysm.

"So much for the box-score, now what of the people who played the game?

"John Abernethy was born in London on April 3, 1761, a year after John Hunter settled in the city. He was a great admirer of Hunter and his first book, 'Surgical and Physiological Essays', was published in 1793, the year of Hunter's death.

"At the age of fifteen he was apprenticed to Sir Charles Blicke, a Surgeon with a large practice, but who was uninspiring to his young pupil. He then proceeded to work with Sir William Blizard, whom he admired and extolled as long as he lived. The accounts of the lives of these London Surgeons are filled with the politics of the hospital systems of the times, of elections to posts that allowed advancement only at the death of their incumbents. Abernethy was an assistant surgeon at the London Hospital for twenty-eight years. The 'System' caused the young surgeons, and I presume the physicians also, to spread their energies over a number of institutions. This had the virtue of keeping them in contact with the work of many, instead of a few men and served in lieu of a number of the conventions we moderns attend so regularly.

"In 1796, at the age of thirty-five, Abernethy was elected a Fellow of the Royal Society. A year later he wrote an important paper on 'Injuries of the Head'. He was a contemporary in thought, as well as in time, of the French Surgeon, Desault and joined him in condemning the almost universal use of the trepan in these cases. They counselled restricting the operation to those cases in which depressed fragments produced symptoms. Abernethy also adopted Desault's plan of feeding these patients with the nasal gastric tube.

"Abernethy's inquisitive mind and tremendous energy spread his surgical interests over the entire body and brought him an extensive practice. This made him abrupt and caused him to be considered rather 'crotchety and peculiar' by his patients. This was an unconscious reaction, however, and when brought to his attention, was replaced by the utmost consideration and kindness. In 1804, he wrote a book called 'The Constitutional Origin of Local Diseases' to which he referred as 'my book'. He frequently gave this to his patients to read, in order to avoid long explanations of their ailments. An anecdote was related by his biographer to illustrate his prodigious memory. At a birthday dinner party for his wife, a guest read a long poem he had written in her honor. Abernethy then teased him for plagiarism. After a little banter that quickly grew acrimonious, Abernethy repeated the poem from beginning to end to demonstrate his familiarity with it. He then reassured the dumbfounded poet that this actually was the first time he had ever heard it.

"If he was abrupt with his patients, he went to the opposite extreme with his students. He studied teaching methods diligently and cultivated lecture habits that made a profound impression of clarity, sincerity and simplicity. His students adored him. It was characteristic that on his own wedding day, and later on that of his daughter, he gave his customary lectures at the Hospital.

"At the age of thirty-nine, he fell in love with Miss Anne Trefall, daughter of a retired business man of Edmonton. Since his time was so heavily occupied by his duties, he seriously debated the advisability of marrying, but when finally convinced that this was proper, he proposed and augmented his verbal offering with a long letter setting

forth as honestly as he could, the advantages and disadvantages of his position. Miss Trefall decided in his favor and they were married on January 9, 1800. They lived happily until his death thirty years later and she survived him by twenty-four years.

"Having been kept an assistant for twenty-eight years, when he finally was elected Surgeon of the London Hospital, he proposed among other changes, that the chief should be retired on a small pension at the age of sixty. This unprecedented suggestion was ignored, and when he reached that age, he resigned. The Governors would not accept the resignation, so he agreed to remain on duty for another year. He had been very lame with rheumatism, from which he suffered severely. He gradually weakened and died on April 20, 1831, at the age of seventy.

"Abernethy's famous carotid ligation, widely quoted as the first of its kind, was done presumably in 1789, when he was twenty-eight years old. His patient had been gored in the left side of the neck by a cow. Pressure did not control the bleeding and the man was brought to St. Bartholomew's Hospital. Students compressed the carotid and controlled the hemorrhage but the patient was restless. 'The situation of the patient became every moment more desperate, he really seemed choking, his extremities became cold and his pulse was scarcely to be felt; his struggles also, which could not be controlled, made the pressure on the trunk of the artery very precarious. It was deemed necessary to enlarge the wound to get at the trunk of the carotid artery, and an incision was made between the vessel and the trachea, in a direction parallel to each of those parts. I had now the power of passing my finger beneath the trunk of the carotid artery and of effectually compressing it between that finger and my thumb, which was placed opposite to it, upon the integuments of the neck----. Finding that the moment I remitted the pressure on the carotid, the blood gushed out of so many orifices, and in such a torrent from the bottom of the wound, I resolved to pass a ligature around the trunk of the carotid at the part where I had been compressing it, and which was about an inch below its division. This ligature I thought might be made to serve as the tourniquet in amputation, for I could with it compress the artery so as to prevent the wounded parts from becoming obscured by blood, and by slackening it, I might gain information with regard to the situation of the ruptured vessels----. In attempting to secure the carotid artery, I passed behind it, in the maneuver described, a blunt hook with an eye in the point, and having previously introduced a ligature into it, I drew back the instrument and thus enclosed the artery. When I compressed the vessel by tightening the knot of the ligature, I did it slowly, and with a watchful attention to the sufferings of the patient----. But the compression of the ligature did not seem to make the least difference in the general state of the patient, whilst it completely prevented the further effusion of blood.' The patient developed a right sided paralysis and died thirty hours later.

"Amos Twitchell, the first successful American ligator of the carotid, had many characteristics in common with his English contempo-

raries but life in small New England towns molded him into a decidedly different type of person.

"He was born on April 14, 1781, twenty years after Abernethy, in Dublin, New Hampshire. His father was a farmer and his mother the daughter of a physician. He was a frail lad who developed later into a robust youth and finally into a massive older man. His preoccupation with abstruse topics, especially mathematics, finally convinced his father that it was cheaper to allow him to indulge his and his mother's intense desire for education than to remain a farmer and a miller. After a long struggle with poverty, he attained a medical education at Dartmouth and entered practice at Norwich, Vermont. This entailed considerable exploration into 'Resurrectionism', or body-snatching, as it was less elegantly known, to permit the development of his excellent anatomical knowledge.

"He was a gentle person, who could not bear to watch a cat torture a mouse, yet he was steady and swift in the performance of surgery in an era unblessed by anesthesia or asepsis.

"In 1807, Doctor Twitchell moved to Marlborough, New Hampshire, where he became the partner of his brother-in-law, Doctor Carter, who had been a stout supporter during the poverty-stricken days of his student life and early practice. On October 18, 1807, at the age of twenty-six, he performed the operation which has been the crowning glory of his early fame as a surgeon, one of the earliest ligations of the carotid artery.

"On October 8, 1807, a young soldier was wounded in the right side of the face and neck by burning wadding and powder from a pistol fired in a mock battle. The wound was dressed and in ten days the burned tissue had cleared greatly, exposing the nearly denuded internal carotid from the bifurcation to the base of the skull. One spot on the vessel warned of a possible hemorrhage and indeed, it broke down after the dressing, as Twitchell was leaving the house. He compressed the vessel with his left thumb and controlled the hemorrhage. The patient mercifully having fainted, the surgeon then bared the carotid below the rent with his right hand, got a ligature around it and had the patient's aged mother tie it. On removing his compressing thumb, the hemorrhage began again and finally flowed in a pulsing jet. 'I compressed it again with my thumb; and began to despair of saving my patient. What further could I do? It was impossible to apply a ligature above the orifice; compression, then, was the only alternative. How was that to be effected? Should some one sit by the patient and compress the artery constantly with the fingers till adhesion should take place? Possibly that might have been done; but I resolved to make another attempt first. -----' He then described placing a bit of dry sponge directly over the orifice in the artery and compressing that until a larger piece could be prepared. This was placed over the first and gradually progressively larger pieces were applied to form a cone reaching two to three inches above the surface

of the neck. This then was bound firmly with a linen bandage, and the vessel was under control. The patient survived; eventually the sponge was removed and the wound healed.

"The account emphasizes the decision and masterful surgical judgment of the operator. He had been convinced by preliminary animal experiments that carotid ligation was feasible, but to his knowledge, it had never been done in the case of a human.

"That this was no 'flash in the pan' of a chance operator is testified by the fact that Twitchell became the leading surgeon in middle New England. He was solicited to the professorships of several medical schools, including Dartmouth (1819), Vermont (1824) and Castleton and Bowdoin (1826). In each instance, however, he responded that he was doing very well where he was, working hard and making as much as \$3000.00 annually and could not see that he would be of more benefit to mankind as a Professor at \$1000.00 to \$1500.00 a year! His local prestige also made him a delegate from his State to the second meeting of the American Medical Association in 1847. He was a gregarious person, spending much of his leisure in the public forum of the time, the local tavern. Despite this setting, temperance was his hobby and he rode it with a zeal exceeded only by his surgical activities.

"His biographer debated whether he had been served by fate to the best advantage in his choice of a wife. In 1815, at the age of thirty-four, he had married the daughter of Dr. Josiah Goodhue, Chief Surgeon of Hanover. She became a wife absolutely devoted to his comfort and welfare and in whom he found his greatest happiness. When he returned home from his labors, the affairs of the household were entirely restrained for his repose. He was encouraged to rest and sleep before he ate and nothing could detract from her design of strengthening him for his next battle with the roads and the climate of rigorous New England. As a result, he outlived her by two years. This kind solicitude, however, winning for him repose and long life, prevented his development along literary lines. As his biographer said, 'Had she been otherwise constituted, it is possible that his life might have been, it is true, less happy, and perhaps it would have been shorter; but he would have had a wider influence and a more enduring fame.'

"After a short illness, Doctor Twitchell suffered a cerebral vascular accident on May 20, 1850 and quietly died a week later, at the age of sixty-nine years.

"Astley Paston Cooper was born a clergyman's son in Norfolk, England, in 1768, seven years after Abernethy and thirteen years earlier than Twitchell. He was an active, energetic youth, noted for his pranks. On one occasion a playmate was wounded, and to control a profusely bleeding extremity, Cooper compressed the member until a surgeon could arrive and tie the vessel. This helped to decide his calling and he pursued his studies in London, Edinburgh and on the Continent. He also was a

pupil of John Hunter, whose intellectual curiosity motivated his entire future, prompting his motto: 'First observe and then think'. He became Demonstrator in Anatomy at St. Thomas Hospital, at the age of twenty-one, (1789), entered private practice two years later, and was elected Surgeon at Guy's Hospital in 1800.

"In 1805, two years earlier than Twitchell's operation and seven years after Abernethy's, he ligated the carotid for an aneurysm of the neck. The patient died, but Cooper was convinced that the operation should be feasible. When a second opportunity arose, three years later, he repeated the operation, this time successfully. He successfully ligated the external iliac artery in the same year, and in 1817 ligated the abdominal aorta for the first time.

"Professional and public honors were showered upon Cooper throughout his life. He was made a baronet in 1820, following a minor operation on George IV. Garrison said that his professional life was one long trail of success. An enormous number of engravings of his likeness survive, and Bettany said, 'No surgeon before or since has filled so large a space in the public's eye.'

"His early income was small, but his wife's fortune made his circumstances easy. Roswell Park reported that his private income quickly reached 20,000 pounds (\$100,000) a year. Few medical men, however, have worked so hard or so incessantly. He arose at 6:00, dissected until 8:00, breakfasted on rolls and tea, saw his poor patients until 9:00 and attended his consulting practice until 1:00. Then he would drive to Guy's Hospital to visit the wards; at 2:00 he lectured on anatomy at St. Thomas' Hospital, after which he went through the dissecting rooms with his students. Thereafter he visited or operated on private patients until 7:00. He then would bolt his dinner, snatch a few winks of sleep and start out again for a possible clinical lecture, and another round of visits lasting until midnight.

"He had little time to read and was kept abreast of current happenings by reports from his numerous colleagues. Whatever he wrote was dictated in his carriage; this included excellent books on 'Hernia', 'Injuries of the Joints', 'Diseases of the Testis' and 'The Anatomy of the Thymus Gland'. He fathered the eponyms Cooper's fascia, Cooper's hernia and Cooper's ligaments of the breast, abdomen and shoulder.

"He dissected every day of his life, said Garrison, even when traveling, paying large fees to the 'body-snatchers'. His relations with these worthies were such that he once told the House of Commons Committee investigating the practice that 'there was no person, whatever his worldly place, whom he could not dissect if he would'.

"Sir Astley was described as 'courteous-eyed, erect and slim, with a lively, expressive and colorful face, with a clear voice and a chuckling laugh'. Despite his quick, imperious temper, he was idolized by his

students, who thronged to his clinics. He was one of the first surgical teachers to substitute practical, clinical demonstrations over a case for the old clinical lecture. As an operator, he was elegant, unaffected, rapid but unhurried, masterful and thorough, and solicitous that nothing should be hidden from his students. It was natural then that he developed and was surrounded by a large number of spirited and capable young surgical colleagues. Some of these were Benjamin Travers, Charles Aston Key, Sir William Ferguson, Abraham Colles, Robert Liston and James Syme, who became Lister's father-in-law.

"In 1848, at the age of seventy-three, Sir Astley succumbed to his long-standing asthma.

"The last of the triumvirate of great English contemporary surgeons to engage our attention tonight is Benjamin Travers, who first ligated the carotid for pulsating exophthalmos. He was the first and certainly the most distinguished of Sir Astley Cooper's apprentices.

"Travers was born in April, 1783, the second of ten children of a wealthy London sugar-baker. After an excellent classical education, he entered his father's counting house. His father frequently attended lectures given by Mr. Cline and Mr. Cooper, and often took Benjamin with him. Having an aversion for business, Benjamin had little difficulty in persuading his father to allow him to study medicine. In August, 1800, young Travers became Mr. Cooper's first 'articled' or apprenticed pupil.

"Following in the footsteps of his Master, Travers early made himself a good anatomist. Having a private dissecting room at Guy's Hospital, he demonstrated anatomy to his fellow apprentices, who established a Clinical Society of which he was Secretary. He became an accomplished surgeon while yet a student. During his apprenticeship he lived in Mr. Cooper's home and had the valuable assistance of his guidance and example. He became a member of the College of Surgeons in 1806. The Continent being closed by war, he spent a year working in Edinburgh. After a walking tour through Scotland and England, he returned to London in 1807 and married.

"He settled down to work and was made Demonstrator in Anatomy at Guy's Hospital, an appointment he filled for many years. His father suffered financial reverses and young Travers had a few difficult years. In 1810 he accepted an appointment to the Eye Infirmary, now the Royal London Ophthalmic Hospital. Interestingly enough, the wisdom of this course was seriously questioned by his friends. Ophthalmic surgery at the time was almost entirely in the hands of quacks and charlatans. In his public address of acceptance of the post, Travers said, 'In this Country, I believe no one before myself, who designed to practice general surgery, ventured to give more than a cursory attention to diseases of the eye. A fear of being disqualified in public opinion, by a reputation acquired in these, for the treatment of other diseases, was a motive, however groundless, sufficient to deter surgeons from the cultivation of a large and

legitimate field of observation and practice. When Travers took up the study of the eye and Cooper that of the ear, new fields of surgery were opened. In 1811, he published his famous case of carotid-cavernous fistula, cured by ligation of the carotid. In 1813, he was elected a Fellow of the Royal Society. In 1815, he was elected Surgeon to St. Thomas Hospital. The next year he took over Mr. Astley Cooper's house. Sir Thomas Blizard retired and threw a great deal of practice into his hands. In 1818, he and Mr. Cooper published their 'Surgical Essays' and his fame expanded rapidly. His health began to fail under the load of his heavy practice, so he deliberately moved to the West-end of London, where Sir Benjamin Brody was the Chief Surgeon. In 1834, he was able to resume his temporarily interrupted lectures at St. Thomas' Hospital and continued until 1840, holding the post for twenty-five years.

"Mr. Travers was described by his biographer as being 'tall, large-framed and well proportioned, with a highly intelligent and pleasing countenance; his manners were prepossessing and in consultation with his professional brethren he showed a highbred courtesy, which marked the refinement of his mind.' He was married three times and raised a large family. Only the oldest son, Benjamin, Jr., born in 1809 (the year of his carotid ligation) became a physician.

"Mr. Travers was not celebrated as a rapid or 'showy' operator, a characteristic of the era. His dexterity was admirable and frequently received the public commendation of his great Master and Colleague, Sir Astley Cooper. It was conceded, however, that remarkable safety followed his knife, which, in the words of his biographer, 'is certainly one of the tests, and not the meanest test, of sound and genuine surgery'. His writings and lectures were models of clarity and lucid thought. They covered the entire field of general surgery and demonstrated the unity and interdependence of medicine and surgery.

"For many years Mr. Travers had suffered from cardiac symptoms. After many weeks in bed, he died suddenly from the effects of pericarditis and myocarditis in 1858, at the age of seventy-eight.

"With this I will conclude my account of those brave souls who have dared interfere with the cerebral circulation. Nearer to us in time and more familiar are a few other pioneers in this field. Sir Victor Horsley was the first, in 1885, to successfully ligate the carotid for an intracranial aneurysm. (His biography was the topic of the Presidential Address of Dr. Wm. Keith before this group in Colorado Springs in 1947.) Trotter, in 1924, was the first to ligate the carotid for a non-fistulous aneurysm without first having exposed the lesion. The writings of Walter Dandy are familiar to all of us, and collectively constitute an authoritative text of intracranial vascular surgery. That amazingly prolific and bold Swede, Olivecrona, has written, and is still writing, his name large in the history of this fascinating subject. We yet have much to learn and many refinements to make before it can be considered finished. Each meeting such as this demonstrates that the work continues and is in good hands."

Henry Heyl (March 17, 1952)

"You can have no idea how often and how wistfully I have thought of you all during the past year. Notification of your action in electing me to membership in the American Academy of Neurological Surgery came during the wildest part of my nightmarish illness. I will never forget how that news warmed my heart.

"What has happened to me, in brief, began last June, progressed through tract by tract loss of posterior column function, only to continue into the anterior columns as well. I now have a practically complete transverse lesion at D⁴. Jim Poppen carried out a beautifully careful and thorough exploration in August, and found simply a non-specific necrosis of the posterior columns. Either trauma or radiation therapy could have been the cause. There was no evidence of malignancy.

"I have spent the winter here at the Cushing Hospital as one of about 100 paraplegics, acquiring what muscle, tricks, and long-brace crutch skill I could under their outstanding rehabilitation program. Spasm has been the villain and still is.

"I hope within a few weeks to return home and get to work in Hanover on some one or two of the numberless investigative problems suggested by this experience.

"The Christmas Round Robin Letter brought me great pleasure. It is a great idea beautifully executed by yourself, Dave.

"This note carries my greetings to all of you and the hope that I will see most of you during the course of the year, either in Hanover or at some one of the meetings."

Editorial Comment:

The beauty and expressions which have been given in this above letter by a friend of many years speaks eloquently for itself.

* * *

"Courage is the first of human qualities because it is the quality which guarantees all others."

- Winston Churchill

* * *

George S. Baker (March 19, 1952)

"I have been so busy this winter while other members of the section have been vacationing in the beautiful climate of Florida that I have not had much opportunity to work up anything worth while for the Round Robin Letter.

"I may say that by way of the grapevine I hear that Rupert Raney and Frank Mayfield are going on a lion hunt in Arizona and New Mexico, and it would appear that at least some of our fraternity are planning to have themselves a lot of fun.

"I hope to go down to Maryland and Virginia to visit with my folks during the Easter vacation, and perhaps on returning will be able to write you a more profitable and scientific letter. "

Editorial Comment:

George, Rupert, and Frank represent three vigorous men who never grow old and seem to cover more territory than any of the other members. It must be a unique quality that they possess to do so much neurosurgery and nonetheless to be able to do so many additional things that cause many of us to be somewhat envious of their vital qualities.

* * *

"The author shot himself - he wanted to be a ghost writer. "

* * *

H. Thomas Ballantine, Jr. (March 19, 1952)

"In attempting to formulate this my first contribution to the Round Robin Letter, I am just about as 'pen-tied' as I was tongue-tied at the age of ten when for the first time I attempted a course in public speaking. Anyhow, one thing I can say with great sincerity is that it is a privilege for me to be a member of the Academy.

"At the Rochester, Minn. meeting I talked a little bit about our attempts to use ultrasound to procure ventriculograms without air injections. This work has been progressing somewhat slowly, but in the last two months has picked up a bit, and we hope to have a unit for clinical testing in the hospital about the time that the Round Robin goes to press. If all goes well, I hope to give an interim report in New York in September.

"We have also been looking up brain abscess statistics, and one of the things that has been of interest is the change in the etiology. Ten or 15 years ago we were having a number of abscesses secondary to chronic chest sepsis, and this etiological factor has, of course, disappeared. Likewise, subdural empyema secondary to frontal osteomyelitis is now a thing of the past. We feel inclined at the present time to excise abscesses intoto at the earliest possible opportunity, and believe our mortality is considerably lower as a result.

"I shall look forward to seeing you and the rest of the members in New York this fall, and I have every hope that Dr. Jason Mixter will come down with me. "

Editorial Comment:

The Robin greatly appreciates this contribution which Tom correctly mentions as his first but feels that as time marches on we will have many more interesting letters from him.

William H. Sweet (March 20, 1952)

"My only comment is to suggest that titles be sent to the Chairman of the Program Committee for presentation at the coming meeting in New York City in the autumn, at the earliest possible moment - so that the program may be decided upon several months in advance of the meeting, and the titles communicated to members long enough ahead of time so that everybody might have a chance to look up cases and prepare brief statements and lantern slides for use in the discussion. Accounts of handling of unusual types of problems each of which has been seen only a time or two by half a dozen or a dozen of the group strikes me as one of the best ways we can be of help to each other, and is a peculiar advantage of a society of this size."

Editorial Comment:

Bill Sweet's letter is a timely one and I am sure Hunt Shelden will appreciate his comment in this respect. It is highly desirable to have some idea of what the program will be some months before the actual meeting occurs for the obvious advantages which he has presented to us.

* * *

"The persons hardest to convince they are at retirement age are children at bedtime."

* * *

Donald D. Matson (March 22, 1952)

"Excuse the personal typing. I'm all alone in the office late of a Saturday afternoon trying to get things cleaned up to take a few days off. The Bulletin! -----

"I would like to see a more conscious effort made to introduce potential members to more of the society. The suggestion that each official guest present or discuss a paper at one of the two meetings he is supposed to attend before being voted upon seems to me a good one. There might be a definite arrangement made where certain members who are not a candidate's sponsor be asked to make a specific effort to make the guest's acquaintance socially and professionally.

"Have resolved to finish this year the book Doctor Ingraham and I are preparing on pediatric neurosurgery so am trying to side-track other commitments as far as possible; the trouble is it never seems to be possible, at least to other people. Last night at a combined meeting

of the New England Roentgen Ray Society and the New England Neuro-surgical Society, the Academy was represented by George Maltby, Bill Scoville, Henry Heyl, Tom Ballantine and myself.

"I hope that Western members will plan to swing through New England after the New York meeting. The first part of October is usually our most hospitable climate."

Editorial Comment:

The thoughts contained here about more attention to guests and potential members is obviously well taken. All of us will be looking forward to the book on pediatric neurosurgery which is being prepared. It should represent, above all else, a most important contribution in neurosurgery from the one place where more excellent work in pediatric neurosurgery has been produced than any place that we can recall.

* * *

"When children are seen and not heard, you had better have your ears examined."

* * *

Dean H. Echols (March 24, 1952)

"Sorry to be such a poor correspondent but rest assured that I'm perhaps the most enthusiastic reader of 'The Neurosurgeon'.

"I enjoyed Olan Hyndman's comments on tic douloureux in the Christmas issue of our letters and agree with most of the ideas stated or implied. The temporal approach to the sensory root is the operation of choice in 95% of patients. Extradural is better than intradural. Facial paralysis has not occurred in my last 100 cases because all dissecting movements in neighborhood of ganglion are made toward the occiput and none toward the nose as Max Peet taught. The sitting position gives me no trouble but it must be kept in mind that no neurosurgeon has had such an amazingly good record with tics as Dr. Eustace Semmes who has his patients reclining. I still use local anesthesia (no pentothal) and the patients say they hold no grudge. Alcohol injections have a small place, but only a small one. The patient should have no voice in the decision. If he needs an operation, he should have that or nothing. Preliminary alcohol injection to teach the patient the nature of paresthesia is a philosophy which I never could comprehend.

"The real reason for answering Olan is that I have seen many cases of ophthalmic tic douloureux in patients who have had partial section of the root by temporal approach several to many years before. One patient had a partial section by Doctor Horrax 18 years before when the patient was a resident of Boston. The others have been my own patients. Olan has merely moved away from his earlier patients.

"If the patients are really old I do a total section even though only divisions one and two are involved. If the patients are young (45 to 60) I spare most if not all of the forehead and eye fibers.

"The candidates for partial section understand that they may need reoperation 'ten to twenty years later'. Some insist on total section.

"Olan's comments on a commonplace operation constitute a good idea. We needn't write just about new things. Will await with 'open mind' the wrath brought down by my dogmatism in the management of neuralgia.

"The Ochsner Clinic has entered its 11th year with a group of about 60 and a barrack hospital which was once a station hospital. Construction of a five million dollar replacement begins in June.

"Ernest Sachs, Jr., whom I hope will be known eventually to all of our group, has left New Orleans to practice in Hanover, New Hampshire, proving that Henry Heyl also thinks a lot of him. Sachs was here less than a year as full time neurosurgeon on the Tulane Service at Charity Hospital, but we were sorry to lose him."

Editorial Comment:

The Robin believes Dean's comments about tic douloureux are the most excellent he has ever read, perhaps because he feels that everything which has been said is exactly as he himself has often felt but did not have enough experience or realization of its truth to believe that such actually represented the best idea concerning tic douloureux.

* * *

"It's sad for a girl to reach the age
When men consider her charmless;
But it's worse for a man to attain the age
When girls consider him harmless."

* * *

C. Hunter Shelden (March 26, 1952)

"I should like to take this opportunity to thank the relatively large number of members who have already submitted tentative titles for the meeting next fall. The number is gratifying and as program chairmen you can naturally understand my appreciation.

"However, not one to be too easily satisfied or to allow you to assume the attitude that we already have enough, I should like to urge each and everyone of you to submit one title, preferably of something worthwhile.

"I am in hopes that the final version of the program will contain a relatively small number of outstanding papers. I shall submit to each of you a rough copy of the program a month or so prior to the meeting. In this way, it will give everyone a chance to pick out their slides and to formulate some constructive discussion. This might be a method of eliminating the usual preface that 'I just happened to have a slide in my pocket.' Furthermore, I think we ought to encourage more discussion and not have to continually be racing against time to finish each session."

Editorial Comment:

The Robin is pleased that Hunt already has received a fairly large number of papers for the program of the coming year and urges all to send at least one paper in for his consideration. Hunt's comment about "I just happened to have a slide in my pocket" seems to me the prize of the year.

All of us were sorry Hunt was unable to attend the meeting at Del Monte but had to remain home to handle their large neurosurgical practice.

* * *

"Any psychiatrist will tell you that most girls wouldn't dream of doing the things they dream of doing."

* * *

George L. Maltby (March 26, 1952)

"I am sorry that I am, as usual, in the last minute rush to get a message in for the Round Robin Letter.

"I really have very little news. At a meeting of the New England Neurosurgical Society, a few days ago, several of us were talking about the problem of the Meeting at Santa Barbara. Many of us here in New England are very anxious to go to that Meeting and see the grand span of the West.

"However, there has been a very definite problem come up for all of us. It apparently will be very near the time of the International Congress in Lisbon, and that neither having the ability or the means for the extensive peregrinations, so easy for the Californians, especially Rupe, we are wondering how we are going to see our way clear to try and attempt the Meeting in Lisbon and immediately thereafter get to the West Coast.

"I suppose it is much too late to make any changes in plans such as having this Fall's Meeting on the West Coast or waiting another year for the Far West Meeting and possibly having a meeting in the Middle West in 1953.

"I am certainly not trying to be difficult, but complaining mainly because many of us are very anxious to get to the Santa Barbara Meeting and are also anxious to attend the International Congress in Lisbon shortly before it.

"I have very little else to add. I have been thinking a good deal about the size of the Academy and of just what our future is. It still seems to me that with the numerous societies springing up, not only sectional, but national societies for the younger groups, that the Academy could continue to be a relatively small group as it has been in the past. "

Editorial Comment:

It is unfortunate the meeting of the International Congress in Lisbon is going to take place at the same time we plan for the meeting in California. Some wag suggested that possibly the International Congress in Lisbon could be postponed until the early part of the following January so people could then go to Europe and take in skiing and other sports in Switzerland at the same time. Another wag intimated that for the most part those in the Eastern Coast had great trouble going west of the Allegheny Mountains anyway and it would not make very much difference. This, of course, was a very uncharitable view for anybody, wag or otherwise, to take, but it is hoped that something may be worked out so that all meetings can be taken in by the most number of people.

Edward W. Davis (March 21, 1952)

"It was indeed a pleasure to see you at the joint meeting of the Southern California Neurosurgical Society and the San Francisco Neurological Society held at Pebble Beach last month. I thought it was an exceptionally good meeting.

"I have only one comment which might be of interest and which rose out of the discussion of your paper on total spinal anesthesia. On returning home we had an opportunity to see a man who had two episodes of spontaneous bleeding in the previous three weeks and on arteriography showed a large saccular aneurysm arising from a branch of the middle cerebral, well out in the sylvian fissure. The thought of total spinal anesthesia is still a little frightening to us and we therefore decided to try Frank Turnbull's suggestion, which was the use of Bistrium to lower pressure. The Bistrium was put in an intravenous drip and the blood pressure was controlled quite satisfactorily by regulating the flow of the drip. His blood pressure was kept at about 100 mm. of mercury during the exposure and after about three quarters of the aneurysm had been dissected out it ruptured. His pressure was then dropped to between fifty and sixty where it was maintained during the remainder of the dissection which proved quite easy. The flow of blood from the rupture was not much more than one would expect from a large venous sinus and was easily kept under control until the entire aneurysm had been dissected out and ligated. "

Editorial Comment:

My only experience subsequently with Bistrium that has been employed agrees with that of Ed Davis and I personally feel that I would employ it in preference by all means to total spinal anesthesia.

* * *

"Of course men are influenced by environment. Who ever heard of a hard boiled egg that hadn't been in hot water. "

* * *

Stuart N. Rowe (March 29, 1952)

"It seems as though the time since Christmas has gone by in the course of about two weeks. With the exception of a brief respite in February to spend a couple of days in Chicago, we have been grinding along as usual. The Interurban Neurosurgical group put on a good program there, and it was very pleasant to see a number of friends from far and wide. We had a very pleasant evening with Wes Gustafson and Jane, sampling the wonders of the Pump Room.

"We are looking forward to the New York meeting and heartily endorse the idea of having free time each day for informal discussion and a little recreation.

"In closing, a few comments on subjects brought up in the last Round Robin Letter. I was very much interested in Francis Echlin's remarks in regard to residencies. We are attempting at the present time a rotation of residents through services in several hospitals and feel that it will work out very satisfactorily and will do something to help in the problem which he mentioned of the production of large numbers of rather poorly trained residents. Possibly, through the Academy, rotation or exchange of residents between several clinics could be arranged on a somewhat similar basis.

"I was interested in Bill Scoville's return to open carotid angiograms, but the more we do here the more easy they seem to become by the percutaneous method. I must admit we are not good at hitting the vertebral as yet but can get bilateral carotid injection in a very high percentage of cases without too severe swelling of the neck. His upper lobotomies certainly sound interesting, and we are trying to keep them in mind as we see our head injury cases. So far, no indication for such a procedure has presented itself, as far as we know. "

Editorial Comment:

It seems to me that Stuart's suggestion about rotating neurosurgical residents through several hospitals is an ideal one and certainly to the great benefit of the neurosurgical resident who obviously would gain by being able to work in different neurosurgical centers gleaning thereby the good features of the various areas in which he is trained.

I was interested in learning that Bill Scoville has returned to open carotid angiograms and I would certainly be interested in his comments as to why he finds this best, particularly from one who has done the percutaneous method over a period of time.



Time marches on.
Montreal Neurological Institute, circa 1936.
How many of these characters can you identify?

John D. French (March 31, 1952)

"Ever since your first notice I have been trying to think how a 'First' should sound for your very fine Round Robin Letter. Having failed to construct anything either noteworthy or witty, I have decided that perhaps new members, like little children, 'Should be seen and not heard'.

"May I simply say that I am delighted and honored to be a member of the Academy, and that I will consider it a privilege to participate actively in its functions. In this connection, I hope you will feel free to call on me for anything I may be able to do to help you with plans for activities for the 1953 meeting there."

Editorial Comment:

The Robin appreciates the thoughts about the Round Robin Letter, "The Neurosurgeon", or "The Burr" as you will. Its contents naturally represent the opinions and expressions of all the members and anything interesting or good about it is largely dependent upon what is

contributed for editorial arrangement.

All of us are pleased that Jack has been elected to the Academy and we are sure he will continue to participate actively in its functions. He has given a number of interesting papers on those occasions when he has been invited as a guest and it has been our feeling that in all of those meetings he has been too often seen and not heard. His quiet way has been appreciated by everyone.

* * *

"The value of government is easily appraised: Usually the more it costs the less it is worth."

* * *

Joseph P. Evans (March 30, 1952)

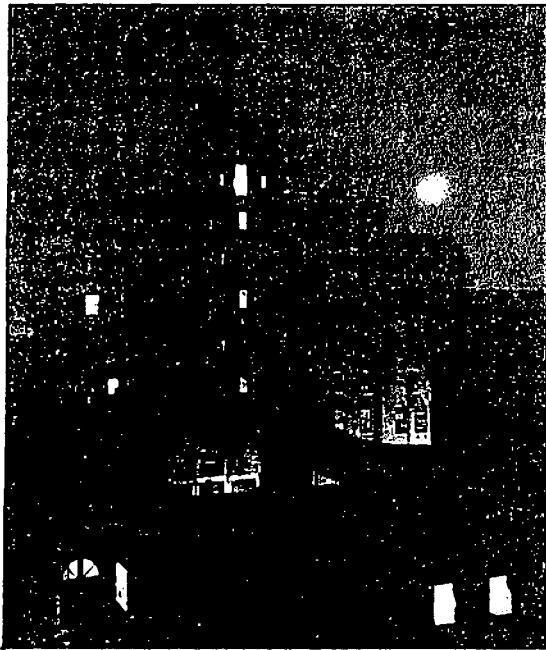
"Tomorrow is the deadline for the Round Robin so that perhaps this will reach you too late. I had had nothing constructive to offer in any event until seeing Spence Braden in Cleveland a couple of days ago when we had a long discussion about the matter of election of members. I believe he planned on writing to you so that this may be repetitious, but we were both agreed that probably the system of proportional representation of voting should be abandoned. I say this with some reluctance because I was one of the ones who advocated its trial but in common with most Cincinnatians where the method has been tried for years, I must confess that I really don't understand it very thoroughly. Somehow it seems to have been by-passed in the last election and the results were in my opinion fairly satisfactory and I am not sure that we shouldn't submit to a membership committee the names of individuals. Such a committee, if they found too much opposition to a particular person, could refrain from bringing the name up unless action were insisted upon by the sponsor. Careful perusal by such a membership committee would, it seems to me, insure good candidates and offer us a good group on whom to vote with an arbitrary limited number to be admitted each year. Spence suggests that perhaps three blackballs should serve to hold a man from election. And this would seem to me a not unreasonable arrangement. Perhaps the number might be raised to five, representing roughly 10% of the membership.

"I am sure we are all anticipating a thoroughly interesting and profitable meeting in September under Larry's ægis."

Editorial Comment:

It is gratifying we continue our efforts to improve the method of electing new members. There are many points of view concerning this and I don't believe any method will be without its faults. In the last few years the present situation has worked fairly well. In my opinion the most important feature of it is that all of the members have control of the voting, and election to the Academy is not entrusted to any small group. Such a

group could work well but also might unwittingly show partiality and favor. A small group or committee for election is essential in a large organization but it is questionable whether ours has reached that size at present.



The Montreal Neurological Institute at Night

Academy representatives from this well known neurological center include: Edwin B. Boldrey, Donald F. Coburn, Francis A. Echlin, Arthur R. Elvidge, Theodore C. Erickson, Joseph P. Evans, Guy L. Odom, Robert Pudenz, Theodore Rasmussen, David L. Reeves, and Exum Walker.

* * *

"There is a great difference between the right word and one that is similar but all wrong. For instance, you can call a woman a kitten but not a cat; a mouse but not a rat; a chicken but not a hen; a duck but not a goose; a vision but not a sight."

* * *

The next meeting of the Rogue River Society of Neurological Surgery has been tentatively planned for the latter part of August. Doctor Edmond Morrissey, president, gathered with a few of his colleagues over some good whiskey at the Bohemian Club and reflectively decided the moon would be right at this time and that the steelhead would be running. Some wag wanted to know how Ed came to such conclusions. The state-

ment was proffered that he and John Raaf had some new method of determining the best time of the year for the steelhead but they were unwilling to give away their secret. Tentatively the program has been arranged as follows:

August 24th

- 1 - Breakfast at Coos Bay
- 2 - Arrangements for fishing and hunting licenses
- 3 - Visit to the Crooked Riffle Aquarium by motor launch
- 4 - Barbecue luncheon at the Crooked Riffle Lodge
- 5 - Afternoon fishing

August 25th

- 1 - Early morning breakfast and fishing
- 2 - Steelhead luncheon al fresco
- 3 - Neurosurgical seminar- Neurosurgery Yesterday, Today, and Tomorrow. Moderator: Rupert B. Raney of Los Angeles. Each discussant will be limited to five minutes.
- 4 - Cocktail hour
- 5 - Steelhead fishing and canoe racing to Coos Bay
- 6 - Bachelor dinner at Coos Bay, Dr. Edmond Morrissey presiding.

August 26th

- 1 - Steelhead fishing
- 2 - Fly casting contest for Crooked Riffle Lodge Silver Cup
- 3 - Elk barbecue followed by siesta
- 4 - Tissue cultures of the feathered cells of the salmon's cerebellum by Francis Murphey, discussion by John Franch

August 27th

- 1 - Elk hunting
- 2 - Final banquet at Timberline Lodge with election of new members and officers for the ensuing year.

Editorial Comment:

This unique society has gradually progressed to a rather distinguished program of a unique character.

The Robin wishes to remind you to send at least one paper to Hunt Shelden for the coming meeting in New York. He also urges all of you to work on covers for the next edition appearing this summer and hopes moreover that additional photographs will be forthcoming from members in different parts of our world. The New York meeting should be a memorable one and all of us are looking forward to one of our finest meetings of the Academy.