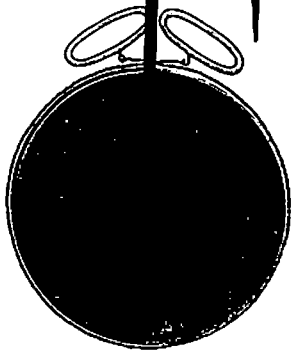


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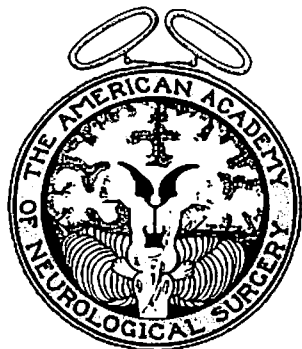
E U R O S U R G E O N



**THE PERSONAL JOURNAL
OF THE AMERICAN ACADEMY
OF NEUROLOGICAL SURGERY**

**VOL. 17 NO. 1
MARCH 1957**

THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY



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President-Elect Jess D. Herrmann
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1956 - 1957

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President, 1956-1957



OUR NEW VICE-PRESIDENT

THE NEUROSURGEON

NOW THAT our Eighteenth Annual Meeting has left nostalgic memories of Camelback and Arizona in our neurosurgical history your correspondent feels impelled to offer a few reminiscient comments.

He believes the meeting combined in highest fashion a blending of social pleasures with scientific thought and discussion. The cocktail and dinner party at the home of Georgia and John Green, as my older daughter would say, was "the most". The chuckwagon cocktail and dinner party on Thursday night was thoroughly enjoyable. There was a lot of "Sweet Adelining" in which your reporter also joined. (See candid camera shot on page 2.) The banquet was admirably arranged and toastmastered by Jim Galbraith. Eustace Semmes' address was outstanding - a rare delight. And.....those exanguinating blues!

The scientific program was excellent and well diversified with the session on technical procedures a great addition. The Program Committee, with Wesley Gustafson the chairman and Lyle French and Jim Galbraith as his team, deserves much praise. The symposium on the pituitary very appropriately began with Hunt Shelden's movie illustrating the embryologic development and ended with the provocative subject of hypophysectomy for carcinoma of the breast by Lyle French. Dean Echols' droll and salty remarks about his experiences with pituitary adenomas brought down the house.

L. V. Amador's paper on "Anatomical Considerations in Stereotaxy" posed much food for thought, represented a great deal of painstaking work, and was well received. It was unfortunate the Academy Award Winner could not be present to give his paper but this was admirably done by Larry Pool. Your editor thought Ed Boldrey's "Discussion of Neurosurgical Training Program" most interesting and informative. This represents a great deal of work and obviously will be of considerable value as well as a credit to the Academy when completed. Time and space do not permit further comment on the papers which were varied and excellent.



"Swing Low Sweet Chariot"

In accordance with the change in the Constitution creating the office of president-elect; Arthur R. Elvidge was elected president; Jess D. Herrmann, president-elect; and George S. Baker, vice-president.

Arthur well deserves the honor of being our eighteenth president -- Dean Echols having been the first president for the two years of 1938 and 1939. Arthur has missed few if any meetings, has served admirably on several occasions as toastmaster, and arranged one of our very best meetings at the Windsor Hotel in Montreal in 1948. He also served as vice-president during 1946 and 1948. The meetings wouldn't be the same without Arthur. I don't believe I'll ever forget the story Arthur told at the Shamrock in Houston. My agents told me Arthur created some sort of stir at the Camelback -- something about being closely shadowed by two silver clips.

Jess very deservedly is the president-elect from the class of 1938, and has very quietly attended every meeting except when he was in the jungles of the Southwest Pacific area of the last war.

George, our vice-president, from the class of 1940, has shown a continued interest and affection for the Academy. The meeting he arranged at Rochester, Minnesota in 1950 was excellent. He is presently chairman of the membership committee of the Harvey Cushing Society and is serving on the American Board of Neurosurgery.

Your editor was pleased to see Eben Alexander serve another term as secretary-treasurer -- something he has done so well and which is so important for the successful function of an organization. Moreover, it takes a year or so to appreciate the duties and problems involved.

Stuart Rowe now has the dubious distinction of belonging to the "Past Presidents Club". As someone has said, there is nothing quite as dead as a past president. Be that as it may, Stuart handled his difficulties extremely well, so well in fact there were no difficulties.

Your reporter was pleased to find the term "Senior" substituted for "Emeritus" in that membership classification, and even that simple name change brought some comment. He is also pleased with the addition of our two new members -- Ernie Mack from Reno, Nevada and Frank Nulsen from Cleveland, Ohio and hopes they will add their talents and interest to THE NEUROSURGEON, our personal journal.

Your journalist was glad the Executive Committee saw fit to establish an Editorial Advisory Committee for THE NEURO-SURGEON to make its recommendations relative to a publication or editorial committee or board. Your reporter is chairman and will be ably advised, as well as assisted, by Dean Echols, Henry Schwartz and Don Matson. Letters appearing in THE NEUROSURGEON of August 1956 afford a good idea about this problem and indicate in general some type of small committee or board is desirable.

Your editor also believes the letters in the August 1956 NEUROSURGEON, as well as the discussions at the meeting, will result in the appropriate addition of young new members. A few of the guests discussed at this meeting were favorably received. It seems to me the idea of some kind of list of possibilities must be sent out to obtain the reaction of the members and I am glad this is accepted. A list has already been mailed with the idea in mind additional or other names can be sent in to members of the Membership Committee but that if possible not more than ten choices of the best candidates in the members' opinion be made. In this manner the Membership Committee can learn those most favorably considered and also in this way the membership can round up new talent for consideration. This can be done without the membership formally proposing someone for consideration. Then if the outlook is favorable a member could complete the application and there would be less chance of embarrassment all around. At the present time most of us are reluctant to propose anyone for membership for the obvious reason they all get turned down.

It is to be remembered, as George Baker pointed out, there is much to be done before an applicant can be voted on for membership. He has to attend a meeting and his completed membership form must be submitted to the Membership Advisory Committee at least four months prior to the annual meeting. It becomes clear we will have to consider the next few years for the addition of new members as it will take time for all of this to be accomplished.

We are hunting good young talent -- so consider yourselves talent scouts and send in your names and letters about candidates.

But now to the news items about our members and the letters from them we all enjoy so much.

* * *

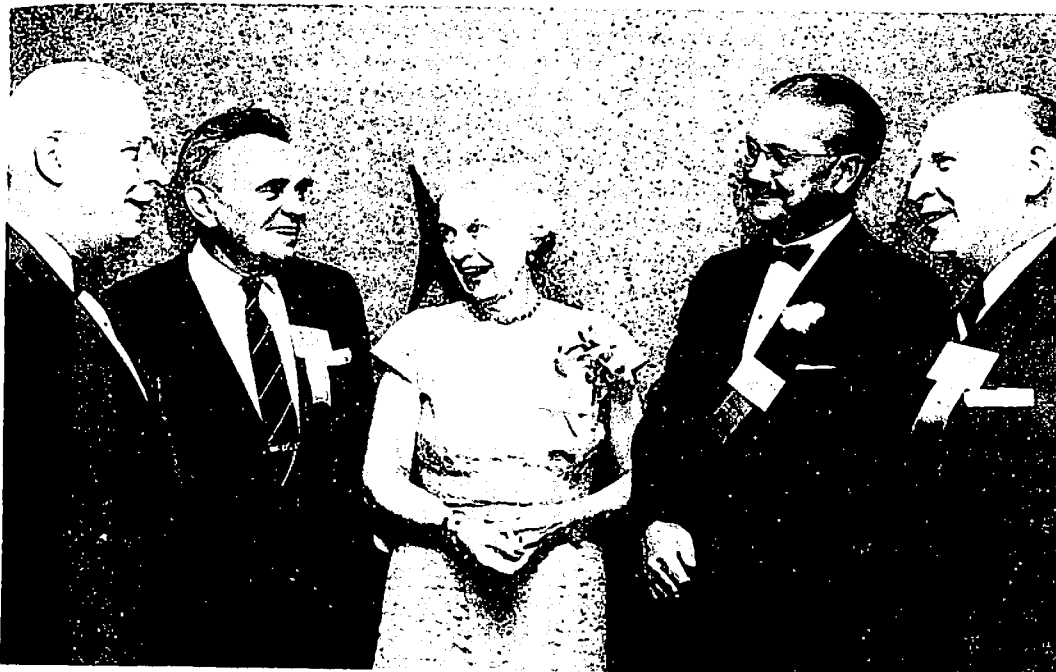
ROCHESTER POST-BULLETIN

SECOND SECTION

PAGE 9

SATURDAY, SEPTEMBER 15, 1956

1955 - 1956



Doctor and Mrs. Craig honored
by Neurosurgical Alumni

A dinner of the Neurosurgical Alumni of the Mayo Foundation was given in honour of Dr. Winchell McKendree Craig on Friday evening, September 14. This was a testimonial dinner in view of his retirement in July, 1957.

It was attended by 130 members of the Alumni group and their wives along with members of the staff of the Mayo Clinic. Also present were Doctor Craig's four children and one daughter-in-law who were together for the first time in five years, one son being with the Marines and another son with the Air Force.

The toastmaster of the dinner was Dr. C. Hunter Shelden of Pasadena, California, who had been Doctor Craig's assistant at the Mayo Clinic for many years and then was associated with him in

the Navy at the United States Naval Medical Centre in Bethesda, Maryland. Doctor Shelden called upon Dr. William Carpenter MacCarty, retired head of the Section of Surgical Pathology, as Doctor Craig had been his assistant in the early twenties. He then called upon Dr. Eustace Semmes, professor of neurosurgery at the University of Tennessee, and life-long friend of Doctor Craig, who related the accomplishments in the field of neurosurgery, their activities together on the National Board of Neurosurgery and his many friends throughout the medical world. Mr. S. Raymond Thornburg, president of the Pawling Rubber Company of Pawling, New York, a former classmate of Doctor Craig at Ohio Wesleyan University and life-long friend, was called upon to discuss Doctor Craig's university life. His remarks were augmented by Mr. A. Wallace Morrison, a former editor of the Encyclopaedia Britannica and presently associated with the Field Association of Chicago. Dr. Alphonse McMahon was then called upon because he was actively associated with Doctor Craig at the National Naval Medical Centre as chief of medicine when Doctor Craig was chief of surgery. Doctor McMahon is the president of the Southern Medical Association, former vice-president of the American Medical Association and professor of medicine at the University of St. Louis Medical School.

The toastmaster then called upon Dr. William Lipscomb, a former assistant of Doctor Craig, who presented him a large silver tray upon which were transcribed the signatures of all his former students.

Editorial Comment:

What a fine tribute to a much loved and admired Honorary Member of our Academy. All of us were relieved to learn of his recovery from his recent illness and to realize he will be able to enjoy many of the plans he has had since retiring from the demanding tasks as head of a renowned department.

* * *

Editorial Comment:

Your correspondent was thoroughly pleased that Doctor Semmes graciously agreed to send his address in to THE NEURO-SURGEON. All of us enjoyed it so much, and I am sure we are happy to have it in this volume to re-read at our leisure and to have it in a permanent form. I am including his note to me about it, for I thought that, too, was so like him.

R. EUSTACE SEMMES - January 3, 1957

Enclosed is the paper. I am afraid it will not seem as amusing without a couple of highballs, good red wine and champagne! I believe, however, it has some useful reminders.

I am still looking back with pleasure on the Phoenix meeting and have already decided to attend the next one!

IN FAVOR OF SIMPLICITY: APPLIED TO MEDICINE IN GENERAL
AND NEUROSURGERY IN PARTICULAR

R. Eustace Semmes, M. D.
Memphis, Tennessee

Medical care is steadily becoming more complex and most costly. Since it is customary to become reactionary as one becomes older, I am inclined to hark back to how well we seem to have got along in many respects in the past. Should not one benefit by looking backward as well as forward? I believe that this is the time to re-evaluate many of the modern innovations and to determine whether these are necessary, or even desirable, at least as generally used.

Diagnostic procedures have multiplied, and although each one may be essential at times, these procedures are time consuming, painful, expensive and not without danger. We certainly should be careful to give our best guess as to the one most likely to turn up with the answer and at least see that the patient runs the gauntlet of the electroencephalogram, pneumoencephalogram, ventriculogram, arteriogram, venogram and isotopic concentration in the most likely order. Myelography for diagnosis in lumbar discs is used in every suspect by some neurosurgeons, although the clinical picture is far more reliable and every patient who has both myelography and operation insists that the myelography is the worse. The x-ray films made in various positions, at various angles, and frequently stereoscopically are apt to stack up until they need baling--particularly in Government hospitals. We seem to get along satisfactorily with a much smaller number of carefully selected views. There is now reason to believe that patients undergoing diagnostic studies are being injured by excessive irradiation. It seems that even the progeny also may be damaged for generations to come--his more than hers, for obvious reasons! Many laboratory and clinical tests are ordered which can hardly supply any useful information. Our laboratory

chiefs frequently complain of too many "slap-happy and shotgun" requests. Counting the cells in bloody and cloudy spinal fluid is like counting the hairs on a rabbit to see if it is a big rabbit or a little rabbit! In our hospital, blood is extracted routinely from the patient--before he even gets to bed--for the purpose of serology; although a positive VDRL turns up in less than one in a thousand cases. In five years we have had two positive fluids, both of which were false positive. Of course, at times we cannot avoid interfering with the blood chemistry and the electrolyte or endocrine balance. A remarkable amount of knowledge has accumulated on these subjects--but not enough! Speaking for myself, understanding these intricate reactions is very difficult. I have more confidence in the body's automatic ability to control them--remembering what an incredible variety of food, drink and other materials can be dumped into the stomach in almost any relative amounts and perfect balance result. (No matter how you hold it, a dropped cat always lands on its feet!) To leave these matters to nature by simply avoiding doing anything to upset the apple cart may be the safer as well as the more comfortable course to pursue.

Although nearly all neurosurgical procedures can be done satisfactorily and expeditiously with the patient lying on an ordinary operating table, now for almost every kind of operation, the patient is put in a different position. Tics are done with the patient sitting up jackknifed, with a complicated superstructure resembling an offshore oil rig. Operations on the cervical spine and cerebellum also are done with the patient sitting up, the surgeon working with his arms in the air, and the patient running the risks of hypotension and air embolism. Recently, seeing a neurosurgical friend struggling with a cerebellar tumor poorly anchored in this position, I could not resist asking if he had ever tried it standing in a hammock. Even to remove a lumbar disc, some surgeons put the patient up on his elbows and knees--over a barrel, so to speak.

Next the patient is draped in a manner as ritualistic and time consuming as a Mormon wedding. Some surgeons spend a good deal of time sewing various layers to the scalp--few layers are necessary if one is an impervious plastic. Most neurosurgical operations may be carried out under local anesthesia--avoiding the hazards of both the anesthetic and the anesthetist; but multiple-drug anesthetics are employed, with amazingly complicated machines demanding nearly all of the anesthetist's attention. Endotracheal intubation is considered obligatory by many. In the meantime, so-called heart block has increased from one in 5000 to one in 600, according to recent reports, requiring frantic thoracotomy and



SIMPLICITY

heart massage in order to save the patient's life, even if it is too late to save his brain.

Blood is given almost routinely, being replaced rather than kept in the body. Some even take the blood out before operation and then return it. Patients who get only one pint of blood run all of the risks and probably do not need it in the first place; they can replace the blood loss the same way the donor does. Transfusions are now killing more patients than appendicitis. So persuasive are the transfusionists that we would believe them if we had not done 5000 disc operations without giving any blood and without losing a patient and 1000 craniotomies on tic patients with one transfusion for medical indication. Two of the latter died; one the following day, the other the following week. Hypothermia and hypotension are too new to judge whether the risk is justified even until some simpler method of control is developed.

The present-day postoperative patient is nauseated from anesthesia, his throat is sore from intubation, and he can neither rest nor sleep because of needles in his veins and a catheter in his bladder. He must put up with the sight of a bottle of blood hanging over his head, or a less appetizing one if his stomach is upset. To add to his troubles, a nurse pokes him in the rear end with a big and often blunt needle every few hours, administering antibiotics. I am

sure that we have more surgical infections in this antibiotic era than in the days when we relied upon aseptic technique and physiologic handling of the tissues. Anticipating complications and preventing them if possible also greatly simplifies the patient's course and reduces the expense.

I am reminded of an instance where a surgeon who was a tedious operator and worked very hard on his patients after surgery, much concerned by the stormy and distressing postoperative course of his patients, asked the late Dr. Wilhelm Kohlmer how it was that his patients got along so smoothly and comfortably. Doctor Kohlmer's reply was, "As less you do, besser ist."

Surely if the patient is not scared, starved and dehydrated, but allowed to eat, drink, chew and smoke and generally follow his usual bent--even to coffee in the morning before operation, if he is operated upon under local anesthesia, and if the natural openings are used for medication and fluid instead of the needle, his stay in the hospital is sure to be shorter and the cost to his carcass and pocketbook greatly diminished and sooner forgotten.

* * *

PEACEFUL INTERLUDE



THE LETTERS

J. LAWRENCE POOL - November 11, 1956

While awaiting the plane from Phoenix let me improve the shining hour by congratulating you on your willingness to continue your superb editing of our ever-welcome sheet "The Neurosurgeon". You have made it the pleasantest and most enjoyable of all publications that stack my desk, and the only one I read from cover to cover. The latter accomplishment is of course a tribute also to the handiwork of all of our ever-enlightening members.



This Phoenix meeting was really stellar as to fun, location, and particularly program. To Georgia and John Green, to Stuart Rowe and his Executive Committee, and to Gus and his Program Committee go our heartfelt gratitude for all their hard work and imaginative approach. The program, combining as it did the symposium idea on pituitary data, with the five-minute technical notes, struck me as a basic plan well worth repetition.

In addition it seemed obvious that we also enjoyed the report of Ed Boldrey and the ensuing discussion relating to the future of neurosurgery in this country. Further consideration of this subject might also prove of interest and value at our next gathering.

A happy triple play made the meeting especially pleasant. This consisted of a fast relay from Herrmann to Pool to Green of a young Oklahoma girl who had moved to New York where Jess suggested she see me because of staggering (hers; not mine this time) and high grade papilledema plus multiple cranial nerve signs. Clinically I thought she had a brain stem glioma. Ventriculogram studies showed a massive circular pontine mass with obstructive hydrocephalus. Operation revealed an enormous epidermoid beneath the pons extending well up through the incisural ring. All but a bit of capsule adherent to the basilar artery was removed, following which one could visualize the contralateral V, VII, and VIII cranial nerves by looking beneath the pons. She has no more ataxia, nystagmus, papilledema, or cranial nerve signs, and is hard at work in Phoenix where John Green now very kindly keeps an eye on her. The three of us Academicians had a very pleasant follow-up visit with her and her father during the meeting.

Editorial Comment:

Larry's charming enthusiasm cannot help being infectious and appreciated. If I had had the good fortune to have had such an excellent result with such a difficult case I, too, would have been euphoric. It is such instances as these that keep us hard at our difficult and often discouraging problems.

Your editor is appreciative of the many generous comments concerning THE NEUROSURGEON, but hastily adds the obvious fact that it is the interest and enthusiasm of the members that has made it a source of interest and enjoyment to most of us.

* * *

"One advantage of air travel is that it enables you to pass motorists at a safe distance."

"We hope the scientists discover that Mars is not inhabited. This country can't afford to stretch foreign aid any further."

"He was one of those hydromatic types - you know, shiftless."

* * *



SAM and JESS

The excellent program at the Phoenix meeting has made me most unhappy that I should have been compelled to miss it. I suspect that the meetings of the Academy of Neurological Surgery are about the most practically valuable meetings for the neurosurgeon which go on at the present time and I hope it may be possible to time them so that conflicts may be avoided. The two major possibilities on this score appear to be the meetings of the American College of Surgeons and the Clinical Congress of Neurosurgery. Since the ACS is making a more strenuous effort to have a worthwhile program for neurosurgeons at each of its sessions, and since I do not think we neurosurgeons wish to lose a major voice in the affairs of the College, we should perhaps be well advised, when possible, to attend these meetings. I should think this may be facilitated by having the meeting of our Academy either immediately preceding or immediately following the College of Surgeons meeting and by holding it within the same one third of the country, preferably within a few hundred miles of the meeting of the College. This tactic, which was followed when Larry Pool and Frank Echlin were in New York, seemed to work out well, especially for the men from the West Coast. The following are the dates and places for the next meetings of the ACS:

1957	October 14-18	Atlantic City
1958	October 6-10	Chicago
1959	Sept. 28 - Oct. 2	Atlantic City
1960	October 10-14	San Francisco
1961	October 2- 6	Chicago

I have also suggested that we attempt to synchronize our meeting with the Congress of Neurosurgery which might be held either just before the ACS meeting, if ours is just after it, or vice versa. Enough members of the Academy have an associate who is a member of the Congress of Neurosurgery so that both of them can not be away from home at the same time. The proposed tactic would, I think, permit the members of the Congress to attend the College of Surgeons meeting conveniently if their associates who are members of the Academy did not wish to do so, and permit each of them to attend the meeting of his particular society. I do hope that this thought may commend itself to those concerned with scheduling the meetings, both of the Academy and the Congress of Neurosurgery. With the increasing number at the meetings, I think we shall have to make special efforts to time them, if as many as possible are to derive benefit from the large amount of organizational work that goes into planning these sessions.

P.S. - Dr. Ira Jackson tells me that Dr. Philip D. Gordy, of 1007 Delaware Avenue, Wilmington 6, Delaware, is the secretary of the Congress of Neurological Surgeons and is the man with whom our society should correspond on this matter.

Editorial Comment:

Bill's suggestion of synchronization of the meetings of the American College of Surgeons and the Congress of Neurosurgery is a good one but is a most difficult one. In fact it is getting more difficult to choose an appropriate time for any of the meetings so they will not conflict with some other meeting. It is my understanding that the Academy has already shifted their times to later in the year to accommodate the meetings of the Congress of Neurosurgery. Some wag has suggested the other societies shift their meetings to accommodate us -- and so it goes. Perhaps we will hear from our members concerning this.

* * *

"Tolerance is the ability to shrug your shoulders when you've got a chip on them."

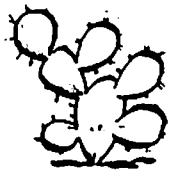
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Chit Chat at the
Western Neurosurgical



Having just returned from Arizona and thus freshly stimulated, I will heed your call promptly and not await the last minute as usual for the letter to "The Neurosurgeon". The report of the auditors on the cost of the journal merely lets us appreciate it the more; I couldn't love it better, nor bear the thought of abandoning the wench at twice the cost!

The Camelback Inn was a perfect spot for a meeting. The Executive Committee proved faithful to the trust we put in them to "Lead us into Green Pastures", even tho they may be in deserts. May they continue to be so wise. After hearing sporadic prophecies of doom over our reactionary (?) policies, I was delighted with the spontaneity and sparkle of the program our Committee assembled for us. In a very quiet manner, our presiding officers ran off this long menu without interfering with any of the delightful extracurricular activities. Our host deserves special commendation for his thoughtful contributions to a very special meeting that will be long remembered.



For several years Hellyn and I have regretted our inability to take off enough time from our obligations to permit us to make a Grand Tour of the Western Country. We have adopted a method that gradually has proved to be much better for us. We fly to the meeting and after it is over, rent a car and spend another week or so touring the local area. We made a wide looping trip to the Grand

Canyon on this occasion and took in about as much scenery as we can stand in one dose. In this way we have sampled Colorado, New Mexico, Arizona, Virginia, Florida, and the Canadian Border area. We are anticipating thus adding Georgia and many other areas to our book of memories. We regret having failed to include the Santa Barbara area, but perhaps that opportunity will develop again in the near future.

GOLLY!
WHAT A
GULLY!



One interesting case: in 1946 we admitted a girl who in an auto accident a few months earlier had had her frontal bone sheared off just above her orbital ridges and set back about one inch. She displayed severe evidence of bilateral frontal lobe damage, but as much for cosmetic reasons as otherwise, we removed the bone, cleared out the frontal sinuses, removed the severely scarred stumps of the frontal lobes and did a cranioplasty with a tantalum plate. Two years ago she again smacked a windshield with her forehead and dished the tantalum inward. I removed it and found the dura replaced by a heavy layer of scar, which I did not open, and repaired the skull defect with acrylic. During my absence in Phoenix, she was brought into another hospital with meningitis, from which she died in two days, despite intensive therapy. The autopsy showed an extensive subdural infection originating in the remnant of the right frontal sinus, extending back thru the cerebrodural scar and into the anterior horn of the ventricle. *Ars longa -- tempus fugit!*

My congratulations to the Academy on the election of Drs. Mack and Nulsen. I hope they will enjoy their association with us as much as I am sure we will enjoy having them with us.

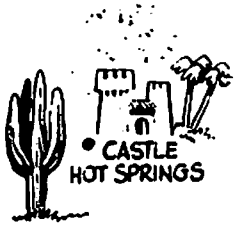
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"A wife is a person who can look in the top drawer and find her husband's sox that aren't there."



TRAIL RIDERS

Snow and sub-freezing nights here seem a far cry from two weeks ago at the Camelback. Hurrah for John and Georgia Green!



I would like to put in writing my suggestion that the secretary have available at the last executive session of each annual meeting a mimeographed form which a sponsor and two seconders could fill out, sign, and file at that time in support of a candidate for election at the next meeting. This would in no way preclude filing the necessary papers at a later date when the secretary canvasses the society by mail, but might eliminate some of the careless oversights in doing so which were confessed to at the Phoenix meeting. Certainly several nominations could have been legally completed on the spot at that time if the means had been readily available. It seems to me that almost everyone would like to see 6 or 8 good candidates on the ballot next year and hope that at least 50% of them could be elected! I would also like to indorse these suggestions: 1) that all guests be introduced to the group at the first scientific session and 2.) that the program committee contact the sponsors of candidates to encourage the latter to present a paper on the first day of the meeting whenever possible.

I would like to speak for Scandinavia to all members who are planning to go to Brussels next summer. If you have never been to the coast of Norway, or Stockholm, or the Islands of the Gulf of Finland, Dotty and I can indorse them all most enthusiastically after our trip this summer. We had six days and nights of perpetual sunshine north of the Arctic Circle which were magnificent. In Helsinki, Gunnar Björkensten showed me seven recent port-op aneurysms on his wards, all doing well -- something our dilution problem makes less and less likely at home.

Editorial Comment:

Don's comments about having a mimeographed form available at the last executive session for the sponsors and seconders to fill in is most important, as is the introduction of guests at the first scientific session. Additionally, I believe it very wise to have the program committee learn of prospective guests in ample time to arrange for them to give a paper.

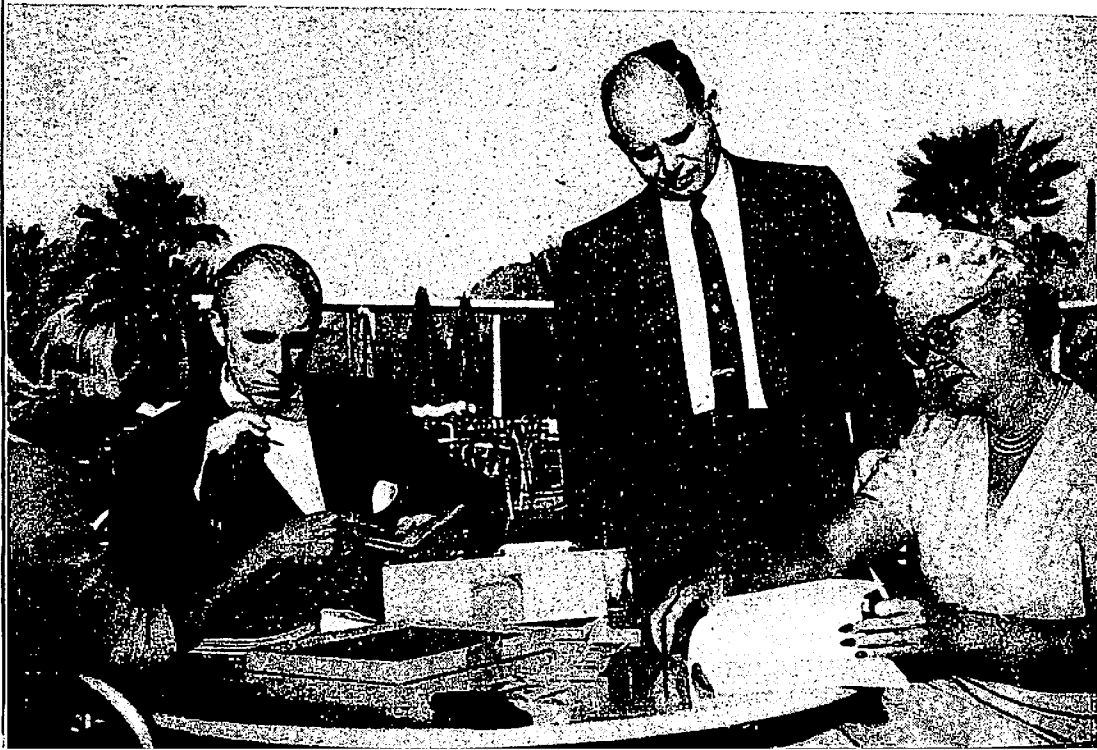
The response to the questionnaire concerning prospective members has been most gratifying and I really believe very helpful. Getting the applications in after a decision has been made and having them ready for the meeting is not easy and should be a continuing process. There are many fine men who have not been guests and who are not known. With a continuity of the last president being on the membership committee and becoming the chairman the following year, things should run smoothly if every effort is made to coordinate this well planned arrangement. Other things being equal it is important to obtain men from areas not yet represented; and in addition to getting the younger men, not much over 50, ahem, I believe it important to obtain those genuinely interested in contributing one way or another. Additionally, I believe it important to have a well balanced variety of talent, interests, and personalities.

The idea of electing corresponding members as emphasized by Tom Ballantine should be given serious consideration, and certainly those of you familiar with the European and South American neurosurgeons should put in some application forms for them.

* * *

"Most fathers yearn for a son who would not only fill their shoes but also the gas tank."

BY THE POOL



In answer to your letter of November 8 about contributions for the Holiday Edition of The Neurosurgeon, I would like to state that I thought the program at Phoenix was very well arranged this year and the second day of short talks concerning new procedures and new equipment was extremely valuable and should probably be repeated every year as the members of the society seem to be, many of them, of an inventive turn of mind and are effervescing with new ideas all the time. There were many subjects discussed in the program that were of great interest to all of us and the variety and wide selection of the material discussed certainly speaks well for the versatility and ingeniousness of the members of the Academy.

The officers who arranged for the meeting at the Camelback are certainly to be congratulated as I personally do not recall a finer meeting in any respect from the scientific program standpoint and also from the social aspect. The climate there is truly ideal and our only regret was that we could not stay longer. We enjoyed every minute of our stay in Phoenix at the Camelback.

We had a case here recently which was of some interest; that of a colored man with a large subdural hematoma who was only 28 years of age but had marked calcification of his falx. However, the chief point of interest was that although the PA view of his skull showed the heavily calcified falx to be exactly in the midline which would lead one to believe that there almost certainly was not a surgical mass lesion in or over either cerebral hemisphere, the AP view of the skull showed a considerable shift of the calcified falx to the left side indicating a right posterior cerebral mass lesion. At operation, a large hematoma containing approximately 70 c. c. of typical dark "engine-oil" type of blood was found beneath the dura overlying the right cerebral hemisphere extending anteriorly as well as posteriorly. After its evacuation the patient's moderate left hemiparesis and two diopters of choked discs subsided rapidly. The case serves as a warning perhaps to some of us who are a little inclined to "cut corners" in getting our skull films both in trauma cases and in diagnostic work-up of cases, it being well to get all four skull views in every case studied so as to avoid overlooking the obvious help that one should obtain from the complete series as in the case cited above.

I also should like to stress again how important we feel it is here to carry out diagnostic myelograms in individuals who have



"THE PAUSE THAT REFRESHES"

lumbar disc explorations without such a study (which is the state of affairs in the majority of our cases here today) and in whom occasionally there is no large or surgically significant disc found. If such a patient complains of disabling peripheral leg pain when he becomes ambulatory before hospital discharge, it is rather important, we think, to carry out the oil study at that time as in the rare case at least, one will find a marked defect in the myelogram on the side opposite the patient's pain, and it is only when operation is carried out on that unsuspected non-painful side that the protruded disc is found! We have had such a patient earlier in the present year. I shall leave to anyone who cares to make the effort the explanation of such a bizarre state of affairs, but undoubtedly it does occur and from a practical standpoint it is certainly wise to keep it in mind.

All of us who are working more or less strenuously on a teaching program, now of four years' duration in neurosurgery and allied disciplines, were, I am sure, extremely interested in hearing what Earl Walker had to say about the present requirements for board training from the minimum standpoint especially. From the number of questions which were asked and even some of them which could not be asked because of the limit of time, perhaps, it is rather evident, it seems to me, that there is required some clarification on the part of most of the members as to just what the minimum requirements are; how much such disciplines as clinical neurology, neuropathology, and neurophysiology in the research laboratory count with respect to the number of months or years of credit toward board training. Certainly, with the extensive program now required, including at least a minimum of a year of straight surgical internship before they start the regular neurosurgical program followed by a minimum of two years' private practice after they finish their formal training, it is obvious that these men will be fairly well along into their 30's before they are able to take the board examination. I think, as Earl suggested that he would do in the near future, that it would be an excellent plan to put down in a short report the clarification of these points and send them to all of the neurosurgeons who are in charge of the formal four-year training program in the various centers so that they may talk specifically and with authority to the perspective assistant residents and residents as they are interviewed from time to time telling them just what the present facts are with respect to the minimum training for the board. We certainly heartily approve of the minimum number of brain tumors required and the minimum number of major procedures that the resident has to do or at least have active supervision and observation of in his resident year before the individual would be approved

as properly trained for neurosurgery. We are hoping by July 1, 1957 to have our training program well in order with a rotating system (in addition to the thirty months or more of clinical neurosurgery) to include clinical neurology, neuropathology, and neurophysiology concerning which a stipend from the neurosurgical research department will help them financially, all used to widen out the program. Our new Professor of Surgery, Dr. Hume, is planning to rotate one of his assistant residents as well as one of his straight surgical interns through neurosurgery because he and we feel the men will never become interested in neurosurgery if they are not at least "exposed" to the specialty and, furthermore, the general surgeons who are being trained here should have at least some direct practical experience with head, spinal and peripheral nerve trauma before they go into the smaller cities and towns to practice surgery. At the present time they are getting none whatsoever. We shall await Earl's clarification and further statements about the minimum board requirements with great interest and appreciation.

Etta and I wish all of the members and their wives the very best of Christmas and New Year holiday seasons and hope that whenever any of you are in this vicinity you will certainly come by to see us and also take in Williamsburg and the Jamestown festival in the spring of 1957.

Editorial Comment:

John, as usual, has made an interesting contribution to THE NEUROSURGEON. I believe Ed Boldrey's report on the Neurosurgical Training Program was most provocative and may very well lead to additional expression of opinions about this important subject. While I believe it is wise for one in neurosurgical training to have a continuity of training in one place, I believe it most important if a resident when he has finished his training, be given an opportunity to spend some six-months intervals at different centers of his choice, four or five if possible, for in this way he will pick up the best features of each and certainly be out in front of the rest.

Your reporter apologizes for not getting this number out as a Holiday Edition, but the beginning of the year becomes or seems an especially hectic one. What a welcome and pleasant change it is to turn to these interesting letters and to the preparation of THE NEUROSURGEON after looking over a crop of astrocytomas grade IV.

LET'S DANCE



R. EUSTACE SEMMES - November 30, 1956

The Phoenix meeting was wonderful. Mary and I really had a grand time, and I was much impressed by the meeting -- in spite of the fact that I was expecting it to be good!

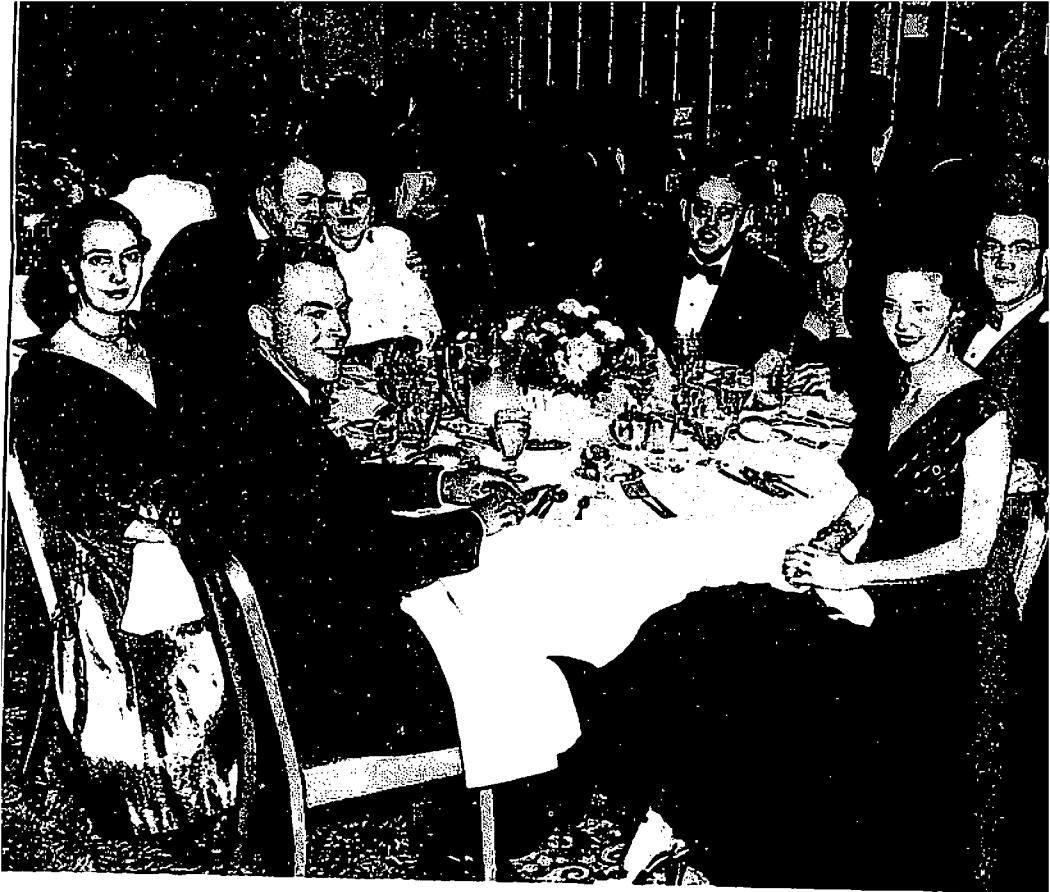
* * *

"About the only thing you can do on a shoestring these days is trip."

"There is a mortician in Los Angeles who advertises: 'Use our lay-away plan, pay now, go later.'"

"Sign on a closed New Jersey service station: 'We under-sold everyone!'"

"A baby is an alimentary canal with a loud voice at one end and no responsibility at the other."



This may be too late for the holiday edition of The Neurosurgeon, but I would like to take this time to express my appreciation for the lovely meetings at Phoenix, particularly to John Green and the Committee on Local Arrangements. It was a smoothly run and delightful time. Thanks also to our busy secretary and to the Program Committee for a job well done. The technical session was a refreshing innovation and seemed worthwhile.



There are two things, however, on which the society should follow through: first, the potential candidates for membership. It seemed to be the consensus of opinion that the names of selected candidates with pertinent data should be circulated throughout the society by the Membership Committee and that these lists should be returned to the Membership Committee with impressions, both pro and con, well in advance of the next meeting so that appropriate ballots could be made out and perhaps invitations issued with more insight.

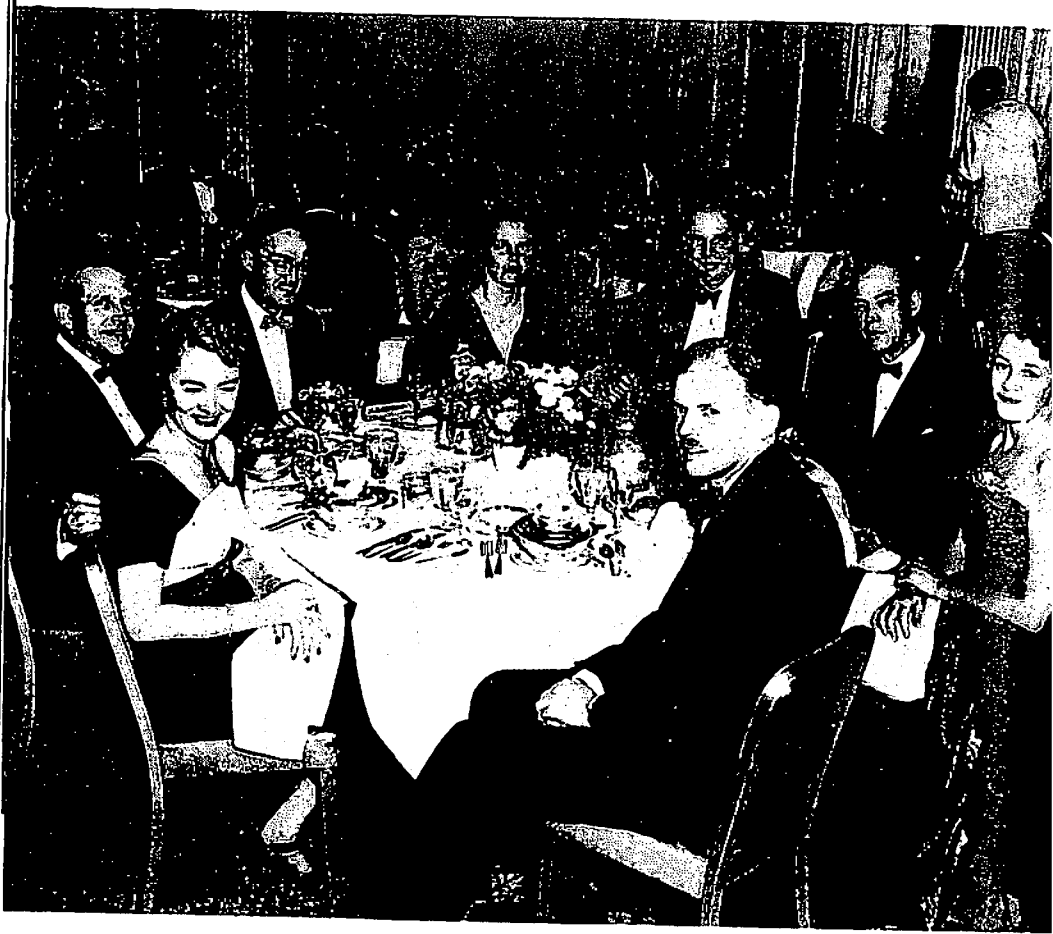
Secondly, I returned to work to find the same steady flow of automobile accidents with their ever depressing aspects and wonder if more direct action by the society shouldn't be made on Hunter Shelden's publicity plan since the automobile manufacturers have certainly not kept their safety features advancing in pace with the increase in horse power, etc.

Editorial Comment:

We are hard at work trying to accomplish Ben's ideas about the candidates for membership, and we hope a continuing program will assure the inclusion each year of vigorous and attractive men and more beautiful and talented women to our illustrious society. It is difficult not to exalt our organization; and I cannot help saying we seem to have arrived at a stage when the meetings have been the most enjoyable I ever have attended. I don't know of any group where one will find a more brilliant and attractive gathering of the really finest friends anyone could possess. We are fortunate to belong. As one of the older members so aptly said, "It's good to have been in on the ground floor, for one wonders whether or not he ever could get in now."

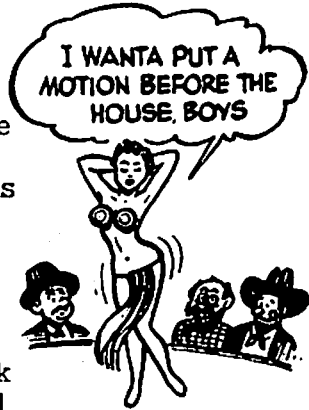
* * *

"Money isn't everything but it's the best substitute for credit."



DINNER WITH THE ODOMS

I do not know when I have enjoyed a meeting as much as I did the one at the Camelback Inn. I would like to take this opportunity to congratulate those responsible on a job well done. The reasons that I think this meeting was so enjoyable are due to the fact that it was held at an excellent small resort, with an informal atmosphere, and there was also a central gathering spot, permitting frequent off the cuff discussions while enjoying a drink or swim. The meeting was also arranged so that the evening's entertainment was participated in by the entire membership as a group rather than separate parties. I feel certain that if this perfect atmosphere had not existed, the executive meeting on Friday would not have had a favorable outcome.



I was very much impressed with Al's use of hypothermia and have had the opportunity of trying it since returning home. A white male was admitted in a critical state due to an episode of intracranial bleeding. We did not expect him to survive. His temperature was immediately lowered to 34 degrees within three hours following his episode of bleeding. His temperature was kept down for approximately forty-eight hours. He has come out of it and is in excellent condition at this time. Bilateral arteriograms have failed to reveal any abnormality and we plan to repeat them in several days. He may have recovered without following this procedure, but we doubt it at this time.

I would also like to take this opportunity to thank everyone for being so nice to Linda at the meeting.

Editorial Comment:

Guy has analyzed perfectly the reasons the meeting at Camelback Inn was so outstanding. It was such a pleasure to see his lovely daughter Linda. How these children do grow up. Guy was appointed the new member of the Executive Committee.

* * *

"Marriage is a public confession of a strictly private intention."

JOSEPH P. EVANS - November 30, 1956

I thought the Phoenix meeting one of the most delightful we have had. The spot was beautiful and the program very worth while. Obviously John, Stuart, Gus, and many others including yourself had worked very hard.

You have suggested comments on recent trips and this leads me to speak of two visits I have made. The first of these to comment on is a day spent at the University setup in Denver with Keasley Welch. At the surgical grand rounds he showed several cases of head injury and we had a general discussion with faculty and students. That was followed by the presentation before the neurological group of a number of fascinating neurological cases, a particularly tough arterio-venous malformation and several cases of proptosis, including one case of von Recklinghausen's disease that had in addition to the ectodermal defects a pulsating exophthalmos secondary to a defect in the formation of the roof of the skull. I must confess that association of mesodermal with ectodermal defects was a new one to me.

After a very pleasant luncheon at which a number of the neurologists and neurosurgeons were present, I visited their V. A. hospital, attended a neuropathology brain cutting session and a neuro-radiology meeting.

It was a most enjoyable day and a great deal has been accomplished by Keasley and his associates in a short period of time. I got the impression that Denver is healthy and thriving neuro-surgically, and I also got the distinct impression that Keasley Welch is a person who would be very welcome in the Academy.

As many of you know, our daughter, Caroline, who was married last spring and went to live in Colombia, had a bout of paralytic polio early in October from which, thank the good Lord, she is going to make an apparently complete recovery. I make that comment because many of you have been good enough to inquire about her.

Caroline's illness was the occasion of a visit to Medellin which is a beautiful city of about 400,000 nestled at about 4,000 feet in a valley in the central of the three Andes ranges that run north-south in Colombia. I spent one morning visiting on the neurosurgical service of the University Hospital. There are three neurological surgeons in the community of 400,000. The oldest of them, Dr. Luis

Posado, returned to Medellin about ten years ago after some four years of training at the University of Michigan under Max Peet and Eddy Kahn. He no longer attends the neurosurgical service but still does some teaching. He is currently the Director of the Psychiatric Institute which he is attempting to develop from the neurological point of view with a couple of neurological assistants and an electroencephalographer. He is a young, energetic, and very busy individual who seems to be very competent.

The University service is now being covered by two younger men, Dr. Ernesto Bustamunte, who was trained by Asenjo, and Dr. Raoul Piedrahita, who in addition to time with Asenjo, had a little over a year at the Lahey Clinic and some time in Germany with Reichert. They have a very busy service that runs up to about 40 patients. In addition to this all three do private practice in various private hospitals in the city.

So far their neuropathology is embryonic and there are obviously so many responsibilities from the clinical point of view that it will take them a while to develop the well balanced teaching service so familiar to us in this country. In addition to the standard set of work here they have a good deal of work secondary to tropical infections brought in from the lower lying areas.

Of course the five days I spent there were far too few to form any sort of an adequate impression, but I was astonished to see how modern and up to date this city seems to be which until the days of the airplane was relatively inaccessible (still is on a really cloudy day!).

I cannot escape the belief that, to the extent that it is desired by the South Americans, there is a real opportunity for being of help in the training of their young neurosurgeons. They will need great numbers of them over the years.

Editorial Comment:

What an interesting and entertaining, as well as informative, letter Joe has written. Keasley Welch is high up on the preference list sent in by the members and your correspondent wishes to take this opportunity to thank the cooperation of the members for sending in their preferences. The replies have almost been unanimous, and I believe extremely helpful -- but more of that later.

We are happy to learn of Caroline's recovery from paralytic polio. What a harrowing experience for all concerned. What a blessing for air travel.

Your reporter would like again to reiterate the desirability of including some of the neurosurgeons of other countries as corresponding members. With modern air travel we should take the opportunity of extending our interests to these countries and perhaps someday we might, as the old sage Sam Snodgrass has suggested, have a meeting in Mexico City.



JOSEPH AND HIS FRIENDS

"Its getting harder and harder to support the Government in the style to which it has become accustomed."

"A real politician is a man who can see both sides of an issue -- in time to get around it."

It seems rather difficult to think of something for the Holiday Edition of The Neurosurgeon after such a beautiful holiday in Phoenix, Arizona. It was certainly a delightful spot for a meeting and everyone seemed to be in the right frame of mind to enjoy the climate as well as hospitality. I didn't know that we had so many cowboys in the group but they certainly sat their saddles very well, indeed, and it seemed that the riders had preference as far as desire over the golfers this year.



The Program Committee certainly should be commended for doing a splendid job. I for one, wondered how we were going to get through such a very extensive program and do it on time, but the whole thing ran along so beautifully that one was not even aware of time dragging on at all. It was too bad that Doctor Ransohoff could not be there to give his award address but certainly the work that he presented through Larry Pool was, indeed, stimulating and offered a great deal of food for thought.

After returning home, we again had to subject a sick patient to lowered body temperature and again were able to bring this patient out of the woods by reducing the temperature to 92 degrees Fahrenheit, and after two and one-half days the patient began to rally and made an uneventful recovery. I certainly hope that others will have similar success in some of these difficult cases and to date, we have run into no serious complications and trust that experiences by others will be equally gratifying.

Photographs that I took at the Academy meeting are all in colour and three dimension so that I am not going to be able to have any available for the Holiday Edition much as I would like to do so; the photographs are just coming back and I doubt that I can get any of them ready for the new edition.

Ione and I wish to extend a very Merry Christmas and a Happy New Year to all of our good friends in the Academy and hope that 1957 will be as good to all of us as was 1956.

Editorial Comment:

Al and his lovely wife Ione have graced every recent meeting and it is a pleasure to notice their enjoyment of the meetings and

their interest. This enthusiasm of the members generally transforms the ordinary into the exceptional.

* * *

"An old timer is a man who can remember when the world was sitting on nothing more dangerous than a powder keg."

"There is something to be said for children - they never pull out snapshots of their grandparents."

* * *



More Fun at the Western
Neurosurgical



EDWIN B. BOLDREY - December 3, 1956

In the pleasant aftermath of the enjoyable meeting at Camelback, time seems to have sped even faster than usual. Certainly, John and Georgia Green and the officers of the Society provided us a most delightful meeting.

A number of the Academy were disturbed by an error in figures which I gave in the incidence of abscess. It appears that I am going to need to wear glasses in any future talks that I give and I must express my regret at having let my vision jump a line. The training area with the largest number of abscesses did not have 60, as I stated, but rather the largest number was 21.

Another point relates to the covering of the forceps and other instruments that are going to be held while they are touched with the electrosurgical unit to coagulate vessels. We started out by using Penrose drains but found this to be quite clumsy. For the last two or three years now we have used masking tape, particularly on the thumb forceps. This is easily applied as a strip and needs to be changed only about once every month or so. I have checked up on the name of the material that we use. It is "autoclave tape", pressure sensitive, 1" and 1/2" sizes, manufactured by the Minnesota Mining and Manufacturing Company, St. Paul 61, Minnesota. Their catalogue number is #222. This number, by the way, is a new material which has come out since the meeting and I believe is better in some respects than the so-called masking tape that we were using earlier. In our operating it is also being used to tape the edges of light bundles and the like that are going to be sterilized.

As I write this, many of the Western contingent of the Academy are preparing to assemble on the side of Oregon's Mount Hood for the second meeting of the Western Neurosurgical Society, under the presidency of John Raaf. We all recall that the last neurosurgical session at Timberline, which John presided over, had seemed to call for "hardware on the table". It does not seem likely that such measures will become necessary at this forthcoming session, however.

Editorial Comment:

The second annual meeting of the Western Neurosurgical Society, as Ed has said, was held at the Timberline Lodge December 9, 10, and 11. The meeting was excellent and enjoyable in spite of bad weather which might well have been anticipated at that time

of the year. Frank Turnbull was elected the new president and Howard Brown vice-president. Among other members of the Academy who were present, in addition to Helen and Ed Boldrey, were Barbara and Ed Davis, Bobbie and Ernie Mack, and Arthur Ward.

Next year's meeting will be in September in Reno, Nevada, and should be one of the really enjoyable gatherings for us out here.

Ten new members were elected at the meeting. Arthur loosened up in the informal atmosphere of the Blue Ox where he held forth in the Academy in 1948 and played the piano again in masterful style.

* * *

"A woman who is always up in the air and harping on something is not necessarily an angel."

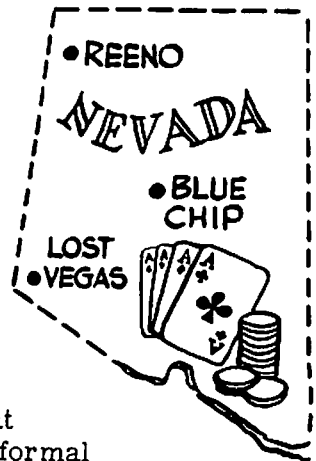
"There is nothing a wife loves better than to find a double chin on her husband's old girl friend."

* * *

FRANCIS A. ECHLIN - December 3, 1956

Just a note to the Round Robin to say how much we enjoyed the Arizona meeting. We all owe the Greenes a vote of gratitude. I am sure everyone found the program a great success and the meeting very stimulating.

I was particularly interested in Al Uihlein's paper on pneumoencephalography in patients with increased intracranial pressure and papilloedema. This brings up a problem regarding which I would appreciate hearing some discussion from the members of the Academy. The neurologists on some of the services in our area have been doing their own pneumoencephalograms, myelograms and arteriograms. Now they are doing pneumos in cases of brain tumor with high intracranial pressure. Perhaps the neurologists are justified in doing these procedures on a well-controlled



Neurological Service. I wonder, however, whether it will be for the good of neurological surgery if neurologists at large take up the practice of these technical procedures. I would much appreciate a general expression of opinion on this point.

Letitia and I send warm greetings to everyone!

Editorial Comment:

Interestingly, in various places I have attended meetings during the past, and this year, this problem of the neurologists which Frank has mentioned has arisen. Certainly only in or on well-controlled Neurological Services should neurologists do some of these procedures. In private practice it has come up in my experience that an arteriogram or an air study was done in the afternoon, the patient has had a tumor and has not reacted well, and a craniotomy has had to be done on an emergency basis. The neurosurgeon has not seen the family until called as an emergency and then has had to assume the responsibility in short order under unfavorable circumstances. Moreover, these procedures in my opinion, that is - air studies and arteriograms, should not be done unless the neurosurgeon is familiar with the case and is prepared to operate should that be necessary. It may be all right to do pneumoencephalograms on cases of convulsive disorders, rather obviously not being due to expanding lesions, and possibly arteriograms, but otherwise it seems unwise. I think it might be reversed, that is - after the neurosurgeon has examined the patient and thinks an air study should be done or an arteriogram, he might call the neurologist to see the patient and do the procedure as it will save him time. I doubt if that would appeal to the neurologist, but after all why should he want to do some of these procedures if he is not prepared to operate and the neurosurgeon knows nothing about the case. It doesn't require any brilliance to do the procedure - the brilliance is in making a diagnosis. At least one thing seems clear, such air studies and arteriograms should not be done on moribund patients by the neurologist unless the neurosurgeon knows the case and is prepared, and the operating room is prepared for surgery, and more importantly the family is prepared. Since some two hundred thousand odd dollars have been awarded in malpractice cases in San Francisco after aortograms, the problem of carotid arteriography is being considered rather conservatively by all parties. I am sure after Frank's letter many others will have some interesting things to say about this, which differs naturally with the type of neurosurgical and neurological setup, and private versus teaching cases.

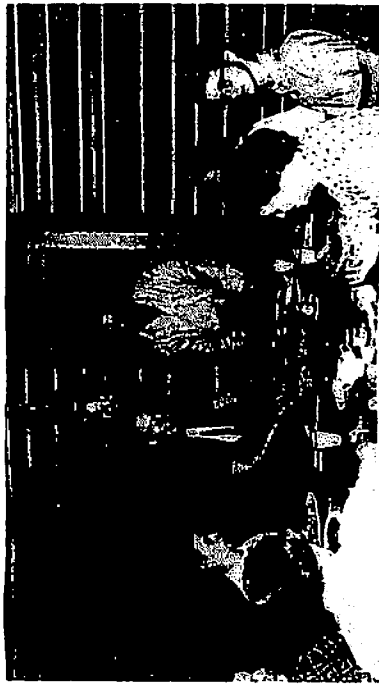


ROGUE RIVER JUNIORS

JOHN and ED



SOUP'S ON



JOHNNY GETS THE STEELHEADS



What's a roken Arm?



THE WINNERS

JOHN R. GREEN - December 4, 1956

Georgia and I enjoyed our recent meeting at Camelback Inn immensely and the responsibilities as host and hostess were so graciously shared by so many that we would be most pleased if the Academy should like to return to Phoenix some time in the future.

Since the meeting, Harry Steelman and I have been spending all of our leisure time collaborating with our three psychiatric colleagues on the analysis of behavioral aspects of our psychomotor patients, before and after surgery. I leave tomorrow to present this material at the A. R. N. M. D. and look forward to seeing many of our Academy group there.

It will be very interesting to see how the tallies on prospective members will count up. It is very difficult to take the list you provided and to select even two from each region out of such a well qualified group.

Editorial Comment:

Georgia and John are quite apt to be taken up on that suggestion of returning to Camelback and Phoenix. As has been so clearly expressed in the letters in this edition, they were responsible for one of our outstanding meetings.

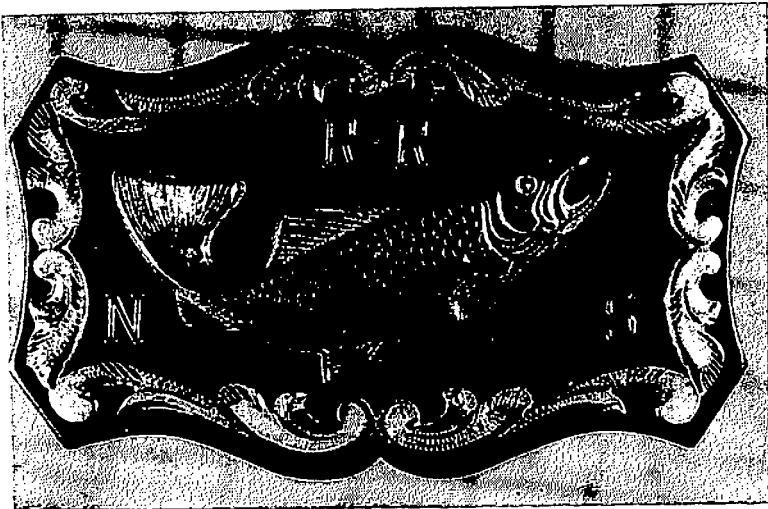
Your editor has done a lot of thinking about the Second Award of THE NEUROSURGEON for the member or members making the outstanding contribution to the Academy of the year. It is realized the efforts of the group as an entirety are necessary for the success of our organization, but there are always several who stand out in their efforts for us all. I believe there can be little argument that Georgia and John have won clearly the SECOND ANNUAL NEUROSURGEON'S AWARD.

* * *

"In Washington, D. C., a friendly undertaker closes all his correspondence with 'Eventually yours'."

What passes for woman's intuition is often nothing more than man's transparency.

* * *



CAN YOU IDENTIFY THIS EMBLEM?
See Page 41 for the answer.



FRESH FISH

EVERETT G. GRANTHAM - December 5, 1956

Carmel and I will be especially glad to see the next issue of *THE NEUROSURGEON* because we expect to hear a lot of the activities at the Phoenix meeting, which we unfortunately had to miss.

I enclose a photograph of Carmel with a landlocked salmon which she caught last summer in Maine. This is an excellent demonstration of my ability to teach fly fishing, as this was caught on her third time out with a fly rod, and I might say was a bigger one than I got in daily fishing for three weeks.

I have been interested in a prolonged period (five to ten days, as a rule) of a moderate hypothermia (88 to 86 degrees) in the treatment of patients with severely injured brains. Since we have seen nothing in the American literature about the use of this method, Lud Segerberg and I are getting a preliminary report ready for publication of our experiences during the past six months. I wouldn't be surprised to see such a regime used for the post-operative management of any intracranial surgery in which edema becomes a problem, such as acoustic neuromas, tumors around the hypothalamus, etc. It has also occurred to us that when hypothermia is used for intracranial surgery, the continued use of moderate hypothermia for several days following surgery might prevent the postoperative edema that has been reported to follow in patients who have been warmed promptly after surgery.

Editorial Comment:

Have a look you fishermen! The pupil should always surpass the teacher, but not ordinarily so quickly.

The day of the deep freeze seems to have arrived in the domain of neurosurgery, as witness several accounts of its use in this issue, let alone at most of the meetings.

Your editor had the opportunity of visiting again with Lud Segerberg and his attractive wife at the 10th Annual Meeting of the Neurosurgical Society of America held recently in Palm Springs, but more of that later.

* * *

"He can trace his family tree all the way back to the days when his family lived in it."

"Father to small boy as they pass a couple necking on a park bench: 'After a few years you won't think it's silly; then after a few more you will again.'"

* * *

Those of you who recognized the emblem on the other page as that of the Rogue River Neurosurgical Society go to the top of the class. Not too many are sufficiently traveled to realize this belt buckle is that of this exclusive neurosurgical society.

* * *

"Children who are reared with great care often turn out as well as those who are allowed to grow up naturally."

"Grandfather: A grandchild's press agent."

* * *

ARTHUR A. WARD, Jr. - December 5, 1956

I am enclosing the questionnaire which lists the excellent group of men which you have collected from the various parts of the country.

Certainly the meeting in Phoenix was one of the best ever and I have the feeling that all the news that is fit to print was probably brought out at that time! We obviously do face a problem regarding the membership and although emotional attachments to individual candidates may tend to cloud the issue somewhat at the time of the annual meetings, I think that the general principle should be really kept in mind that the future of the society is gradually molded by each individual who is elected to membership. It is thus important to realize that the action regarding members thus constitutes an irrevocable decision with respect to the path which the society will be taking ten years from now. The only reason for making this rather obvious point is that often, at the time of balloting, many of us tend to be swayed by more immediate and personal reactions and may tend to forget the long term implications of what we are doing. There are many nice people in this world and I feel this criterion by itself is not sufficient for membership but the individual should also be productive since the future of the society rests in large measure on this latter criterion and we obviously ought to be able to find a sufficient number of candidates who fulfill both criteria to keep the society active. In any case, this list certainly represents a good start.

Editorial Comment:

Arthur's comments are admirably taken. It is your editor's belief after getting in all the choices of very good men, that by sending in preferences made at ones leisure the most desirable ones can be most fairly made insofar as human errors can be considered. We should have a very good group for the coming year. Your correspondent is pleased with the increasing interest Arthur is showing in the Academy.

As this is a personal journal I may be pardoned the liberty of saying that Arthur has created an excellent department at the University of Washington and has published a number of brilliant papers, as might be expected from a very talented person.

* * *

"Chivalry: The attitude of a man toward somebody else's wife."

"Golddigger: The woman without a heart who always makes a fool of the man without a head."

"Some people have tact; others tell the truth."

RUPERT B. RANEY - December 7, 1956

First, Alta joins me in wishing you all a merry Christmas and a happy New Year, before recording the minutes of the last neurosurgical meeting. Some pretty good stories have been told from time to time; however, I doubt that any can equal stories that originated at the meeting of the White River Neurosurgical Society held in Memphis, Tennessee, December 1 and 2.

The meeting formally opened with breakfast about 4:00 a. m., Doctor Semmes presiding, and a round table discussion on the psychology of duck migration. At the breaking of dawn over in Arkansas we were found in the pin oak woods, surrounded by rice fields, milo-maize and hundreds of acres of open waters. Actually, the water in the pin oak woods was only eighteen inches deep in some places, but deeper in others, I found to my chagrin. At the break of dawn, ducks could be seen rising from the rice fields, actually blackening the sky. Huge flocks circled in their flight over the entire area. Francis Murphey, a very efficient duck caller, was master of ceremonies, and he with a couple of able assistants brought flock after flock of ducks crashing through the limbs of the pin oak trees in the water all around us. The few ducks that might have been frightened on their descent to the water could not again gain altitude



DUCKS BEWARE!

SHARPSHOOTERS



because of the ducks above crashing down on them. Some of our party were struck by the birds, but no one was seriously injured. Even if we hadn't had our guns we could easily have caught our limit of ducks by hand, simply reaching out and grabbing the nearest greenhead neck available. This technique, however, is not considered proper, and it is doubtful that one would be invited back again if he fell to the temptation.

Needless to say, we all collected our limit of ducks daily by eight or nine o'clock, and the remainder of the day was devoted to additional scientific problems. The cocktail hour in the evening usually started shortly after dark. I believe on one evening we perhaps broke this routine, inasmuch as someone had drawn the blinds to get a few minutes' extra sleep, whereby the rest of the members were misled to believe that dark had descended and the hour had arrived.

A round table discussion on the increase in the population of neurosurgeons around the country brought up many problems, particularly regarding ways and means of making a livelihood where neurosurgical concentrations became excessive. I think it was generally believed, however, that Henry Schwartz and Spence Brader could probably make a good living as market hunters, and it was so recommended, provided neurosurgical endeavors proved inadequate as a source of livelihood.

Editorial Comment:

The stories about the White River Neurosurgical Society continue filtering back to these remote parts of our country. Rupert must have had quite a time.

Alta and Rupert were down to Palm Springs for the banquet of the Neurosurgical Society of America. Both looked as trim and distinguished as ever and added much to the gaiety of the party.

* * *

"Summer camps: Those places where little boys go for mother's vacation."

"Everybody's got the itch to travel - the trouble is, not everybody's got the scratch."

"If you look like your passport photo - you need the trip."

EBEN ALEXANDER, Jr. - December 7, 1956

Congratulations on getting to work so soon on the membership problem. In accordance with your list, I am naming in alphabetical order the ones I consider the ten best choices, and at the same time I believe I could name another five or six from this list you have, all of whom I think would be quite choice members of the Academy.

As a contribution to THE NEUROSURGEON, I would like to call attention to the others some information that is probably known to most of you, namely the apparent correlation between the sagittal diameter of the cervical spinal canal and the frequency and severity of hyperextension injuries resulting in contusions to the cervical cord. This has been published in the Scandinavian literature and more recently in the Journal of the Mt. Sinai Hospital in the last three or four months. We have collected eight or ten cases here and in every case in which we have definite cord changes from hyperextension injury of the neck, the sagittal diameter of the cord at the level of C4 through C7 has been fourteen millimeters or less. In other more normal individuals the measurement goes up to seven-teen or twenty millimeters in many instances.

In all likelihood, this particular measurement also has some application to the valuable work that Frank Mayfield has been doing in the transverse cervical disc problems. In all likelihood, these discs are important in those where the sagittal diameter is very narrow and perhaps of less importance when the sagittal diameter is wider.





THE GIRLS

We are enthusiastic about the use of hypothermia for aneurysms, since it seems to have opened up the field to us in a most gratifying manner. The last two done here by Courtland Davis recently have had about as much reaction to the procedure as most patients have with the removal of a lumbar intervertebral disc. However, we do have a good many patients that have not done so well and of course there is a lot of grief associated with this particular problem.

Editorial Comment:

Eben's note about the correlation between the sagittal diameter of the cervical spinal canal and the frequency and severity of hyperextension injuries resulting in contusions to the cervical cord is interesting and valuable information.

Betty and Eben were among those attending the Tenth Annual Meeting of the Neurosurgical Society of America at Palm

Springs, California, January 16, 17, 18, and 19. They had the excitement of flying out here from Chicago with one engine conked out - also of learning that a fair amount of gasoline had to be dumped to get over the Rockies.

Members of the Academy also members of the Neuro-surgical Society of America are Eben Alexander, Harvey Chenault, Lyle A. French, John R. Green, William Meacham, Ted Rasmussen, and Al Uihlein. It was fun visiting with Betty and Eben, Margaret and Harvey Chenault, Gene and Lyle French, Georgia and John Green, and Alice and Bill Meacham. Bill Meacham performed in a scintillating manner as master of ceremonies, and Lyle French was elected as the next president.

Guests of the Academy included Ruth and Bob Pudenz, Mary and Aidan Raney, and Alta and Rupert Raney.

It was a lot of fun and an additional treat to be able to get in the car and drive only two hundred miles to be in such a garden spot for the meeting.

Robert B. King and Edgar A. Bering were elected to membership. Dave Freeman and Irving S. Cooper won the doubles tennis tournament from John E. Adams and Frank P. Smith.

The surgical treatment of Parkinson's disease as presented by Irving S. Cooper was most interesting. It was obvious in his own group there were many hard bitten skeptics. It will be exceedingly interesting to learn five years from now how time in its inexorable way evaluates the success of the procedure.

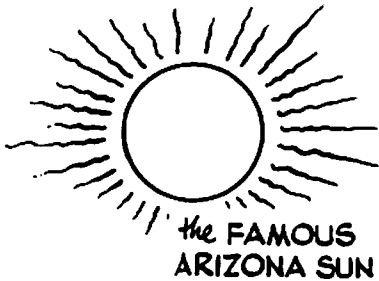
* * *

A girl on vacation received a letter from her mother. On the envelope in her father's writing was the notation: "Carried by slow mail three days."

"The modern high school is the place where boys try to learn whether they play football well enough to go to college."

"A real test of maturity is the ability to remain equally unruffled when an elevator boy calls you 'pop', and the senior partner calls you 'son'."

"If a girl doesn't watch her figure, the boys won't."



I suppose that the Arizona sunshine is not really quite on a par with that which one gets about three or four hundred miles farther west, but for those of us in the be-clouded east it was certainly a very pleasant experience. As far as the meeting is concerned, it seemed to me that the manner in which the various essayists and discussors presented their material in the allotted time, and thus enabled us to go over an

unusually large number of papers in our two and a half days, was outstanding. The work of John and Georgia Green in keeping things rolling on the local arrangements, and the very special evening which we spent in their beautiful home, added greatly to the success of the social aspects of the meeting. Finally, it seemed to me that the people at the Camelback Inn were unusually anxious to please and made every effort to have us comfortable during our stay there.

The clinical work goes on much as usual. We recently encountered a patient who came in in coma with apparently high intracranial pressure, who was suspected of a brain abscess. An arteriogram was done, and three injections were made by the resident and one by yours truly. In all of these we were unable to obtain filling of the internal carotid artery within the cranium, and we eventually concluded that this was due to the high intracranial pressure and probably the great delay in the cerebral circulation, so that our timing was off. In addition, in the midst of our efforts, the patient had a cessation of respirations. Here, again, we felt afterward that perhaps the efforts at arteriography had contributed somewhat to the intracranial hypertension. Heretofore, we have felt that arteriography was probably preferable to ventriculography in the face of a markedly elevated intracranial pressure in a very sick patient. If our interpretation of the events in this case is correct, it may be that arteriography carries almost as much hazard, if not more, than air study under these circumstances. I wonder if anyone else has had a similar problem.

In closing, I would like to offer my warmest congratulations to our new President from the North country, Arthur Elvidge. In the past, he has contributed much to the clinical, as well as the social life of the Academy, and his election is a very well-deserved honor.



A WORD FROM STUART

Editorial Comment:

Stuart has written one of his strikingly clear, interesting, and informative letters. In his customary modest manner he has left no indication that much of the success of the meeting was due in no small measure to his masterfully, unobtrusive handling of the entire meeting. He now becomes the newest member of the "Past Presidents' Club".

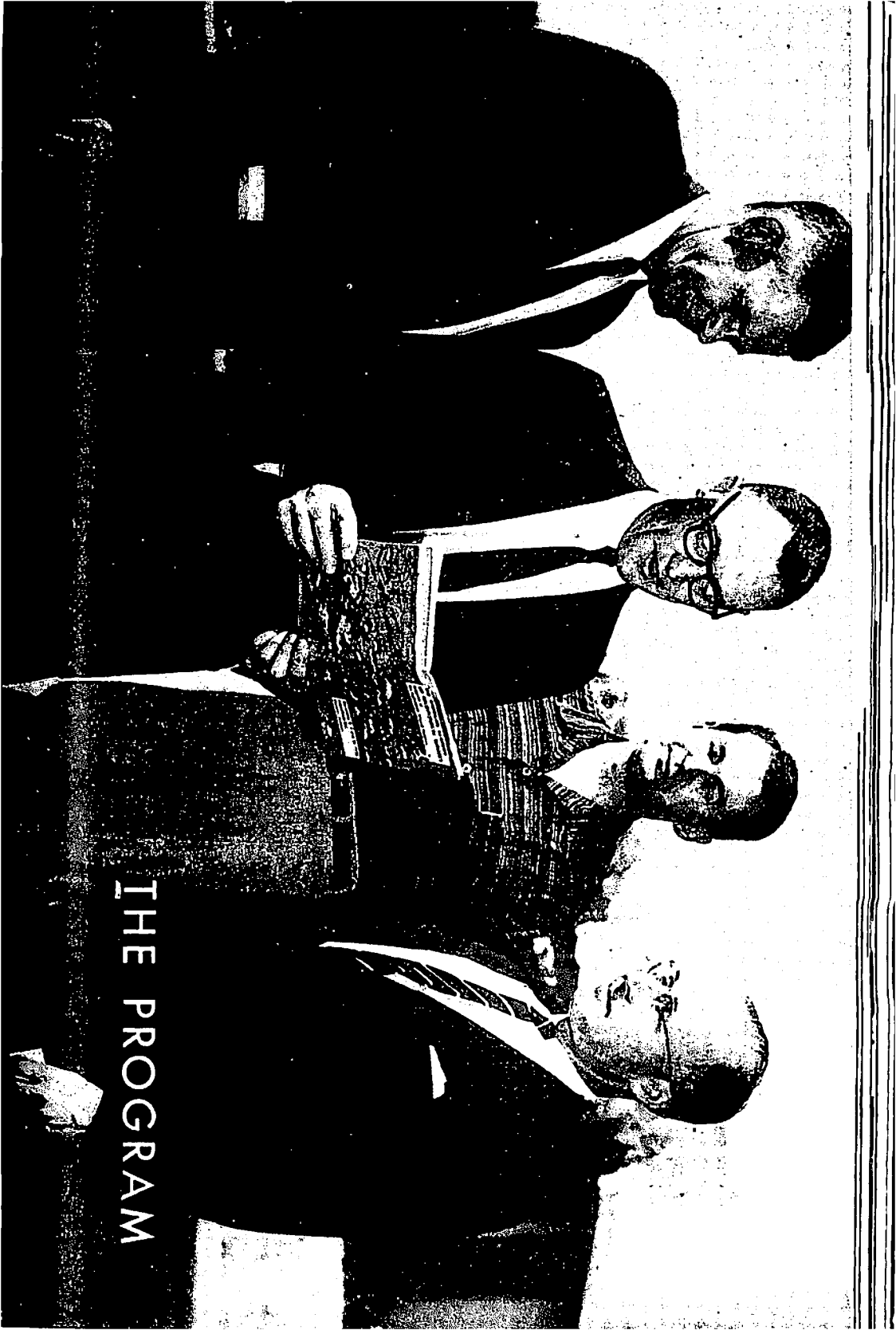
* * *

"Most every girl knows that one of the things she can catch from kissing is a husband."

* * *

ARTHUR R. ELVIDGE - December 10, 1956

I would like to take this opportunity to express my appreciation of the honor of being elected President of the Academy. I appreciate this as a very friendly gesture and feel still more devoted to the society. However, I realize there are responsibilities and I



THE PROGRAM

hope that I can carry out my duties half as well as those who have preceded me. In any event I expect to work hard, which will be most pleasant with such a wonderful executive and membership.

The meeting at Phoenix was most enjoyable and again the best yet, expertly organized and run by Stuart. John and Georgia were wonderful hosts.

Regarding the common problems in our society, I would make a plea, first of all, for admission of new young members this year. To this end I hope that the Membership Advisory Committee will be able to favourably process the files on some prospective members. I would hope that members will send to the Secretary, names of candidates with applications completed, early in the year. It is to be remembered that a candidate must, or must have attended one meeting, as a guest of the society, before coming up for election.

It seems to me that it might help the Membership Committee, if the members, through the Round Robin, could express some idea of how many new members are desired or expected in a given year. I wonder if it would be useful to have a list of the eligible candidates distributed amongst the membership, two months before the meeting. Perhaps this is already done. I wonder whether the names of candidates who are eligible could be: 1) subjected to a Gallup pole, before the meeting, by mail - yes or no - and those obtaining the highest vote of at least, for example, four fifths majority, or any fraction that the members decide would be desirable in a certain year, could be subsequently elected or installed at the meeting - this, of course, would necessitate a change in the constitution; or 2) those obtaining a majority vote could come up for a regular ballot "subject to the ratification of the membership", as in our present constitution. It would seem also well to circularize names for possible consideration in the future, in order to have some idea as to whether they are acceptable to the membership. This would simply be a way of helping the membership and the Committee to become familiar with the names of promising young men who might otherwise be overlooked. This I realize now was already discussed at the Arizona meeting, and our efficient Chairman of the Membership Committee, David Reeves, has already sent round such a list, and my copy came with yesterday's mail.

The Program Committee did a wonderful job at Phoenix and it is felt that we have a very strong Committee this year. The

timing, sequence and location of meetings becomes more important and free discussions by the membership through the Round Robin will help to solve this recurring problem. I hope that Boldrey's expert analysis of teaching curricula will be circulated or published and I hope that Earl Walker's list of research categories in the aneurysm problem, which is instructive and helpful, will be circulated.

Editorial Comment:

We hope the members will take seriously this problem of appropriate additions to the Academy in a continuing fashion of continuity. There are so many very desirable young men anxious to be one of us that actually to your membership chairman, the problem seems one of who deserves it most.

As your reporter has mentioned before, there is no one who has shown as much interest and enthusiasm, nor has contributed more in a unique and unparalleled manner to the Academy than Arthur.

* * *

"Farmers reach their richest harvest these days by cultivating congressional committees."

JUST AN OLD COW HAND





OUT WHERE THE WEST BEGINS
H. THOMAS BALLANTINE - December 11, 1956

Although the tan acquired at the meeting in Phoenix has disappeared, the enthusiasm over the scientific and social sessions remains at its peak! We certainly owe an eternal debt of gratitude to the Greens and to the Program Committee for their superb efforts in our behalf. The session on "Tricks and Treats in Neurosurgery" was most interesting, and I hope that it will be repeated. In that connection, if any of the members would like to have that electronic substitute for the foot switch on the electrocautery, I would be delighted to hear from them. We have a manufacturer in Boston who has agreed to make them up and the cost will be \$200, or less if any great quantity is ordered.

On a separate sheet I am submitting a list of prospective candidates for membership. I think it is a grand idea to have this preliminary survey of the field, and I hope that we will all come to the next meeting better prepared to act upon the problem of elections.

I have recently had a letter from the Hotel Astoria in Brussels confirming our reservations for the International Congress of Neurological Sciences. Elizabeth and I stayed at the Astoria in 1955 and enjoyed it greatly. In his letter the manager told me that if there were other Americans who wished to stay at his hotel he would endeavor to provide accommodations if he heard from them in the near future.

* * *

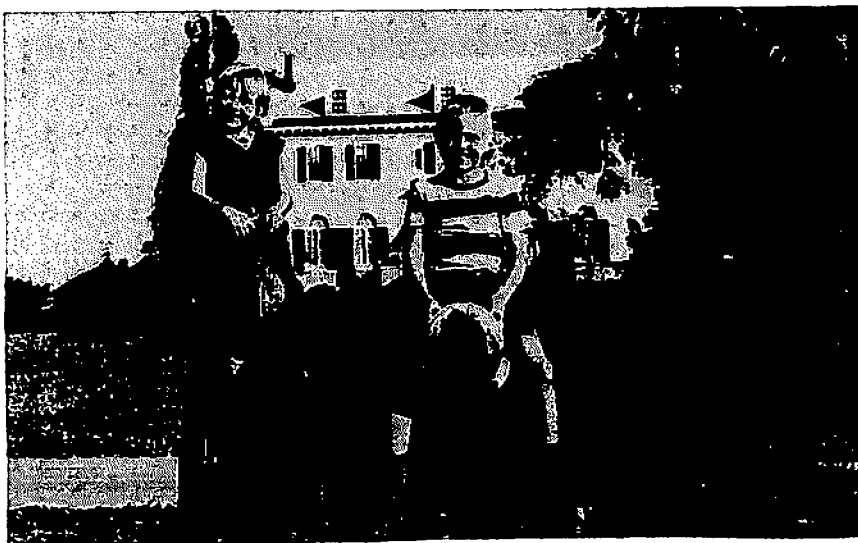
"Education - The knowledge that many a man gets by sending his son to college."

"Wife - The little woman who would rather mend your ways than your sox."

* * *

AUGUSTUS McCRAVEY - December 13, 1956

We enjoy the contributions of our fellow neurosurgeons and especially the editorial comments, so that it is only fair that I should occasionally make a feeble effort to contribute something of interest. The enclosed photograph seems to be the most appropriate that I have available at this time.



MARTHA and JOHN
Guard the McCravey Ramparts

We continue to use hypothermia in various neurosurgical problems. The following case is reported in some detail:

A white female, age 43, with Foster Kennedy syndrome and blindness, right, since 1942. The preoperative diagnosis was large basofrontal tumor, right, possibly meningioma.

On May 5, 1956, a right transfrontal craniotomy was done and the dura was found to be very tense. We were unable to tap the right lateral ventricle due to displacement, and the dura was opened with rapid technique without any significant herniation or hemorrhage. A small portion of the right frontal lobe was amputated, and as we began to isolate the tumor from its vascular supply we encountered a rather large bleeder which we were unable to control near the inferior medial pole of the tumor. A rather hopeless situation began to occur. With each pulse beat the brain began to extrude itself through the large right frontal opening. By discarding the bone flap and holding the brain down with the hand we were able to close the scalp with a few through and through sutures.

Immediately the right carotid was exposed and a ligature placed around the right common carotid artery, hoping that this may help control the obvious intracranial hemorrhage.

The operative procedure was discontinued, and the patient's body was completely covered with ice bags. Within the next two hours the temperature was reduced to a level between 88° and 92° F. where it remained for the next eighteen hours. Much to our surprise she began to talk and complained of being cold some three hours after the operative procedure was discontinued. We were more surprised to find that she had good motor power in the left side. Chlorpromazine was given during the period of reduced temperature to a total of about 150 mg.

The next day the intratracheal tube was replaced, and under sodium pentothal and nitrous oxide motor activity was controlled and the entire body was covered with finely chipped ice for about thirty minutes, and the temperature was reduced to about 86°. All the ice was removed, and she was taken to surgery. There was continued drop in temperature to about 79° F. Most of the operative procedure was done with the temperature at about 80° F. The scalp flap was reopened. The hemorrhage had spontaneously stopped, and there was only a small hematoma within the operative area. A small contused portion of the frontal lobe was easily removed with suction, and the tumor was readily visualized. Complete removal of the meningioma was easily accomplished.

The site of the previous hemorrhage was no problem. The "geysers of yesterday were only slow oozers today", and were readily controlled.

The ligature was then removed from the right common carotid and no further hemorrhage was evident. The dura was closed and tantalum plate was substituted for the bone flap which we discarded the day before in order to close the scalp. No effort was made to rewarm the patient, and she was permitted to gradually return to normal temperature by her own temperature control mechanism, which required about twenty hours.

Cortef, 25 mg., was given every four hours for the first twenty four hours, and we believe this prevented the profound shock which sometimes occurs as the patient's temperature returns to normal.

This patient made an uneventful recovery without any evidence of neurological deficit. There was no basic personality change, and she plans to return to her former occupation as a school teacher.

We have had no difficulty with cardiac arhythmias, and we feel that the lack of CO₂ is definitely a factor. We cautioned our anesthesiologist to be sure to include CO₂ in the inhalation mixture.

We have not had any of the profound vascular collapse and shock reaction that we used to encounter as the patients returned to normal since we have been using cortef during the warmup period. We see no reason to hasten the return to normal temperature since we have had experience in periods of subnormal temperature as long as eight days. A fast drop and slow return seems to be accompanied by fewer complications.

We believe hypothermia as an adjunct to anesthesia has definite value, and it should be used in benign intracranial lesions in which unusual technical difficulties can be expected.

Editorial Comment:

As can be appreciated from the letters in this number, as well as from the discussions and papers at the meetings, hypothermia appears here to stay.

We appreciate having the fine photograph of Martha and John. We think the McCravey ramparts absolutely magnificent.

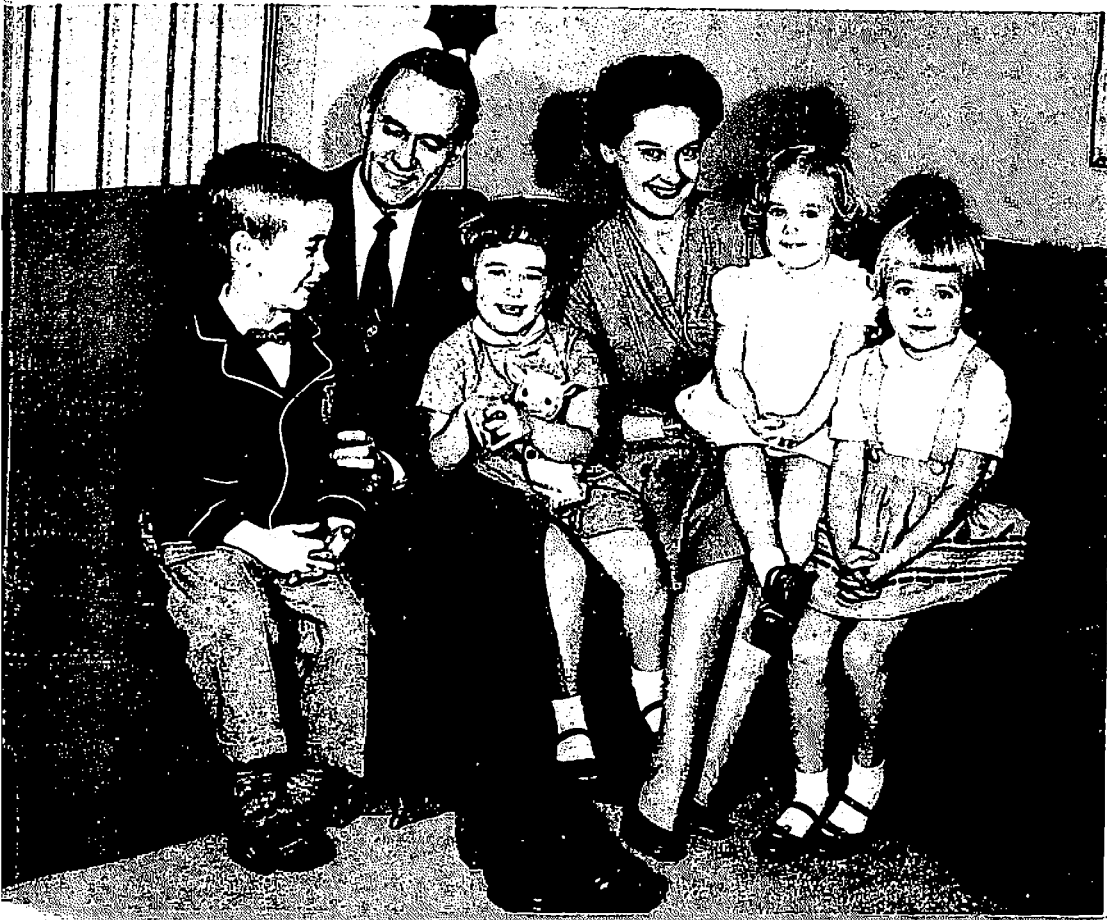
THEODORE RASMUSSEN - December 15, 1956

I suppose this letter is too late to make the holiday issue, but in the rush to meet the deadline for the A. R. N. M. D. meeting everything else was allowed to pile up.

My spies tell me the Arizona meeting was one of the best yet. I am sorry that my other commitments prevented me from being there.

As a result of your prodding in the August issue of the "NEUROSURGEON" I am sending along our home address, which is 29 Surrey Drive, Montreal 16, (this is actually in the Town of Mount Royal, but Montreal 16 is a little easier to write). I am also enclosing a photograph of our family group, in case you run short of fillers for your next issue.

THE RASMUSSENS AT HOME



AIDAN A. RANEY - December 16, 1956

"Dear Robin:

I'm enclosing some pictures taken on the Honolulu trip of the Harvey Cushing meeting. Robin, I will thank you for not permitting our good editor too much liberty in censoring them. We ought to have some pictures of the guy whose been doing such a fine job as editor.



(A) HULA CLASS - 1956



B) HULA GRADUATION



(C) TWO LOVELY LADIES

6



(D) THIS IS THE WAY TO TRAVEL

They show his magnificent grace in doing the hula (picture A). He stood at the head of his class in the hula graduation ceremony (picture B). With such accomplishment it was only fitting that he was the object of adoring smiles of his charming wife and daughter (picture C), while he enjoyed a moment of relaxation (picture D). That this ancient mariner survived the rigorous voyage of the S. S. Lurline and did finally reach his destination to transact official business of the Harvey Cushing Society is documented photographically (picture E) for obvious reasons (deadline April 15). "



(E) REEF HOTEL - 1956

Editorial Comment:

What a thoroughly delightful meeting it was in Honolulu. Your reporter again appreciates the generous comments Aidan has made, realizing they may be tiresome to others even though sweet music to himself.

Interestingly, Mary and Aidan invited us for cocktails in their beautiful lanai suite, and with some of Father John's Remedy at work we philosophized about the joys of steamship travel, that patients were sent on ocean voyages to recuperate, and so what could be more appropriate for the tired neurosurgeon. Air travel

under such circumstances seemed entirely unnecessary. For the next two days of the storm we were holed in, and our philosophy of the previous evening seemed very much for the birds.



(F) OUR HOSTS

* * *

"Of course America has boundless faith in her young people, she proves it by the size of the public debt she expects them to pay off."

* * *

E. HARRY BOTTERELL - December 18, 1956

Neurosurgeons in Ontario, led by Frank Turnbull in B. C., are being conscripted in increasing measure to do various chores for the provincial medical association. This arises, I think, from the fact that to date neurosurgeons are benevolent neutrals concerning the problems of medical economics. I myself have been thrown for a substantial loss in terms of getting things done by my inability to avoid chairing a Committee reviewing the relationship between the Ontario Medical Association and the health insurance service sponsored by the Ontario Medical Association. It proved to be a very hot potato, and most time-consuming. I don't know how the

other members of the Academy manage to avoid such situations, but it seemed impossible for me to escape this responsibility. The only virtue involved is that, as a citizen of this little medical state, I have discharged my responsibilities for some time to come.

Our Service in the University enjoyed a visit from Larry Pool's resident, in the form of Robbie Robertson's brother. We had a very pleasant day and dinner together with our younger group.

Our new colleague, William Lougheed, is busily engaged in the problems of carotid stenosis with the neurological side of the hospital, and did a lovely job a couple of days ago grafting in a new carotid bifurcation to replace a grossly stenosed artery in an individual who was having multiple small strokes. Forty eight hours later there was still good pulsation in the superficial temporal artery and no increase in his neurological deficit. Once again, we need to know a lot more about the natural history, with and without anti-coagulants, of this group of cases.

The new General Hospital building is coming to the semi-final stages of completion, and we hope we will be installed at least six months before the Academy meets in Toronto in the fall of '58 which is the date at which everybody is pointing their current efforts.

Margaret and I are feeling ill-adjusted towards the world with one daughter touring around with the National Ballet Company and the other at McGill University. However, we are greatly enjoying our Christmas holiday with them both home, if only for a few days.

This brings warm Christmas greetings to one and all, and both Margaret and I were terribly disappointed to miss the meeting in Arizona, which Bill Keith tells me was one of the best ever.

Editorial Comment:

How right Harry is about such things as county, state, and in Canada, provincial medical problems, and such committee work. It eats into the more interesting clinical, teaching, and experimental work, and yet in recent years the economic and social problems revolving around the medical profession have been so serious that anyone undertaking the task cannot help realizing his time and efforts have made a very important contribution. Interestingly, I can think of several members in the Academy who have performed outstanding

work in this respect, and the fact which is all the more amazing to me is that in some manner they have done all the other things as well.

* * *

"The trouble with opportunity is that it generally comes disguised as hard work."

"Everybody all over the world takes a wife's estimate into account in forming an opinion of a man." --Balzac

* * *

KATE and ED



A. EARL WALKER - December 18, 1956

Having fully recovered from the most stimulating meeting that we had in Phoenix, I am glad to answer your letter of November 30.

There was so much interest at the last meeting of the Academy in the training program which might meet the requirements of the American Board of Neurological Surgery that I would like to take a paragraph or two of this news-letter to reiterate what I said at the time of the meeting and to make one correction regarding the requirements. For those interested, the details of the qualifications applying to the American Board of Neurological Surgery are given on page 452 of the Journal of the American Medical Association, 1955, vol. 159. The Board at the present time requires a period of graduate study of not less than four years beyond the year of general surgical training in an approved hospital, or in a recognized graduate school of medicine acceptable to the American Board of Neurological Surgery. In the training program at least 30 months must be devoted to clinical neurological surgery. A training program is approved at the discretion of the Board of Neurological Surgery. It should be a correlated program with organized progressive formal or informal teaching and responsibility and not one obtained during repeated short periods in a number of institutions. The Board requires that at least two years of this training be had in one institution and the Board will not ordinarily approve periods of training in clinical neurological surgery of less than one year. Relative to the ancillary subjects, general surgery, organic neurology, neuropathology, neuroanatomy, neurophysiology, neuro-ophthalmology, and neuroradiology, the Board has simply stipulated that the candidate must prepare himself to pass an examination in these subjects. How the candidate obtains the knowledge to pass these examinations is left up to the candidate and to the director of the training program. However, in considering a training program for approval, the Advisory Board does carefully scrutinize the means by which the candidate will be given instruction in these ancillary subjects and may refuse to approve a training program if it seems likely that the candidate will not have an opportunity of obtaining adequate training in one of these subjects. However, the statement which I made at the meeting, that the Board would not approve training for more than six months in one of these subjects was incorrect. Provided the director of the training program approves the period of training, the candidate could obtain credit for a year or conceivably even more than that in any one of these subjects. However the opinion of the Board at the present time is such that a training

program which incorporated a longer period of training than one year in any of these ancillary subjects would probably not be approved, since it would slight the other basic disciplines in which the candidate should have considerable experience.

If there are any other questions arising regarding training programs or the program of a specific candidate, Dr. Leonard T. Furlow, who is Secretary-Treasurer of the Board, or I would be glad to try to answer them or, if we cannot, to get the opinion of the Board.

Business proceeds as usual, but at this time there is much to do about the International Congress in Brussels next July. I hope that all members who wish to present papers will be sure to send them to Bill Scoville at their earliest possible convenience, for the deadline is the first of the year.

Editorial Comment:

Earl's comments referable to the training program meeting the requirements of the American Board of Neurological Surgery clarify some of the questions raised at the time of the Phoenix meeting.

It would seem from what I've learned that the attendance of our membership for the International Congress in Brussels next July should be good.

* * *

"Any man who guesses a woman's age correctly ought to be ashamed of himself."

"The only trouble about bragging about your child to anyone is that other people either have children or they haven't."

* * *

DON'T FORGET to send in your interesting papers to the Program Committee whose chairman is LYLE A. FRENCH with DONALD D. MATSON and C. HUNTER SHELDEN as the other committee members.



FOUR QUEENS

GEORGE L. MALTBY - January 15, 1957

Both Sim and I were most distressed that we were unable to make the Arizona meeting. From all reports that I have heard from the boys that have come back East afterwards, it was a grand meeting and one of the best. I hope that we will definitely have better luck next year.

Editorial Comment:

Arizona is a long distance from Portland, Maine, but we hope you and Sim will be at the Sea Island, Georgia meeting next year.

* * *

"The clothes that keep a man looking his best are worn by girls on beaches."

"Probably the reason many a politician stands on his record is to keep voters from examining it."

JOHN RAAF - January 29, 1957

It hardly seems possible that close to two months have elapsed since I saw you at the Western Neurosurgical Society meeting and in all probability we will be meeting next week at the Pacific Coast Surgical. I'll be so embarrassed if I meet you next week without having sent my contribution to the Round Robin I better sit down right now and write to you.

Within the last few months we have become interested in chemopallidectomy and are quite enthusiastic regarding the results in some cases. It's a time consuming and meticulous procedure. Fortunately, we have a new associate in our office, Dr. Harold Paxton, who has been able to take on the job. To date Pax has done somewhere around sixteen or eighteen cases.

I was interested in John Meredith's comment in the last Round Robin Letter about his patient who had a lumbar disc syndrome on the right side and the protruded disc was found on the left. I can recall that we have had one or two such patients and this is one reason why I like to routinely do a pantopaque myelogram before exploring for protruded intervertebral disc.

Does anyone know how frequently craniostenosis runs in families? Homer Swanson's report reminded me of a patient we operated upon more than fifteen years ago. This patient's father definitely had the same condition. Incidentally, the patient is now in the hospital with a head injury and it looks like he isn't going to survive the injury.

This letter sounds like "me too" but Bill Meacham's account of his patient with a pearly tumor in the region of the posterior part of the third ventricle prompts me to tell about our patient with a similar lesion. About ten years ago Donna, a girl in her senior year in high school was sent into Good Samaritan Hospital. Among other symptoms, Donna had stopped menstruating and everyone was turning a questioning eye toward her high school sweetheart. Her first urine sample in the hospital revealed blood in the urine and that proved to be a bit of a mystery until we found out that her local physician had thought that maybe she had multiple sclerosis and had started her on dicumarol as a method of treatment of multiple sclerosis. Her discs were choked and a ventriculogram revealed a very large internal hydrocephalus with a space-occupying lesion in the neighborhood of the aqueduct of Sylvius. At operation a pearly tumor was removed. Following surgery she started to

menstruate again. She finished high school and married the same fellow whose honor had been in question. Subsequently, she stopped menstruating for an obvious reason. They now have two fine children and up to the present are living happily ever after. The only neurological residual that I can pick up is impairment of vision resulting from the choked discs.

It is nice to know that the American Academy of Neurosurgery is developing more subsidiary societies. I am wishing the White River Neurosurgical Society and the Beef Eater's Convention long life and much success in years to come.

Editorial Comment:

In regard to John's question about craniosynostosis running in families, I operated upon a four year old boy for an epidural hemorrhage, removing a large clot. He had the Crouzon's type of craniofacial dysostosis. He improved following the procedure, being comatose preoperatively. After I had returned home I called up the hospital 40 miles away and found out the child suddenly became comatose and rather quickly died. Autopsy revealed only a small residual clot from the traumatic epidural hemorrhage. It was believed the increased pressure from the synostosis was in some way responsible, though I believe if he had been under our direct care we might have saved him. He has a brother of seven with craniosynostosis, reasonably well compensated, and the configuration of his mother's cranium is similar.

John's story of the pearly tumor tops them all.

Your editor saw John at the meeting in Palm Springs and also ran into Kate and Ed Morrissey and Dorothy and Howard Brown. John and Howard were real riders of the range in the beautiful sunshine that greeted us there, and Ed busied himself burning up a few of the better gold courses. Your reporter took a few plunges in the pool and managed to swim the length and then thought better of his coronaries and enjoyed the more restful observation of all the lovelies in their Hawaiian swim suits. All of us received a liberal education of the progress made by the general surgeons and their achievements, of tossing various arteries in and around old plugged up pipes in a truly phenomenal fashion. Between drinks we managed to ventilate many of the problems in the neurosurgical field.

* * *

"A man is as young as he feels after trying to prove it."

"Women have a passion for mathematics, they divide their ages by two, double the price of their dresses, treble their husbands' salaries, and add five years to the ages of their best friends."

"It isn't necessary to take a man's advice to make him feel good good, all you have to do is ask it."

* * *

At the Phoenix meeting your correspondent was pleased to see Ted Erickson hale and hearty after his recent illness from which he recovered gratifyingly. We are also honored by having Earl Walker as the vice-president of the International Neurosurgical Congress and Bill Scoville as assistant secretary-general.

Your reporter had the opportunity of attending the tenth annual meeting of the Interurban Neurosurgical Society held at the University Club of Chicago on February 23rd. It was an excellent meeting and enjoyable. Several members of our organization were there including our honorary member, Wilchell McK. Craig, who looked very well. He was on his way after the meeting to Baltimore to attend the combined meeting of the Johns Hopkins Medical and Surgical Society which is held every two years, and was looking forward to visits with his classmates and many old friends. After that he is flying to Honolulu and the Orient to visit facilities of the Armed Forces medical establishments and to join with others in lectures and seminars for the government. The relief from the responsibilities of a large neurosurgical service must have been welcome. He certainly appeared ten years younger and particularly well.

At the luncheon your agent talked with Wesley Gustafson, Sam Snodgrass, and Augustus McCravey. It is interesting how much more difficult it is for parents to get their children into colleges and private preparatory schools. Desegregation in the South, of course, has created a great demand for the private school. Others attending the meeting included Dean Echols, Francis Murphey, Joe Evans, Lyle French, Bob McLaurin, and Jim Greenwood. Jim Greenwood gave an excellent account of the herniated disc problem; and Russell Meyers' talk on Neurosurgical Delusions and Dilemmas, with a few side comments on semantics, was most amusing and filled with interest and thought.

To me, and I believe to everyone, the highlight of the program was the paper by Ignazio V. Ponseti on "Experimental Lathyrism." The implications referable to this are considerable. In

WHEN WE WERE YOUNG AND GAY
New Orleans - 1938



essence, some of the nitril components in the lathros type of pea, or like the sweet pea, cause disruption of the grand substance or connective tissues of mammals leading to scoliosis and disintegration of such areas as the intervertebral discs, the cartilaginous plates, and the vascular system. The animals developed aneurysms of the aorta which ruptured. Interestingly, one of the thyroxin derivatives seemed to stop the destructive process so the aneurysms did not rupture. The degree of disruption of the ground substance or the "Bindegewebe" of the Germans depended on the amount of the chemical consumed and the sensitivity of the animal for it. Perhaps the hyaluronidase that Bob Woodhall has been working on in the degenerated discs fits in with these most interesting findings of Doctor Ponseti.

The last subject and paper was by Carl List and was entitled The Management of the Intracranial Angiomas and Angiomatous Malformations. This was very well and sensibly presented.

Adrien VerBrugghen came back from his new location in Las Vegas, Nevada to be chairman and toastmaster of the proceedings. His sharp remarks and wit reminded me of Groucho Marx.

* * *

"The one book that really tells you where you can go on your vacation is your check book."

"The sneakiest thing about women drivers is the way they turn out to be men, right after you have criticized their driving to your wife."

"The only way women can get equal rights now is by surrendering some."

"Finally, let it be said that the weaker sex is the stronger sex because of the weakness of the stronger sex for the weaker sex."

"Some people are like blotters - they soak it all in and get it all backwards."

* * *

If you still think you are as young as you were at the meeting in New Orleans, just take a look at yourself around the banquet table. (See preceding page.)

RES IPSA LOQUITUR

In some of our conversations over the famous glasses of Father John's Remedy the above expression came into prominence. As all of us know, this is the legal term meaning "the thing speaks for itself". This is the little gimmick which has caused some of the recently disturbing awards in malpractice suits in California. It allows the awards even though actual malpractice as such has not been proven. One of our very fine San Francisco surgeons had a \$210,000 judgment against him because a patient became paraplegic after an aortogram in a case of an abdominal aneurysm, even though no malpractice had occurred. Ten years ago such a patient had little to look forward to other than a rupture and death within a few years. As a result of such suits an eminent surgeon will give up his practice. Moreover, because of such suits other patients will not or are apt not to receive appropriate treatment. Scientific advancement will be affected. As was so well expressed, Ewing vs Goods (Ohio) 78 Fed 442., "If with its continued extension, the time is reached when a bad result of itself affords evidence, however slight, of negligence on the part of the attending physician, there will be few courageous enough to practice medicine.

Your correspondent cannot help wondering about the contingency fee for the liability lawyers. In such a \$210,000 suit with a contingency of 40 to 50 per cent, as is customary, the lawyer would obtain something like \$100,000. No great hue and cry is raised about this fee, but if one of our members charged that fee today for the successful removal of a meningioma it would be heard from one end of the country to the other. Why not a fee schedule for the liability lawyers not exceeding \$1,500? That would probably dampen a lot of enthusiasm and be very helpful. A suit for \$325,000 was awarded a high school football player in Northern California for injuries received in a game as a result of which the school had to be closed and football ended because of insufficient funds allocated to continue for the year. On a contingency basis the lawyer probably took in \$150,000.

Want to continue with arteriograms out here? A patient has a headache and following arteriography becomes aphasic and hemiplegic - Res Ipsa Loquitur. Perhaps \$250,000. Doesn't happen often but such aphasic and hemiplegic cases have occurred. This indeed provokes much food for thought. What do some of the rest of the members think of all this?

* * *

In a Las Vegas dry cleaning shop: "While you are here why not get your clothes cleaned too."

Woman to husband with a hangover: "I don't see why your head should hurt this morning. You certainly didn't use it last night."

* * *

Do you recall the charming place at Scottsdale, near the Camelback Inn, "The Lulu Belle"? We ran into Myra and Homer Swanson and Spence Braden quaffing some of that wonderfully cold Schlitz beer there. The thought occurred to several of us that we would enjoy an evening of movies of the members. Don Coburn had some good ones of the New Orleans meeting and there are many others. This would be fun. Perhaps the Committee on Arrangements would agree and arrange.

* * *

WILLIAM B. SCOVILLE - February 27, 1957

I shall try to catch up for too many past omissions. We are happy with neurosurgery in Hartford and find that brain tumors are on the increase. At present we are hoping to develop a four-bed chronic hypothermia unit in close proximity to the EEG and neurosurgical ward so that later we can do constant EEG monitoring. I have done only one case with chronic hypothermia continuing for eight days, which proved lifesaving following a spontaneous subtemporal clot from an angioma, but as he came out of the hypothermia he developed one infection after another, including two days' fulminating enteritis, three days' bronchopneumonia and three days' B coli meningitis, all easily aborted by their respective antibiotics, suggesting that there is a lowered tissue resistance for relatively benign organisms. I believe Montreal has found the same.

Dunsmore and Reilly have received a grant for a research trial use of Leksell's stereotaxic apparatus for clinical use in extra-pyramidal tract disease especially, in both children and adults. We are in the process of receiving another grant for a neurophysiology animal laboratory for functional studies of the rhinencephalon in monkeys and cats, especially in relation to memory. If any members know of a bright young neurophysiologist-experimental psychologist who will run this laboratory for \$6,000 to \$7,000 a year, please let us know.

Our residency program includes two four-year men combined with Yale and two additional one or two-year men, chiefly in clinical neurosurgery, limited to Hartford Hospital, of which we try to have one a foreigner working at the assistant resident level and receiving \$150 a month. So far, we have succeeded in placing these men elsewhere before or after their work with us so that they have completed their board requirements. Our last three residents taking their boards have received the highest marks in their groups (Starr, now in Boston, Cube in Manila, and Reilly, continuing with us).

At last I have surrendered to Hunt Shelden's better judgment and used the Shelden position for pituitary approach as well as the Shelden tunnel retractor. This position has been labeled the Nike Bomb Position inasmuch as the patients are tipped at a 45-degree angle prone position and look as if they are going to take off out the window, with the operator operating face to face. We have made his tunnel out of lead sheeting so that it is extremely pliable and hold the brain off the orbital roof with this tunnel. The combination gives a gorgeous exposure with absolutely no venous bleeding whatsoever, and I am enthusiastic, having done total removal of a craniopharyngioma and some hypophysectomy and pituitary operations. Surprisingly, there has been no fall in blood pressures. Using a 1-1/2" trephine, going directly through the frontal sinus, plus Shelden's position and tunnel have made hypophysectomies easier and more complete.

Apropos of pituitary operations, I wish to take this opportunity to thank all members for their response to our queries on spontaneous rhinorrhea accompanying pituitary tumors. We plan to present these at the Cushing meeting as the response has been most instructive.

We have had an epidemic of the "Hartford Disease" (cervical ruptured discs, soft variety) with seven in two weeks, all severe and acute, startling even to our jaded appetites. I still do them in the sitting position under local block including blocking the nerve roots lateral to the vertebral spine after the patient is positioned together with I. V. demerol and sodium nembutal, with the use of electric drill to uncap the medial two-thirds of the facet and the use of a high speed dental drill to etch out the corner of bone pressing up into the axilla of the nerve root, thereby both uncapping and unwalling the sensory and motor root laterally up to a point where it ducks forward well through the foramen. By having the patient conscious and talking, I have yet to have mishaps

from air emboli but certainly feel that this is an ever present danger in this position. We have done some 380 cases and there have been two emboli in cases done under general anesthesia by other surgeons.

Plans for the "Monster Congress" in Brussels are practically completed and you members are playing a dominant role with Botterell heading the hypothermia papers; Walker the principal neurosurgical summary of extra-pyramidal papers; Pool, French, and Hamby also being principal speakers in these and other subjects. It should be a good Congress to attend if only because such a combination of all neurological sciences will never be attempted again.

Belatedly, I wish to add my congratulations on the very marvelous Phoenix meeting which I think almost the ideal resort location of all.

* * *

"Why can't life's problems hit us when we are 17 and know everything."

"It's a great kindness to trust people with a secret - they feel so important while telling it."

"When a man has a birthday sometimes he takes the day off; when a woman has one she takes at least a year off."

"Keep smiling, it makes everyone wonder what you have been up to."

* * *

THE ACADEMY AWARD WINNERS

- 1955 Paul M. Lin
- 1956 Hubert L. Rosomoff

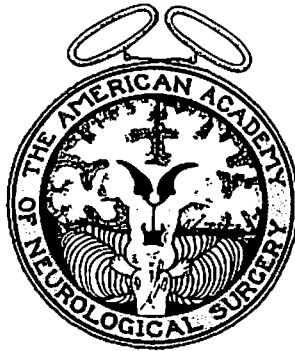
THE NEUROSURGEON AWARD WINNERS

- 1955 Edwin B. Boldrey
- 1956 Georgia and John Green

1957 MEETINGS

- Neurosurgical Society of America..... Jan. 16-19
El Mirador Hotel
Palm Springs, California
- Interurban Neurosurgical Society..... Feb. 23
University Club
Chicago, Illinois
- Southern Neurosurgical Society Mar. 15-16
Nashville, Tennessee
- The Harvey Cushing Society Apr. 25-27
Statler Hotel
Detroit, Michigan
- Society of Neurological Surgeons May 17-18
St. Louis, Missouri
- First International Congress of Neurosurgery July 21-28
Brussels, Belgium
- Western Neurosurgical Society..... Sept. 22-24
Reno, Nevada
- The American Academy of Neurological Surgery..... Nov. 11-13
The Cloister
Sea Island, Georgia

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1956 - 1957

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