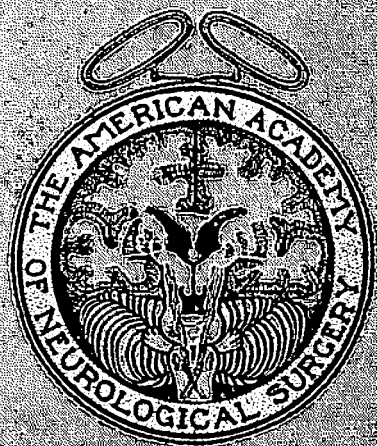


# THE NEUROLOGICAL SURGEON

THE PERSONAL JOURNAL  
OF THE AMERICAN ACADEMY  
OF NEUROLOGICAL SURGERY

VOL. 20 NO. 2

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# THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY



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~~July~~ 1960

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*2 July*

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DR. WINCHELL McK. CRAIG  
1892 - 1960

Dr. Winchell McK. Craig, elected an honorary member of the American Academy of Neurological Surgery in 1942, former head of the Section of Neurologic Surgery at the Mayo Clinic and emeritus professor of neurologic surgery in the Mayo Foundation, Graduate School, University of Minnesota, died in Saint Mary's Hospital in Rochester, Minnesota on February 12, 1960 of pneumonia as a complication of a tumor of the brain. He had been in the hospital since January 5.

Dr. Craig was born in Washington Court House, Ohio, on April 27, 1892, the son of Eliza Orlena Pine Craig and Thomas Henry Craig. He was a student at the Culver Military Academy, and in 1915 received the degree of bachelor of arts from the Ohio Wesleyan University. In 1919 he was awarded the degree of doctor of medicine by the Johns Hopkins University. From 1919 to 1921 he was an intern at Saint Agnes' Hospital in Baltimore.

Dr. Craig came to Rochester on July 1, 1921, a young man of 29 years, as a fellow in surgery of the Mayo Foundation. At that time his prime objective was to become a general surgeon, and his graduate training in fact was concentrated upon operative surgery, surgical pathology, general medical and surgical diagnosis and post-operative treatment. At length, however, there were indications that Dr. Craig would be encouraged to enter the then relatively new field of surgery of the brain and nervous system, a specialty to which he was to devote his career.

Dr. Craig was appointed a first assistant in neurology in 1924, and on April 1, 1926 he became a member of the staff as a neurologic surgeon. He received the degree of master of science in surgery from the University of Minnesota in 1930. He was head of the Section of Neurologic Surgery in the Mayo Clinic from 1946 to April 1, 1955, when he became a senior consultant, and he retired from active practice on July 1, 1957 after 31 years as a member of the staff. In the same year Dr. Craig was named director of civil defense of the city of Rochester. In June, 1959, Dr. Craig was appointed a field representative of the Council of Medical Education and Hospitals of the American Medical Association. He resigned this post in November of the same year to accept the appointment of special assistant for health and medical affairs to the Secretary of Health, Education and Welfare, U. S. Government.

In the field of neurosurgery Dr. Craig achieved enduring eminence and international recognition. When he entered the specialty most surgeons everywhere were extremely reluctant to enter the brain or spinal cord because of the technical and physiologic problems which at that time seemed insurmountable.

Dr. Craig, with other pioneers in the same field, persisted in unremitting efforts, refinements of technic and physiologic investigations until the field of neurologic surgery itself was vastly improved and advanced. Dr. Craig and his contemporaries entered into the work in the formative years of the specialty, when the future seemed dark and compromising, and by their incessant contributions to an exceedingly complex and difficult branch of surgery finally evolved both new procedures and new standards which established and enlarged modern neurologic surgery until it became the distinct and respected surgical entity of today.

Dr. Craig was appointed an instructor in neurologic surgery in the Mayo Foundation, Graduate School, University of Minnesota, in 1927, and was advanced to the grades of assistant professor in 1929, associate professor in 1932, and professor in 1937. On May 27, 1957, he was awarded a certificate of merit by the University of Minnesota in recognition of his long service as a member of the faculty. In the field of graduate surgical training he quickly gained an unusual distinction, for he had none of the irascible and even tempestuous temperament which tradition has accorded the neurosurgeon. Even under the most exasperating stresses of the operating room he remained calm and quiet, master of the situation, and unfailingly considerate of the younger men under his direction, many of whom became eminent in their own name as a result of Dr. Craig's encouragement and training. In November, 1956, Dr. and Mrs. Craig were honored at ceremonies in Rochester conducted by neurosurgeons whom Dr. Craig had trained during his years of graduate instruction in the Mayo Foundation. Dr. Craig himself made almost 300 contributions to the medical and surgical literature of this and other countries.

Many honors came to Dr. Craig during his career as a surgeon. The Ohio Wesleyan University awarded him the honorary degree of doctor of science in 1937, and in 1946 he was elected president of the Society of Neurological Surgeons. In 1948 he was chosen president of the Harvey Cushing Society, and he was chosen president of the Association of Military Surgeons of the United States in 1953. In March of 1957 he was invited to deliver the George M. Kober Memorial Lecture at Georgetown University, Washington, D. C.

In addition, in 1945 Dr. Craig became the first physician from civilian life in the history of the U. S. Navy to reach the grade of rear admiral. Having acted as organizer of the Medical Specialist Unit of the United States Naval Reserve for many years, Dr. Craig was called into active service in December 1941 with the grade of commander and took his unit to the United States Naval Hospital, Corona, California, where he became chief of surgery. Later, he was transferred to the National Naval Medical Center, at Bethesda, Maryland, where

he acted as chief of surgery until October, 1945. He then received his promotion to the grade of rear admiral and was transferred to the Bureau of Medicine and Surgery in Washington, D. C., as director of the graduate training program. He was on duty in London, England in 1944 when he experienced the first German "buzz-bomb" attack on that city. He was awarded the Legion of Merit, the Naval Reserve Medal and the Bronze Star, and was released to civil life on January 31, 1946. "His extraordinary ability, tireless efforts and inspiring devotion to the exacting responsibilities of his highly specialized assignment reflect the highest credit upon Rear Admiral Craig and the United States Naval Services," was part of the citation which accompanied the award of the Legion of Merit. He served as a reserve consultant to the Surgeon General of the United States Navy and as a civilian consultant to the Veterans Administration. He was one of the founders of the Reserve Officers of the Navy Services and served on the advisory council of that body. Twice, in 1955 and 1957, Dr. Craig was chosen by the Surgeon General of the Navy to be one of the special consultants who visited Naval medical installations in the Far East to lecture to Naval medical personnel stationed there.

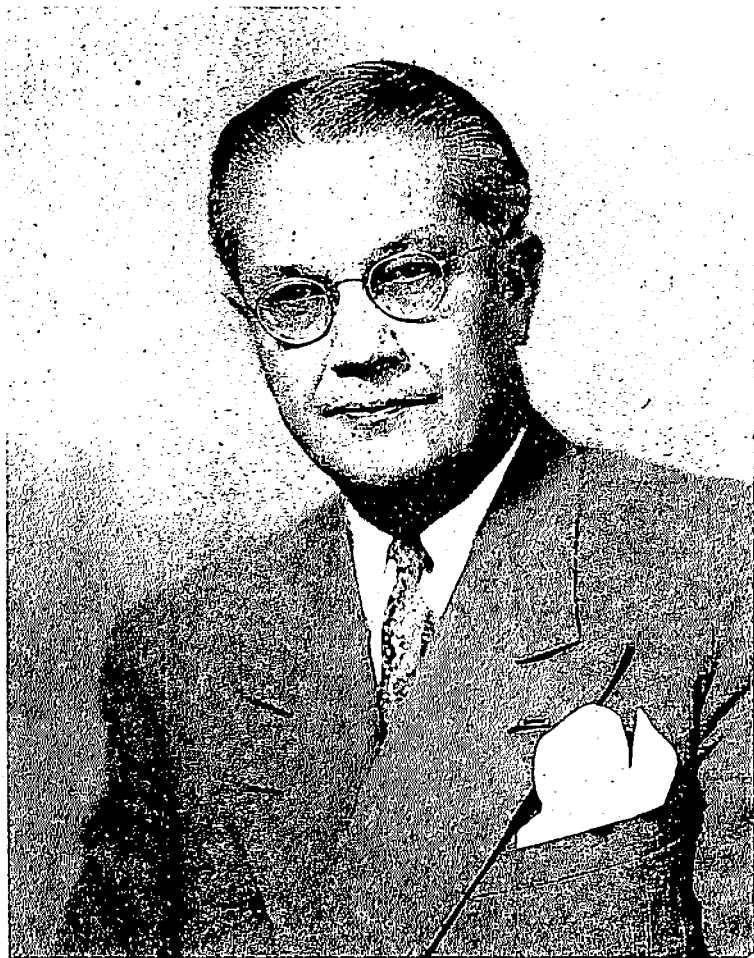
Dr. Craig was a fellow of the American Medical Association and the American College of Surgeons, and a member of the American Surgical Association, the American Neurological Association, the Western Surgical Association, the Southern Surgical Association, the Minnesota Society of Neurology and Psychiatry, the International Surgical Society, the Central Neuro-psychiatric Association, the Central Society for Clinical Research, the Johns Hopkins Alumni Association, the Alumni Association of the Mayo Foundation, the Minnesota Surgical Society, the International Neurological Association, the American Legion, the Reserve Officers' Association of the United States, the Ohio Society of New York, the Beta Theta Phi academic fraternity, and the Phi Beta Pi professional medical fraternity. He was an honorary member of the American Academy of Neurological Surgery. He was a member of the editorial staff of The Journal of Neurosurgery and of the special advisory board to Postgraduate Medicine. In 1956 he was elected president of the Mayo Foundation chapter of the Society of the Sigma Xi. He served as chairman of the American Board of Neurological Surgery, Inc., and as a member of the board of trustees of the Ohio Wesleyen University.

Dr. Craig in 1956 completed and published a volume on the genealogy of the Craig family in America, a work which goes back to 1682. He also made an extensive collection of American side arms.

Dr. Craig was married to Miss Jean Katherine Fitzgerald on February 16, 1928. Dr. and Mrs. Craig had four children: Lieutenant Winchell McKendree Craig, of the U. S.

Marine Corps, San Diego, California; James Stewart Craig, a student at the University of Minnesota; Jeanne Mary Patricia Craig, a student nurse completing her work at the University of Oregon; and Graham Fitzgerald Craig, also a student at the University of Minnesota.

Two brothers, Thomas H. and Robert A., reside in Washington Court House, Ohio.



Dr. Winchell McK. Craig  
1892 - 1960

JOSEPH P. EVANS - January 13, 1960  
S. S. America

I am ashamed to have been such a bad contributor in the past year to "The Neurosurgeon" because I always read it with great interest.

It is now over a year ago that I promised you some comments on neurological surgery as I had witnessed it in the summer of '58 in Medellin, Bogota, and Cali. Inasmuch as my comments now would be badly postdated and, furthermore, since a number of our members have been in South America in the interval, and, finally, since because of Caroline's residence in Colombia, I have good hopes of getting back again, I shall skip that chapter entirely, except to say that the general quality of neurosurgery there I found to be quite good. Perhaps sometime in the future I may be able to give a more detailed report.

In September there began to unfold for us a long premeditated expedition. As some of you know, the University of Chicago permits leave one quarter out of 12. This fact, coupled with Mary's wish to be married in Geneva in October rather than in Chicago, led Hermene and me to decide to transplant the three youngest children to Switzerland for a minimum of at least a year of schooling abroad.

So in September I devoted my regular vacation time to accompanying Mary, Willi, sixteen, John, fourteen, and Tom, eleven to Switzerland. We were fortunate enough, even at that late time, to get the three children placed happily in schools in Fribourg, and we then went on to Geneva, where we had the opportunity of coming to know the family of Mary's fiance, Francois Bapst, a young engineer who had previously visited us in the States.

In late September I flew back from Paris, got things a bit in order in Chicago, and then turned about for the meeting of the American College of Surgeons and for the Montreal Twenty-Fifth Anniversary celebration.

At the Atlantic City meeting, Harry Botterell and Bob Fisher and John Mealey, one of Bill Sweet's people, took part in the symposium on Neurosurgical Adjuncts, which I chaired -- a function which, of course, is much easier than that of actually being one of the principal participants. The symposium was a part of the more extensive program of the neurosurgical section.

This meeting of the College reinforced my own conviction that the Neurosurgical Section is an important part of the College Activities. A good many of the members of the



Academy, of course, are lending their support to its efforts.

Harry and I then went up to New York City by bus in the company of Ken McKenzie and Bill Lougheed. There they caught the plane for Toronto and the next morning I met Hermene. We had a most pleasant trip by a rented car to Vermont and there visited with friends in various places and then picked up a bus for Montreal and the meeting at the Institute. I am sure others will touch on that splendid affair which was most heart-warming and worthwhile from a scientific point of view as well. For those of us who knew Bill Cone well there was a real sadness -- a truly dedicated Soul.

We sailed directly after the meeting on the Ivernia and had a very smooth crossing. Our third daughter, Anne, had just finished her nurses training at the Royal Victoria and accompanied us. We thought we were to have a car waiting for us in Paris, but the arrangements fell through and so we proceeded to Fribourg by train, picking up the three youngest children and then going on to Geneva for Mary's wedding on October 24th. This was a very happy affair at which all the children were present except Caroline, who three weeks later had, down in Colombia, her third son. After the wedding Hermene, Anne and I went to Zermatt for a week to recover and to get caught up with all sorts of back correspondence. Zermatt, for those of you who may not have been there, is the lovely Swiss village that nestles in the valley beneath the Matterhorn. The day after we arrived it began to snow and continued to do so for two days. The beauty of the valley was then simply breath-taking.

Returning to Geneva, I spent a couple of days with Alois Werner, who is responsible for the neurological surgery at Geneva. He is one of Krayenbuhl's pupils, but spent a year in Montreal and is known to a good many of our members. He runs an excellent service.

Our Opal Caravan having failed to materialize, we then made arrangements for the purchase of a Volkswagen, and on the 13th of November we started a trek which took us first to Zurich where I spent two days in Krayenbuhl's clinic. We then went on to Colmar where I spent the day with Woringer, who is particularly known to Wally Hamby and Bill Sweet. We then crossed the Rhine to Freiberg-in-Breisgau and I visited Riechert's clinic and witnessed two stereotaxic procedures.

From there we moved up to Trier where Ed, one of our twins, is stationed, and spent a week-end with him. Trier is on the route of Patton's advance and it may be that some of the younger members of our group served as battalion surgeons during that advance and know the Moselle valley well. Trier is an

ancient city that dates back to the early centuries of the Christian era. Constantine spent some twenty years there as a young man before becoming emperor.

I had planned on going from there to Köln to visit Klaus Zülch, whom I had known when we were both working in Breslau in 1936. However, he was off on a week's junket; so we took that time and settled ourselves for three days in a very comfortable hotel at Maria Laach, which is the site of an old Benedictine monastery that dates back to the 900's. There we caught our breath and our correspondence and then set out for Vienna in order to catch a plane to Warsaw, for I had promised George Chorobski that I would spend the first week of December in Poland. We had four wonderful days in Warsaw and three in Krakow. In many ways this was the most fascinating part of our trip. We found the Poles a very reserved people until they had an opportunity to be sure where one stood, and then they warmed up and were wonderfully gracious and generous. We have never been treated so royally anywhere. Food and clothing are now in very reasonable supply for most people, but housing is still exceedingly short and money is not plentiful for the support of research. Despite this fact, I think we met as genuine a spirit of investigation and eagerness to get on with it as anywhere in the places we visited in Europe. These are an amazingly brave people with tremendous cultural and spiritual resources. We had visited Warsaw in 1936. In the interval it was virtually destroyed and there is much rebuilding yet to be done, but great progress has been made.

We went by train over night to and from Krakow. Krakow is the only major Polish city that was not severely damaged, the Germans having had to move out so fast before the advance of the Russians that they were not able to carry out their plan of destruction. Wawel Castle, the historic home of the Polish kings, is an endless source of cultural treasures. It, of itself, is well worth a visit to Poland.

The great treat was to see dance and to hear sing the Mazowcze Troupe. George Chorobski had seen to it that we were able to visit with them between the acts. It is one of two Polish troupes and I understand that one is currently in New York. The group that we saw is to be in the States next year and any of you who have the opportunity to see and hear them would find yourselves well rewarded, I am sure.

Flying back to Vienna, we spent three days there and appropriately enough on our first evening heard in the new Vienna Opera House "Fidelio", which somehow seemed to recapitulate our impressions of how Poland had suffered in the previous years.

Some of you will recall that I spent a couple of months

in Austria in 1947 on a medical mission. Vienna has in the intervening years stood almost still neurosurgically and is now about a generation behind neurosurgery in the States, in England, and many places on the continent. There are very interesting reasons for this, but I think the entire situation is about to change and there ought to be a real opportunity for accelerated progress. The basic explanation in my opinion is the tightly structured form of Austrian academic life, which can be extremely restrictive.

From Vienna we drove back to Geneva by way of Munich and Konstanz and Fribourg, and since this was the beginning of the Christmas vacation we picked up the three youngest and returned to Zermatt so that they could have an introduction to skiing. We were very fortunate in picking up an excellent instructor, one of the Perren brothers who not only knows skiing, but loves the valley in which his family has lived for generations. For several days we all worked out together on the lower slopes and then eventually went up the chair lift one morning and somehow all got down intact. I must confess I had my wind up a bit at the pitch of some of the slopes. When John and Tom wanted to go up again that afternoon, Willi and I discreetly got in some more practice on the lower slopes. However, the next day we went up again and from there took the tow above the timber line and had a wonderful run back down.

We all spent Christmas with Mary in Geneva and Ed got down from Trier. Directly thereafter Ed and I flew to Frankfurt where I left him and went on to West Berlin to spend a day with Arist Stender. Then to Göteborg for two days with Norlen and finally a day in Köln, visiting Tönnis. Klaus Zülch was away skiing. By New Year's eve I was back in Paris and rejoined Hermene for some good theater at the Comedie Francaise. I visited Guiot and watched him do a difficult case of Parkinson's disease. I visited briefly Alajouanine at the Salpetriere.

It has been a wonderful experience, richly rewarding, although almost infinitely destructive of the pocket-book.

It is difficult for me at this stage to assess the value of our trip. Certainly from the family point of view it has done a great deal to bind various ones of us together, and, of course, to get to know better Mary's husband and to become acquainted with his family. For the youngsters in school in Switzerland, aside from a thorough-going saturation with French, they have had the invaluable experience of having to adjust to new people and new ideas. So far as Hermene and I are concerned, I suppose the results are largely in the intangible sphere and these benefits are indeed very hard to assess.

Finally, of course, from the standpoint of the Univer-

sity which has allowed me this Sabbatical time, I have had a rich opportunity to observe other clinics, to get to know some of the men and to see the quality of the work that they are doing. In general, this is of a high order in my opinion. But just as it is true in England, so is it true in most places on the continent, that the clinical services are so huge that there is little time for investigative work. This, however, should not be taken to mean that there is not a great deal of excellent clinical research going on. It has always seemed to me that the British are particularly skilled in the matter of extracting basic knowledge out of their clinical material. However, others are doing this as well and I would think Norlen is a splendid example, with reference to his work on aneurysms.

I have a hunch that out of Warsaw will come some basic work giving better insight into frontal and temporal lobe functions.

The greatest area of potential controversy, I presume, relates to stereotaxy. I did not visit Stockholm on this trip and therefore do not know Leksell's work in any detail, but I think the best work that I saw done was in Professor Reichert's clinic in Freiburg and a modification of this in Krayenbuhl's clinic where a young Turk is carrying on the work. It is my own considered opinion that the method is more highly refined than the problem itself allows or has need of. Perhaps the best evidence of this fact is the multiple coagulations that I saw being done in some places.

One of my primary purposes in going on this trip was to get into a library and read assiduously. In this I failed, for I set up a program that involved too much movement. I expect, however, that perhaps the best place to accomplish such an objective would be at the library housed in the United Nations Organization Building in Geneva. Alois Werner was good enough to make such arrangements for me, but as matters worked out I was not able to avail myself of the privilege.

As I noted earlier, this letter is being dictated on the boat a day before docking. We have returned on the America of the United States lines and one of its many nice features is the presence on board boat of a dictaphone. Fortunately for me, there was only one other individual on board who expressed the least interest in the use of the machine so that I am returning home fairly well squared away, but a little fearful of what three months accumulation on a desk can be.

I shall be looking forward to the next issue of the "Neurosurgeon" to see the reports on the Pebble Beach meeting which I was very sorry to have missed. I am sure you all had a very wonderful time.

Comment:

What a delightfully interesting and informative letter. Such writings as these make us feel that THE NEUROSURGEON has a place for descriptions of this kind and reports of interesting cases and experiences which cannot and are not written or preserved elsewhere.

Your correspondent was with Joe at the twenty-fifth anniversary celebration of the opening of the Montreal Neurological Institute. It was an historical event. Your reporter regrets that one of the newspaper photographs had Joe's name on your reporter's photograph. Inasmuch as neither one of us will be confused with Gregory Peck, I am confident Joe didn't mind.

md md md

"With world conditions as they are, the U. S. Cabinet needs a secretarial suspense."

md md md

JOHN RAAF - February 2, 1960

I wish that you would put an ad in your yellow journal for me. We are greatly in need of another neurologist or two. No doubt, any neurosurgeon who knows the whereabouts of a competent young neurologist isn't going to let another neurosurgeon in on the secret. Neurologists at present seem to be the rarest birds in the field of medicine. I suppose the answer is to train your own neurologist. Dr. Dow is working toward the establishment of a training program in neurology at Good Samaritan Hospital. When he gets it established, it undoubtedly will be a very good program. We are very enthusiastic about the establishment of our new research laboratories at Good Samaritan. A considerable part of the new research laboratories will be a neurophysiology laboratory under Dr. Dow's direction.

The Academy is certainly being hard hit by loss of prominent members. Rupe's death was a terrific shock and he will be greatly missed by all of us, particularly at the Rogue River Neurosurgical meetings. I am sure that his password "Who's there?" will ring over the Rogue each morning at daylight for as long a time as there is a Rogue River Neurosurgical Society. On Saturday I received a letter from Jean Craig, Wink's daughter. On Friday, January 22nd, Wink was operated upon and found to have an inoperable brain tumor. At the time Jean wrote (January 28th) he was in a coma.

The first week in December I had a most exciting

trip aboard the aircraft carrier, U.S.S. Ranger. The jet aircraft operations, particularly at night, were very thrilling. (See center spread for pictures taken on this trip.)

Comment

We have a couple of neurologists somewhere not too far from this neck of the woods, but I wouldn't send them or suggest that they consider John's problem, for he is one of my good friends and classmates from our days at Stanford. John must have a big service to require the help he requests, and that is as one might expect from his dynamic energy, drive, and organizational ability. I think more neurologists should be sent to neurosurgeons for a better prospective about the things they should and should not do.

All of us will miss Rupe Raney and Wink Craig. Unfortunately we are reaching that stage in life when others who are close to us will graduate from this vale of tears in which we live. We must cherish and treasure these coming years with those friends who mean much to us.



Harvard  
Freshman

*The  
Young  
Raafs*



Lincoln High  
Junior

Real snow outside;  
Real copy of JNS;  
and Wally's book  
on desk!



J. LAWRENCE POOL - March 25, 1960

Thought you might like enclosed shot taken by one of my kids while I was hard at (winter!) work on aneurysm paper for the Cushing meeting.

Looking forward to seeing you at San Francisco.

Comment:

We enjoyed so much visiting with Larry Pool at the Harvey Cushing Society meeting in San Francisco. We commented on the fact that with one of the best orchestras heard at any meeting, it was the old-timers who stayed for the last dances and modern youth folded up. Larry was on his way to Italy soon after the San Francisco meeting. Perhaps we will get a late letter from him.

md md md

"Diplomat: A person who can juggle a hot potato long enough for it to become a cold issue."

"The point to remember is that what the government gives it must first take away."

"A wife is a person who can ride through the magnificent scenery in the world with her eyes glued on the speedometer."

"An estimate is a rough idea of how rough the cost will be."

HOWARD A. BROWN - April 12, 1960

I received the very lovely bound volumes of "The Neurosurgeon" a few days ago and Dorothy and I were very much impressed by the fine collection that you have preserved for the Academy.

We will certainly enjoy having them in the archives, and it has been much fun to look through some of the old volumes, as you have suggested. However, I agree with you that we are not able to stop the hands of time, but I think we are all in pretty good shape and certainly have enjoyed seeing the development of our children over the years.

Comment

Howard has acknowledged as Historian the bound volumes of all of the lithographed copies of THE NEUROSURGEON. It has made an attractive three-volume set, and really to go through some of the earlier numbers makes most interesting entertainment. Howard has asked for the earlier mimeographed copies of the Round Robin, so if any of you have these in your files, please send them on to him.

It was a genuine pleasure to see Dorothy and Howard, and all of us were happy that Alta could be in San Francisco with so many of her friends.

We will no doubt have an additional letter from Howard later on.

md md md

Sign in a woman's shoe store in Brooklyn: "10% discount given if you make your purchase within 10 minutes of entering the store."

md md md

JOSEPH P. EVANS - April 27, 1960

For the first time, it would appear that possibly I have a contribution for the "Neurosurgeon" done in advance. As you will see, the enclosure is dated "January 13, 1960" (see on pages 2 to 6) and is the result of some ruminations done in the leisure of an ocean voyage, a wonderful way to travel in these hectic years.

It was only following our return that I learned of the loss of Rupert. Howard Brown's report of Alta's high courage



was wholly consistent with what we have come to know of her. We all share in some degree her great sense of loss.

My own memory of Rupert dates back to 1922 when he and I, contemporaries of the Four Horsemen, had to satisfy ourselves with playing inter-hall football. Rupert's team beat ours and after that day we got but slight consolation out of the fact that our team eventually won the inter-hall championship that year. Rupert then went on to Creighton where he played on the varsity and I went on to Cambridge where Harvard football in the post-Haughton era was at so low an ebb. I can still see Dooley, the brilliant Dartmouth quarterback carrying the ball for a winning touchdown, tricking the Harvard defensive back, leaving him standing. Rupert was a great sportsman in every sense of the word.

### Comment

It is interesting that Joe's acquaintance with Rupert dates back so many years ago. It is always pleasant to learn of these early days of our friends.

\* \* \*

"The key player on any boys baseball team is the one who owns the ball and bat."

"I'm proud to pay taxes in the United States - the only thing is I could be just as proud for half the money.

"The best way to bring up children is short."

\* \* \*

JOHN R. GREEN - April 28, 1960

Georgia and I both enjoyed the last issue of The Neurosurgeon. We greatly appreciate the well deserved comments about Rupert. We both loved the guy.

Our news involves further developments of the Barrow Neurological Institute at St. Joseph's Hospital and our trip to Europe during May and June of this year.

Money problems regarding the costs of construction and equipment of the Institute seem to be solved -- some \$2,386,000.00 has been allocated from a number of sources. This meets the estimate of the architects. The operation of the hospital and clinic side of the Institute will be financed by St. Joseph's Hospital. The research and educational program will be financed by our

recently incorporated Neurological Sciences Foundation -- the anticipated budget being about \$90,000.00 annually. This will be raised from individuals, corporations, health agencies, and Foundations -- the goal being an endowment fund sufficiently large to enable us to operate on the income derived from this fund. Our Foundation is made up of some prominent Arizonans who can be counted on.

The Constitution and By-Laws of the Medical Staff of St. Joseph's Hospital have been amended to include a Neurological Institute Commission, made up of division chairmen, and for geographical full time clinicians as well as part time clinicians. We are continuing to work on these details.

Our training program in Neurological Surgery will begin in July of 1961. The training program in Neurology will begin after the Chairman of Neurology has been selected. Dr. Jim Kernohan is coming to us to be Chairman of Neuropathology. Jack French and others are helping us select the Chairman of Experimental Neurology. Perhaps when my time eventually runs out we'll have a really productive organization in the field.

Georgia and I leave May 5th for a most interesting trip. We'll follow the course of medieval and renaissance medical history from Salerno to Edinburgh -- visiting Institutes of Medical History in Italy, Switzerland, France, Belgium and England. I'll attend the French Society of Neurology meeting in Paris, May 30th and June 1st. The Centennial celebrations of the Institute of Neurology, Queen Square, will keep us very busy the week of June 20th. The Wimbledon tennis matches go on during this time. We are also looking forward to the joint meeting of the British and French neurological surgeons in Edinburgh June 29th and 30th, and especially the opening of Norman Dott's Unit on July 1st. We hope to see some of our Academy friends abroad.

#### Comment:

John has obviously surmounted many difficulties in getting his Barrow Neurological Institute at St. Joseph's Hospital under way. This will be a monument to his untiring efforts and abilities. We hope he will send a late letter to us about his most interesting trip. Sounds wonderful in all ways.

md            md            md

Question: Why does your sense of touch suffer when you are ill?

Answer: Because you don't feel well.

GEORGE S. BAKER - May 5, 1960

1960 has arrived with all of its usual problems, and other than getting a presidential address for the Academy in order I could think of no finer comment than you have made in your recent letter to us all, that outstanding contributions should be submitted to the secretary or to the chairman of the Program Committee for our coming meeting in Boston. Tom Ballantine has served as local host in Boston along with a group of other men, including Hamlin, Maltby, Matson and Sweet. They, of course, will arrange an excellent meeting in the large metropolis of Boston. I am sure you will hear from these men individually, so will not take time at this occasion to reiterate.

I would, however, like to say at this time that one interesting responsibility which the Academy will have in 1961 will be to be host for the visiting neurosurgeons and their wives from abroad at a social evening on Wednesday, October 18, 1961 at the Statler-Hilton or headquarters hotel. This will be our official contribution as an organization in 1961, other than the individual papers which we as a group should submit to this outstanding neurosurgical gathering. I think that arrangements have already been started by reserving space in Washington, D. C. for that Wednesday evening, and all of us are to concentrate our efforts during this evening to being the hosts to this outstanding group of visiting neurosurgeons. My feeling is that a cocktail party, buffet supper and dance should be arranged, and one can attend and stay as long as one desires. However, it should not continue beyond midnight in my opinion.

The officers who were elected in Monterey at our 1959 meeting will continue in office for the International meeting in Washington in 1961, and of course will be in office for the New Orleans meeting in 1962. I think most of the officers realize this and I think the entire group felt that this would be the better way to handle it.

In addition to the large gathering in Washington of the outstanding neurosurgical delegates of the world, Howard Brown is to be chairman of a Post-Congress Tour arranged by the American Express Company, and other members of the Academy have been asked to be local chairmen to see that these men are entertained and shown the important things of interest in their locality. I feel that the Academy will contribute a great deal as a unit and will gain great stature as far as the international relations are concerned, by lending our aid in the manner in which we have obligated ourselves.

It is my hope that everyone will concentrate on the Boston meeting this fall primarily, but should also think

about the meeting in 1961 in Washington with the international group. I have heard from Frank Nulsen regarding the program in Boston, and I hope that everyone will make an effort to submit the most interesting neurosurgical cases and papers to Frank so that he will have a large selection for the meeting this year.

I want to take this opportunity to wish everyone a very pleasant summer, both socially and medically. I hope to see you all at the Boston meeting in the fall.

Comment

George's comments about the Academy's role for the meeting in Washington are most interesting. This should give us an excellent opportunity to make a creditable contribution for this meeting. We should also have a chance to meet many of the neurosurgeons throughout the world, and let's hope we can decide on a few corresponding members for the Academy from this group.

md md md

"A married man can always surprise his boss by coming home from work a half an hour early."

"Our neighbors abroad know what we pay in taxes - they are spending it."

md md md

JOHN M. MEREDITH - May 9, 1960

Your letter concerning the coming edition of The Neurosurgeon reached me a few days ago and I want to send you a brief contribution to it.

Somehow in the avalanche of correspondence that comes in from time to time, I overlooked the last notice so we; that is, Etta and I, want to add our word of commendation to that of all the others, concerning the excellent and highly enjoyable meeting at Pebble Beach last fall. We thought it was ideal in every way and want to express our highest regard to Doctors Boldrey, Morrissey, as well as the indefatigable Kate, Jack French, and all the others who contributed from the California and West Coast group to make that meeting so highly successful. It was our first visit to the Monterey area and it certainly will not be our last if we can arrange it.

We had an interesting case here the other day, really an old fashioned type of parasagittal meningioma in the

right frontal lobe, which was the type illustrated so vividly by Cushing and Eisenhardt in their classic volume on the meningiomas. This was a middle-aged man who had had most of his stomach resected six months previously for what was presumed to be a penetrating ulcer, although we were not entirely certain it was not a carcinoma. He then developed a rubbery, palpable mass in the right frontal region just at the hairline and we thought that this was very possibly metastatic. The chest film was perfectly normal. We went ahead with exposing the lesion just as though it were a meningioma and it turned out to be just that. With resection of several centimeters of his longitudinal sinus in front of the Rolandic inflow and approximately the upper half of the falx, the tumor mass, about as large as a tangerine, was entirely removed from the right frontal lobe; it had traversed the entire thickness of the skull, was visible in the external table when the scalp was first reflected. Except for some fairly mild frontal lobe postoperative symptoms, he has so far done quite well. It is this type of case which always keeps neurosurgery of interest to the true believers, along with the newer things which have come along in the last decade or two.

We have had a round of chromophobe pituitary tumors recently, with three of them in the house at one time. One always learns at least a few points with each case of this type that one does. We have now decided that in the average case of chromophobe tumor, we will carry out a spinal puncture just before the bone flap is turned down, give at least a unit of urea just as the dura is about to be opened, and probably tap the anterior horn of the ventricle on the side of the craniotomy, also. In these three cases, exposure has been extremely good and one could, in fact, practically palpate the lesion directly with one's forefinger, if one would have liked to do so. There was more than enough room to carry out the surgical procedures and we feel that this is a very nice triad of procedures to carry out in the preliminary maneuvers in the attack on these tumors. Cortisone is, of course, a tremendous help in preventing the highly disturbing and alarming reactions that we used to see in the fairly far advanced cases until these excellent hormones were developed. One of our patients had marked hypothalamic symptoms, had tonic fits the night before operation, and was disoriented and restless so that visual fields could not be taken preoperatively (the first pituitary case I have ever operated upon in my life who did not have preoperative visual fields because of extremely poor cooperation), and she gave us no difficulty at all with the aid of Cortisone and Pitressin (to control temporary polyuria) for a week or two postoperatively. The chromophile tumors, we feel now, should all be irradiated preoperatively; that is, those who have definite visual field changes and diminished acuity and perhaps disabling headaches as a preliminary therapeutic procedure, but we now prefer to operate upon the chromo-

phobe ones with definite visual impairment, when we first see them, as a primary procedure, with the above aids that have come along fairly recently.

We have just had an invasion of Virginia by a small army of visitors for Garden Week. For once, the weather has been extremely nice and we could take friends and relatives down the James River to see some of the fine, old plantations such as Westover and Shirley, which I am sure many of the members have seen. If you wish to see these plantations at their very best, the ideal time is the last week in April when all Virginia is decked out from Roanoke to the Eastern Shore and to Alexandria, with most of the fine plantations, old homes and gardens open to visitors freely.

We hope to get to the Boston meeting, if at all possible, but it seems now that another meeting might come very close to conflicting with our getting to Boston, which is one of my favorite towns, as I always think of it as the place where I first met and came under the benign influence of my old preceptor, Dr. Gilbert Horrax.

With kindest regards to all the members from Etta and myself, and best wishes for a highly successful meeting in Boston.

Comment:

John always gives us some interesting and unusual cases in his ever welcome letters.

From my little recollection there has always been something rather special and beautiful about the State of Virginia. The University of Virginia, Staunton, and Montecello, to mention only a spot or two, are outstanding features and shrines or monuments of our country.

md md md

"A gentleman farmer is one who raises his cash crop in the city."

"Today's underprivileged child is one who has to share the family car with his parents."

"A Communist country is one where everything which is not forbidden is compulsory."

"Many men have acquired a great deal of education just by reading small print."

ARTHUR A. WARD - May 10, 1960

We have not yet completely recovered from the recent meeting of the Society of Neurological Surgeons held here several weeks ago. It was a great privilege to have them here, however, and a delight to see so many Academy members present. As one might predict, we had almost the worst weather of the whole spring the three days they were here!

The matter of the role of the neuroradiologist with respect to diagnostic procedures is something which organized Neurosurgery seems to have discussed not at all. This is probably because neurosurgeons have functioned as their own neuroradiologists in the past but this now appears to be changing, and this trend will increase as more and more neuroradiologists are trained so I think it might be helpful, at this formative stage, for the field of Neurosurgery to give some thought to the matter. What I am referring to is that school of neuroradiology who feels the patient should be sent to the x-ray department for radiological study and they will then carry out the necessary myelogram, pneumoencephalogram or angiogram whether it be carotid, retrograde brachial, or aortic arch puncture. These diagnostic procedures have traditionally been done by the neurosurgeon but a case can be made that better diagnostic study will result if these are all done by the neuroradiologist. However I, personally, don't see how these can all be blindly turned over unless the neuroradiologist is functioning as a very intimate member of the neurosurgical team. The problem is that specialization is catching up with us and we can no longer be general practitioners in diseases of the nervous system!

#### Comment

It was unfortunate for Arthur that his incliment weather should follow those beautiful days in San Francisco of the Harvey Cushing Society meeting. Nonetheless, with his luxurious new neurosurgical wing completed and his important research program rolling along, he must have had much of interest to keep everyone interested and enthused.

The problem, not only of the neuroradiologists, but of the neurologists who want to do all of the encephalograms, arteriograms, and myelograms, often represents a complication in the proper care of the patient. Arthur has hit the nail on the head when he says these diagnostic procedures cannot be turned over blindly unless the neuroradiologist is functioning as an intimate member of the neurosurgical team - and the same goes for the neurologist. We have had more than one case in which we had to do a ventriculogram on a moribund patient who had had a pneumo-encephalogram done the preceding afternoon with

no filling - and in a tumor case. We have also had patients who have had an arteriogram done and who have died about half an hour after we were called in to see them to do ventriculograms, and about three hours after the arteriogram. The bad situation in private cases of this kind is that we have not had an opportunity to meet the patient or his relatives until an emergency exists, and also, no preparation for surgery or scheduling has been made. We should admit that these diagnostic procedures can be learned readily by any technician, but why should these diagnosticians want to do the procedure when it often must be followed by surgery, and the surgeon likes to be able to carry out the tests in his own manner. If the patient has been seen by the neurosurgeon and the family are acquainted with him and the problem, and if the necessary scheduling for surgery has been made, then if the neurosurgeon should want any studies done by the neuroradiologist or the neurologist, or the procedure done by some interne or resident of his choice, there should be no problem. Done in the reverse manner, problems arise - we've had them.

md md md

"Accident statistics prove that the road to heaven is paved."

"The trouble with morning is that it comes along before you are ready for it."

md md md

JAMES GREENWOOD, Jr. - May 16, 1960

There is very little new here in Houston. It was nice seeing a number of Academy members at the Annual Houston Neurological Symposium in March. Over two hundred from all over the country registered, and the subject of congenital hydrocephalus and related anomalies was thoroughly worked over. Don Matson and Bob Pudenz made excellent contributions. I have a feeling that the studies have somewhat clarified the Arnold-Chiari malformation and its relation to hydrocephalus and may lead to a more logical and fairly simple operation. We have done one case which is now fourteen days postoperative and seems to be perfect.

I recently operated my seventh colloid cyst of the third ventricle and it looks as if we may obtain a good result. This case illustrated very well the misleading information that arteriography may give in centrally located or intraventricular tumors, as an arteriogram was done five months ago when cerebral vascular insufficiency was suspected.



The construction of the new addition to Methodist Hospital will begin next month and will more than double the size of our neurosurgical facilities. When completed, this greatly needed expansion should take care of the large number of neurosurgeons here for at least a few years.

### Comment

The Eighth Annual Scientific Meeting of the Houston Neurological Society, which was held March 10th to 12th, must have indeed been an excellent one. Your reporter greatly regrets not having been able to join the others there. In fact these symposiums have been of such high caliber that one cannot afford not to attend. Their program is reproduced on pages 24 and 25 for those who may have forgotten the subjects or may not have received a copy of their program.

It would seem to me if Jim has operated upon his seventh colloid cyst of the third ventricle, he has done many more than most of us. We had one not long ago that my partner, Jim St. John, operated. I would agree that ventriculography is the diagnostic procedure necessary and that arteriography would not be very helpful. Our case got along very well. His post-operative photograph is included for the record. (See below.)

With the new addition to the Methodist Hospital and a doubling of the size of the neurosurgical facilities, neurosurgery in Houston can breathe more freely.



10. Folic Acid Inhibitors and Other Nutritional Factors in Experimental Hydrocephalus  
Dr. Paul Newberne, Auburn, Alabama
11. Hydrocephalus and Vitamin-A Deficiency in the Rabbit
  - a. General Considerations  
Drs. Charles A. Carton, Virginia M. Tennyson  
George D. Pappas, Robert Pascal, New York
  - b. Electronmicroscopic Study of the Choroid Plexus.  
Drs. Virginia M. Tennyson and George D. Pappas
12. Alterations in Blood-Brain Barrier in Experimental Hydrocephalus  
Dr. John H. Perry, Houston, Texas
13. Pathology of Hydrocephalus  
Dr. E. C. Alvord, Houston, Texas
14. Radiologic Aspects of Congenital Hydrocephalus and Related Malformations  
Dr. Edward B. Singleton, Houston, Texas
15. Clinical Classification of Hydrocephalus  
Dr. Donald Matson, Boston, Massachusetts
16. Surgical Treatment of Hydrocephalus  
Dr. Robert Pudenz, Pasadena, California
17. Surgical Treatment of Myelomeningocele and the Arnold-Chiari Malformation  
Dr. James Greenwood, Jr., Houston, Texas

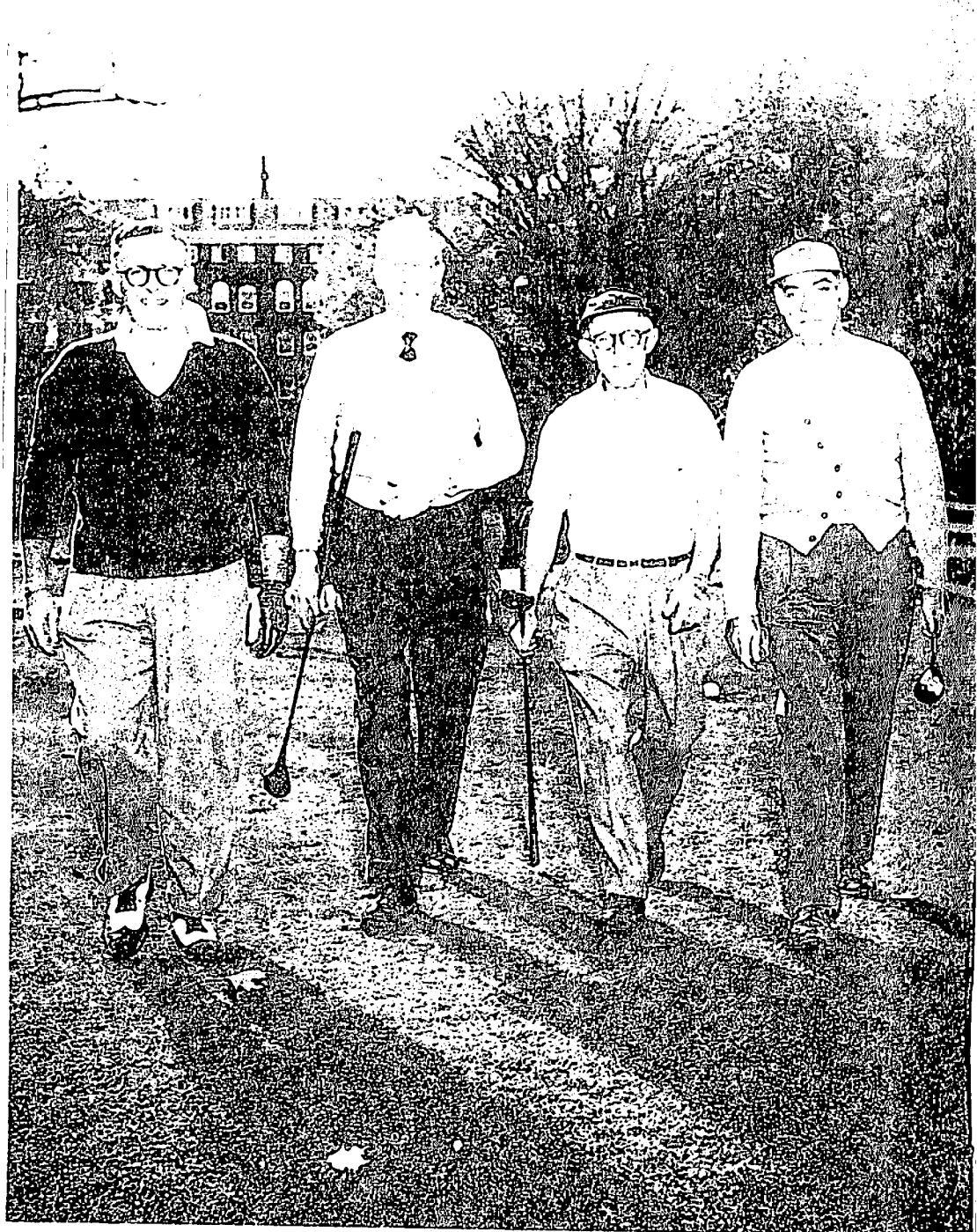
8th ANNUAL SCIENTIFIC MEETING  
HOUSTON NEUROLOGICAL SOCIETY  
March 10 - 12, 1960

Part I. PRENATAL AND PERI-NATAL FACTORS IN  
NEUROLOGICAL DISEASE

1. Genetic Aspects of Neurological Disorders  
Dr. Sigvald Refsum, Oslo, Norway
2. Genetics in Epilepsy  
Dr. Julius Metrakos, Montreal, Canada
3. Biochemical Genetic Defects  
Dr. Shirley Driscoll, Boston, Massachusetts
4. How to Design and Build Abnormal Brains Using  
Radiation During Development  
Dr. Samuel P. Hicks, Boston, Massachusetts
5. Viral and Other Infectious Agents  
Dr. Russell Blattner, Houston, Texas
6. Nutrition and Malformation  
Dr. Paul Newberne, Auburn, Alabama
7. Anoxia and Asphyxia  
Dr. William Windle, Bethesda, Maryland
8. Peri-natal Obstetrical Problems  
Dr. George W. Anderson, Providence, Rhode Island

Part II. PATHOGENESIS AND TREATMENT OF  
HYDROCEPHALUS

9. Epidemiology of Hydrocephalus  
Dr. Leonard T. Kurland, Bethesda, Maryland



The Hot Springs Quartet

WALLACE B. HAMBY - May 18, 1960

About the only thing I can give you for THE NEUROSURGEON at present relates to my own shift of scene from Buffalo to Cleveland. Getting the details of that straightened out have preoccupied me so since Christmas that I have done very little else worthwhile.

As you may have heard, I am going back to the Cleveland Clinic, where I was Dr. Gardner's first Resident. Dr. Alex Bunts is retiring next year and Jim will retire shortly afterward. They thought it would be nice for me to come over and end my neurosurgical career on the Service where I started. I enjoyed the Clinic so much while there that the advantages of this proposal seemed worth going to all the trouble of making the shift. I think I have been in Buffalo long enough that the local scene will improve by a change of leadership also.

Once the dye was cast, all the hidden little detail distractions came boiling up out of the woods like termites and now I can somewhat appreciate what a widow must have on her hands when trying to settle her husband's estate. The good wishes of all my friends here have been expressed so elegantly that I have rather enjoyed something like sitting in on my own wake. After having read Osler's experiences along that line I have been careful about making remarks on euthanasia, etc. I have loved this place so much and the people have been so tremendously kind to us that the move does turn out to be a harder thing to do than I had anticipated. I expect the change of scene to stir my old adrenals up to a more lively stage of performance and to be greatly stimulating. However, poor Hellyn has had a real job on her hands selling houses and buying others, and being interminably on the road between here and Cleveland since the snow has stopped falling. (It does look a little cloudy out, one never knows what the day will bring in Buffalo in the spring.)

I think you got a card of our change of address. We will be very happy to see any of you when you get an opportunity to drop by our new place.

Comment:

The Cleveland Clinic is fortunate in having Wally return to take over neurosurgery. It will achieve a position of prominence it never had before. Pulling up stakes from home base always tears the heart-strings. We all wish Hellyn and Wally every success and happiness in their return to Cleveland.

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"These days when a wife gives her husband a helping hand it is usually to tie his apron."

\*

WILLIAM BEECHER SCOVILLE - May 24, 1960

I will attempt to bring news of New England where spring as usual is long delayed but very lush at present. There is nothing startling at the Hartford Hospital except a bit more research has been undertaken in stereotaxy with Leksell's machine by Dunsmore and Reilly and memory studies on monkeys and local hypothermia of the brain on cats and a few humans. Aneurysms still constitute our chief challenge, and my three confreres continue having successes in clipping in the neck for intracranial carotid aneurysms - Ben preferring the common carotid while Dunsmore prefers the internal carotid ligations with pressure readings before and after. We still have not operated on carotid thromboses in the neck, largely because the angiograms always seem to show either a total thrombosis or no thrombosis. Some of our earlier cases have done remarkably well on anti-coagulants; one showing total unilateral thrombosis six years ago with bilateral stellate ganglionectomy plus anti-coagulants has shown no progression over this period of time.

I have finished two articles, one on cervical spondylosis with long tract and root signs offering bilateral facetectomy plus laminectomy as the treatment of choice, believing the dentate ligament does not cause a tethering effect but rather the root sleeves and contained roots being held down by the facets. The results have been gratifying. The other article is on the late results of orbital undercutting on both schizophrenic well preserved patients as well as psychoneurosis and depressions, finding the late results show an appreciable improvement over the early results. This leads us to conclude that selective lobotomies should not be discarded.

Lisa marries this weekend, and I am rather appalled at what the lady folks can think up in the line of proper weddings, but I suppose I shall be as sentimental as such squashy-hearted men as Woodhall and Echols.

One last thought to offer is the probable need of forming a Neurosurgical Section of the A. M. A. separate from that of Psychiatry and Neurology, for I feel that future medical organization in line with private insurance, Federal insurance, and union interests will necessitate an increasing amount of relative value fee studies, and a strong organization to stick up for our rights in combat will help. This year presents a rare opportunity because Gurdjian is chairman of the Neuropsychiatric

Section of the A. M. A. and can present our side of the picture. Letters of approval by Academy members to Gurdjian would help him organize such a section.

### Comment

Bill's letter is most interesting. The problem of the aneurysms continues unsolved. Certainly carotid ligation in some of them, especially those in the infraclinoid area, has been most successful. It seems to me the various clips for use on aneurysms intracranially still leave much to be desired, and that we have been attacking problems related to aneurysms, such as hypothermia and vascular occlusion, without going after the inadequacies of the clips.

With so many of the children married and getting married, and many of the members grandfathers, we realize we have already reached that status of senior member whether we will admit it or not. And it has all happened so quickly. Every good wish to Bill's Lisa.

There should certainly be a Neurosurgical Section of the A. M. A. We have the same problem here in the California Medical Association; that is, neurological surgery is combined with psychiatry and neurology, so that in the end none of the neurosurgeons are interested in giving papers for the programs which are seldom good. Some effort was made to bring about this change in the California Medical Association, but unfortunately without success.

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"A man's wife may not be the one woman he ever loved, but she is the one who made him prove it."

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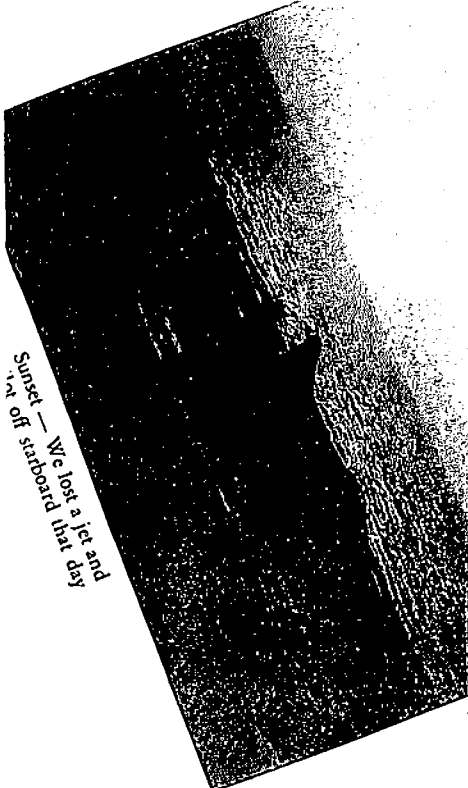
"England and the United States are two countries separated by the same language."

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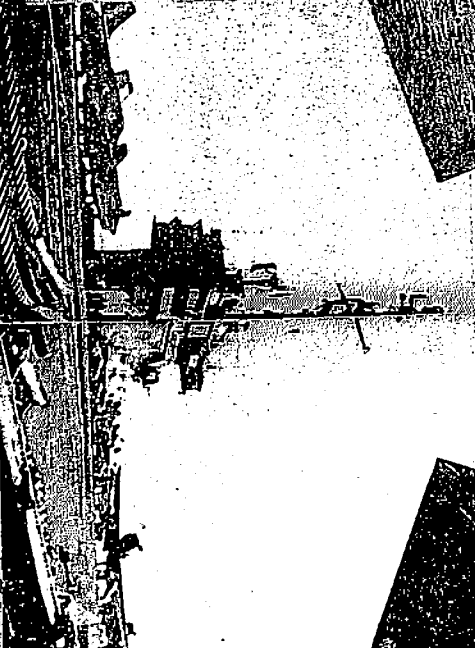
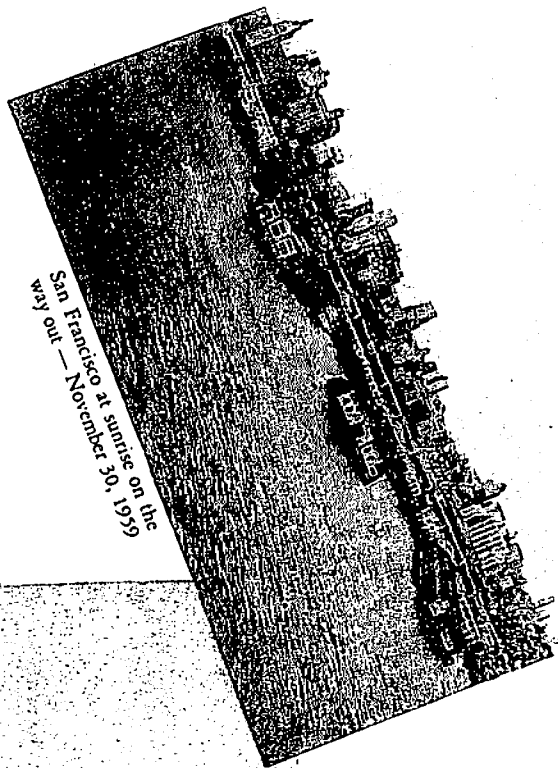
SAMUEL R. SNODGRASS - May 25, 1960

I am sorry not to have responded earlier to your request for a contribution to the Round Robin Letter. This was received approximately a month ago after my return from the meetings on the West Coast, although it seems in many ways only yesterday. The years seem hurrying by with greater speed all of the time and except for the temperature outside, it is hard

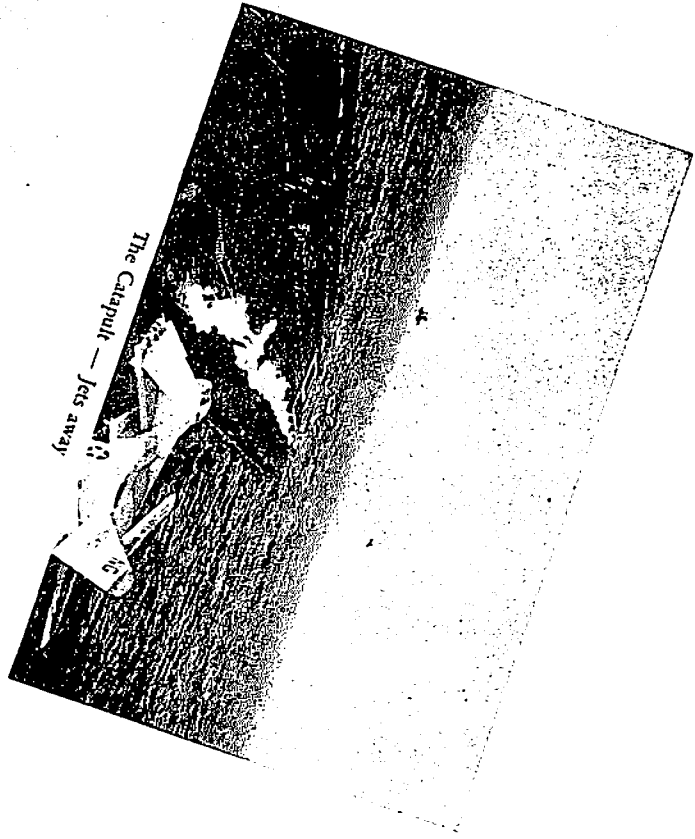
Sunset — We lost a jet and  
it off starboard that day



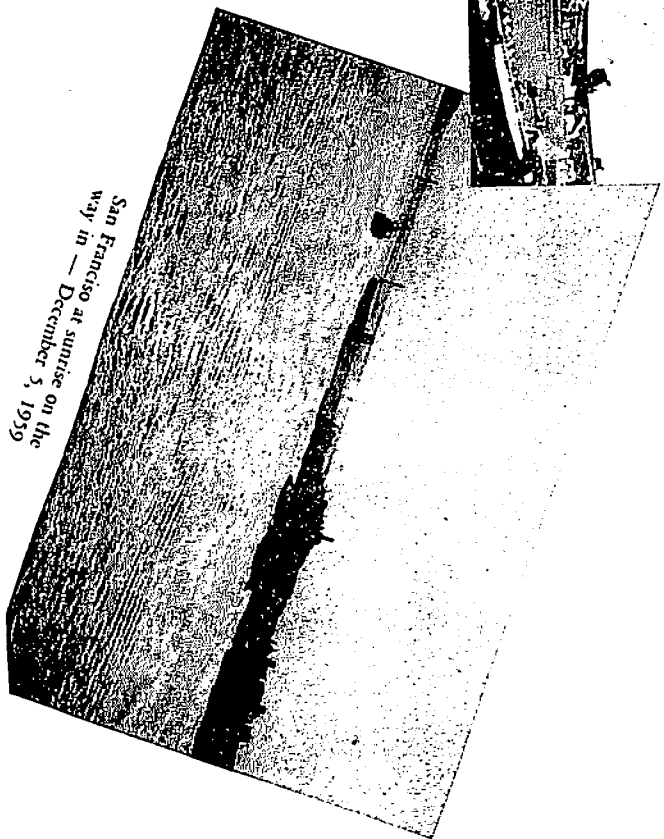
San Francisco at sunrise on the  
way out — November 30, 1959



The Catapult — jets away



San Francisco at sunrise on the  
way in — December 5, 1959





to realize that summer is upon us. Our family is all fine and at least the oldest and youngest ones of us expect to get down to our favorite vacation spot near Mexico City about mid-summer for a period of about three weeks. I at least am much in need of some kind of a re-charging of my batteries which seems to occur in those rural surroundings better than any place I know. This isolated spot gives one the feeling of detachment from the problems about us which is second only to that experienced upon an ocean voyage.

Here at the Medical Branch we are going into a new curriculum in September which will have a fifty week school year consisting of five ten-week terms. The first year the fifth period will be a vacation, but subsequently these periods may be used as elective periods rather than vacation, and some students with suitable academic records may use them for acceleration and receive the M.D. degree in three years. How popular this acceleration will prove to be remains to be seen, as I understand that not much use of it has been made elsewhere. The Faculty has received this program with mingled feelings, although it will not make much difference to those of us in the clinical years.

Extensive remodeling of various buildings here is going on and before too long everything will be centrally air-conditioned. This will replace many smaller units in the older buildings which were rather inefficient and noisy enough at times to be distracting. New buildings are also being discussed. Older departmental heads are retiring so that all in all this is more a period of change here than ever before in my long stay here. Money continues to be the big problem with the Texas State Revenues diminished on account of continued reduced oil production. Everyone, of course, wants a larger budget and many schools not now state supported, for example, The University of Houston, are driving hard to become so. Some have felt that this can only mean reduction of expenditures per capita to a point where everything can be only mediocre. Certainly such will be true unless new revenues are made available.

Although we will have been away more than usual by that time, Margaret and I are looking forward to the meeting in Boston in October. I hope that we can re-investigate old haunts there, as well as enjoy the meeting.

### Comment

Sam apparently has found an ideal Shangri-La where he can escape from the trials and tribulations of this wicked world. Air conditioning is such a wonderful thing that

one wonders how we got along without it. I recall riding on the Baltimore and Ohio's Capitol Limited when it was the first air conditioned train. To think of what we put up with on the trains before that time was something for the birdies. Now, of course, we jet through the air and avoid all of that rattle-banging around. It hardly seems possible that our next meeting in Boston will soon be on hand. It should be a good one.

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"If you want to live a temperate life, nothing helps more than poverty."

"Foreign country: Where people tell us Americans to go home and leave them a loan."

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FRANCIS ASBURY ECHLIN - May 28, 1960

I feel guilty in having contributed so little to "The Neurosurgeon", especially since it always gives so much pleasure to me. It is certainly a unique publication and has added greatly to the wonderful spirit that binds the Academy together.

We were sorry to miss the meeting at Pebble Beach but look forward to the one in Boston. I attended the Pan-American Medical Congress in Mexico in May and spent some very pleasant and informative hours with Joe Evans, Earl Walker, etc.

Letitia and I are going to England in June to attend the Centennial meeting of the National Hospital, Queen's Square, where I hope we will see some of the Academy members.

I have run across nothing startling in the neurosurgery field but think I am getting somewhere with the chronic, partial isolation of cerebral neurones as a basic factor in the cause of focal epilepsy. The Laboratory continues to give me a lot of pleasure and I expect to work on this same problem for the rest of my life.

Comment:

We were sorry to miss Frank and Letitia at the charming meeting at Pebble Beach, but will look forward with considerable pleasure in anticipation of seeing them again in Boston this fall. Your reporter regretted missing the Pan-American Medical Congress in Mexico last May, but, as the

saying goes, one can't take in everything as much as he might like. The Centennial Meeting at the National Hospital, Queen's Square this June should, by all accounts, be a most memorable occasion. We hope some of the members of the Academy will report to us about it for the fall number of THE NEUROSURGEON.

Frank is to be commended for continuing his interesting laboratory work, as most of us, or at least a great many of us in clinical neurosurgery, find this something impossible, or nearly so at least, of achievement.

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The victim was a woman in her early 30's. One day she was greeted by a prosperous customer in the establishment where she worked. "You know," she said, "you seem to have gained some weight."

"Don't you know, you mustn't ever tell a woman she is getting fat?"

"Oh," she said with surprise, "I didn't think a woman your age would mind."

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BARNES WOODHALL - May 31, 1960

As far as the next edition of THE NEUROSURGEON is concerned, I look forward to it as a peaceful interlude in a bitter world.

I don't know when I have had a better time than I did on the West Coast recently although, I must admit, I missed the race tract in Los Angeles.

On July first, as a matter of pure desperation, I officially became Dean of the Duke Medical Center. This is a blow to everyone and I think we would probably get along better without a dean at all. At any rate, I wish to announce to all my referring physicians that I should be glad to do neurosurgery on the side, and please keep on sending patients to me because a dean's salary is very low. Otherwise, I have no further news and this seems almost enough.

Comment

We congratulate the Duke Medical Center in having Barnes as their dean. Many of us can think of few people who can stimulate the brainy boys, handle the problem boys, or appro-



DR. BARNES WOODHALL  
... succeeds Dr. Davison ...

# Duke School Of Medicine Names Dean

DURHAM — For the first time in 33 years, Duke University's Medical School will have a new dean.

He is Dr. Barnes Woodhall, a 55-year-old neurosurgeon who has been on the faculty of Duke Medical School 23 years. He will succeed the school's first dean, Dr. Wilburt C. Davison, Duke President A. Hollis Edens announced the appointment yesterday.

Dr. Davison will retire from the university faculty on Aug. 31, 1961. But he is relinquishing the deanship next July 1 to enable a smooth transfer of administrative duties to his successor, Dr. Edens said. Dr. Davison will serve during the 1960-61 academic year as James B. Duke Professor of Pediatrics, a job which he has held for many years in addition to the deanship.

Appointment of Dr. Woodhall was made this week by the unanimous vote of the executive committee and the board of trustees, Dr. Edens said. He also said the action came "after long and thorough discussions" and on the recommendation of a committee comprising Drs. Philip Handler, J. E. Markee, Eugene Stead, E. W. Buske and Jerome S. Harris, all of the Duke Medical School faculty.

privately take care of the ordinary guys in the manner that will be done by the new Dean. We hope the school appreciates the talent they have corralled for this purpose.

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If he is an easy spender, he doesn't deny his family anything.

If she doesn't count her pennies, she's a poor manager and extravagant.

If he keeps an eye on her at a party, he is an attentive husband.

If she sticks close to him, she is a possessive wife.

If he has no small talk, he is the quiet type.

If she has none, she's just dumb.

If he's over solicitous of her, he's a devoted husband.

If she is over solicitous of him, he's henpecked.

When it's his night out, he's out with the boys or at a meeting.

When it's her night out she's at a hen party.

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Question: If two San Francisco telegraph operators married each other, what would they become?

Answer: A Western Union.

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An American tourist was looking down into an old Greek volcano. Finally he said, "It looks like Hell."

"Oh, you Americans," said the guide, "you've been everywhere."

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ALFRED UIHLEIN - June 2, 1960

From the neurosurgical standpoint, the activity of special interest to me has been the use of profound hypothermia with extracorporeal circulation and cardiac asystole for 25 and 44 minutes respectively in eradicating bleeding aneurysms of the anterior communicating artery in two patients.

The combined approach with a cardiac surgical team seems to offer a promising method of attack upon these as well as other serious intracranial vascular lesions. I am most anxious to have more opportunity to perfect this very challenging technique.

Ione and I are looking forward to the meeting in Boston and hope to see you there.

Comment

Quo vadis? How far will we go with these newer techniques, and will we find a common demoninator of what is sensible and desirable, and will many of them be discarded? A review of the picture in five years will be illuminating.

\*\*\*

"A boy begins to smoke to show he is a man — after 20 or 30 years he tries to stop with the same objective."

\*

"Most teenagers are keenly aware of the value of the dollar — it buys about three gallons of gasoline."

\*\*\*

GEORGE L. MALTBY - June 2, 1960

I am sorry about the delay in writing a note for the next bulletin for THE NEUROSURGEON. I am afraid I haven't much to offer and no pictures to forward. We have had a sort of hectic winter with various personal problems which I will not go into at the moment. However, all of us in New England are looking forward with great anticipation to the Academy meeting in Boston this fall, and both Sim and I hope that many of you will be able to visit us in Maine, either before or after the meeting. If we can make any plans, reservations, or itinerary in Maine for you, please call on us. I have many ideas, and there will always be an open door here in Portland for any or all of you that happen to be going this way next October.

Comment:

The busy and demanding life of the neurological surgeon often seems burdened additionally by personal problems of one kind or another, which "time" fortunately has a way of handling with reasonable effectiveness. Many of us will avail ourselves of George's suggestions for helping with plans and reservations for the Boston meeting. We will look forward to seeing them all again.

\*\*\*

"Don't kill time; let a T. V. gunman do it for you."

\*

"The most difficult meal for the average housewife to get is dinner out."

\*\*\*

DEAN H. ECHOLS - June 3, 1960

In September the youngest of our three children goes to Pembroke College, which is part of Brown University where I went to school. This means that Fran and I should have a good attendance record at Academy meetings from now on.

We are still enthusiastic about the decompression-compression operation for trigeminal neuralgia; however, I give it the chiropractic term of "manipulation of the trigeminal root." My first eighteen cases, done before 1957, are well, working and free of pain. Only three have had a recurrence of pain and these have had root section or partial section. Only one of the eighteen ever complained of paresthesias. There have been about twelve manipulations since January 1, 1957, and these are still free of pain as far as I know. I keep in touch with the original eighteen by telephone.

Nothing else of particular interest surgically speaking has turned up recently; however, there have been two patients with multiple perineural cysts this year, the first in some time. The myelograms on these patients were negative the first day but the pantopaque was left in and on the following day the cysts were partially filled. Unroofing the sacral canal and puncturing the cysts seems to be helpful.

My former partner, Dr. Raeburn Llewellyn, is getting along very well as head of the Department at Tulane and

head of the Neurosurgical Service at Charity Hospital and the adjacent Veterans Hospital. He operates on a few private patients every month, mostly at the Ochsner Hospital where we can help him.

My partners in the Clinic, Dr. Homer Kirgis and Dr. John Davies Jackson, seem to keep busy and do most of the traveling for our group. All three of these men were at the Academy meeting on the West Coast and I hope that you liked them.

Comment:

Our children are growing up so rapidly. Fortunately many of them have done outstandingly well. It was my good fortune to have much to do with Raeburn Llewellyn in connection with the Harvey Cushing Society meetings, and I certainly think highly of him. I hope the membership committee has him in mind.

\*\*\*

"Love is the only game that is never postponed on account of darkness."

"Perhaps nobody has changed the course of history as much as the historians."

\*\*\*

EBEN ALEXANDER, Jr., - June 6, 1960

One has the impression that so many interesting things are happening every day, but when he sits down to write a letter which would be of value to The Neurosurgeon, the memory of these things seems to fall away. I am sure if we could remember to write you spontaneous letters as we think of things to write, rather than waiting for some formal time to do it, we might do a better job.

Intracranial aneurysms continue to present us with some of our most intriguing problems. The sudden death of three intact patients in the hospital (intact after one initial hemorrhage), when they suffered a second hemorrhage within three days after the first, has brought the whole problem into focus again in our minds. Our experience with early operation has not been a very happy one, but the loss of patients such as this is not a happy one either. We are pleased with hypothermia and with the intracranial approach, but there are many aspects of this situation which need a great deal more study.

I would again like to urge the Program Committee to have a panel or group discussion on "non-neurosurgical problems for a neurosurgeon". In this I would have in mind dealing particularly with the many administrative and extracurricular activities in which a neurosurgeon very quickly becomes involved when he leaves his residency.

Comment

Aneurysms, indeed, continue to perplex us and to add gray hairs in our advancing years. I still believe we have need of better clips, and possibly a better plastic spray, as well as many other features and things to make the surgical attack a more optimistic one.

The "non-neurosurgical problems of the neurosurgeon", including the academic and non-academic political fields of battle, would represent an interesting session, probably better delineated at a barbecue with some good friends than elsewhere. If one could write a story about the life of a neurosurgeon as well as Sommerset Maughn did with "Of Human Bondage," it would include, I am sure, many fascinating features of the non-neurosurgical problems of the neurosurgeon.

\*\*\*

"If you want to know how old a woman is, ask her sister-in-law."

"You're an old timer if you can remember when sin was looked upon as something sinful."

\*\*\*

HENRY L. HEYL - June 8, 1960

I am spending the majority of my time in connection with the development and reorganization of the Dartmouth Medical School. On September 8, 9, and 10 of this year we are holding at Dartmouth a so-called convocation on "Great Issues of Conscience in Modern Medicine." What this means is a meeting of provocative and stimulating minds on the general theme of problems created by recent advances in medical science. This may lead to discussion of such problems as genetics, population, radiation, or technicological gadgetry versus doctor-patient relationships. The meeting, which will take the form of selected talks and round table discussions, will be led by Rene Dubos of the Rockefeller Institute. Ralph Gerard, Neurophysiologist, Aldous Huxley, Sir George W. Pickering (Professor of Medicine at Oxford), and our own Wilder Penfield



are a sampling of the dozen international figures who have already agreed to participate.

If any of the Academy members are in our area at this time, we would count it a pleasure to have them join us.

Kit and I are looking forward to seeing you all in Boston in October.

### Comment

As associate dean of the Dartmouth Medical School School, Henry obviously has a busy time ahead of him, but as well, an interesting and important assignment. It will be a great pleasure to see Kit and Henry this fall.

\*\*\*

Grouchy looking wife to grouchy looking husband:  
"Look I'll make a deal with you. You won't tell me about your day - I won't tell you about mine."

\*

"You've reached middle age when you run out of gas while driving alone."

\*\*\*

WILLIAM F. BESWICK - June 7, 1960

Last week our devoted chief and warm friend, Wally Hamby, left Buffalo to return to the Cleveland Clinic. We are all going to miss Wally and Hellyn very much, more than you can possibly know. However, we know they will both be very happy in their old home town. Our great loss if the Cleveland Clinic's great gain.

Our daughter, Valley, is very happy. She is the proud possessor of a large photograph of Dorothy Kirsten, who was good enough to add a little note. Like Valley, we are all anxious to see and hear Dorothy on the stage again. We missed her performance at the Metropolitan Opera House about six weeks ago. We were in California at the time.

I have one little clinical note concerning a very unexpected and unusual complication that should be of some interest. Several months ago I successfully trapped an anterior communicating "pendant" aneurysm in a friend of mine. Seven days later, the patient suddenly went into a profound state of

shock. We could find no evidence of intracranial, thoracic or abdominal disturbance and the patient expired within about four hours. Autopsy revealed an unruptured fusiform aneurysm of the abdominal aorta from whose shaggy inner surface, a tongue-like strip of atheroma entered the orifice of the inferior mesenteric artery. This resulted in massive large bowel gangrene. This was a very tough one to lose since this was the first time I haven't been able to satisfactorily treat an anterior communicating aneurysm.

We are looking forward to seeing you at our meeting in Boston and I will have Phyllis with me.

Comment:

It will be quite a change for Wally to return to his old stamping grounds in Cleveland. We expect to hear more from him after he has settled, and we anticipate we will hear more about things at the Clinic.

The unexpected and unusual complication mentioned by Bill proved to be most remarkable.

\*\*\*

"Another reason that you can't take it with you is that it goes before you do."

\*

"The long lane that has no turning is now called the turnpike."

\*\*\*

J. LAWRENCE POOL - June 13, 1960

I have just returned with Angeline from a wonderful five week trip in Europe and hasten to reply to your request for a note for THE NEUROSURGEON.

We were mainly off on a vacation trip to see the wonderful sights, frescoes, paintings, Roman relics, etc. of Italy. In addition to this, however, I had been invited by a former student of ours to give a lecture on aneurysm surgery in Belgrade, Yugoslavia. We took this occasion to see a great part of Yugoslavia by train, car and ship, and tremendously enjoyed the beautiful but rugged country side. The people everywhere were most pleasant, agreeable and cooperative, and the country really did not seem to be a very Communistic

type of land as to the activity and manner of the people as far as we could tell. They are hard-pressed for doctors, as so many were lost during the last war and in the internal conflict from which they suffered so badly. As a result of this, the medical school at Belgrade alone had close to 5,000 students as so many doctors are needed in the smaller towns and villages throughout the land.

The neurosurgical, radiological, psychiatric and neurological experts that I came to know were all of extremely high calibre and were doing beautiful work, although diagnosis and treatment were somewhat hampered by lack of adequate up-to-date equipment such as biplane x-ray apparatus, etc.

Deep in the country one scarcely ever saw an automobile or truck, most of the transportation and hauling being done by horse or occasionally oxen. The women worked hard in the fields as we also saw so frequently in Italy. The railroads were well run as well as punctual, and the scenery was perfectly gorgeous. For example, we took an eleven hour train trip from Zagreb to Split up over the mountains which seemed higher than our Rockies. We were astounded by the beautiful country, the emerald-colored water of the rivers, and the remarkable engineering feat of railway construction through high mountain passes 4,000 feet above the fertile plains. In still other parts of this rugged interior wooden waterwheels were still being used to grind the grain along the banks of the rivers. Elsewhere one could see remnants of the 500 year Turkish occupation still indicated by the long-length bloomers worn by the peasant women and the minarets instead of church steeples in some of the smaller mountain villages.

Once at the Dalmation coast at Split we encountered very neat, clean coastal towns and villages where shiny white steamers with a red star on the smoke stack plied the waters from Venice and Trieste to Dubrovnik. The hotels were clear and pleasant, food was ample, and the scenery was perfectly superb. Indeed, the whole scene suggested that the Rocky Mountains had been set down into the very edge of the Adriatic Sea. The great difference was the marked lack of trees so that the mountains for the most part were glary white from the exposed rocks.

In Italy it was refreshing to spend a day at the Rizzoli Orthopedic Hospital in Bologna so well known for the work of Prof essor Putti. This is a large and extremely active orthopedic hospital occupying an old monastery high on a hill outside Bologna. It has been greatly expanded and the work seemed absolutely top notch.

The high point of this visit was inspection of Professor Putti's personal library which he bequeathed to the hospital. Here one saw a large room filled with rare editions of medical and surgical works, very reminiscent of the collection made by Dr. Harvey Cushing. I was particularly anxious to see if there were any books by Berengario da Carpi. To my great joy the only existing copy, as I understood, of his original surgical work was present in the form of a small parchment bound book written in Latin. It was a great pleasure to see and inspect this book and try to decipher some of his ideas. Obviously a thorough job along these lines would take a long time, and as you know Professor Putti wrote a life of Berengario with much of his work. The great interest in Berengario of course is the fact that he was virtually the first modern neurosurgeon (flourishing about the time Columbus discovered America).

Another point of medical interest was the visit to an island in the Tiber where the first and main Roman temple of Aesculapius was built. Here one sees the remnants of the marble ship which the Romans erected long before Christ was born with the serpent entwined around the staff signifying an early Caduceus. In the interior of the hospital, dedicated to St. Bartholomew and hence possibly the origin of the name of St. Bart's in London, one still sees two of the original columns of the temple of Aesculapius which form part of the wall of an inner office. Indeed the original hospital now standing was built over and around the old Roman temple.

In concluding let me say again how much I appreciate the magnificent work of our able Editor of THE NEURO-SURGEON, and how pleasant and worthwhile the Harvey Cushing meeting in San Francisco proved to be. Everything seemed to go unusually well from start to finish, and we were particularly grateful for the wonderful hospitality of our San Francisco hosts.

With kindest regards and looking forward to seeing you all soon again . . . .

#### Comment

Larry's description of his European trip, and particularly his visit to the Rizzoli Orthopedic Hospital in Bologna, is most interesting. Again, letters such as these serve to make THE NEUROSURGEON a unique publication and of interest not only now but in coming years.

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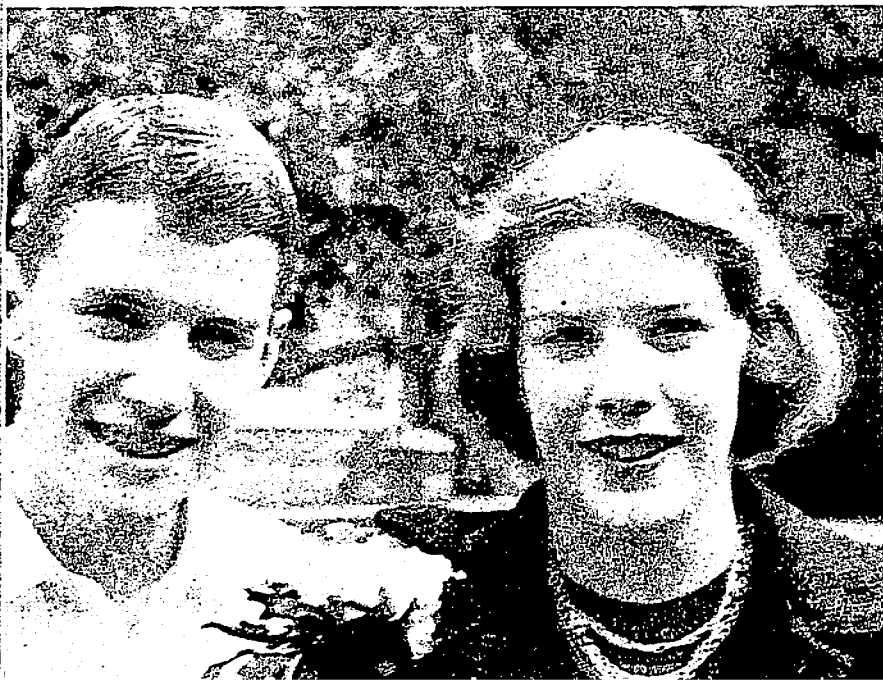
H. THOMAS BALLANTINE, Jr. - June 13, 1960

I hope that you will see fit to publish in "The Neurosurgeon" the letter I sent to our members concerning the time of their arrival in Boston, etc. for our coming meeting. I very stupidly forgot to say, however, that the headquarters for the group will be at the Sheraton Plaza Hotel, formerly known as the Copley Plaza! (See insert and use it if you have not already sent yours in.)

I am most anxious to have as many answers to these questionnaires as possible so that we can entertain our members as royally as their eminence in the field of neurological surgery deserves.

Elizabeth and I had a most enjoyable time in San Francisco and thought the meeting went well although it would seem to me that the quality of the slides presented was about as bad as I had ever experienced. I hope our own Program Committee will urge the essayist to be careful of this aspect of presentation of papers. Indeed, it might be a good idea to award a prize not only for the best paper presented but for the best slides of the meeting! I would think there ought to be a booby prize as well, however.

In response to your suggestion you will find a snapshot of a couple of young Ballantines enclosed. I hope that it will be possible for them to go A. W. O. L. from college during the week-end of the Academy Meeting since if we all go up in the country together we could do with a little bit of slave labor.



## Comment

We are particularly pleased that Tom sent along a photograph of his most attractive daughter and son. Beth is a sophomore at Vassar and Tad is a freshman at Princeton. We hope they will be in Boston for the week-end of the meeting. It would seem our meeting there is going to be one of the highlights of the Academy.

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"When a woman isn't boss of the house, the house is probably still under construction."

\*

"To err is human - to cover up is too."

\*\*\*

ERNEST W. MACK - June 16, 1960

I have been sitting here trying to collect my thoughts to remark on some of the interesting things which have taken place in the last few months since we have had the pleasure of seeing you.

First as regards medical topics. Shortly after hearing Larry Pool's excellent presentation on a more satisfactory approach to anterior communicating lesions at the Harvey Cushing Society I returned to be confronted with just such a problem and undertook the exposure according to Larry's dictates. I must say that this is nothing short of splendid. An exposure is achieved which is superb, facilitating in great measure the approach to and the management of lesions in this area. In like manner it also makes the post-operative course much smoother and less fraught with the perils which we entertain by the old conventional method. I am sure that anyone who undertakes to use this method of exposure will be pleased and delighted with the facility with which they can deal with this difficult problem.

Perhaps the most interesting thing outside of the practice which has taken place recently in our area was the Winter Olympic Games, these we felt were a gratifying success. We had a small part in them since we undertook on the Eve of the Games to commence with something which we hope will be a traditional, annual affair. We had a cocktail party and dinner for the physicians who were either attending the Games as team physician or as a participant. We had the good fortune to have

some 67 foreign guests and I feel they all enjoyed themselves tremendously. I must say that we were able to develop a wonderful spirit of good fellowship and comraderie which went far beyond the limits that ordinarily exist because of the lack of communication and understanding. We had a number of speakers in many languages, all of whom were well received. All in all we felt the event was a complete success. We are looking forward to the hope that we might have the good fortune to attend such a gathering at Innsbruck on the occasion of the next Winter Olympic Games.

The Games were a magnificent experience. It seemed that each day we attended them we had seen the ultimate achieved in skill, endurance, and competition, yet each day seemed to surpass the day before. The opening ceremonies were not only beautifully planned but a most unusual thing took place. For several hours prior to the opening a terrific blizzard was taking place at Squaw Valley. As we sat in our seats in the Arena just a few minutes before the opening ceremonies, we could barely see across the area to the site of the torch. At that moment several thousand children from high school choirs stood prepared to sing the various anthems, at the time they were standing and shivering in a driving blizzard. The ceremonies were commenced with cannon fire, explosion of an aerial bombardment, and a number of spectacular events; simultaneously with the commencement of the ceremonies the blizzard ceased, the clouds broke open and the sun shown - for all concerned it was a most amazing experience. As I looked about me I could see the awe inspiring feeling which held the spectators, one and all.

The ceremonies took place in the next hour and a half. During this time the sun shown brightly and at the completion of the ceremonies, when the day's procedures were closed, it then disappeared behind the clouds and the snow once more began to fall. It was as though some great unforeseen power at this moment changed the matters which can not be managed or controlled by the human hand.

As it is now a matter of history, we had the wonderful experience of watching the American Olympic Hockey Team, which through sheer determination and will, overcame staggering odds including superior hockey teams, win the Olympic championship, and on the closing days to have the soul-satisfying experience of seeing the American flag displayed at the Victory Tower just prior to the closing ceremonies.

I must say after seeing the Games and feeling the spirit of the Games, I agree with Mr. Brundidge that the Games belong to the athletes and ideologies and national pride should be made secondary to the Games.

On the lighter side I might say that through the good offices of my young associate, Dr. Adolf Rosenauer, Bobbie and I had the extremely pleasant experience of being present as guests at the Austria House for an Austrian Wine Party which was carried out with great spirit and many fine Austrian Wines in good supply.

The Western Neurosurgical Society Meeting this year will be held at Pebble Beach at the Del Monte Lodge, October 23 through October 26. A rather interesting program is planned, including some presentations by Grey Walter, the English neurophysiologist. I am sure that any members of the Academy who happen to be passing this way would not only be most welcome but would find it a pleasant and rewarding meeting to attend.

I regret that I do not have a group of pictures to send to you at this time but hope to secure some interesting studies in the forthcoming meetings which will be worthy of your very splendid publication.

Comment

Ernie's description of the Winter Olympic Games and the good times enjoyed was most interesting. It must have been a great experience.

All of us are looking forward to the next meeting of the Western Neurosurgical Society at Del Monte Lodge this October. This is rapidly proving to be one of the really enjoyable neurosurgical organizations.

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The day you will know your youngster has become a man: When he walks around a puddle of water, instead of through it.

\*

Overheard at a Hollywood party: "Yeah, she's quite a combination - the picture of her father and the sound track of her mother."

\*

Man reading novel to wife: "If there is a hero in this book, he should kill the author!"

\*\*\*



**I**T IS NECESSARY that we apply an immediate remedy, and eradicate the poisonous principle from our government. If this be not done, Sir, we shall feel, and posterity will be convulsed by a painful malady." (Alexander Hamilton, June 24, 1788.)

*Medicine, Dignity*

*Of the Individual,*

*And Human Freedom*

It is true that opportunity is rarely offered of deliberately and

fairly correcting the errors of government, nor does such an opportunity seem to be now at hand. It follows then that we must of necessity create the opportunity as we approach this coming crisis. And how may we create this opportunity? The facts about medicine and the public welfare must be told by those who know the facts. In a democracy, public ignorance, misunderstanding, and fear are the dangerous factors which are so adroitly used by those who follow the "Fabian" (socialist) concept. At this time silence by the physicians allows the birth of public ignorance, misunderstanding, and fear. An informed public is not susceptible to the moral intimidation which is the weapon of the socialist.

We are not at this time confronted (as the socialistic planner suggests) by the choice of a "perfect system called socialism" or an "imperfect system called capitalism." Rather, we are confronted by two systems, both the products of men in their imperfection and, therefore, systems each with its imperfections. Then let us examine our knowledge of the fruits of each system. We live in a nation developed and brought forward under the system called capitalism which has now reached the highest development in matters social, scientific, economic and healthwise which the world has ever seen. Socialism was

for APRIL, 1960

the system in post-World War I in Germany, which led ultimately to Nazism and Hitler. Various schools of socialists dominated Italy to an end in Fascism and Mussolini. Today, before us as an object lesson is England and, of course, Russia.

Socialism cannot survive in an atmosphere in which burns strongly the torch of human freedom. Socialism cannot survive in an atmosphere in which the dignity of the individual is the prime consideration.

It must then follow that we, as individuals and as physicians, must speak out strongly. Who better can dispell ignorance, misunderstanding and fear? We bring daily to our patients not the promise of a socialistic and secure Utopia but benefits already achieved under the system called capitalism. *Medicine—above all the disciplines—recognizes the "dignity of the individual" and the necessity for "human freedom."* These are the two basic factors under which a people and a nation can march on and on to greater achievement.

Ernest W. Mack, M.D., President  
Nevada State Medical Association

### Comment

The above editorial by Ernie Mack appeared in the Rocky Mountain Medical Journal for April, 1960. During these troubled medical times it expresses some important philosophical conclusions which should cause us some food for thought.

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Hollywood, whose every breathing moment is steeped in movies and moviemakers, will be shocked by this, but . . . . .

A friend of a friend of a movie great was visiting his home in Beverly Hills recently. Being pretty remote from the movie business, his part in the conversation was almost at a standstill - until he suddenly noticed an Oscar prominently displayed in the center of the mantel. He brightened perceptibly. "Oh," he inquired, "who is the athlete in the family?"

\*\*\*

Among the interesting cases we have seen here in Santa Barbara is that of a 12-year old boy who was struck in the right side of the skull with the heel end of an automobile fan blade which flew off as he was looking at the motor. Interestingly, the day prior to this accident I read in the Los Angeles Times of the death of a man when one of his car's fan blades shattered, hitting him in the throat and chest. This is the first time I had ever heard of an accident of this sort. The patient we operated upon sustained his accident at Santa Maria, some 75 miles north of Santa Barbara. One of the men there fortunately took photographs of the patient on the operating table before we removed the blade and removed the depressed fragments of bone and devitalized brain tissue. Fortunately the laceration of the brain was more anteriorly than originally presumed, so that he has made an excellent recovery with little if any indication of left hemiparesis. His post-operative photograph was taken three months after the accident. (See opposite page, lower left.)



The second case of interest is one I always think of when the usual glioblastoma multiforme problem presents its futility. This was a woman of 30 years who was sent to us on a Sunday morning from Taft, California by ambulance. She had been unconscious from the preceding Saturday afternoon and was continuing with left sided convulsions. She was 6 months pregnant and had three other children. She had been troubled in the past with frequent headaches, but this was presumed migraine. An expanding lesion was not previously suspected. After confirmatory ventriculography on August 14, 1949, we removed a large meningioma from the right frontal area. She regained consciousness two days later, left the hospital in 19 days, and delivered her daughter spontaneously some three months later in Taft. The mother has remained well except for an occasional convulsion. The daughter is fine, and her photograph at the age of 9 years is shown below, right. If anyone pre-operatively had suggested this would prove to be a meningioma, I probably would have suggested psychiatric consultation.



WILLIAM FEINDEL - June 17, 1960

Thank you for the latest edition of THE NEURO-SURGEON, with the most interesting reports of the California meetings. It was a great honor to be accepted into this wonderful group as a member. I did have the pleasure of meeting many of you at Toronto when Harry Botterell celebrated the opening of his new Neurosurgical unit. We are looking forward to attending the Boston meetings.

The Canadian neurologists and neurosurgeons had their annual meeting in Vancouver this past week. Ted Rasmussen and I took part in the scientific program and enjoyed seeing something of this beautiful city which has the attractions of sea and mountains with which many of the West Coast cities seem to be so richly endowed.

We are progressing with the use of various types of radio-active isotopes for studying brain circulation and in the next few weeks will be calibrating a Mark III model automatic scanner using twin scintillation spherical pattern counters. Reorganization of the sixth floor will allow us to have a radio-isotope laboratory for some of these projects.

Faith and I have had to brush up on our French but this has been one of the interesting aspects of returning to Montreal.

The main news item recently is that Dr. Penfield has retired and Ted Rasmussen has taken over as director of the Institute officially, although he has been very ably handling much of the administrative load for the past few years.

We are looking forward to seeing old friends and making new friends in Boston.

Comment:

We are pleased to receive this enjoyable and informative letter from one of our new members, and we know he will continue to contribute items of interest to THE NEURO-SURGEON. We had heard that Doctor Penfield had retired and some weeks ago learned he was writing on one of his books in Carmel. It is fortunate he has so many interests, and particularly that of writing, which he does well. How wonderful to be away from the severe pressures of the Institute and to find time to write in such a beautiful spot as Carmel. More power to Ted Rasmussen as the new director. He is justly entitled to the honor, but I don't envy him that or the job.



MEMBERSHIP ROSTER

~~1959-1960~~

1960 - 1961

## "PAST PRESIDENTS CLUB"

1938	Dean Echols	1950	E. H. Botterell
1939	Dean Echols	1951	Wallace B. Hamby
1940	Spencer Braden	1952	Henry G. Schwartz
1941	Joseph P. Evans	1953	J. Lawrence Pool
1942	Francis Murphey	1954	Rupert B. Raney
1943	Frank H. Mayfield	1955	David L. Reeves
1944	A. Earl Walker	1956	Stuart N. Rowe
1946	Barnes Woodhall	1957	Arthur R. Elvidge
1947	William S. Keith	1958	Jess D. Herrmann
1948	Howard Brown	1959	Edwin B. Boldrey
1949	John Raaf	1960	<i>George S. Baker</i>

## PAST VICE-PRESIDENTS

1941	Francis Murphey	1951	Henry G. Schwartz
1942	William S. Keith	1952	J. Lawrence Pool
1943	John Raaf	1953	Rupert B. Raney
1944	Rupert B. Raney	1954	David L. Reeves
1946	Arthur R. Elvidge	1955	Stuart N. Rowe
1947	John Raaf	1956	Jess D. Herrmann
1948	Arthur R. Elvidge	1957	George S. Baker
1949	F. Keith Bradford	1958	Samuel R. Snodgrass
1950	David L. Reeves	1959	C. Hunter Shelden
		1960	<i>Edmund J. Morrissey</i>

## PAST SECRETARY-TREASURERS

Francis Murphey . . .	1938-39-40
A. Earl Walker . . .	1941-42-43
Theodore C. Erickson . . .	1944-46-47
Wallace B. Hamby . . .	1948-49-50
Theodore Rasmussen . . .	1951-52-53
Eben Alexander, Jr. . . .	1954-55-56-57-58-59

# The American Academy of Neurological Surgery

FOUNDED OCTOBER 28, 1938

HONORARY MEMBERS — 36	ELECTED
Sir Geoffrey Jefferson Department of Neurosurgery The Royal Infirmary Manchester 13, England	1951
Dr. R. Eustace Semmes 101-B Baptist Medical Bldg. Memphis 3, Tennessee	1955
Dr. R. Glen Spurling 405 Heyburn Bldg. Louisville 2, Kentucky	1942

*3 new Honorary members*

DECEASED MEMBERS — 4	
Dr. Winchell McK. Craig (Honorary) 2-12-60 Rochester, Minnesota	1942
Dr. O. William Stewart (Corresponding) Montreal, Quebec	1948
Dr. W. Jason Mixer (Honorary) 3-16-58 Woods Hole, Massachusetts	1951
Dr. Rupert B. Raney (Active) 11-28-59 Los Angeles, California	1939

SENIOR MEMBERS — 1	
Dr. Olan R. Hyndman Veterans Administration Hospital Iowa City, Iowa	1941

ACTIVE MEMBERS — 70	
Dr. Eben Alexander, Jr. Bowman Gray Sch. of Medicine Winston-Salem 7, No. Carolina	1950
Dr. George S. Baker 200 First Street, S.W. Rochester, Minnesota	1940
Dr. H. Thomas Ballantine, Jr. Massachusetts General Hospital Boston 14, Massachusetts	1951
Betty 521 Westover Ave. Winston-Salem, No. Carolina	
Enid Salem Road, Route 1 Rochester, Minn.	
Elizabeth 15 Common Street Dedham, Massachusetts	



		ELECTED
Dr. William F. Beswick 685 Delaware Avenue Buffalo 9, New York	Phyllis 59 Ashland Avenue Buffalo, New York	1949
Dr. Edwin B. Boldrey Univ. of Calif. Medical School San Francisco 22, California	Helen 924 Hayne Road Hillsborough, California	1941
Dr. E. Harry Botterell Medical Arts Building 280 Bloor Street, West Toronto 5, Ontario	Margaret Apt. 601, 150 Balmoral Avenue Toronto, Ontario, Canada	1938
Dr. Spencer Braden 1130 Hanna Building 14th & Euclid Avenues Cleveland 15, Ohio	Mary 2532 Arlington Road Cleveland Heights, Ohio	Founder
Dr. F. Keith Bradford 435 Hermann Professional Bldg. 6410 Fannin Street Houston 25, Texas	Byra 3826 Linklea Drive Houston 25, Texas	1938
Dr. Howard A. Brown 384 Post Street San Francisco 8, California	Dorothy 127 San Pablo Avenue San Francisco, California	1939
Dr. Harvey Chenault 177 North Upper Street Lexington 6, Kentucky	Margaret 2105 Nicholasville Road Lexington, Kentucky	1949
Dr. Donald F. Coburn 411 Nichols Road Kansas City 12, Missouri	Max 5255 Ward Parkway Kansas City 12, Missouri	1938
Dr. Edward W. Davis 806 S. W. Broadway Portland 5, Oregon	Barbara 1714 N.W. 32nd Avenue Portland 10, Oregon	1949
Dr. Charles G. Drake 450 Central Avenue, Suite 301 London, Ontario, Canada	Ruth R.R. 3, Medway Heights London, Ontario, Canada	1958
Dr. Francis A. Echlin 164 East 74th St. New York 21, New York	Letitia 164 East 74th Street New York 21, New York	1944
Dr. Dean H. Echols Ochsner Clinic 3503 Prytania Street New Orleans, Louisiana	Fran 1428 First Street New Orleans 13, Louisiana	Founder
Dr. Arthur R. Elvidge Montreal Neurological Institute 3801 University Street Montreal 2, Quebec	1465 Bernard Avenue, West Outremont, Quebec, Canada	1939

		ELECTED
Dr. Theodore C. Erickson University Hospitals 1300 University Avenue Madison 6, Wisconsin	Emily 531 N. Pinckney St. Madison 3, Wisconsin	1940
Dr. Joseph P. Evans 950 East 59th Street University of Chicago Clinics Chicago 37, Illinois	Hermene 1234 East 56th Street Chicago 37, Illinois	Founder
Dr. William H. Feindel University Hospital, Dept. of Neurosurgery Saskatoon, Saskatchewan, Canada	<i>Edith</i>	1959
Dr. Robert G. Fisher Hitchcock Clinic Hanover, N. H.	Constance 11 Ledyard Lane Hanover, New Hampshire	1957
<i>Dr. E. Elton L. Foutley (see copy)</i> Dr. John D. French The Medical Center University of California Los Angeles 24, California	Dorothy 1809 Via Visalia Palos Verdes Estates, California	1951
Dr. Lyle A. French Univ. of Minnesota Hospitals Minneapolis 14, Minnesota	Gene 85 Otis Lane St. Paul 4, Minnesota	1954
Dr. James G. Galbraith 2020 15th Avenue South Birmingham 5, Alabama	Peggy 4227 Altamont Road Birmingham 13, Alabama	1947
Dr. Everett G. Grantham 405 Heyburn Building Louisville 2, Kentucky	Mary Carmel 410 Mockingbird Hill Road Louisville 7, Kentucky	1942
Dr. John R. Green 550 West Thomas Road Patio A, Suite 202 Phoenix, Arizona	Georgia 88 North Country Club Drive Phoenix, Arizona	1953
Dr. James Greenwood, Jr. 1117 Hermann Prof. Bldg. 6410 Fannin Street Houston 25, Texas	Mary 3394 Chevy Chase Blvd. Houston 19, Texas	1952
Dr. Wesley A. Gustafson 700 North Michigan Avenue <b>McAllen National Bank Bldg.</b>	Jennie 2129 Central Park McAllen, Texas	1942
Dr. Wallace B. Hamby 21300 Sydenham Road Shaker Heights 22, Ohio	Hellyn <i>Cleveland Clinic 2020 East 93rd St. Cleveland 6, Ohio</i>	1941
Dr. Hannibal Hamlin 270 Benefit Street Providence 3, Rhode Island	Margaret 270 Benefit Street Providence, Rhode Island	1948

		ELECTED
Dr. John W. Hanbery Clay and Webster Sts. San Francisco 15, California	<i>Shirley</i>	1959
Dr. Jess D. Herrmann 525. Northwest Eleventh Street Oklahoma City 3, Oklahoma	Mary Jo 1604 Glenbrook Terrace Oklahoma City 14, Oklahoma	1938
Dr. Henry L. Heyl Hitchcock Foundation Hanover, New Hampshire	Katharine Norwich, Vermont	1951
Dr. William S. Keith Toronto Western Hospital 399 Bathurst Street Toronto 2B, Ontario	Eleanor 55 St. Leonardi Crescent Toronto 12, Ontario, Canada	Founder
Dr. Robert B. King 150 Marshall Street Syracuse 10, New York	Molly 2 Clara Road Fayetteville, New York	1958
Dr. Ernest W. Mack 505 Arlington Ave., Suite 212 Reno, Nevada	Roberta 235 Juniper Hill Road Reno, Nevada	1956
Dr. George L. Maltby 31 Bramhall Street Portland 3, Maine	Isabella (Sim) Bramhall Field Falmouth Foreside, Portland, Maine	1942
Dr. Donald D. Matson 300 Longwood Avenue Boston 15, Massachusetts	Dorothy 44 Circuit Road Chestnut Hill 67, Massachusetts	1950
Dr. Frank H. Mayfield 506 Oak Street Cincinnati 19, Ohio	Queence 3519 Principio Ave. Cincinnati 26, Ohio	Founder
Dr. Augustus McCravey 102 Interstate Bldg. 540 McCallie Avenue Chattanooga 3, Tennessee	Helen 130 North Crest Road Chattanooga, Tennessee	1944
Dr. Robert L. McLaurin Division of Neurosurgery Cincinnati General Hospital Cincinnati 29, Ohio	Kathleen 2461 Grandin Road Cincinnati 8, Ohio	1955
Dr. William F. Meacham Vanderbilt Hospital Nashville 5, Tennessee	Alice 3513 Woodmont Blvd. Nashville 12, Tennessee	1952
Dr. John M. Meredith 1200 East Broad Street Richmond 19, Virginia	Etta 3 Greenway Lane Richmond, Virginia	1946

		ELECTED
Dr. Edmund J. Morrissey 450 Sutter Street, Suite 520 San Francisco 8, California	Kate 2700 Vallejo Street San Francisco 23, California	1941
Dr. Francis Murphey Suite 101-B, Baptist Medical Bldg. 20 South Dudley Memphis 3, Tennessee	Roder 1856 Autumn Avenue Memphis, Tennessee	Founder
Dr. Frank E. Nulsen Division of Neurosurgery University Hospitals 2065 Adelbert Road Cleveland 6, Ohio	Ginny 2691 Landon Shaker Heights 22, Ohio	1956
Dr. Guy L. Odom Duke Univ. School of Medicine Durham, North Carolina	Suzanne 2812 Chelsea Circle Durham, North Carolina	1946
Dr. J. Lawrence Pool 710 West 168th Street New York 32, New York	Angeline Closter Dock Road Alpine, New Jersey	1940
Dr. Robert Pudenz 744 Fairmount Ave. Pasadena 1, California	Mary Ruth 3110 San Pasqual Pasadena 10, California	1943
Dr. John Raaf 1010 Medical Dental Building Portland 5, Oregon	Lorene 390 S.W. Edgecliff Road Portland 19, Oregon	Founder
Dr. Aidan A. Raney 2010 Wilshire Blvd. Los Angeles 57, California	Mary 125 N. Las Palmas Los Angeles 5, California	1946
Dr. Theodore B. Rasmussen Montreal Neurological Institute 3801 University Street Montreal 2, Quebec, Canada	Catherine 29 Surrey Drive Montreal 16, Quebec, Canada	1947
Dr. David L. Reeves 316 West Junipero Street Santa Barbara, California	Marjorie 595 Picacho Lane, Montecito Santa Barbara, California	1939
Dr. R. C. L. Robertson 437 Hermann Professional Bldg. 6410 Fannin Street Houston 25, Texas	Marjorie 5472 Lynbrook Drive Houston, Texas	1946
Dr. Stuart N. Rowe 302 Iroquois Building 3600 Forbes Street Pittsburgh 13, Pennsylvania	Elva 6847 Reynolds St. Pittsburgh 8, Pennsylvania	1938

		ELECTED
Dr. Henry G. Schwartz 600 South Kingshighway St. Louis 10, Missouri	Reedie 2 Briar Oak, Ladue St. Louis 24, Missouri	1942
Dr. William B. Scoville 85 Jefferson Street Hartford 14, Connecticut	Emily 334 No. Steele Road West Hartford, Connecticut	1944
Dr. C. Hunter Shelden 744 Fairmount Ave. Pasadena 1, California	Elizabeth 1345 Bedford Road San Marino, California	1941
Dr. Samuel R. Snodgrass John Sealy Hospital Univ. of Texas Medical Branch Galveston, Texas	Margaret 1405 Harbor View Drive Galveston, Texas	1939
Dr. Hendrik J. Svien 200 First St. S.W. Rochester, Minnesota	Nancy 827 Eighth Street, S.W. Rochester, Minnesota	1957
Dr. Homer S. Swanson 384 Peachtree Street, N. E. Atlanta 3, Georgia	La Myra 1951 Mt. Paran Road, N.W. Atlanta, Georgia	1949
Dr. William H. Sweet Massachusetts General Hospital Boston 14, Massachusetts	Mary 35 Chestnut Place Brookline 46, Massachusetts	1950
Dr. Alfred Uihlein 200 First Street, S.W. Rochester, Minnesota	Ione 21 Skyline Drive Rochester, Minnesota	1950
Dr. A. Earl Walker Johns Hopkins Hospital Division of Neurological Surgery 601 N. Broadway Baltimore 5, Maryland	Terrye 6007 Lakehurst Drive Baltimore 10, Maryland	1938
Dr. Exum Walker 423 Baptist Professional Bldg. Atlanta 3, Georgia	Frances 1819 Greystone Road, N.W. Atlanta, Georgia	1938
Dr. Arthur A. Ward, Jr. Division of Neurosurgery University Hospital, Rm. BB-671 Seattle 5, Washington	Janet 3922 Belvoir Place Seattle, Washington	1953
Dr. Thomas A Weaver 146 Wyoming St. Dayton 9, Ohio	Mary 103 Beverly Place Dayton 19, Ohio	1943
Dr. W. Kasley Welch 4200 E. Ninth Ave. Denver 20, Colorado	Elizabeth 2432 So. Birch Street Denver, Colorado	1957

		ELECTED
Dr. Benjamin B. Whitcomb	Margaret	1947
85 Jefferson Street	38 High Farms Road	
Hartford 14, Connecticut	West Hartford, Connecticut	
Dr. Barnes Woodhall	Frances	1941
Duke Hospital	4006 Dover Road, Hope Valley	
Durham, North Carolina	Durham, North Carolina	

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### THE ACADEMY AWARD WINNERS

Paul M. Lin . . . . .	1955
Hubert L. Rosomoff . . . . .	1956
Byron C. Pevehouse . . . . .	1957
Norman Hill . . . . .	1958
Jack Stern . . . . .	1959
<i>Robert Ojeman</i>	1960

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### THE NEUROSURGEON AWARD WINNERS

Edwin B. Boldrey . . . . .	1955
Georgia and John Green . . . . .	1956
Dean Echols . . . . .	1957
Arthur R. Elvidge . . . . .	1958
John Raaf . . . . .	1959
<i>Robert Rupert R. Raney</i>	1960

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## PAST MEETINGS OF THE ACADEMY

Hotel Peabody, Memphis, Tennessee	April 22, 1938
Roosevelt Hotel, New Orleans, Louisiana	October 27-29, 1939
Tudor Arms Hotel, Cleveland, Ohio	October 21-22, 1940
Ambassador Hotel, Los Angeles, California	November 11-15, 1941
The Palmer House, Chicago, Illinois	October 16-17, 1942
Hart Hotel, Battle Creek, Michigan	September 17-18, 1943
Ashford General Hospital, White Sulphur Springs, West Virginia	September 7-9, 1944
The Homestead, Hot Springs, Virginia	September 9-11, 1946
Broadmoor Hotel, Colorado Springs, Colorado	October 9-11, 1947
Windsor Hotel, Montreal, Canada	September 20-28, 1948
Benson Hotel, Portland, Oregon	October 25-27, 1949
Mayo Clinic, Rochester, Minnesota	September 28-30, 1950
Shamrock Hotel, Houston, Texas	October 4-6, 1951
Waldorf Astoria Hotel, New York City	September 29-October 1, 1952
Biltmore Hotel, Santa Barbara, California	October 12-14, 1953
Broadmoor Hotel, Colorado Springs, Colorado	October 21-23, 1954
The Homestead, Hot Springs, Virginia	October 27-29, 1955
Camelback Inn, Phoenix, Arizona	November 8-10, 1956
The Cloister, Sea Island, Georgia	November 11-13, 1957
The York, Toronto, Ontario, Canada	November 6-8, 1958
Del Monte Lodge, Pebble Beach, California	October 19-21, 1959
<i>Shenaton-Plaza Hotel, Boston, Massachusetts</i>	<i>Oct. 6-8, 1960</i>