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# THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY



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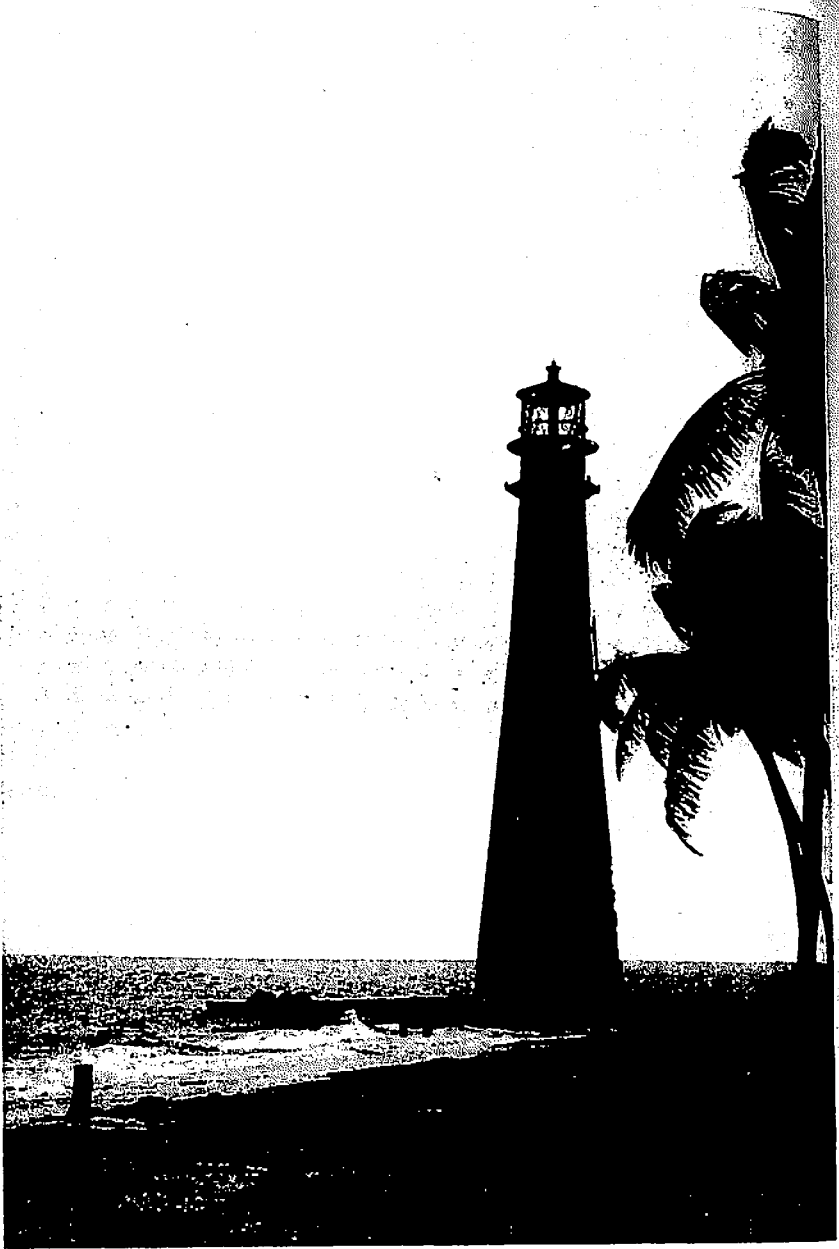
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*Lighthouse – Key Biscayne*

## Introductory Remarks

### Dave Reeves Issue of THE NEUROSURGEON

It is fitting and proper that we dedicate this issue of THE NEUROSURGEON to Dave Reeves in appreciation for his devoted service as its long-time, erstwhile editor. When this action was suggested to the membership of the Academy, it was supported unanimously and enthusiastically. Consequently, the contributions which make up this issue are expressions of the warm affection and high esteem in which Dave Reeves is held by members of the Academy. His long devotion to THE NEUROSURGEON has served to add a very special personal touch to a scientific organization in which we all take great pride, and we hereby acknowledge our debt to him for this unique contribution.

James G. Galbraith, M.D.  
President

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## THE NEUROSURGEON

At the meeting of the American Academy of Neurological Surgeon, Key Biscayne, five Neurosurgeons were elected to membership. These men have distinguished records and are well known to the members of the Academy. The brief biographical sketches which follow are not complete but will serve to make their accomplishments part of the record of the Neurosurgeon. We congratulate these men on becoming members and are looking forward to being more closely associated with them in the future.

### GILLES BERTRAND



Gilles Bertrand was born in Montreal, August 5, 1924, and graduated from the University of Montreal with a B. A. degree in 1943. He received an M. D. degree from the University of Montreal in 1949 and a Master of Science degree from Yale University in 1953. He interned at the Notre Dame Hospital and Hotel Dieu in Montreal. Following this he was in the Neurology Clinic, de la Salpetriere Hospital, Paris. He took his general surgical training at St. Vincent's Hospital in Toledo and Neurosurgical training at the Montreal Institute. He currently holds the rank of Associate Professor at McGill School of Medicine and has held this rank

since 1963. He is a member of many Canadian and American Societies. He is the author or co-author of twenty-three publications and has been interested in stereotaxic surgery.

### COURTLAND H. DAVIS, JR.

Doctor Davis was born in Alexandria, Virginia February 14, 1921. He received his pre-medical education at the George Washington University and received an M. D. degree from the University of Virginia in 1944. He interned at the U. S. Marine Hospital in New Orleans, Louisiana and returned to the University of Virginia in 1945 where he served a year as Assistant Resident of Neurosurgery. He was then taken into the Service and served as a Neurosurgeon for the Army at the Halloran General Hospital and Walter Reed General Hospital. After a year in Neurology at Duke Hospital he entered the Residency program in Neurosurgery which he completed in 1952. He currently holds the rank of Associate Professor of Neurosurgery, Bowman Gray School of Medicine, Winston-Salem, North Carolina. He has been quite active in Neurosurgical Societies in the United States of America. During the year of 1966 he served as Visiting Professor of Neurosurgery in Kuala Lumpur, Malaysia and Vellore, South India.

## THEODORE KURZE

Doctor Kurze was born in Brooklyn, New York, on May 18, 1922. He received his undergraduate education at Washington College, Chestertown, Maryland and his M. D. Degree from Long Island College of Medicine in 1947. He served a Rotating Internship in Phoenix, Arizona and received his Neurosurgical Training at the Wadsworth Veteran's Administration County General Hospital. He has been active member of many Medical Organizations and was President of the Los Angeles Society of Neurology and Psychiatry in 1963. He has served as Vice-Chairman of the Section on Nervous and Mental Diseases of the American Medical Association. He served as Captain in the Medical Corp of the Army of the United States from July, 1949 to July, 1951; and during this period of time was Assistant Consultant of Neurosurgery in the European Theater of Operations. His interest has been in Acoustic Neurinomas and the Micro-Neurosurgical techniques for removing these tumors.

## BLAINE NASHOLD, JR.

Blaine Nashold was born in Lennox, South Dakota, on November 21, 1923. He received an A. B. degree from Indiana University in 1943, a Master of Science from Ohio University in 1944, an M. D. degree from the University of Louisville in 1949 and a Master of Science in Neurology at McGill University in 1954. He received his training at the Montreal General Hospital and at the Montreal Neurological Institute. He completed his Residency in Neurosurgery at the North Carolina Baptist Hospital in 1957. He has served as a Medical Officer in the United States Navy. He is currently an Associate Professor of Neurosurgery at the Duke University School of Medicine and is a Consultant to the Veteran's Administration Hospital. He is chairman of the Veteran's Administration Cooperative Study on herniated disc disease.



## JOHN TYTUS

Doctor Tytus was born August 1, 1921 in Columbus, Ohio. He received his pre-medical education at Princeton University and received an M. D. degree from Ohio University in 1944. His M. S. was received in Physiology in 1949. He interned at the University Hospital in Ann Arbor, Michigan and took his Surgical, Neurology, and Neurosurgical training at the University Hospital in Ann Arbor, Michigan. He currently holds the rank of Clinical Associate Professor in Surgery (Neurosurgery) at University of Washington Medical School.

He served as Captain in the Army Medical Corp from 1950 to 1952. He lists as his hobbies skiing, sailing, and music.

These five men have published more than a hundred articles and have a very impressive list of titles.



*The President & His Family*





## THE LETTERS



Peggy and James Galbraith  
March 13, 1968

First, I would like to express to the Academy members my appreciation for the honor of serving as your President, and thanks for the smooth operation of the organization go to our very able Secretary, Bob Fisher, and all the hard-working committee members.

The Committee is to be commended for the fine way in which it has assumed the editorship of **THE NEUROSURGEON**. This personal journal serves to keep us abreast of the activities of our busy and productive membership. I would urge that every member contribute something to each issue, thus lightening the committee's burden and making this a truly representative publication.

The Key Biscayne meeting was up to the usual high Academy standards as regards with scientific and social activities. Only the weather failed to measure up. Our efficient Secretary and committee members are busily arranging what we sincerely hope will be a truly outstanding meeting at the Broadmoor in Colorado Springs. It has been some time since we visited this delightful spot, and early October should provide excellent weather for whatever extracurricular activities one might choose. The Program Committee with John Green as Chairman is receiving proposed titles and abstracts and I am sure the membership will offer a wide selection from which to select an excellent scientific program.

I might add that security measures will be in effect to forestall any revolutionary activities such as very nearly overthrew the regime of Guy Odom in Key Biscayne.

Looking forward to seeing you all in Colorado Springs in October.





Virginia and David Reeves

It was such a pleasure to read the last number of *THE NEUROSURGEON* and the first of the new committee. The interesting and varied experiences of our members read so entertainingly and is as well so informative. Joseph Ransohoff's experiences with political investigations of municipal hospitals and the newspapers was sadly revealing, and would have been amusing if it weren't so tragic. What is newsworthy seems so often only that which is sensational.

The two million dollar University Hospital gift for Charles Drake for neurological sciences by his friends, the Iveys, represents a gratifying and worthwhile contribution to our specialty. No person could be more deserving of this than our brilliant and distinguished member.

Bill Feindel continues relating interesting historical comments, mentioning a meeting held in Glasgow in the Lister Theatre, where he saw one of Lister's carbolic spray machines as well as a fine old wooden operating table on cast iron wheels designed by Sir William MacEwen. John Gillingham's unit at Edinburgh must have been attractive. We found Edinburgh and its people charming.

The saying now is that old neurosurgeons never die, they just become Deans. I can't imagine anyone being a more capable Dean of the new Nevada Medical School than Ernie Mack. His comments about the Western Neurosurgical Society as a fine regional organization are well taken. Bill Scoville also had some complimentary things to say and included a photograph of John Green, one of its recent Past Presidents along with guests Murray Falconer and John Gillingham.

The Academy is well represented in the Western Neurosurgical Society. The meeting last year was held at the Kona Kai Club in San Diego with Arthur Ward as President and John French as President-Elect. Bob Porter is Secretary-Treasurer and Ernie Mack, one of the Past Presidents, Historian. Many of our members were there, including Past Presidents, Johnny Raaf, who incidentally is the President-Elect of the American Association for the Surgery of Trauma, Ed Morrissey, Ed Boldrey, Ernie Mack, John Green, and President-Elect John French, and John Hanbery, Bob Porter, Cone Pevehouse, and Aidan Raney. Socially and scientifically the arrangements were nicely coordinated. The meeting this year will be at the Mauna Kea Beach Hotel at Kamuela, Hawaii, November 16th-19th.

The letters concerning the Third European Congress in Madrid, and the meeting of the delegates to the World Federation of Neurosurgical Societies proved most entertaining and informative. How fitting for Earl Walker to be honored so well at his 60th birthday celebration with the presentation of his portrait. How well he has followed the distinguished footsteps of Harvey Cushing and Walter Dandy in that renowned medical school and hospital. The experiences so well told in the letters and photos by Howard Brown, Larry Pool, Bill Scoville, Wally Hamby, Dick DeSaussure, George Maltby, Charles Drake, Bill Feindel and Tom Ballantine were as interesting as varied.

From the other side of the world, the hejira\* of our world travelers proved most interesting as well as informative. The letters from Bob Woodhall, Sam Snodgrass and Ed Boldrey about Australia and the South Pacific proved fascinating reading.

As anticipated, the meeting of the Academy at Key Biscayne was a gloriously gay affair, not seriously affected by the windy weather. The many photographs taken by our camera hounds should be helpful in making the coming number of THE NEUROSURGEON a memorable one, and hopefully will fill the vacant areas, the photographs of the wives, difficult to come by. Guy Odom with Mataline Council, Marjorie and David Reynolds, together with the other members of the local Arrangements Committee deserve much praise for their efforts.

We stayed some four days after the meeting and were lucky to have beautifully clear weather, which made the ocean swimming and also the "Pitch and Putt" course most enjoyable. We learned Phyllis deSaussure and Betty Alexander received certificates for making "Holes in One."

We then took off for South America and the Pan American Medical Association Meeting with a stop-off at Rio De Janiero. There we were guests of Ambassador and Mrs. John Tuthill, old friends of Virginia. Our stay at the American Embassy was delightful. Academy members, among other accomplishments being world travelers are familiar with places in South America, but all of this was new to us. Rio, as all can appreciate, is set off magnificently by an incomparable harbor. Unfortunately it seemed overcrowded with poor little shacks, pyramided on mountain sides. In contrast Buenos Aires was clean and beautiful, and justly called the Paris of South America. The people, moreover, were more European in flavor. The meeting of the neurosurgical section under the direction of Bill Spence, Hank Svien, and Jose Benaim was quite good. Our stay at the Plaza Hotel was delightful. In our stop-over in Mexico City en route home, we were impressed by its beauty and prosperity. The sudden change in altitude proved disturbing.

It will be a joy to return to Colorado Springs this fall. The Broadmoor is a great hotel and the scenery around Colorado Springs magnificent. The place has many memories for those of us in the Senior Division. We are gratified the Academy has elected five new members and know they will add much to our distinguished Society as it in turn will bring to them scientific and social ties never to be forgotten.

\*The flight of Mohammed from Mecca; hence any similar flight or exodus.

*Dave was kind enough to let us publish his excellent article on Repair of Cranial Defects.*

## THE REPAIR OF CRANIAL DEFECTS

David L. Reeves

The many cranial defects consequent to the casualties of war has led to progress and interest in a problem otherwise presenting itself occasionally. Historically, the surprising success with various methods and materials in the restoration of cranial deformities is noteworthy (45, 61). Such substances have included autogenous, homogenous, and heterogenous grafts as well as many alloplastic preparations (46). The development of new and more suitable alloplastic materials has changed the choice of substances for this type of surgery.

Prior to the use of Tantalum, stainless steel wire mesh, and the synthetic resins, it was rather generally agreed that whenever possible an autogenous bone graft was the procedure of choice (62). In the past outer table and rib grafts were preferred, now superseded by the use of cancellous iliac bone grafts. Of the alloplastic materials formerly used, the results obtained with gold were reportedly superior (22).

Until newer substances with superior qualities are uncovered, there would seem little justification for the consideration of other alloplastics. Except for the repair of moderate-sized defects, especially in children, the plastic revision of extensive skull defects with autogenous bone is not feasible (47).

In addition to descriptions of the techniques employed in cranioplasty, the complications and indications, important features of the procedures, will be emphasized.

Whatever the material employed, success implies good surgical technique. Again, success or failure depends upon the appreciation of complications. Important is the presence or absence of infection. While a few (58) believe contaminated craniocerebral wounds should be treated by tantalum closure at the time of debridement, others (7, 36) feel cranioplasty in the presence of infection or immediately following wound healing cannot be justified on the basis of scattered successes.

Lane and Webster (32) who surveyed some 115 Veterans Administration hospitals discovered such conservative measures as aspiration, catheter drainage, and instillation of penicillin in the presence of an infected cranioplasty invariably failed.

As the result of reviewing statistics from neurosurgical centers of the Army and Navy during World War II, as well as from Veterans Administration hospitals, White (46, 47) concluded complications from plates of Tantalum, Vitallium, and Lucite occurred in practically the same proportion of cases. Thin, scarred, and inadequately vascularized scalp became eroded and required plate removal. Triangular wedges led to such

complications, and screws were best for fixation. Plates perforated to allow underlying fluid exchange proved superior to unperforated plates. In agreement with others, he concluded primary repair was inadvisable, and in the presence of infection, plating should be deferred at least six months or more.

With the exception of small frontal defects, he (45, 47) saw no reason for returning to grafts with autogenous bone. He pointed out their difficulty of insertion as well as the fact the cosmetic results after covering extensive defects or complicated repairs of the frontal bone were never as satisfactory. Additionally, after an apparently successful take, these grafts occasionally softened, lost their shape, and not infrequently were absorbed.

In 1950 Meirowsky, Hazouri, and Greiner (35) reported eleven cases of epidural granulomas associated with Tantalum cranioplasty which required removal.

Insofar as indications for the procedure are concerned, the revision of unsightly defects as well as the elimination of the danger of trauma, has led to gratifying results. Cranioplasty has also relieved pulsating or painful defects.

## OPERATIVE PROCEDURES. BONE GRAFTS.

### Autogenous Grafts.

#### Cancellous Iliac Bone Grafts.

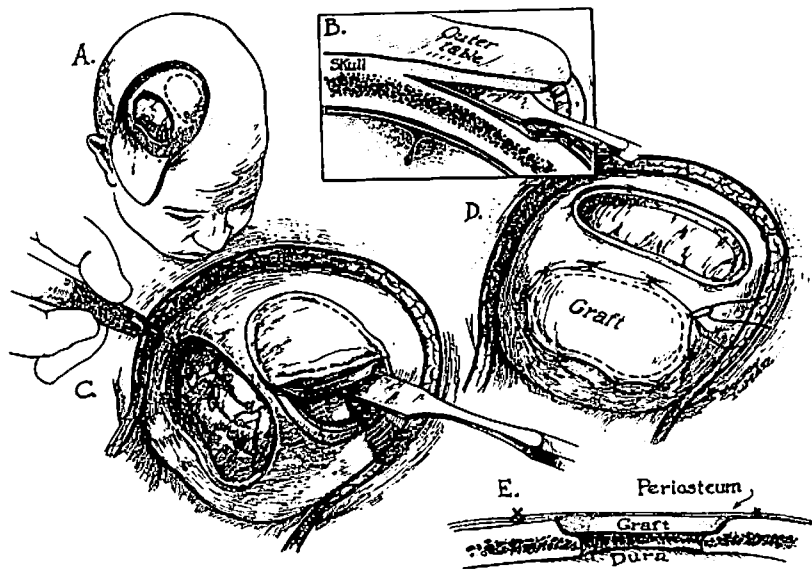
Autogenous cancellous iliac bone grafts have proven useful in the repair of smaller defects as well as those involving the frontal sinus and the glabellar regions (34, 60). They are particularly suitable for children. The iliac crest is exposed, the ilium unroofed, and its outer table turned down with a wide chisel. The desired amount of bone is removed. The application of the graft to the defect is not unlike that carried out with cartilage. Dead space and contour irregularities may be occupied by chips of the residual cancellous material.

#### Split-rib Grafts.

Various-sized defects can be restored satisfactorily by means of the split-rib graft with or without periosteum (8,27). Ordinarily the 9th and 10th ribs in the posterior axillary line are exposed and a piece proper resected. The rib or ribs are then split so that two pieces are available. At the opposite side of the defect, a ledge is prepared to support the ends of the ribs. Small holes are drilled in the ledge and ends of the ribs for fixation with braided steel wire.

#### Osteoperiosteal Grafts from the Outer Table of the Skull:

Sohr (53) in 1907 first described the outer table graft most commonly used though now largely superseded by the more suitable cancellous iliac grafts. The bone can be taken from an area adjacent the cranial defect or



from the opposite side. Usually exposure is through an incision about the original scalp scar, which is excised during the procedure. The pericranium is then liberated from the edges of the defect, the excess dural scar removed, and by means of a chisel or gouge, but preferably by an electric or air motor and dental burrs, the edge of the defect is then beveled, leaving a bearing surface for the graft.

A pattern of the deformity is then marked on appropriate material a few millimeters larger than its actual size. A mosaic of the outer table with its pericranial covering is then chiseled out (Fig 1). Necessary adjustments in size and shape can be made and the graft fitted against the beveled bone. The galea and scalp are then closed. Other variations of outer table grafting are without significant advantages (13, 28, 29, 39, 57).

#### Cartilage Grafts.

Such can be used advantageously for the repair of the small, deforming defects of the supra-orbital ridges and the glabellar region (62). They are easily molded and relatively resistant to infection, but remain as cartilage and are not as strong as bone grafts. The defect is exposed by a plastic excision of the overlying scar. A rectangular transplant obtained from the rib cartilage is shaped and adjusted to conform to the desired curve of the affected region

after the scalp is closed.

#### Other Types of Grafts.

While the scapula and ilium seem adaptable for contoured concavo-convex repair of skull defects, the prolonged operative procedures necessary for exposure and preparation as well as the resultant deformity and discomfort hardly justifies their technical consideration (31, 38). Tibial grafts, moreover, are excluded from procedural consideration, not only due to more suitable sites elsewhere, but because of leg pain.

While preserved bone grafts have been used with success, (33, 41, 44, 59), absorption and infection have been a problem hardly justifying a choice over more effective methods.

Satisfactory results have been reported with homogenous grafts (9, 13, 45, 52), but at present such cranioplastic procedures are largely of historic interest and even more so for heterogenous grafts (3, 23, 26, 48, 55, 56).

In the final analysis the success of the bone grafting cranioplasty depends upon the fate of the transplanted bone. If it is absorbed and replaced by fibrous tissue, it cannot fulfill its purpose adequately.

### ALLOPLASTIC MATERIALS. METALS.

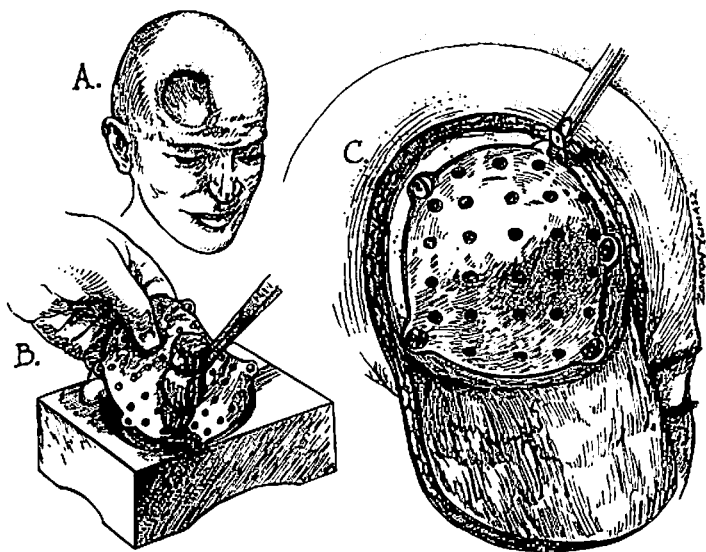
#### Tantalum.

In addition to its malleability, Tantalum has the desirable qualities of noncorrosiveness, inertness, and nonabsorbability.

Methods for the preparation of Tantalum plates are similar to those used for other malleable materials. The one-stage, indirect or primary method is commonly employed. The two-stage, direct or secondary procedure, requiring a direct impression with later insertion of the plate after it has been prepared, so often used in the past, is seldom justified at present (4, 24, 47, 58, 61).

The one-stage or primary method includes the fabrication about a basic model of the skull, with additional completion of the plate at the operating table by hammering from a basic model. Importantly, commercially prepared plates are available for different portions of the skull affected, and these can be altered or similarly adjusted as necessary (58).

Cranioplasties with Tantalum or other metals can be carried out under local or general anesthesia. Because scalp scars are usually of the linear variety, the defect should be approached through the original scar. Coronal incisions are desirable for frontal defects, and because of muscle mass and increased vascularity after injury making exposure difficult, the usual craniotomy incision is preferable for temporal defects. Before cranioplasty, broad, thin scalp scars adherent to underlying tissues should be revised plastically, and grafting may be required.



The metallic plate is held firmly in place with screws (47-58) inserted through perforations along the edge of the plate (Fig. 2). Drill holes the size of the screws are initiated in the bone with an electric motor.

#### Stainless Steel.

Strips of stainless steel can be used satisfactorily for many defects over the convexity. Fixation is achieved with stainless steel screws.

In 1945 Boldrey (5) used stainless steel wire mesh to cover small defects, and later Scoville (50) employed heavier stainless steel wire mesh for repair of moderate-sized defects with excellent results.

#### Vitallium.

The most adaptable method of using vitallium is that of employing vitallium strips which come in stock lengths and widths and with gentle contours. The procedure is similar to that with strips of stainless steel. Vitallium screws are used for fixation.

Inasmuch as vitallium is not malleable and must be cast from impressions obtained directly from the actual margins of the defect, this complication obviates its use in the repair of multicontoured defects and vitiates its function.

In the past many metallic alloplastic materials have been used, silver (16, 25, 37, 43, 51), gold (19, 21, 22), platinum (12), lead (14, 49), aluminum (6, 18, 30), and Ticonium (10, 11) among others. Such are now largely of interesting historical importance.

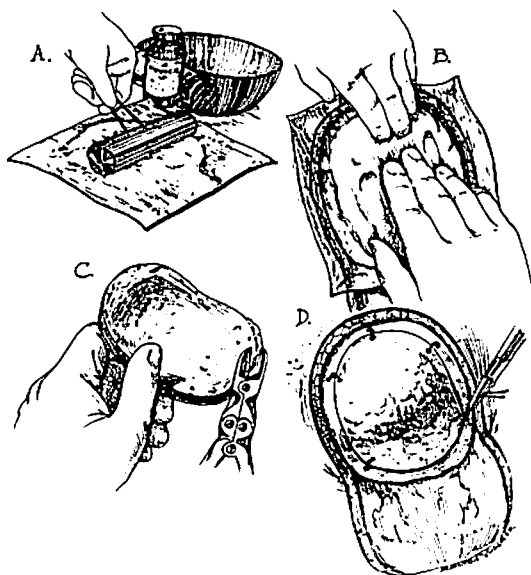


## NON- METALLIC SUBSTANCES.

### The Acrylic Resins.

The development of the acrylic resins has contributed materially to the progress of appropriate cranioplastic methods. Although lacking malleability, they are strong and inert in tissue, and unlike the metals translucent to X- ray.

An uncomplicated and rapid one-stage method was developed by Spence (54). Prior to this procedure, a cranioplastic kit containing three vials of liquid monomer and three packages of powder polymer of methyl methacrylate together with the necessary polyethylene bags are soaked in cold sterilization. For most cranial defects one unit of powder and liquid is sufficient.



One vial of the liquid monomer and one package of the powdered polymer of methyl methacrylate are mixed, more if indicated, and when this has formed a doughy mass, it is then rolled into the desired shape, with its edges approximating the depth of the skull edges. A sterile test tube and preferably a stainless steel roller can be used for this purpose.

This is then placed over the prepared skull defect, and by light pressure fitted into the skull deformity. Excesses are trimmed away with bone rongeurs or cut with an electric saw. A sterile carborundum wheel attached to an electric motor can be used to smooth rough spots and to bevel the edges. Holes are drilled to allow underlying fluid exchange and along the edges for fixation by braided steel wire sutures (Fig. 3).

A more refined and complicated direct method of acrylic cranioplasty, first devised by Elkins and Cameron in 1946 (17), has been replaced by the simpler and more suitable procedure.

### Polyethylene.

Plates of pure polyethylene have been used with satisfaction by Alexander and Dillard (1). Such material causes no immediate or delayed tissue reaction, maintains its contour, doesn't cast an opaque shadow in the roentgenograms, and is easily malleable when heated in boiling water.

While the plate may be boiled, it will not stand sterilization by autoclaving. The appropriate size is cut out with heavy scissors or cautery. Its edges can then be trimmed either with a scalpel or bone rongeurs until a fit is obtained. Contour is then established by immersing the entire plate in boiling water for 30 to 60 seconds after which it can be bent or shaped as desired. The contour is fixed by immersion in sterile cold water. Minor alterations can be made by repeating the process until the plate conforms to the shape desired. To fill in the dead space of a large defect, the plate can be made thicker in the central portion than at its edges. More recently (2) these plates have been heated at the operating table with infra-red lamps, allowing them to be fitted appropriately and then immersed in cold water. Drill holes are made in the plate and adjacent bone for fixation with screws or wire sutures. Fine wire mesh can be embedded in the superficial surface of the polyethylene so that subsequent films will disclose the position of the plate without obscuring any detail of the underlying structures.

### Celluloid.

While celluloid has been used successfully for cranioplasty in the past (20, 22, 40, 42), the more suitable non-metallic substances developed during the war years precludes its present consideration.

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*Montreal Neurological Institute*



SENIORS



Graduating  
June  
1926





Ellie and Donald Coburn  
February 16, 1968

It is a pleasure to write a note about Dave Reeves and I am delighted that the Executive Committee elected to devote an issue of **THE NEUROSURGEON** to him.

I first became acquainted with Dave when we were interns on Neurosurgery at the Royal Victoria Hospital in 1935. We lived at the interns quarters at the Royal Victoria Hospital for that year and then when the Montreal Neurological Institute opened in September of 1935, our work was over there rather than at the Royal Victoria Hospital proper. We were there together for two years and had our training together pretty much along the same lines at the same time. Dave was always very astute, well read, obviously well trained at Johns Hopkins, and most proficient in his work, and from the very beginning I developed an intense liking for him and admiration for his many capabilities. We both worked and played together, had a lot of fun doing each. Following Dave's completion of his work at Neurological Institute in Montreal, he went to Los Angeles and worked with Dr. Rand and I followed his career there. Later he went up to Santa Barbara where I continued to follow his career which has been brilliant all the way through. We were early members of the Academy. Unfortunately, I have not had the occasion to see Dave as much the past few years as I should have liked, but directly or indirectly have kept in touch with him and have always enjoyed any type of contact with him. Incidentally, he is the godfather of my daughter, Shari.

In my book, Dave has contributed a tremendous amount to our field and the societies in which he has worked so diligently and, also, his masterful work in handling **THE NEUROSURGEON** for so many years. I have nothing but praise for Dave for, in my book, he is a great guy!



LaMyra and Homer Swanson  
February 19, 1968



What a wonderful idea to dedicate this issue of THE NEUROSURGEON to Dave Reeves. Certainly no one deserves more than he, the dedication of an issue of this fine publication, which he so ably nursed for so many years. Without his guiding hand, and with such sorry correspondents as myself, I rather suspect that at times there might have been gaps in the edition of this journal of the doings of the Academy.

My personal photographs of Dave are limited to his meeting in Santa Barbara which to my mind was the epitome of all meetings, both with reference to the scientific content as well as the social events. None of those present at this meeting will ever forget the barbeque nor the wonderful atmosphere of the hotel and Dave was completely responsible for both.

As is well documented in the two enclosed pictures, the members were much younger then and still being youngsters, had a tendency to keep their hands in their pockets, counting, no doubt, their silver rather than the gold which they now collect. In addition, at that time, the ladies wore skirts which were much longer and one could still get a thrill looking at their ankles. Dave, at that time, was a very serious minded individual, who took his meeting responsibilities as Host very seriously. Although his face is almost cut off in of the pictures, you can still see his very determined, scholarly appearance while in the other picture, Frank Mayfield and that Character from Canada were still telling dirty jokes.

I sincerely hope Dave will derive as much pleasure from the forthcoming edition as all the members will in this truly deserving honor to Dave.





*Santa Barbara Meeting*





Angeline and Lawrence Pool  
February 20, 1968



What a pleasure it is to know that this issue of *THE NEUROSURGEON* is being devoted to Dave Reeves! It goes without saying that all of us must be thinking with special warmth at this time, of the long years he gave towards splendidifying our splendid *NEUROSURGEON* (nee Round Robin, as us Robins who were then less round well remember). It was Dave's kindly prodding that always conjured up the letters, vivid case reports, and wild anecdotes that filled his pages so well, to be capped so fittingly with his apparently unending flow of 14 carat Santa Barbara witticisms. We shall forever owe him a deep debt of gratitude for his great labor of love and the characteristic care with which he edited *THE NEUROSURGEON*. In addition I think of him with particular pleasure at the time when he was President of (dare the name be breathed?) the Harvey Cushing Society, and treated us to such a glorious account of the Cushing Library. This great office of our great Society meant a great deal to Dave, as I am sure we all sensed. And for this well deserved honor we also salute our ever affable and able colleague!

To turn from the sublime to the ridiculous, a few brief personal notes may be in order, to maintain the tradition of *THE NEUROSURGEON*. Angeline and I had a busy autumn, traveling to the 3rd Latin-American Congress of Neurosurgery in Lima, Peru. It was a splendid and extremely worthwhile affair, with many excellent papers and a large group of distinguished colleagues from South and Central America, Mexico and other countries. We were royally entertained, beginning with an impressive opening ceremony at which Earl Waiker spoke in glowing Castillian. A highlight was a trip to a pre-Incan cemetery along the coast with Fernando Cabieses, who kindly took along Earl, Bill Scoville and myself. One strolled for miles over the sandy terrain, each of us armed with an ancient femur to dig for trophies: mummy skulls with the hair still attached, bits of pottery and cloth, fragments of statuettes, etc. It was a fascinating treasure hunt, topped off by a visit to the local "supermarket", which was Cabbie's name for the Indian village of straw huts where relics were sold that had recently been excavated by the local natives. Here we each came away with "authentic" ceremonial carved clubs, statues, etc. Then on by plane over the Andes to Machu Pichu to see and tramp the marvellous old ruins of the long hidden Incan town high up on a mountain top.

Our family news is the marriage of son Eugene, a school teacher, to Priscilla Choate later this month, about which we are extremely happy.

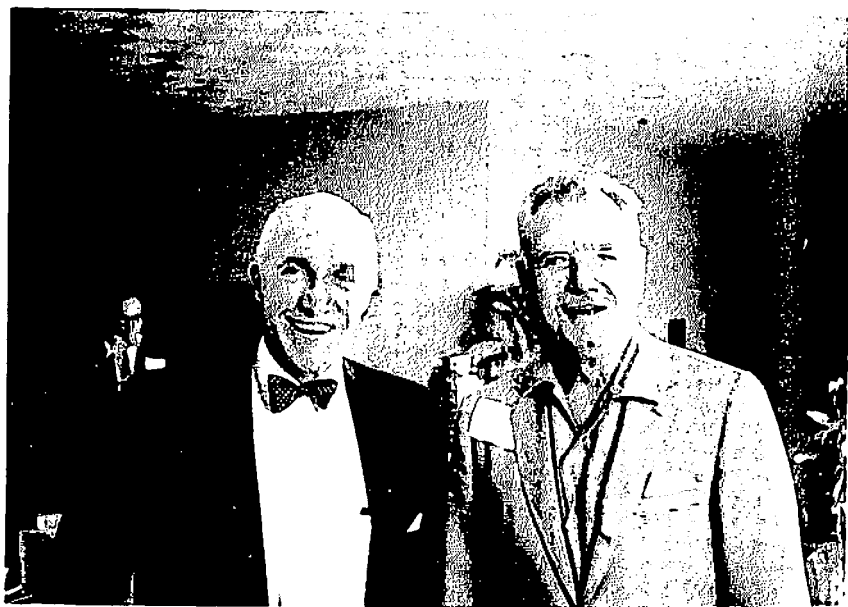
During the winter we got in some good skiing at the Homestead. There was 17 inches of new snow during the meeting of the Neurosurgical Society of the Virginias. No casualties amongst the skiers, but poor Gayle Crutchfield broke his hip watching, and had to have it pinned. (He slipped on the ice getting out of the little ski-tow car but fortunately is now all right).

Meanwhile we've had a great run of aneurysms, etc. here at home.

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Gayle had a rather stormy course; but at last report was doing well.

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*Key Biscayne Weather Watchers*



Mataline and Guy Odom  
March 21, 1968



*The Newlyweds*

I would like to take this opportunity to congratulate Dave and express my delight that the Academy has decided to honor him for his endeavors in the past. We owe him a great deal for developing THE NEUROSURGEON into an excellent publication which has furnished us all with many hours of pleasure. I attempted to find several photographs taken at various meetings years ago of Dave sitting on the piano in the wee hours of the morning displaying his talent as a Sinatra, but I did not have any luck. I feel certain that the Round Robin has been responsible for bringing the members together into an extremely close knit organization, both from a social and scientific standpoint. I believe that we can all relate many events about Dave's past, but I do not think that it would be wise to put these in writing.

I hope that most of the group enjoyed the Key Biscayne meeting as much as I did. It seemed like the only lack of cooperation was from the weather and we cannot blame this on the local arrangement committee.

I was glad most of the membership had an opportunity to meet Mataline. This was her initiation to a neurosurgical group and she enjoyed it very much. For your information, we were married on December 29. We had planned a February wedding, but the children insisted that it should occur while they were home for Christmas. They had very little trouble convincing us that it was an excellent idea. We have had a hell-of-a-job trying to combine two households and traveling at the same time. Since the first of the year we have been to the Caribbean, San Diego, Minneapolis, Chicago, Williamsburg and New Orleans. The Southern Neurosurgical met this year just before Carnival and we stayed over to participate in the carnival activities. For those who are not Southerners, you will be interested to hear that Barnes was selected to give the first Eustace Semmes Lectorship and he did an excellent job. One of our residents, Graham Slaughter, won the Resident's Award and this was the second straight year that we have received it.

Immediately following the meeting of the Society of Neurological Surgeons, Hunter Sheldon and myself will tour the training centers in the

United Kingdom. The Board wishes to determine whether these training programs will offer sufficient clinical training to approve them for one year of the 30 months of clinical neurosurgical training required by the Board. This means that we will miss the meeting of the American Association of Neurological Surgeons in Chicago.

We are certainly looking forward to the meeting in Colorado Springs when we will all be able to heist a toast to Dave.

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The Odoms and Sheldons returned from the trip still friends. Guy and Hunter visited most of the training centers in England in what must of been a whirlwind tour. The number of neurosurgeons in England seems small by United States standards.

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*Honoring Dr. Semmes at the Southern Neurosurgical Society*



*Father & Son*



*John P. Kapp  
The Academy Award  
Winner—1967*

# PRESIDENTIAL ADDRESS

## PROBLEMS OF NEUROSURGICAL TRAINING

Two years ago when it was announced that I was elected President-Elect, I was surprised, elated, thankful, humble, but very proud. This feeling of elation continued for only a matter of seconds when there flashed through my mind, the problem of preparing a Presidential Address. For a while, I tried to forget about it by tucking the problem away in my congested mind. I thought that this forgetting would be rather easy because of my memory impairment, but almost every time when Barnes met me in the hospital, he would ask, "What are you talking about in Miami?" On one occasion, he tried to be more helpful and suggested that I discuss one of his favorite topics, the Millis Report. This Presidential Address, therefore, has haunted me for two years and it is hard for me to believe that it will be over in a matter of minutes.

I selected the topic of Neurosurgical Training because it has been the one subject which I have had to think about constantly for several years. I also thought that it at least would give me an opportunity to express my evaluation of the various conditions which I have encountered in attempting to assess the neurosurgical training in the United States. It also has been the subject of a great deal of discussion by the American Association of Neurological Surgeons and by the Society of Neurological Surgeons. Great efforts have been made by individual members of the Academy to attempt to correct some of the deficiencies which have existed, to name a few, Matson, Walker, Murphey, Mayfield, and Alexander. At this time, I wish to make it clear that I am not speaking as an official of the American Board of Neurological Surgery and that the other members of the Board should not be held responsible for any of my remarks, especially for those with which they do not agree. You know that when I begin to discuss or to listen to someone discuss the problem of neurosurgical training, I am reminded of a story of the two men who were discussing foreign affairs. One said to the other, "You know that only one person in a million really knows anything about foreign affairs but that it is amazing how often you meet this individual."

Last year, Francis Murphey, in his Presidential Address before the Thirty-Fourth Annual Meeting of the American Association of Neurological Surgeons, discussed "Neurosurgery in American Medical Schools." He expressed his grave concern about the loss of neurosurgical curriculum time in our medical schools and its ultimate effect on patient care. At one phase, he stated, "One of the more startling points brought to light by this survey is that it is now possible for 50% or more of the students to go through 25% of the 64 medical schools without any personal contact with a neurosurgical patient." Such a possibility now exists at Duke with our change to a new curriculum. I'm not stating that the new curriculum may not prove to be a

great forward step in medical education, but I am pointing out what I think is one of the disadvantages. I can go one step further and state that it is possible for a member of the surgical staff at Duke to spend five or six years on the surgical service and never have the responsibility for the care of a neurosurgical patient. Several years ago, the Professor and Chairman of the Department of Surgery discontinued rotating a junior or senior resident through the neurosurgical program; and now, only a part of the intern group rotates through for a period of six weeks. Although I intend to discuss mainly postgraduate training, I think that the above situation is going to create a definite problem for a while for every neurosurgical training program throughout the United States, unless we become more cognizant of the situation and make a more determined effort to establish contact with the bright, promising students.

In order to give you a better insight into the training programs in this nation, I would like to review for you a few statistics. At the present time, there are 95 approved neurosurgical training programs in the United States and Canada. Of the 85 in the United States, 71 have university affiliations; and 14 do not. There are 2 in the Armed Services and 2 in the Veterans Administration. At the last meeting of the Residency Review Committee and the American Board of Neurological Surgery, 1 program was placed on probation and 1 program was reactivated.

Frequently, the number of affiliated hospitals in a program has been a bone of contention with the Board. There are 27 programs that have 1 affiliated hospital, 30 that have 2, 21 that have 3, 12 that have 4, and 1 that has 5 hospital affiliates. As you know, the Board tends to frown upon more than 3 hospitals in a program, because of the fact that such a program dilutes the residency staff and takes the trainee away from the parent institution where the major teaching conferences are held. Such a program also separates the trainee from the supervision and guidance of the program director who should be the main cog in the program. Frequently, where there are 3 or more affiliated hospitals, the trainee spends more time in the affiliated hospitals than he does at the parent institution. There is, of course, no problem when a group of affiliated hospitals, which are in walking distance of each other, is located in a medical center. Occasionally, it is necessary to add an affiliated hospital to a program in order to round out the training (a city hospital for traumatic work); but in many instances, the clinical material does not justify the time spent. This added affiliate is more frequently the situation where a trainee is sacrificed as "cheap labor." This result has been a major problem in many of the Veterans Administration hospitals throughout the United States. Trainees have been placed on a rotation at the Veterans Administration hospital for 6 to 12 months with insufficient clinical material. At the present time, there are 36 Veterans Administration hospitals affiliated with approved neurosurgical training programs. Last year, 18 (50%) performed fewer than 100 major operations and 12 (33%) fewer than 75. Only 9 did more than 40 craniotomies; and 12, more than 40 lumbar discs in a year. The affiliated programs were drained by the fact that 22% of the brain tumors, 14% of the intracranial aneurysms, and 33% of the lumbar discs were

performed during a period of 1 year in Veterans Administration hospitals without a residency program. I am glad to state that the Veterans Administration is endeavoring to correct this situation by increasing the patient load in some of the affiliated hospitals.

Most training programs are 4 years in length, but some will vary from 5 to 7 years. In 1967, there were 487 trainees on approved programs in the United States; of these 109 are foreign trainees. The number of men on a program varies from 3 to 20, with 56 programs having more than 4 residents, 20 having 8 or more, and 8 having 10 or more. It is estimated that 125 men will complete their training in 1967. In 54 programs, 1 resident will finish; in 2, 18 will finish; in 13, 1 or 2 will finish; in 3, 3 will finish; in 1, 2 or 3 will finish; and in 1, 5 will finish.

In 1966, there were 1,603 practicing neurological surgeons in the United States - a number which was an increase of 133 over that of 1965. Of the 1,603, there are 1,207 certified and 396 noncertified. In the latter group, are the men who are completing their two years' practice time. An average of 55 neurosurgeons a year was certified during the years of 1954 to 1964. In 1965, there were 75; in 1966, there were 91; and in 1967, there were 72. This certification shows a rather marked increase in the number of men whom we can anticipate being certified each year. The highest concentration of neurosurgeons is in California (227); next, as would be expected, is New York with 155; and then, Texas with 79. Recently, the Manpower Section of the Office of Program Analysis of the NINDB has completed a study by states of the relationship of the number of neurosurgeons certified and noncertified to the population of the state and to the number of doctors. It was found that there were from 1-3 certified neurosurgeons per 500,000 population, with the highest ratio of 8 per 500,000 in the District of Columbia. California has 4 per 500,000 and New York, 2. In a similar study, done for neurologists, there was a much lower ratio of 1 per 1,000,000.

These figures are presented in order for us to discuss the problem as to whether or not we are training too many neurosurgeons and flooding the profession. When I completed my training, Dr. Penfield thought that I was making a bad decision by returning to New Orleans, which already had 2 neurosurgeons. At that time, it was estimated that there should be a million population to support 1 neurosurgeon. Dr. Penfield was afraid that we should starve to death slowly; and for a while, I thought that he was correct. There now are 13 neurosurgeons in New Orleans, and all are fairly prosperous. When I moved to Duke in 1943, there were 2 in the State of North Carolina; and now there are 28. The increase has been absorbed in most instances as a necessity because of the changes which have occurred in medical practice in the past 2 decades. I am afraid that we neurosurgeons now are reaching a saturation point and that within a short period of time, we shall be flooding the specialty. This fear is partly due to the fact that neurosurgery is a young specialty and that the percentage of older men retiring or dying will be rather small when compared with the number completing training for the next 5 to 10 years. If this saturation point occurs, and I believe that the trend already



has started, it will cause a decrease in the care of neurosurgical patients by forcing young trainees into small communities and hospitals without adequate facilities. I do not want to sound like an alarmist; but from reviewing applicants' records, it appears that frequent unnecessary diagnostic procedures, and even operations, are being performed.

What, however, is responsible for the increase in the number of men on neurosurgical training programs? In answer, there are several possible causes. In 1948, the Council on Medical Education and the American Board of Neurological Surgery listed 57 hospitals as approved for training in neurological surgery. Of these, 24 were for 1 year; and 8, for 1 to 2 years. As previously mentioned, there now are 95 approved programs in the United States and Canada. This approved programing, however, has played only a small role, during the last few years because only 6 programs have been approved during the past 5 years and because during the same period of time, 6 programs were terminated. The addition of affiliated hospitals to already-approved programs has played some part because every time when a hospital is added, the addition means an increase in the resident staff by at least 1. These 2 factors, new programs and affiliated hospitals, fall under the jurisdiction of the Residency Review Committee and of the American Board of Neurological Surgery; and in this matter, I think that their responsibility is much greater than it is in examining applicants for certification. If a new program proves to be mediocre or poor, the trainee suffers and it becomes a much more difficult problem to drop such a program once it has been approved. It is believed that the Board should not approve new programs unless they have excellent potential and that affiliated hospitals should not be given approval unless they are definitely beneficial to the trainee. In order for them to improve training, it is necessary for the Residency Review Committee and the Board to assume the responsibility of disapproving poorly organized and poorly supervised programs. I think that both groups have faced-up to this responsibility in the last several years even though at times the action has created a rather bitter feeling among friends.

Almost every year, it is necessary for neurosurgical training to increase the number of residents on several training programs in order to handle the increase in the number of patients. If this increase is not made, the trainee is overburdened with clinical problems and is unable to do the essential reading to evaluate his cases properly and to keep up with current literature. The statement from the following letter could be repeated many times. (Sic) "For sometime I have planned to write you about a problem in our residency training program, which I am sure is a source of concern to many other programs in the country. Within the last few years we have simply been overwhelmed by patients to the point where we do not have the manpower in either the resident or the staff category to take care of them. This has been compounded by Medicare. From July 1, 1966 to July 1, 1967 we have had a total of 5,530 patients in the 2 institutions to be taken care of by a total of 6 neurosurgical residents (the other 2 on our service being in the basic science or laboratory work). This will get worse, and some changes must be made. We obviously cannot close down the service because business is so good.

(Sic) "As I see it, we have 2 real alternatives. We can increase the number of residents to 10 in a 5-year program, in which the resident would have to stay on clinical neurosurgery for 4 years, which I am sure you will agree is unwise, or we could increase the number of residents to 12."

In some centers, there is no way to avoid this type of situation if one is going to be fair to the trainee, as well as to the patient. It, however, is the main reason for the constant increase in the number of practicing neurosurgeons.

One of the big problems in neurosurgical training is the starting of a new program. A program cannot be approved until it is fairly well organized and meets the minimum requirements of the American Board of Neurological Surgery. It is very difficult for a medical school to obtain a house staff who is interested in specialty if the service is unapproved. The individual has to gamble that approval is forthcoming. If approval is given, he may receive six-months' retroactive credit but no more. If the service is not approved, he may lose a year or more of training time. There seems to be no way of overcoming this problem, and the matter of approval seems to be a gamble that the trainee and program director must face. It is not unusual for men to remain on an unapproved program for 4 years hoping that approval may be forthcoming.

The matter of approved programing leads us to the problem which is discussed frequently, and that is, whether or not certification is necessary. Two years ago on a site visit, I really put my foot in my mouth when I asked whether or not the chief of a service should be certified. The individual whom I was talking to was, in my opinion, one of the outstanding neurologists, if not the most outstanding neurologist, in the country. He was Professor and Chairman of the Department of Neurology at the University of Washington, Dr. Jim O'Leary. He did not answer the question, and only commented that he was not certified. This example, of course, is an exception, and there are a number of other very good doctors in all specialties who are not certified. One often wonders why examination for certification is necessary if the individual graduates from a Grade-A medical school, serves an internship in an approved service, and then spends 4 or 5 years on an approved training program, and has the endorsement of the program director. If he has done a good job and has met all of the requirements of the governing board, the program director should be better qualified to judge his ability than in a group of his peers who examine him for a period of four hours. Whether we like it or not, this certification is the law; and, right or wrong, certification is looked upon as a distinct achievement in a specialty. Gradually, medical societies such as ours, hospitals, Federal agencies, and the legal profession have made certification a necessity.

If certification is essential and training must be obtained on an approved program, why has there been a high failure-rate on the oral examinations of the American Board of Neurological Surgery? Since 1950, this rate has varied from 14% to 42%, with an average of approximately 33% a year. In the

16-year period of 32 examinations, the failure-rate was below 20% on only 5 occasions. Frequently, the examiners are placed at fault, as stated in the following letter. (Sic) "There is something radically wrong with the Board's ability to evaluate neurosurgeons when they can fail a man like Dr. X. I think the Board should take itself under study and find out what is wrong with the system." Another frequent reason given is that the individual "freezes up" and is unable to take an oral examination. These two possibilities, so far, seem to have been eliminated by the in-training written examination. The scores on the oral and written examinations have correlated very well. If an individual does fairly well on the written, he will pass the oral; if he fails the oral, his in-training written score is usually poor. For your information, that was true about the doctor mentioned in the letter above. There have been only a few instances when this result has not proved to be the rule. A frequent reason for a poor score or for failure has been the individual's failure to prepare for the examination adequately, especially from the standpoint of the basic sciences. What I consider the most serious reason for failure has been the fault of the program director. His problems, however, are manifold. First, there is the selection of the trainee. This selection always should be on the basis of the best available talent and not on the basis of necessary help. We all may pride ourselves on being able to judge various individuals according to their ability; but occasionally, one will "pick a lemon," and this result is to be expected. As yet, we have no specific method of selection - only one's own judgement, and one's relying on references. Personally, I prefer to have an applicant as a student or as a member of the house staff rather than to rely on letters of recommendation from other people. Data is being compiled by Dr. Edith Levit of the National Board of Medical Examiners which may prove to be helpful at a later date. She already has correlated the results of those individuals who have taken the National Board and the in-training written examination, and she finds that the results of both examinations correlate very well. A very important responsibility of the program director is that of terminating a contract just as soon as he realizes that he has made a mistake in a selection or judgment and that the individual does not belong in neurosurgery. This act of termination is one of being much kinder to the individual than is that of allowing him to finish, and then not recommending him for examination or, what is worse, giving him a recommendation that is not justified. (Sic) The following letter is an excellent example of such a situation. "I think all of us are interested in the training of residents and the proper qualifications of the men before they go into private practice of neurological surgery. Occasionally this system breaks down, and it is when an occasional breakdown does occur, this entire system, I think, is in jeopardy. I was running between three towns, anybody trained in neurosurgery by a good man would have been most acceptable to retain as an associate and it did not occur to me to check into the man's qualifications. I found out too late, however, that Dr. X was not, to use Dr. John Doe's term, 'one of my strongest residents.' Within a few weeks this man had removed the motor nerves to the right eye after blundering into the orbit in the approach for a Frasier-Spiller procedure. A patient with a massive subdural hematoma was placed flat on the craniotomy side so that the brain would tamponade the bleeders. A patient with chronic amyotrophic lateral sclerosis had a

lumbar laminectomy for protruded nucleus pulposus because he had bilateral footdrop. This man is allowed to be in a teaching program where he is given the title of Associate Professor of Neurological Surgery, and he interprets coronal sutures as fractures. If this man achieves Board certification, then after all, what is ours worth? I wonder? Yet I wonder no more, how could anyone this incompetent be allowed to practice, to be allowed to leave a residency merely because he had put four years in servitude? Somehow we must control the products coming from the training centers, and if they are not 'strong,' keep them until they are or turn them elsewhere."

Occasionally, a trainee's service will be terminated for justifiable reasons; and later, he will be accepted by a second program director without any communication between the two program directors. As you know, the trainee must have the approval of both program directors to be eligible for examination, or to obtain credit for time spent on each service.

The most serious deficiencies of a program director are poor supervision of the house staff from the standpoint of clinical material and poorly organized teaching conferences. Such a type of individual is also the one who is willing to fill the openings in the affiliated hospitals with cheap labor and to leave him to care for patients with very little contact with the senior staff. At times, a program director may be very conscientious and very sincere in regard to the training of the house staff and yet not realize that deficiencies exist in the program. The program director is being helped at the present time by the Commission of the in-training written examination. It has been the duty of the Chairman of the Commission to point out to the program director the weaknesses that exist in his program. The program director, as well as the trainee, has had an opportunity to correct the deficiencies while the individual is still in training. The results of the oral and written examination have shown that a number of men have done poorly in various subjects on the written but very well in the same subjects on the oral. They have had their weak points brought out and have had an opportunity to correct them.

It is thought that the failure-rate can be decreased by the Commission's continuing the in-training written examination under the sponsorship of the American Association of Neurological Surgeons for several more years. The purpose of such a continuing would be to give each program director the opportunity to determine the weaknesses in his training program. Both the Residency Review Committee and the American Board of Neurological Surgery must face the responsibility of eliminating the poor programs with consistent high failure-rates.

Attempts should be made to salvage some of the weaker programs which seem to have an excellent potential. It may be possible to accomplish this salvage with Federal support -- a developmental grant in order to increase the faculty and to obtain more supervision, not only in the clinical field but also in the basic sciences. At the present time, the NINDB is supporting 19 neurosurgical training programs at a cost of just under three quarter of a

million dollars. This is a very recent increase from 7 training programs at a cost of five hundred and twenty-seven thousand (\$527,000), a little over a half million. This increase in support will strengthen some of the programs, especially if it does not just include the programs that are already well established. You will recall that at the meeting of the Society of Neurological Surgeons in St. Louis in 1955 the neurosurgeons went on record as refusing to accept Federal aid for training. Only since we have been stimulated and have become aggressive during the last several years, have we dipped our fingers into the pot and found that the pie tastes very good. This stimulus also has obtained for us representation on the Council.

During the past decade – of possibly slightly longer, teaching hospitals have experienced a gradual decrease in the number of staff patients available to the various residents. This situation has been created by the fact that more and more individuals are able to afford some type of voluntary health insurance and are admitted to the smaller hospitals in their own community. The increase in the number of neurological surgeons and orthopedists in small cities and towns is responsible for the decrease in number of referred problems to the staff service of teaching hospitals.

In our own State of North Carolina – and in others, compulsory liability insurance has decreased the number of trauma cases on the staff service and the number of operations performed by the resident. The majority of the insurance companies have inserted a clause in their policy to the effect that they will not pay for operative procedures performed by the resident staff. The increase in the number of compensation problems also has drained the staff service further. I fully realize that it is possible, in some instances, to turn over to the resident some cases that are liability and compensation problems and for that matter, some private patients, but this procedure also creates a problem from a legal standpoint when one is called upon to testify.

To add further to the staff-service drainage has come the insurmountable, unsolvable problem of Medicare and Title 19. Unless some solution is reached in the near future, there will be no such thing as a staff patient over the age of 65 available to the resident. As has been typical with various other Federal projects, it is involved in so much red tape that no one has been able to find a satisfactory procedure. A number of hospitals are permitting the staff service to function in an illegal manner. The Federal Agency states that in the care of a Medicare patient, the surgery must be performed by a capable individual who is not a resident, and that the responsible surgeon must be in the operating room during the surgery. This ruling has provoked numerous Committee meetings by the American College of Surgeons, the Advisory Board for Medical Specialties, and the representatives of medical schools and hospitals; but as yet, no one has reached a solution to the problem. I honestly believe that the Federal Agency is as anxious as the medical profession to find a face-saving solution and that in the meantime, it has not attempted to force the issue. It seems that the Department of Health, Education, and Welfare before changing the ruling actually is permitting various hospitals to try out different plans which do not

conform to the law. At Duke during the past year, all residents have been appointed instructors and no longer wear the usual housestaff uniform. The powers in Washington are familiar with this method of operation, and I have been informed that they consider this system as one of the experimental models which they are permitting to function in order to seek a solution. Some arrangement has to be worked out by the Council on Medical Education of the AMA, the Residency Review Committee, the Specialty Boards, and the Social Security Administration in order to reach a practical definition of the point at which a person in formal training ceases to be defined as a resident and becomes a junior attending physician; or, some other appropriate designation which makes clear the eligibility of such physicians to file Part B claims for service must be made. The medical profession cannot permit this change designation to happen under the present terminology of a resident. If, at the present time, a resident is permitted to file for services rendered, the money will be collected by the hospital and this, in turn, will place the hospital in the practice of medicine. The following quotation has been taken from a letter received in late September from a member of this Society. He spent a page or more discussing his problem with the staff service and then stated, (Sic) "The amount of operating that the resident would do would be diluted by a third, unless in some way, not only Medicare patients but private patients as well could be used, as is done at some places, where the senior resident is actually put on the staff and given the title 'Assistant to the Staff.' This, of course, is pure subterfuge unless the Board is willing to say that the length of the training program is three years, plus an additional year as an apprenticeship under the supervision of the staff. A third, and very unrealistic alternative would be not to assign the residents to so many of the faculty, but this is not possible here. Sooner or later the Board is going to have to come to some decision concerning the senior resident accepting prime responsibility for private patients, whether they are Medicare or not, and the sooner they start discussions the better. I know a letter such as this will probably spoil a couple of days for you and I want you to know that you have my sympathy." For his information, I accept his sympathy because as Don knows, this is something seldom received by the Secretary of the Board. By lessening the referral cases in the future, Medicare and Medicaid will decrease the staff service gradually. Patients who would have been referred as staff patients in the past, now will be kept in the local hospital because the physician will be able to submit a reasonable charge for services rendered.

Because of the magnitude of the situation, I specifically have avoided the problem of foreign trainees. It should be pointed out, whether it is their fault or not, that they are carrying the blunt end of the training in neurosurgery in the United States. As previously mentioned, 109, or 22%, of the neurosurgical trainees in the United States are foreign trainees. In many instances, they are found on the weaker programs; and in fact, some programs have only foreign training. They also are forced to accept positions on services that are on probation or unapproved; and as a result, they end up by having difficulty with the State Department before they are able to complete their training. They are filling the positions that are not accepted by the men

in the United States and Canada. The problem of foreign trainees is being investigated by a Committee of the American Association of Neurological Surgeons, of which Joe Evans is Chairman; and it is hoped that the Committee will be able to solve some of the difficult problems.

I realize that I have not solved any of the problems that exist in neurosurgical training and that it is much easier for me to point out weaknesses than to correct them. I do believe, however, that we are going through a changing phase in medical education and that this phase applies to postgraduate training. In order to meet the changing times, it is going to be necessary for medical training to re-evaluate the requirements of the various governing bodies, such as the Specialty Boards, the Council on Medical Education, and the Residency Review Committees. It may be necessary to broaden the requirements of the training programs and to place more responsibility in the hands of the program director. The time has come for the surgical staff of each university teaching hospital to begin the transition of using private patients to increase the surgical experience of the house staff. During the past year, the surgical staff of Columbia University College of Physicians and Surgeons at Presbyterian Hospital in New York have experimented with a project of this type. Dr. R. B. Hiatt states "the service is called *the small unit teaching service* in order to avoid the categorization attendant with the word *semi-private*." Their conclusion for the one year's experiment is as follows. "From an educational point of view, we have been amazed and pleased by the success of this experiment. We have succeeded in proving to ourselves that the 'heart and guts' of ward teaching can be transposed to a private teaching service without subterfuge. Eighty per cent of the patient candidates for the private teaching service seen in the responsible surgeon's private office accepted without question the idea of the resident doing the operation under the responsible attending's supervision.

We have also learned some things that are not good. It would appear that legislators, insurance carriers, and those who would be 'spokesmen' for medicine, from the profession itself, care very little about graduate medical education, and have allowed rulings and laws to be written that seem to preclude any other than a one-to-one relationship between a patient and his physician."

If the changes are made that seem essential to maintain adequate postgraduate teaching in our training programs, it will require closer supervision and evaluation of the residency training by the program director. There can be no question that our method of postgraduate teaching and residency training has been outstanding but that adjustments have to be made for changing times. If we as members of the medical profession do not open our eyes to the problem of postgraduate medical education, some other organization will take it over. An attempt has been made by the AMA, through Citizen's Commission with its Millis Report, to establish an all-powerful Board with unlimited power and independent of many of the agencies that now have the responsibility for some part of graduate medical

education. This report states that all members of the Board will be appointed by "The Council on Medical Education of the AMA and that all members serve as individual statesmen of medical education rather than as representatives of particular organizations." You may be thoroughly familiar with the Millis Report, but if you are not, you should be. It is an indication of what can be expected, not only in neurological surgery, but in all training programs if we, who have so much at stake, do not attempt to find a solution to the problem.



*President-Elect  
and His Friends*



Elizabeth and Keesley Welch  
March 25, 1968

I have been less than a faithful correspondent to the Round Robin but I must write this time, knowing that the issue is to honor Dave Reeves. I have no memorabilia, only the recollection of many kindnesses extended by him over the years. I am delighted to join the others in an hurrah for Dave Reeves!

Elizabeth and I are looking forward to having the meeting of the Academy in Colorado Springs. Early October is about our best time of year and I hope that the Aspen may still be in color then. It will be 14 years since the Academy last met at the Broadmoor. I attended that meeting as a guest and remember how delightful it was. Since then the hotel has increased its facilities. Elizabeth and I were down there the other day.

My copies of the letters which went back and forth when the meeting was arranged show that the hotel will be full after the meeting so that if anyone wishes to spend extra time here, it should be beforehand.

Interesting cases? Yes, we have had our share. a 15 year old boy developed acute signs of pressure and of cerebellar dysfunction six months after a renal transplant. We thought from earlier experience that he might have an abscess but he had, instead, a cerebellar sarcoma thought them to be a reticulum cell tumor. We knew from his first studies that he had a second lesion but this and others (left frontal, left temporal and right temporal) grew with extreme rapidity and he died. The opinion now is that they represent microgliomas. Within a week another renal transplant patient succumbed to a reticulo-endothelial tumor, not in the nervous system, and our understanding is that at least one case has occurred at a different center. The relationship between the immunological challenge and the genesis of these lesions is fascinating and has, for some time, occupied the attention of experimentalists.



*Keesley learns about porpoises*

We hope everyone will come to colorful Colorado this fall.



Mary and James Greenwood  
March 25, 1968



I wonder if any of us truly realize what Dave Reeves has given to neurosurgery and to us particularly during the past 25 to 30 years. He moves so quietly, is such a gentleman, and is so self-effacing in his dedication that he often receives little credit for the work he did. My father used an old statement, the origin of which I have never been able to determine, that "The greatest work is done by those who do not care particularly who gets the credit." Dave falls in this category and he is certainly one of the greatest.

Our daughter Nancy was married January 31 and things have really quieted down. Andy (our baby) graduated from Texas in the middle of February and directly entered Officer Candidate School in the Navy at Newport, Rhode Island. For the first time in 27 years, Mary and I have no children in school and no one with us at home, although seven grandchildren seem to find ways of keeping us (chiefly Mary) busy. Five of our six children are now happily married and Andy is engaged and will be married after his Officer Training Course.

I cannot find time to keep up the quality of my golf and the weather this winter has been terrible for Houston. My handicap is up to 10 and I am very fearful it will be 11 shortly unless I mend my ways.

Three days ago I removed my third arteriovenous malformation of the spinal cord, using optic loupes, but we have started using the operating microscope and may do some of this work with this new method. With the help of Dr. Marshall Henry, we also operated our smallest acoustic neurinoma a few days ago, measuring 11 ½ mm. in diameter with complete removal, using the operating microscope, and we think there will be complete recovery of the facial nerve, since it is in excellent continuity but slightly traumatized during the procedure.

Most of the members of the Academy know of my interest in Vitamin C and its effect on basic ground substance in all tissues of the body which do

not have a circulation, including ligaments, tendons, cartilages, etc. My enthusiasm continues but the second paper, given before the Academy in October of 1965, is still unpublished and I have re-written it at least fifteen or twenty times. The original small paper received so much interest from the lay public that the second paper should be as air-tight and above criticism if possible. I have probably put about 2,000 to 3,000 patients on Vitamin C, and while it does not cure a ruptured disc, I think it is of great value in prevention. If a patient returns with additional back pain or sciatic pain two or three years after surgery, I can look him in the eye and say he has not been taking Vitamin C and be right at least 90 to 95% of the time. I think we have received almost a thousand letters from all over the world as testimonials, some of which are obviously exaggerated, but many of which we feel are real. We have also received some gifts and contributions to our service.

Thanks to you, Dick, I was asked to moderate a Panel on Spinal Cord Tumors at the College of Surgeons meeting in Atlantic City, October 16, 1968. We are fortunate in having Don Matson, Robert Rand, and Giovanni Di Chiro (radiologist) as panelists, and we hope all members of the Academy will be present.

\* \* \* \* \*

### *What are longest periods of coma followed by useful survival?*

THE FOLLOWING REQUEST is made by William H. Sweet, Boston, chairman, Committee on Management of the Unconscious Patient, and chief, Neurosurgical Service, Massachusetts General Hospital. Communications are to be addressed to Dr. Sweet at the Massachusetts General Hospital, Boston 02114.

"The ability of physicians to maintain life for very long periods in the unconscious patient raises the question as to how long such skills should be deployed. As physicians we are eager to promote the recovery of everyone who can do so. In order to deprive no one of his chances on this score it is relevant to know the longest periods of coma which have been followed by useful survival.

"A committee of the Massachusetts General Hospital is studying our own records and the world literature to determine pertinent features in all patients who, *despite coma for over five weeks*, have made a useful recovery. We think it is vital not to overlook any well documented patient in this category. We should be grateful if any reader of this journal would draw our attention to any case published under a title which is not indicative of survival after prolonged coma. We are also eager to receive accounts of such cases as yet unreported.



Dorothy and Howard Brown  
April 23, 1968



I was thrilled to hear that the current "Round Robin" will honor Dave Reeves,—one of my oldest and dearest friends.

Looking back over the many years of happy association with the Academy, one always looks forward to the next "Round Robin" and a chance to visit with our friends and their families. I know of nothing else like this in our professional world.

Our sincere thanks must go to our "laughing boy", Dean Echols, for germinating the brilliant idea of this intimate personal communication of the American Academy of Neurological Surgery, — a fond salute to you, Dean.



*Bart & Margaret Brown*

When the baton was passed to Dave, he took off like the anchor man on the champion relay team. His constant efforts and his outstanding productions of the "Round Robin" over so many years have been a source of constant delight and joy to all of us. I frequently pull out old numbers and reminisce over pleasant experiences of years gone by. No where is there a society like the Academy and no where is there a journal like the "Round Robin", which has done so much to inspire and mold us into this close group.

Our sincere thanks to you, Dave, for the great contribution you have made to all of us for so many years. We are happy to know that you will be able to take life a bit easier now but that your outstanding ability will still be available for valuable contributions in the future.

We will all miss you at the helm but I am sure that we will give your successor our complete support in carrying on your tradition in the future.



Velaire and George Ehni  
April 25, 1968



I wish I could have provided you with a photograph or two of Dave Reeves but couldn't find anything except some motion picture footage of him. During those years when I was first in practice and going to meetings, and first met Dave, I had a love affair with a 16 mm. motion picture camera (which still warms up occasionally) and just never made a still picture.

The Division of Neurological Surgery at Baylor is growing gratifyingly and we expect to add two geographical half-time neurosurgeons, just finishing their training with us, in July. The Methodist Hospital has added several hundred beds in their cardiovascular and orthopedic institutes and St. Luke's Hospital is in the process of putting up a big new unit which, together with an enlargement of the Children's Hospital, will become an 1100-bed complex. These two hospitals have never had a neurosurgery service, since by agreement all of it was transferred to Methodist. We are in the process of trying to figure out how we can expand our residency program into these new opportunities.



My oldest boy, George, works for Texas Instruments in Dallas and gets back home with his wife frequently. Our second child, Margo, is married to Bill Goodwin, serving in some administrative capacity at an Air Force hospital in Sacramento. My third child, Bruce, is a sophomore in engineering at the University of Texas. The other four children are still at home but the eldest, Nicole, will be going to Beloit College in the fall.

As I write this Larry and I are on the point of departure for a 14 day trip to Europe where I will visit Professor Verbiest and give a number of lectures at the University of Utrecht, and then go to Newcastle-upon-Tyne to visit Laurie Lassman and give a talk or two at the Regional Neurosurgical Centre there.

*Off For Shopping – Key Biscayne*

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*Representatives of the West Coast  
Discuss Florida Weather*



Gene and Lyle French



The Executive Committee was wise to dedicate this issue of THE NEUROSURGEON to Dave Reeves. For so many years it has been his baby—he's really been "The Neurosurgeon". Undoubtedly this is why it's been our favorite reading material. Gene and I invariably read it together and even nostalgically go back over old issues of it. It's been a delight because it has reflected Dave. We send him our most sincere acknowledgement.

Our activities at Minnesota have continued to grow. We did lose Dr. Jim Story who went south to head the division of neurosurgery at the new medical school in San Antonio. He was a great loss because of his combined abilities as a teacher, investigator and clinician. Also a good friend; but he's doing a great job in San Antonio so we can't regret his going too much.

Dr. Don Long has come into our staff — he's a young man of great promise, interested in investigations of cerebral edema using electromicroscopic techniques. We also have another young neurosurgeon on our staff, Dr. Ed Seljeskog. Ed's forte is his unique teaching ability and well-rounded clinical background.

Since Shelley Chou is still my right arm it is apparent we're getting along alright. We've recently increased our investigative program by the addition of a second neurophysiologist, an M.D.—Ph.D. who trained with Dr. Carlo Terzuolo. Fortunately he's interested in clinical problems and doesn't want to continue only in intracellular recording. He's a great help to us in keeping our laboratory on-going.

Our problems relate to inadequate space and the usual fight to keep from losing undergraduate teaching time. The latter is extremely critical in neurosurgery especially but surgery in general is not going to lose out in attracting the cream of the graduating class of M.D.'s. Unfortunately it's hard for Deans to realize that such problems as fluid balance are intimately governed by the central nervous system and that neurosurgeons also realize, and can teach, that the clinical problem relates to the patient as a whole.

My best regards to Dave and to all the members of the Academy.



Enid and George Baker  
April 29, 1968



Since my good friend Dave Reeves is being honored in this issue of THE NEUROSURGEON, I would like to relate a few personal experiences that I am sure Dave may recall but more than likely has forgotten.

My first social experience with Dave was an evening spent going through the French Quarter in New Orleans in about 1939. Never let it be said that the piano players and bartenders in the various dancing establishments on this particular evening had any free time on their hands, or that the excitement of Bourbon Street did not follow in Dave's footsteps. We finally came to the historic "Old Absinthe House" where Jean LaFitte was supposedly hidden between the floors when the patriot pirate's life was often in jeopardy. It seemed to Dave that after consulting with Rupert Raney and myself, that we should ask a few of the young ladies working in the place to escort Arthur Elvidge, for a small fee of course, to the very spot where the secret hiding of one famous pirate could be personally examined. During this never to be reported trip by Arthur the entire group of the Academy left by bus to go to some new areas down the street, but in less than fifteen minutes Arthur was seen running out of the Absinthe House with three girls in hot pursuit. I think Dave left immediately for the "Dog House" with Spence Braden, and the only ones left to protect Arthur happened to be the Browns, the Raney's and the Echols. I may say Arthur was never "cut out of the herd" again.

Some twenty years later I am reminded of another trip we took to an antique show in Hardwick, Massachusetts. The Ballantines had a most delightful luncheon planned at Poverty Hill after the Boston professional sessions of the Academy had terminated. Dave and I arrived early and were quite helpful I thought in getting the fireplace going, filling the ice buckets for the "happy hour" and unlocking the doors to various bathroom facilities for the men and the ladies. Tom Ballantine soon started to mix some drinks as the buses came up the hill, and as each member arrived they were greeted by the Ballantines with a very excellent but potent martini. The chill of the New England air was soon controlled and between tending the fireplace and looking over Tom's Bentley car outside, Dave was a very busy man. As far as I



was concerned luncheon was served at exactly the right time to save us both.

Then comes the after luncheon hayride to the village of Hardwick to attend the antique show. Dave had gotten up on the wagon with help among the bales of hay, but my good friend Hunter Sheldon had been persuaded by my sweet wife to walk me down the hill to the show. Obviously, when the hay wagon passed those on foot the cheering section was led by Dave Reeves, and I didn't see him again until he spied me in the antique shop. With the usual dexterity and charm that is required in a successful neurosurgical practice in Santa Barbara, California, Dave greeted me with his outgoing personality and friendly voice in the middle of the room. No one knows who paid the bill for the damages, but two sympathetic and chagrined neurosurgeons left for the next exhibit about three blocks away – "sorta in a sneaky fashion."

I hope Dave will enjoy this bit of reminiscing, and I promise I will never tell some of the stories that I could relate from the intervening years.



*Lunch On The Patio*



Alice and William Meacham  
April 29, 1968

What could be more fitting than to dedicate an issue of THE NEUROSURGEON to Dave Reeves? To have witnessed the remarkable transition of this journal from a mimeographic newsletter to the Round Robin, and finally to this most unique and valuable personal volume is a real privilege. Dave has been the guiding hand and editor extraordinary in achieving this and I know we all agree that we owe him our gratitude for undertaking this "labor of love" for so many years. We shall all miss his witty and sometimes pithy editorial comments which alone made each issue a valuable keepsake.

To me and, I am sure, to others who were admitted to membership after the formative years, Dave was the personification of the ideal Academy member and was, in fact, "Mr. Academy." While I have many personal recollections that could be described concerning this fine person, I think none is more appropriate than to cite my observations of Dave at our annual meetings when he never failed to seek out each new member, to make him feel welcome and at home, and to dissipate the wallflower feeling that so often encompasses the younger member. This happened to me and I have watched with interest his persistence in this activity each year – a prime example for the rest of us!



Rather than mention his contributions to the entire field of neurosurgery which are familiar to all Academy members, I would close with the hope that these contributions will not cease and that his presence at each of our meetings will continue to be a regular and continuing activity on his part.

To Dave Reeves, I wish good cheer, good health, and long life!

*New Secretary of American  
Association of Neurological  
Surgeons & His Wife –*

*Congratulations!*

Janet and Arthur Ward  
April 30, 1968

Even though I have not been the most prolific contributor to THE NEUROSURGEON in the past, I am delighted to send this quick note to express my warm feeling of friendship for Dave Reeves and to add my word of heartfelt thanks for the contribution which he has made to all of our lives through THE NEUROSURGEON. His gentle and friendly hand on the tiller has guided this ship through both stormy and calm waters and has played no small role in the feeling which all of us have for the Academy.

I am in the process of madly rushing around and making preparations and changing my plans so that I can make a rather sudden trip to the USSR. This all started several years ago when I was asked to be a member of a scientific exchange mission and I blithely agreed since it seemed so long in the future. The negotiations appeared to me to be at a complete standstill but suddenly three weeks ago the Russian Embassy told us they would like us to come and the timing really couldn't have been worse from my standpoint. I still don't know exactly when we will be leaving but it will be within the next few days! The topic of the mission is "Higher Nervous Function" and I gather that we will be visiting both research and clinical institutes. I am the only neurosurgeon of the 6 man delegation and obviously I hope to be able to see something of the inner workings of modern neurosurgery in the USSR and I suspect that they'll have a variety of demands on me as well.

We are going as guests of the Academy of Medical Science under the auspices of the Ministry of Health in Moscow. We won't know until we arrive in Moscow exactly where we will be visiting but this will include institutes in various parts of Russia as well as in Georgia and we will also be going into Siberia and hopefully into two centers which have not been previously visited by the Americans.

Please tell all of my friends to send me CARE packages if I don't turn up again!



Helena and William Scoville  
May 2, 1968



It is a pleasure to pay tribute to Dave Reeves. He represents the best of the spirit of the Academy with high dedication and competence in his chosen field but an additional kindness and interest towards all mankind, especially his Academy friends. His dedication included THE NEUROSURGEON which continues a delightful by-product of our friendly Society. May Dave inspire us for many years more; and cause us to mellow with age as he already had in his youth.

Back to Neurosurgery: It may be my age, but it appears that the problems which now absorb our leaders are in the field of neurosurgical politics rather than in research, and I am sad. Are we all to join full time staffs or group practise? Are hospitals to practise medicine; are Hospital Directors to hire and fire rather than continue as hotel managers where the Mayo Brothers first assigned them? Is the Federal Government going to legislate permissible surgical instruments and permissible operations? Is Medicare, with Federally fixed charges, going to completely replace private practise for all age groups? I am more troubled for my son, Barrett (in Hematology) and my son WBS, Jr., who will start practise I believe in 1998, than I am for myself.



*Children & Grandchildren*

*Mirabile Dictu*

But I am excited at the impressive strides made in aneurysm techniques and in the ever increasing use of microsurgery. This latter should change the whole approach to difficult and deep lesions and I am certain will permit total replacements of much of the vascular supply to the brain. Such lovely surgical techniques cause me great cheer for I had been worried that needles, isotopes, and stereotaxy might push us ever farther afield from Dandy's and Cushing's concepts of the primary obligations of a surgeon.



*As Smooth As His Jacket*

*The Big Design*  
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*July 1964*



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*THE BIG DESIGN HOTEL AND YACHT CLUB - HICKORY, N.C.*



*Alexander Children*



Betty and Eben Alexander  
May 3, 1968



The activities of each day are so great that one tends not to respond quite as quickly to requests, such as letters for the Round Robin which can demand a little more thought and can wait just a little bit longer.

I have been somewhat overwhelmed by the new appointment as one of the four members to the Executive Council of the Association of American Medical Colleges. As you know, this Council contains about ten or twelve Deans, three hospital administrators and four faculty members of which two are pre-clinical and two are clinical. Jonathan Rhoades from Pennsylvania and myself represent the clinical aspects.

I have learned a great deal and I hope have at least begun to represent academic faculties, particularly neurosurgery, well.

The newly formed Council of Academic Societies can be a most important organization in bringing about its influence in the Association of American Medical Colleges and on American medicine. This particular organization, the Association of American Medical Colleges, had a very strong influence with the Public Health Service and with the Surgeon General, as well as with the health advisers to the President himself. This is as it should be, I am sure, and we must try to make this influence as important and beneficial to the future of medicine as possible.

The new Provisional Section of the AMA which is called Section on Miscellaneous Topics, Neurosurgery, we hope will be well attended in the upcoming meetings of the AMA. I noticed that the Archives of Neurology in May, 1968, listed this as if it were part of the Section on Nervous and Mental Diseases which, of course, it is not.

All of the developments of this sort have certainly come about through the influence of many people in the past, particularly Dave Reeves. As you know, the Cushing Society was a small organization at first and Louise Eisenhardt did so much to form it in a way in which it could be important in

the future. Virtually the only person to whom she felt she could turn over the operation of this organization was Dave Reeves and he did it magnificently for many years. It was only when he felt that this job should be rotated that he began to bring other people, such as Hank Svien, into this. Still, the influence that Dave has had on neurosurgery in so many areas, particularly in the Cushing Society, will never be forgotten.

We all missed him at the Cushing meeting in Chicago this year and I hope he will not miss another meeting, since he has been in the past and will be in the future such an important part of that organization. We are fortunate in having had Henry Schwartz as President this year and having Don Matson as the President planning, as we are, for the 100th anniversary of Dr. Cushing's birth in Cleveland for our meeting in 1969.

Stimulated to some extent by Larry Pool's presentation at the Academy meeting in Key Biscayne last year on 4 or 5 patients with brain stem tumors who had had long survival, we have surveyed all of our patients here over the last 18 or 19 years. There will probably be close to 30 patients and this experience has been an interesting one. We have, in general, favored exploration of these patients and it is surprising that a sizable number have apparently been helped by such a maneuver because of the finding of a cyst which could be evacuated and many have been helped by the biopsy of a tumor which could be more effectively and intelligently treated as a result of this. Now with the use of the steroids as a pre and postoperative adjunct to surgery, the mortality should be kept down to a very low rate. We hope to have this sort of presentation ready soon. It is interesting that we have found one or two patients whose follow-up had been lost for as much as ten years who are still, unexpectedly, alive and in some incidences, doing extremely well.

*Three things there are that will never come back: The arrow shot forth on its destined track; the appointed hour that could not wait? And the helpful word that was spoken too late.*

*Adapted from the Persian*



Hermene and Joseph Evans  
May 5, 1968



It is certainly most appropriate that a special number of THE NEUROSURGEON should be dedicated to Dave Reeves, who, over the thirty years he has been a member of the Academy has contributed so very much to its vitality, particularly through the medium of THE NEUROSURGEON. Thought it sometimes seems a little appalling to consider the fact that at the time Dave joined the group some of our present members were still in high school, this consideration is more than compensated for by the privilege it has been to live through this stage of active development of neurological surgery and to have shared with the younger men the fruits of such a rich experience. Dave's part in all of this has been very significant indeed and we all owe him a great debt of gratitude for his tireless efforts, not only for the Academy, but for his work over a broad area.

The time since Sean took over the service last July has passed as a whirlwind! Sean, himself, may well be commenting in his letter on University matters. My own activities have been multifold. Our Head Injury Program has suffered a grievous loss in the return to Japan of Shozo Ishii, who is known to many of you. His departure leaves a considerable gap in our investigative program, but his return eventually to his homeland was anticipated. Our program will shift emphasis somewhat, but presumably will continue to move in the same general direction.

The study of the fate of foreign trainees in neurological surgery and pediatrics and in some non-medical fields has proven to be very absorbing and the association with the Adlai Stevenson Institute of International Affairs has been of great value to our more parochial neurosurgical study. We are gratified at the display of interest and at the degree of cooperation evidenced by our neurosurgical colleagues. David Rossin, nuclear reactor engineer, carries the main burden of the Stevenson Institute's studies. We hope by the end of the year to have some constructive suggestions to offer.



Many of our group in the Academy have had experience on one or another of the NIH Committees. My own involvement in one of the Study Sections over the past few years has been highly instructive but amazingly demanding of time. The soundness of peer group evaluation of research programs impresses me with its honesty, just as my experience on the Neurosurgical Board did when I was serving on it.

One of the most gratifying experiences of the past months has been my foot-loose, without portfolio assignment from NINDB to explore the potentialities for the development of Head Injury Centers. This has offered a rich opportunity to see what is going on over the country and to have contact with a large number of groups. When one thinks of 1,000 accidents per week from automobile driving, with some 70 per cent of these being head injuries, one realizes the enormity of the problem.

I am glad to report that our scattered crew is (are---since there are 16 grandchildren) all in fine fettle. John, our number 7, will receive his Masters in Social Service Administration this June, and presumably his Reserve Officer's Commission will then be activated.

Tom, the number 8, is a Sophomore at Dartmouth, a spot I hope to visit a few days after the dictation of this letter.

Hermene and I spent a good part of February in Colombia, and I had hoped to get to Geneva in March, but the NIH lowered the boom on foreign travel just after my scheduled departure date. Geneva would have been the anchor spot of a head injury center swing, and this would have given me an opportunity to see Mary and her family and to have had a visit from Ed, who is assigned in Frankfort. One way or another we do manage to see the members of the family pretty regularly.

That is a lot about a particular family at a time when we are facing such grave national and international problems. I have great confidence in the ability of our young people to help us all see our national goals and our international responsibilities more clearly.

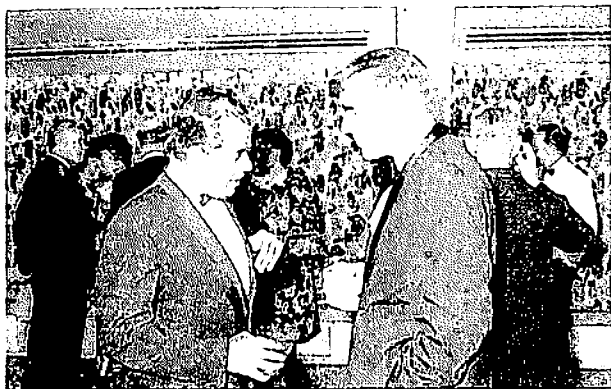
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It is reported that in 1895 there were four automobiles in the United States. Two of them were in St. Louis and they ran into each other. This seems to have started a trend which has increased at an alarming rate.

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*Two of our Erudite Scholars*



*The Secretaries Discuss Mutual Problems*



*— Past President —  
Canadian Neurosurgical Society*



Constance and Robert Fisher  
May 6, 1968



I have been negligent in writing to you but a good number of things have been occurring to us which have caused this delay.

In the first place, I worked on Dave Reeves' service at Hammond General Hospital at Modesto, California for a very short period of time before going overseas and I'm not at all certain that Dave remembers us nor does he wish to. I had assisted a senior surgeon in exploration of a brachial plexus injury and we had spent about 6 - 8 hours on this particular difficult problem and came out quite tired and our uniforms were anything but neat and we had our caps off. Unfortunately, a very strict commanding officer was making rounds outside when we were in our disheveled condition. Unbelievably, his adjutant saluted us when we were carrying books from the operating room and looking perfectly awful. At this particular time, my associate and I had no choice but to put our books on the ground and salute the adjutant and the commanding officer and this is one of the most embarrassing things that has ever happened. In addition, the commanding officer and his adjutant were so disturbed about our appearance that he called an officers' call the following morning and put on a skit, asking two of his junior officers to imitate us and our appearance and I don't believe this General Hospital was ever the same. He had indicated he would never again tolerate such an outlandish thing occurring on his post. I hope Dave was never too embarrassed by us when we were working as junior officers on his Service. We well recall David being an excellent tennis player at this time.

This has been a tremendous change for Connie, the family and me. We have found many lovely things, particularly our home about which we are very enthused.

The Medical Center is beginning to really move. We have kept up our love of the mountains by being off in New Mexico and Colorado on two separate occasions for long periods of skiing this past winter.

Looking forward to seeing everyone at the Academy meeting in Colorado Springs.

In addition to all his other duties, Bob has just been appointed a member of the American Board of Neurological Surgery. The Academy seems to be a training ground for important neurosurgical positions.

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Ruth and Charles Drake  
May 6, 1968



Greetings to Dave and his NEUROSURGEON. I would hope that the enthusiasm with which the Round Robin is received each year by the whole membership would give him some deep satisfaction for all his efforts.

We have a new dog, "Buck Shot" a fine English pointer from excellent field trial and hunting stock. This is a new venture for Ruth and I for we have been Labrador fans for many years. I have not had much experience with pointers but I hunted with him last year on pheasant and it was magnificent to see him quartering and then freezing; and then walking up, heart pounding knowing full well that a big cockbird was ready to get up. I must say he is much spookier than the Labs.

The plans are coming well along for the University Hospital and our unit, the digging to start this fall. There has been some controversy as to whether the labs should be overseen by the clinicians or by a basic scientist. At any rate we are going all out for the Department of Neurological Sciences combining medical and surgical neurology with a rotating chairmanship.

I was lucky enough to be one of the guest neurosurgeons in the Symposium on Acoustic Neuromas at the Los Angeles Institute of Otolaryngology, along with Ted Kurze, Bill Meacham, Sean Mullen, Collie MacCarty, Ed Boldrey, and Lyle French. My impressions remain that the future lies in early diagnosis and an operation on a small tumour that in spite of seeing one of each of their three operations, the acoustic neuroma whether it is large or small is still a tumor to be operated on by neurosurgeons.

One can't help but admire Bill House working with diamond drills under the microscope. The translabyrinthine operation was done on a 2 cm. tumour and although the separation of the tumour from its origin was reasonably straight forward, the opening of the posterior fossa was so narrow that even this small tumour hid the brain stem. He and Dr. Hitzelberger worried the tumour enough that by extensive gutting etc. they were able to tease it out sparing the facial nerve and its function. The combined approach with division of the sinus on a larger tumour (3-4 cm.) didn't make things any easier for the bulk of the tumour even when thoroughly gutted still hid the brain stem and the 9th and 10th could only be separated by pushing a patty blindly ahead. The facial nerve could not be spared. As you can see I was not impressed by either of these procedures.

However, the middle fossa transpetrous procedure done by Bill was most impressive. He removed a 9 mm. tumour very nicely even sparing the cochlear nerve. I still think we can do all this from behind more easily but then I am prejudiced. Bill had a look at some of our slides of transmeatal dissections on cadavers and he thinks that removal of tiny tumors will be quite feasible from behind.

I learned a great deal during the week, about diagnosis, the temporal bone and their front-running techniques in microsurgery. On the other hand, I think they have a lot to learn from neurosurgeons. They must not ignore the lessons from 50 years of fine surgeons working in the angle and I am sure the angle is the same no matter which way it is entered.

I expect to be in Bogata in September, 1969 for a brief visit and would love to get into some of those large speckled trout I have heard so much about. Has any one any experience or tips which I might take advantage of?

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Charlie's experience with acoustic tumours adds weight to his remarks. Neurosurgeons and otologist have a lot to learn from each other in the management of these tumours. In the not too distant future there will probably be centers for acoustic tumours, aneurysms, etc.

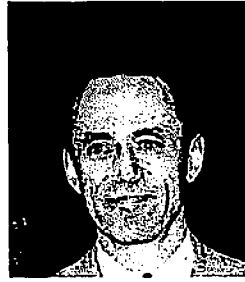
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*"It's just as well that men don't understand women. Women do, and don't like them."*



Catherine and Theodore  
Rasmussen

May 7, 1968



I am enclosing a snapshot of Dave Reeves that Charlie Hodge, of our Photographic Department, has extracted from one of our group photographs of the 1935 era.

I thought it might be of interest to list the names of some of the fellows here who overlapped with Dave Reeves during his training period here, from July 1934 to December, 1937. I suspect some of the names will be familiar to the readers.

There were some neurosurgical types, like Don Coburn, Nathan Norcross, W. Lister Reid of Australia, Martin Nichols of Aberdeen, Scotland, Sloan Robertson of Glasgow, Scotland, Ed Boldrey, Exum Walker, Bob Pudenz, Guy Odom, Kalman Von Santha of Budapest, Hungary, Arthur Elvidge, Ralph Stuck, William T. Grant, Ted Erickson.

There were also some non-surgical types: Webb Haymaker, Jesus Sanches-Perez, Francis McNaughton, Jack Kershman, George Stavraky, Don Hebb and William Gibson, then a medical student.

Perhaps just reading the names will provoke some nostalgic memories for Dave and a few other members of the Academy.

The M. N. I. has settled down now from last year's renovation and construction effort, and the new electron microscopic unit is in operation, in the capable hands of Dr. Stirling Carpenter. The Laboratory of Electroencephalography and Clinical Neurophysiology is installed in handsome new quarters, with four examining rooms for special procedures and three for routine EEG's. Brenda Milner's Psychology Department now has a small suite of their own, and various other services have improved facilities of one sort or another.

The pressure for more space, however, is increasing at an alarming rate, and we are getting well started on plans for a new wing, on the downhill side of the Institute filling in the space between the present building and the Pathological Institute of McGill University. Permission has been granted by the University for us to use this space, but there are now some minor hurdles like money and permission from the Minister of Education and the Minister of Health of the Provincial Government. Fortunately, there are enough interesting neurological and neurosurgical problems coming along to provide a spark of interest between the innumerable committee meetings.



*Dave Reeves – 1934-1937 – M.N.I.*

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Helen and Edwin Boldrey  
May 7, 1968



It is a perfectly delightful idea to have this issue of THE NEUROSURGEON honoring Dave Reeves. For years we all recognized his tremendous contribution to the Academy as a moving and an unifying force in it not only through his editorship of THE NEUROSURGEON but as a source of new ideas, a regular contributor of valuable papers to the scientific program, and as an embodiment of the spirit of the Academy – a person whom we have all just greatly enjoyed

seeing and talking to at our annual meeting. There are several of us in the Academy who have known Dave for about the same length of time, going back to Montreal days – let us just say well over thirty years ago. Dave's activities there were not confined to productivity in literature and to skilled handling of the problems of the resident and on the ward in neurology as well as neurological surgery but included evidence of his skill as an athlete, a thespian, a devotee of terpsichore, and a vocalist of no mean proportion. Through the years these not inconsiderable attributes, and they are attributes, have come to the service during the various meetings of our Academy. They added to the pleasure of the meetings and to our pleasant memories of Dave and of the meetings in an immeasurable way.

Most of all, let me state that Dave has been found by many of us to be a true and faithful friend in times of trouble and strife as well as during the times when all seemed to be going well. In the inter-relationships of men there can be no higher level of achievement. We all salute you, Dave!

To turn to matters of news, now, I am sure all of us are delighted to note that the executive offices of the Society of Neurological Surgeons and of the American Association of Neurological Surgeons and of the American Board of Neurological Surgeons remains in the hands of members of the Academy. This must raise for some reflection the necessity of our continuing to add substantially to our ranks men who are younger than a number of us are and who will be able to carry on in the future the traditions of the Academy. The founders of the Academy served it well at the meeting in Key Biscayne. Such a revolutionary act, however, obviously is unique. We had better start thinking right now about the addition of those who will be able to do in a decade or two what some of our fellow academicians are doing now in the national neurosurgical scene.

We are having some changes here at the University of California this summer with Charlie Wilson coming out from Kentucky to chair the Division of Neurological Surgery. We are looking forward with keen anticipation to Charlie and Mary joining us here.

We are looking forward to the birth of the Section on Neurological Surgery at the AMA meeting here in San Francisco in June. The obstetrician for this birth is going to be in large degree the American Academy of Neurological Surgery. We will look forward to seeing most of the members of the Academy here for that auspicious event.



Mary and Spencer Braden  
May 8, 1968

I am sure, Dave, you will recall our meeting in Cleveland at the Tudor Arms Hotel way back when. Some of us had just taken the Board examinations in Chicago. Those were trying times. The scientific session completed and the banquet concluded was not enough.

Remember Jess Hermann at the piano with you sitting on top of it directing, as it were, the assemblage in more than one gay number. I do, and wish I could send along a photograph to prove it. It would be a means of getting even with the one I know you have of me.

That was only the beginning of a long series of memorable associations. Much, of course, has happened and inevitable changes have occurred, but memories have a way of surviving. I recall the many little personal notes to me you scribbled on the official request for Round Robin material. I still have a feeling of guilt for not responding as I should have.

In this, your number of Round Robin so richly deserved, just let me say how much I have enjoyed our friendship and association over the years. Beyond that, I salute you as a colleague, as an accomplished surgeon, as a savant, and as a man among men. In addition, my daughter Dianne still thinks you are, in her words, a great guy and if she thinks so, it must be true.

Best wishes, Dave, as always to you and yours.

*"Road maps tell a motorist everything he wants to know except how to fold them up again."*

Molly and Robert King  
May 8, 1968

As many of you know, we have had a year of expansion on the service melding two additional neurosurgeons, Dr. William Stewart and Dr. Luciano Modesti, into the full time faculty on the clinical service, and Dr. Thomas Koeze, as neurophysiologist into the laboratory program. The participation of the service in the committee structure of the medical center has expanded considerably and the new clinical unit with its intensive care unit and clinical laboratories adjacent to the office areas has stabilized the "team" (including nurses and a unit coordinator) in a very satisfying manner.

The fellows in the laboratory this year have pursued their interests with skills beyond this old man's comprehension, except to share in their excitement, in evolving new patterns of information from somatosensory inputs to primary relay nuclei and the thalamus. Sid Watkins' atlas has gone to the publishers in proof form and I presume will be available some time later this year.

One of our most exciting concerns for several months has been the management of comatose patients with compromised pulmonary function. We had lost a number of these in the past in pulmonary edema or with severe interstitial edema. By following their blood gasses and weights twice a day, we have been able to note an early fall in their arterial PO<sub>2</sub> associated with an early weight gain (before any abnormality in auscultation, tracheal secretions or chest films) and if restorative measures are instituted at this early period, we believe we have been able to reverse what in our past experiences evolved into frank and often irreversible pulmonary edema. Bill Stewart is pursuing this group of patients in his clinical investigations.

As you can see, there has been time for other matters of major import; trout fishing in the Laurentians this year was superb. My father, now 78, and I spent four days back in the lakes tramping the trails and securing a delightful catch every day. It was a superb adventure. Granted, the sunning and sailing reflected in Molly's picture came in a bit of a different setting. The month at camp as family doctor for an American Youth Foundation Camp of 500 campers and about 400 staff sets the background for that sunshine. We're looking forward to another round of these activities before we see you all in October.



*Prize Catch*



*Molly*



*The Tennis Set*



*Parents of the Bride Relaxing*

Catherine and Eldon Foltz  
May 8, 1968

It is highly appropriate that this issue of THE NEUROSURGEON be dedicated to Dave Reeves. He has been an outstanding pillar in the national neurosurgical community for years. All of us are indebted to him for his stellar work over the years as Secretary-Treasurer of the Harvey Cushing Society and of many other positions in other smaller neurosurgical societies wherein his expert service has been deeply appreciated, particularly since his service has always been given with such efficiency and in such a pleasant personal manner.

Dave has other facets which he may have forgotten himself, however! Early in 1956, Dave Reeves and Winchell McCraig were visiting our service and I presented the material which we had just completed on communicating hydrocephalus following subarachnoid bleeding. As I presented these 8 or 9 cases in this clinical conference and then summarized our thoughts concerning the etiology of the hydrocephalus, I noted that Dave Reeves was wiggling in his chair and looking anxious -- obviously desirous of making a comment. Since we summarized the presentation by pointing out that we felt that the hydrocephalus was secondary to the chemical effects of breakdown products of blood in the basal cisterns, I then proceeded to review the historical aspects of this thought which included a paper by Dave, along with Stuck, in 1938. I quoted that paper "Dangerous Effects of Thorotrast used Intracranially with Special Reference to Experimental Production of Hydrocephalus" and pointed out that the chemical effects of this substance as observed by our esteemed guest probably was one of the first observations of chemically induced basal arachnoiditis with subsequent hydrocephalus. Immediately, Dave Reeves seemed to relax, a rosy glow, always present, became even more suffused on his face, and it was obvious I had made the right statement! At any rate, it certainly was a real pleasure to have that esteemed statesman and neurosurgeon with us on that day and I personally recall his reactions vividly and with great pleasure.

I know that Dave Reeves has a warm spot in all of our hearts. He truly has been an inspiration in many, many ways and it is my hope he will continue to do so for a long time to come.



Margaret and Benjamin  
Whitcomb  
May 10, 1968



The first I saw a certain man he was a house officer for Penfield in Montreal. Even at this stage, when one is beginning to experience his importance as a potential brain surgeon and before experience has wrought its gracious humility, he had a warm smile for the wondering medical student.

In a gap of some years, further knowledge of this character came to me through the neurosurgical literature to which I had turned by attention.

Then I met this fabulous character coming out of the BOQ at Walter Reed during the hostilities of the early 40's - a dapper young neurosurgeon sprouting leaves on his shoulders and having some difficulty balancing a hat on his dolichocephalic dome. His stay was brief indeed, but it was a delight to have association with this warm personality.

Our association since then through the Academy and on the Board of the Cushing Society has been shared with many others in this organization. I would like to express my appreciation for the privilege of working with one so pleasant and friendly, yet with such a high sense of responsibility and the tact to get things accomplished, and my personal gratitude to Dave for what he has done for this Society and for Neurosurgery.



*The Vice-President  
Takes Over*

When or if ever we get the minutes of the Cushing Society finished, my secretary is going to Africa to live and I, having sold my securities and borrowed on my life insurance, have bought a piece of fiberglass upon which I would sail to Shangri-La if it weren't for the fact that I have inherited from Bill Scoville the duties of Program Director for Hartford and find that it too requires time and attention.

Peg and I are looking forward very much to the Colorado meetings. Besides seeing so many of our close friends, it also means seeing some of our family in Denver.

Nancy and Hendrik Svien  
May 13, 1968

Last November I had the good fortune of spending the better part of a week in Buenos Aires with Ginny and Dave Reeves. We had several very pleasant dinners and evening conversations there. Spending time with Dave has always been a very fine experience for me. He always generates fun and good fellowship at social functions and is a great asset to a party. His contributions to the growth and development of many phases of neurologic surgery need no comment.

Nancy and I send our felicitations and warmest regards to Ginny and Dave!

Both my daughters will be spending the first two quarters of the next school year in Europe. Kaia, our 20 year old who is at Pomona, will be in Oslo doing a paper on the social welfare aspects in Norway. Dagny, 18, will be at Stanford at Florence. That leaves Nancy and me with our 15 year old Rik, who lives with a guitar and a marginal haircut.

I spent two glorious weeks in Aspen with three Clinic colleagues last February, attending the meeting of the Central Association of Dentists and Physicians. It so happens that I am President of this august organization for the current year. If any of the members of the Academy are interested in appearing on the scientific program I think it could be arranged.

My skiing trip will be short next year because it is my year to take Nancy south to the Virgin Islands for scuba diving.

Nancy is on a silk-screening "kick" at the moment, so don't be surprised if next year's Christmas cards do not carry the trade name "Hallmark."

I have been toying with certain aspects of spasmodic torticollis and hopefully will have something to report at our next meeting.



Shirley and John Hanbery  
May 14, 1968



It is a great pleasure to make some small contribution to a volume that is being dedicated to Dave Reeves.

The Stanford Neurosurgical Service has continued to grow since I last submitted a letter to *THE NEUROSURGEON*. Last July Andrew Wong came from the Montreal Neurological Institute to join Tony Aguilar and myself on the full-time faculty. There are now eight clinical faculty members who are contributing in some way to the training program. There are seven residents in the training program at the present time. I am enclosing a photograph taken recently of our residents and attending staff.

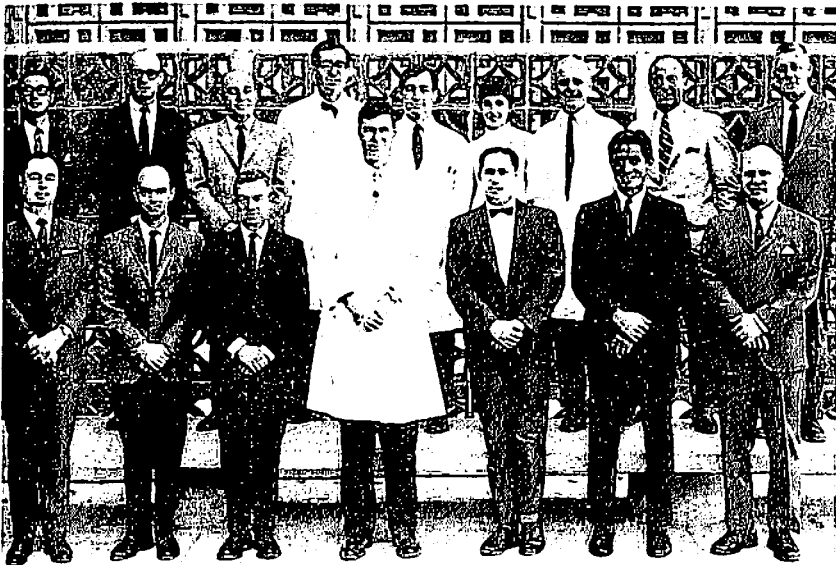
In addition to a growing clinical load of the more routine neurosurgical problems, we are doing an increasing number of cortical excisions procedures, stereotaxic procedures for movement disorders and percutaneous cervical cordotomies for problems in intractable pain. Our Birth Defects Clinic is now held twice a month, at which time all of our children with problems of spinal dysrhapism and hydrocephalus are seen by a team of pediatricians, neurosurgeons, orthopedists, urologists, physiatrists and social workers. An evening lecture series has been organized for the parents of these unfortunate children in the hope that by better understanding of the complicated medical problems, that these parents will be better able to cope with the continuing difficulties in the home.

I am looking forward to seeing the members of the Academy at the meeting this fall in Colorado Springs.

*"To be happy with a man, you must love him a little and understand him a lot; to be happy with a woman, you must love her a lot and not try to understand her at all."*



*The Family*



*Stanford Staff*





Frances and Barnes Woodhall  
May 15, 1968

Dave Reeves and I, and of course with Frances participating as a bilateral stimulus, grew up together at Johns Hopkins Medical School. This was the time of the great Depression and Prohibition and both were influential upon our lives. Our dissent against Prohibition provoked one of the most enterprising and gay and funny stories that I have ever heard or really witnessed. This is the Dave Reeves' rabbit story which I cannot tell, and indeed the only person that I know of who can tell the story is Dave Reeves himself. He does need two or three trees and the stimulation of the prohibition dissent to tell the story properly. I would suggest that the Editor of THE NEUROSURGEON send him a bottle of stimulant and ask him to get a good photographer to present the visual image of this story with appropriate trees and with appropriate gestures by Dave. The results are something about tip-toes, but I can't quite recall that point. Perhaps you might want to send a copy of this note to Dave and order that he, in deference of his friends and to these great historical periods that I have described, should send a visual re-enactment of his basic message.

Since our country was founded on dissent, I find nothing very unusual in the current scene. The only real dissent I have is that Duke University and its Medical Center will not be closed, and it won't be closed. I probably will move out of my present assignment at the beginning of September and return much more to neurosurgery and to my hobby of high energy phosphates. I also will probably act as an assistant to our President in some of our affrays with Trustees, alumni, faculty, students, and you can name them all. According to our rules, which are broken every day by someone, I leave officially at the age of sixty-five, which is a different age academically than the birth date. This will probably prove to be one of the happiest days of my life, although all of them have been first rate.

I have three grandchildren now, all of whom are males and who fortunately have not inherited any of my characteristics except that of minor dissent. They drive me to distraction but give me the satisfaction of biologic immortality.

Dave, of course, is one of a kind and this dedication to him is also a very unique dedication. Count me in from here on if there is something more to dedicate to him.

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Roberta and Ernest Mack  
May 16, 1968



I certainly feel that it is a marvelous thing that THE NEUROSURGEON is dedicated this year to Dave Reeves. I remember first meeting Dave at the end of World War II, and prior to my meeting him I had heard many great things about him in Montreal, and certainly that meeting and the years that then slowly passed by confirmed all of the good things which I had previously heard about him. It is interesting that when I got into practice in neurosurgery in Reno and was rather separated from everybody that it was through the kindness and thoughtfulness of David Reeves that I was extended my first invitation to attend a meeting of the Harvey Cushing Society. The achievements of David Reeves in neurosurgery while living and practicing in Santa Barbara have been monumental and are a tribute to the career of excellence which he has pursued. I may say that each year as I go to the meeting of the Academy one of the events to which I look forward with great pleasure is the annual opportunity to sit down with Dave and discuss events of mutual interest which have transpired in the periods between our all too infrequent visits.

This year has been a rather monumental one for Bobbie and I as our daughter, Heather, has been married (as most of you know) to a very fine young man, Gilbert Cohen, and I am delighted to say they are very happily ensconsed in their own home now, attending the University. Since Gil is presently the number one man on the university golf team, I have great hopes that some of his finesse and skill will rub off on his father-in-law.

Our daughter, Sandy, continues to develop her abilities as a horsewoman and is doing extremely well, showing regularly now two horses – a very fine Arab and a very lovely quarter horse mare. We have acquired a rather

overwhelming collection of ribbons and trophies and it begins to look as though we will have to add new trophy display units in the not too distant future.

Bobbie and I recently had a very delightful trip to Mexico, spending a few days in the old town of Alamosa. For those of you who enjoy delightful old places which have somehow survived the ravages of time I would surely recommend a visit to Alamosa. The records in this lovely old town commence in 1653, the architecture is Moorish, there have been numerous beautiful palaces restored, and there exists in this old town a delightful community of people, both Mexican and American. In addition, there is some very splendid hunting and bass fishing in the nearby areas.

From the standpoint of practice, we have recently become very interested in the use of intrathecal saline in certain pain problems and are trying to explore this now with the thought of perhaps reporting some of our experiences in the not too distant future. It seems certain now that this very simple procedure may develop into a very useful adjunct to the management of certain pain problems.

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Marilyn and Courtland Davis  
May 20, 1968

The past twelve months have been varied ones for us. Exactly one year ago I was in Cartagena, Colombia, serving a tour as neurosurgeon with the S.S. HOPE. Those of the Academy who have served in a like capacity can attest to the stimulation from being a part of this superbly motivated, trained, and usefully involved group. An additional bonus, at least in North Carolina, is the often repeated opportunity to show one's slides!

In the fall, Marilyn and I took part in the combined meeting of the Society of British Neurological Surgeons and the Neurosurgical Society of America in New York. This was our Society's opportunity to repay the

British Society for a like meeting in London in 1963. This renewing of acquaintances and the free and friendly participation by all made the meeting a "smashing success." A post meeting bonus was a visit from Peter Schurr and John E. A. O'Connell to Winston-Salem. John, as some of you know, is an authority on the separation of craniopagus twins. Chang and Eng Bunker, the original Siamese twins, settled in White Plains, N.C., after retirement from the circus. This is a nearby farm community, and through a patient in the area we were able to meet descendants, see one of the homesites, and review some of the old memorabilia stuffed away in attics; thus adding enrichment to the background of John's researches.

In December we had the pleasure of hosting K.V. Mathai, an outstanding young neurosurgeon from the Christian Medical College in Vellore, South India. Two years ago Pogo (our then 13 year old) and I spent six pleasurable weeks working and learning with him in India. This was our chance to repay some of his hospitality and let him view one of the provinces of the United States rather than just another big city program.

At Bowman Gray we have at last started the digging and building for a nearly thirty million dollar expansion of the medical center. As you can imagine, there is some dysfunction of parking and patient accommodations. All concerned seem remarkably understanding and are looking forward to the new facilities. On our service, we are blessed with a conscientious, intelligent, and human resident staff -- unfortunately we lost two in a recent callup of a reserve hospital unit. We are also fortunate in still having a large pool of patients who fall into the ward or service category and a private patient clientele that appreciates the added benefit of participation by "trainees" in their care. Our clinical program is moderately demanding but gratifying and our associated programs of investigational and basic neurology and neurosurgery are greatly enhanced by Dave Kelly, John Moosy in neuropathology, and Jim Toole and his group in neurology.

At home Marilyn manages to stay occupied with six children in various schools and with upcoming summer projects; and pacifying a frequently grumpy husband.

We are pleased to be new member of the Academy and look forward to meetings with old and new friends.

*"Tact is the unique ability of describing others as they see themselves."*

Phyllis and William Beswick  
May 21, 1968

This is a feeble attempt to compose a letter expressing my appreciation and gratitude to Dave Reeves for his many contributions to our Academy and to each one of us personally.

The love and enthusiasm for his profession, the respect and genuine warmth he extends to all his colleagues, along with his enduring patience as Chairman of "The Round Robin" (THE NEUROSURGEON) especially with this Academy member all add up to "Mr. Neurosurgeon."

To Dave and Virginia, The Beswicks send their love.

At this moment I am busing trying to get together a paper for our next meeting. If it is worth anything, I am going to dedicate this to the Reeves.



*Breakfast On The Patio*

Gwen and William Collins  
May 22, 1968

Each year I promise myself that I will write early, but as usual a second request for contributions to THE NEUROSURGEON found me still considering rather than having acted. I feel particularly bad this year, for I wished to have an early letter in to add my small bit to the issue dedicated to Dave. I have always enjoyed THE NEUROSURGEON and particularly Dave's comments, since they often seem to bring extremes back into line and sort of remind me of the sentiment in a poem by Robert Frost:

*The sentencing goes blithely on its way,  
And takes the placidly objected rhyme,  
As surely as it keeps the stroke in time  
In having its undeviable say.*

I am certain he is having more fun this year than ever before, and since they are not published his comments could be even pithier.

My excuse in being late is that this year has flown by. I used to think my family were just talking when they said that each year goes faster but I know it's true. It's been most interesting to return to the place of one's youth and at times to see how misleading one's memory can be. Fortunately concepts that were remembered as parochial now appear much more universal. All in all I recommend the experience, for it is a challenge and I hope will be rewarding to contribute to an institution one has taken so much from.

Yale is an exciting place. I hope to make neurosurgery a major force in the changes that are taking place in the medical school. Kingman Brewster, the president of Yale, has taken a direct interest in the affairs of the medical school, I might add, the first Yale president to do so other than to complain about its cost, and has not only initiated administrative changes but also has placed the financial resources of the University behind a rebuilding program. It appears trite to say that the student curriculum has been changed, for this is the third school that has changed as I arrived, but with the institution of a tract system (formerly called vertical system teaching at Western Reserve or

core teaching at Medical College of Virginia), opportunities for neurosurgery were made possible that only could be dreamed of in some of the other schools. We will have for the students an integrated nervous system experience that will involve students from anatomy through physiology and chemistry into neurology and neurosurgery and will involve the residents as teachers throughout the same distribution. Faculty appointments in clinical departments now may include physiologists, anatomists, and chemists who have areas of research or teaching that relate to the clinical disciplines. The breakdown between the basic science area and the clinical department is now whether it's molecular or systemic, with the latter being in the clinical department. Dr. Arthur Taub will join us from MIT starting in July to start the first of these in physiology. Since his main interest has been in afferent pathways and in pain it's going to be a lot of fun to again work with a young man who disagrees with some of my concepts. On the other hand, this teaching has compelled the school and the hospital to consider grouping of patients and patient services so that teaching, clinical practice, and patient care can be more effective. A unit containing thirty-five neurology and neurosurgery patients will be set up at the Yale-New Haven Medical Center and a forty bed unit will be set up at the West Haven Veterans Administration Hospital. The school has also decided that it no longer can bank on the poverty patients and therefore the clinical services will stop being the stepchild of the money losing clinics and will in the very near future become much more involved both in the practice and study of delivery of patient care. This area has certainly been sadly neglected by medical schools, and although I'm certain there will be much local distrust, it will in the long run be extremely beneficial to all involved.

My implications from the letter then are three-fold: My best to Dave Reeves, my recommendation that you all return to the city of your birth and early education, and my enthusiasm for the future. I look forward to seeing everyone in the fall.

*Those who stand for nothing are apt to fall for anything.*

*Nowadays it costs so much for wine, women and song that there's very little left over for luxuries!*

Irene and Blaine Nashold  
May 27, 1968

It is with a great deal of pleasure that I send my first note for THE NEUROSURGEON. I enjoyed the meeting in Florida and hope to have the opportunity to really get to know the members of this society much better. Although Irene was unable to attend the first meeting, I hope to have her at the subsequent ones, and I know she will enjoy seeing many of her old friends.

My neurosurgical life at Duke is no different than any of the other neurosurgeons, with a few victories and a constant struggle against innumerable problems. The greatest respite that the Nashold family has from living with the neurosurgeon is sailing. Each summer my role is completely reversed when I become a camp doctor at one of the great sailing camps in North Carolina. At this time I treat all the difficult diseases of mankind such as mosquito bites, butt rash, homesick boys, etc. It really is a rewarding experience. Of course, the whole family joins me at the camp.

Irene and I hope to be at the Colorado meeting. I spent many years as a boy in Denver and am looking forward to seeing this great country again.

*No one ever loses anything by politeness, but it's surprising how many won't take a chance.*





Faith and William Feindel  
May 31, 1968



This is a photograph of Dave Reeves when he was on the house staff here at the Institute between 1934 and 1937. Obviously he was a serious minded young doctor but I am sure that some of his contemporaries, Bob Pudenz, Guy Odom, or others could add to the light hearted side of the activities at that time.

The other photograph shows a fairly uncommon event in our family when all eight of us were sitting down together long enough to have a photograph taken. The roll call reads, from the left, Janet who is still in high school, to my left, Pat, university sophomore, Mike our hockey fan, Alex in biology, Christopher just finished Electrical Engineering at McGill (and incidentally is touring North America with the latest membership list of the Academy in his pocket should he and his two Engineer pals run into an emergency), Manuel Atucha, a young engineer from Spain who was visiting us and who gave us a delightful tour of the Basque country after the Congress in Madrid last year, and Anna, (sitting next to Faith) who keeps us in touch with the young set.



*The Feindel Clan*

After the Florida meeting we got back to a serious winter's work with further results on the fluorescein angiography and radio-isotopic flow studies of the cortex. I had a most interesting time at the Princeton Conference and also the N.I.H. workshop again on cerebral vascular problems, both these meetings being very well organized to get the maximum benefit from the number of people involved and the fairly stringent time-table. Faith and I have just returned a few days ago from or a trip through Scandinavia taking in the Ingvar-Lassen Circulation Conference at Copenhagen, with brief visits to our neurosurgical friends in that delightful city as well as to Laksell in Stockholm and Kristiansen in Oslo with a final stop-over with Al Werner and Eric Zander for a bit of the Dutch-Swiss Neurosurgical Meeting in Montreux.

We are looking forward to seeing everyone at the Colorado Meeting and want to say again, what a pleasant idea it was to dedicate this issue to Dave Reeves who has done so much for the Academy and for neurosurgery. We at the Institute are doubly in a position to appreciate his contributions because of his early work here.



Terrye and A. Earl Walker  
June 5, 1968

THE NEUROSURGEON has served a very useful purpose in the life of the American Academy of Neurological Surgery. Certainly under Dave Reeves' enthusiastic guidance it has built up a feeling of solidarity and friendship among the members which has rarely been achieved in other organizations in which the members are not so closely knit. I think we all owe Dave a debt of deep gratitude for this unselfish devotion and for his gifted talents which have made THE NEUROSURGEON so appealing to everyone. It is certainly appropriate that this issue should be dedicated to him as a tribute of our appreciation and gratitude.

As neurosurgical techniques change by the additions and replacements of old ones by new and exciting techniques, I find it somewhat difficult to get a proper perspective of the field. Many of these new techniques require

considerable practice and may actually prolong operating time. These disadvantages would be well offset by the possible gains to the patient. I am thinking of such procedures as the use of the operating microscope for acoustic tumors and unit recording for localization within the thalamus in Parkinsonism, to mention but a few. After a period of five or ten years such new techniques do find their appropriate place in the surgical armamentarium but in the meantime, many people make the same trials and errors. Perhaps THE NEUROSURGEON, being a confidential organ, might serve as a sort of "confessional" and save some of these repetitive errors.

Neurosurgery on the national and international scenes seems to be quite active. One of the most pressing needs at the present time is a reconsideration of the training program for a neurosurgeon. This is a problem which is mentioned by neurosurgeons of practically every country of the world. I had the pleasure of attending the Parkinsonian Symposium in Edinburgh where Professor Norman Dott discussed with me for quite some time the report of the Commission on Medical Education of Great Britain. In this country our program directors are sufficiently concerned about this problem that they have set up a work-shop to discuss future training programs. This will be held early next year and should produce new and exciting concepts for not only the training of neurosurgeons, but for neurosurgical indoctrination of medical students. In a somewhat broader frame, the Regional Medical Programs are also serving to modify our practice of medicine and even of the specialties. I suspect that in the future they will have an increasing impact upon the practice of medicine. For this reason I think it is very important that we exert a guiding influence upon their activities.

In just about one year the 4th International Congress of Neurological Surgery will be held in New York City. There has been a very enthusiastic response from both neurosurgeons and neurologists throughout the world to the announcements of the congresses. With the help of the American societies we are planning a well rounded program both scientifically and socially. Early in the fall you will receive the first draft of the scientific program. Applications for free communications must be in the hands of the Secretary for Congress Affairs, Dr. Collin MacCarty, by the 1st of the year. We are looking forward to approximately 2,000 neurosurgeons at this meeting, a number which is certainly going to tax our ingenuity to make the meeting run smoothly for all.



*Dr. Walker & Sir Ludwig Guttmann*



Kate and Edmund Morrissey  
May 28, 1968



It is certainly fitting, and I am delighted that the Academy is dedicating this issue of *THE NEUROSURGEON* to Dave Reeves. Dave has contributed immensely of his time and energy not only to the Academy, but to all neurosurgeons, and certainly deserves recognition for his unselfishness. We are also pleased that, regardless of his retirement from active practice, he is continuing his great interest in neurosurgery, and now has the time and desire to write.

The other day I was approached by the chief of the orthopedics service, and informed that it was a requirement of their Board that their residents be trained in disc surgery. So far I have not been able to find this in print, but regardless, I am against training orthopedic residents to do discs.

In the first place, I do not believe the average orthopedist is as well qualified as a neurological surgeon in this type of surgery, and certainly is not capable of handling the occasional complicated case; and, second, it has been shown that a large percentage of the income of neurosurgeons in general is from disc surgery. Therefore, if we are going to continue to train the number of neurosurgeons at the present rate, it is up to us to see that this procedure remains in the field of neurosurgery.

I also feel that we should have established in our training centers "Vascular Neurosurgery" as a subspecialty, and even now I do not believe it is too late. This would not only include intracranial malformations, aneurysms, A.V. fistulae, etc., but especially carotid surgery, the so-called "stroke syndrome." Francis Murphey and other neurosurgeons pioneered this work, but it is now mainly in the hands of the vascular surgeons. I am convinced that the vascular surgeon, although capable technically, is not nearly as well qualified as a neurological surgeon in evaluating the patient who might be helped by endarterectomy.

Bill Newsom and I have now been joined by Jack Williams, who received

his training at Michigan under Eddie Kahn. The work has been the average "run of the mill", and we have no extremely interesting cases to report.

I am looking forward to the pleasure of seeing everybody at the meeting in Colorado Springs.



*Fishing Or Golf?*

Indira and B. Ramamurthi  
June 6, 1968

Being rather far away from the circle of neurosurgical friends of the West, THE NEUROSURGEON came as a delight. With its coziness, warmth and friendliness, it is a unique journal.

I should have written earlier, but was rather pessimistic till I felt I grasped the inner values of THE NEUROSURGEON. In India neurosurgery is still pioneering work in some parts, though at Madras we are indeed well off. With a postgraduate department of about ninety beds and two neurosurgical and three neurological associates I am sitting pretty. We do almost all varieties of neurosurgery in fairly large numbers, including sophisticated stereotaxy, depth electrode study, etc. But there are not many aneurysms — very intriguing! We are starting to do something to find out if this is really so and if so why?

May—June are the hottest months at Madras and our family manages to take off for three or four weeks to the Kodai Hills, three hundred miles to the south. At an elevation of 7,000 feet, it is cool, lovely and so quiet. Indira, gynecologist and obstetrician, is happy that there are no three a.m. calls. A lot of studying mixed with boating and hiking fill the day, while the two boys are to be seen only at dinner time. Vijay, nineteen years old, is studying English Literature at the Madras University, while Ravi, seventeen, hopes to join the Medical college this year.

We are on the other side of the world. We would like to come more often to the United States. We would also like very much to welcome to Madras much more often many of the members of our academy. But the distances are great and the air fares, unless of course paid for by somebody else, still look prohibitive. Indira and I hope to come to the World Congress next Fall and till then to read THE NEUROSURGEON to feel the sense of intimacy with friends abroad.



Barbara and Edward Davis  
June 10, 1968



I am delighted that this issue is to be dedicated to Dave Reeves. No one deserves this more than Dave, who fathered the "Round Robin" with guidance and counsel through its infancy and childhood, and now perhaps into adult life as THE NEUROSURGEON. I am sure we have all benefited from Dave's sage counsel and advice. Barbara and I were delighted to have an opportunity to see Dave and Virginia in Portland last summer. We only hope that it could be more often.

I have nothing of particular note to report from a neurosurgical standpoint. We continue to see an increasing number of head injuries, many of which could have been prevented had the individuals used the safety devices available at this time. Perhaps we should reflect further on possibilities of educating the public.

Barbara and I have now been "out on the farm" for the past year and have enjoyed it thoroughly. We are only a few minutes from town and actually only three or four minutes longer to the hospital and office than when we lived in the city of Portland. Our two boys are now in dental school. The older is starting his third year and the younger starting his first year. Our daughter decided that she did not wish to further her education at this time and is working and seems to be enjoying it.



I did not manage to get up on the Dean River, fly fishing for steelhead, last summer but did manage to spend a few days on the Bella Coola River in British Columbia in early May. I am enclosing some photographs of the beautiful country in that area, along with a picture of one of the smaller steelhead.

Barbara and I will be looking forward to seeing everyone in Colorado Springs.

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Mary Ruth and Robert Pudenz  
June 10, 1968

David Lander Salamander Reeves was my senior resident when I started my neurosurgical training at the Montreal Neurological Institute. He came to the M.N.I. from Johns Hopkins (a subsidiary of Duke University) where he had been engaged in research on the autonomic control of bladder function. He had gained international recognition for his writings on the surgical treatment of gastric and duodenal ulcer. The latter was a continuing source of comfort to the undersigned who created many situations for Dave that predisposed psychosomatic problems.

Dave was a stern taskmaster who demanded, and received, the best efforts of his house staff, however, he was always concerned for our health and physical fitness. For example, he arranged midnight snacks of milk and cookies in the fourth floor kitchen after assigning us to craniotomy double-headers in the operating room. A session on the squash court was prescribed for the weaklings who could not survive 24 hours of continuous surgery.

It was my privilege to assist Dave on some of the major surgical cases that were assigned to him as senior resident. A particularly interesting experience involved the removal of an intradural, extramedullary perineural fibroblastoma of the dorsal spinal cord. In the true spirit of surgical pioneers



we beat this tumor into submission by vigorously massaging and isolating it with cotton patties, clipped its point of attachment to the nerve root and delivered the pulpified mass to the laboratory.

Our honored colleague's interest in research continued throughout his stay in Montreal. His work on the complications of positive contrast thorotrast ventriculography led to the early demise of this technique. His versatility in the use of air contrast techniques is evidenced by the following clipping from the Montreal Star.

We remember well the conference of military neurosurgeons held at Walter Reed Hospital shortly after our entry into the war. In discussing the pros and cons of subdural insufflation of air in the treatment of post traumatic headache, Dave commented that once the patient experienced the "air headache" he realized that his post traumatic headache was relatively a minor problem.

It was customary for the Senior Resident to have Saturday afternoon and evening for rest and play. When questioned as to his plans for these blessed hours, Dave would say, "I'm going home, assume the horizontal and read TIME." We wonder!

It is unfortunate that Santa Barbara is so far removed from Pasadena that our visits with Dave have been few and far between. All of us West Coast neurosurgeons are extremely fond of the guy. The best tribute we can offer is contained in a verse of William Ernest Henley, a 19th century British poet who, in a tribute to his physician, wrote:

*His brow spreads large and placid, and his eye  
Is deep and bright with steady looks that still  
Soft lines of tranquil thought his face fulfill--  
His face at once benign and proud and shy.  
If envy scout, if ignorance deny  
His faultless patience, his unyielding will,  
Beautiful gentleness and splendid skill,  
Innumerable gratitudes reply.  
His wise, rare smile is sweet with certainties  
And seems in all his patients to compel  
Such love and faith as failure cannot quell.  
We hold him for another Herakles  
Battling with custom, prejudice, disaster  
At once the son of Zeus with Death and Hell.*

# Young Medico Saves Navy Reputation

Embryo Brain Surgeon Rises  
To Emergency

Hollywood, Calif., July 27 — Dr. David L. Reeves, handsome and debonaire young interne from the Montreal Neurological Institute, at present capering around the movie colony, was the hero at last night's Navy Balloon Ascension. The balloon had inadvertently become waterlogged, and the sailors were experiencing considerable difficulty in inflating. Just as it appeared that the flight would be postponed, Dr. Reeves stepped forward and volunteered his services. With the aid of a gimlet and bicycle pump the ingenious interne succeeded in removing the fluid and injecting the buoyant gas.

During this stirring procedure the doctor astounded and confounded his immense audience by repeatedly turning and saying "10 in—10 out". A tremendous ovation was accorded the young hero for his timely exploit. He modestly termed it "All in a day's work."





Lois and Sidney Goldring  
June 11, 1968



This past year we installed a new system for electrophysiologic recording in the operating room. Video data transmission lines and closed circuit television connecting our operating room and laboratory enable us to use the Linc computer, which is housed in the laboratory, to record averaged evoked responses. The responses are displayed on a large T.V. screen for the surgeon to examine and it is as if the computer were in the operating room. This has proven to be a great convenience and has improved the efficiency of O.R. recording significantly. Another innovation has been the use of a multiplexer, which permits us to record 8 averaged responses from the brain simultaneously. It is therefore possible to map wide areas of the brain in rapid fashion. We have used this as a quick means for identifying the sensori-motor area during cases of excision of epileptogenic foci and also in selected cases of tumor removal where we have considered it important to know precisely the location of the sensori-motor area. Recently, Bill Coxe has used this system in getting physiologic confirmation of target points during stereotaxic procedure for movement disorder. In all this work, Paul Stohr has been a key figure. You may remember that he presented some of this work at the meeting in Miami. In January, 1968, he was called to active duty and is now stationed at Brooke Army Hospital. His absence is keenly felt in this work as well as in handling the general clinical load, teaching and training.

We feel very fortunate in that several of our recently appointed departmental chairmen have their primary interest in the nervous system. Dr. Phil Dodge, whom many of you know as an outstanding pediatric neurologist, is our new Chairman of Pediatrics; Dr. Carlton Hunt, an eminent neurophysiologist, is our new Chairman of Physiology and Dr. Max Cowan, a young neuroanatomist with a distinguished record, is our new head of Anatomy.

It was indeed an honor for me to be appointed to the Editorial Board of the Journal of Neurosurgery at the last meeting of the American Association of Neurological Surgeons. I know that it is a heavily demanding job, but nevertheless, I take it on with enthusiasm and look forward to my tenure on the Board.

Finally, it is a distinct pleasure to join everyone in paying tribute to Dave Reeves.



Kit and Henry Heyl  
June 11, 1968



It is a pleasure to start off this note with a salute to good old Dave Reeves. During most of the years in which he so effectively and devotedly turned out **THE NEUROSURGEON** he was also spending long hours reviewing papers for the *Journal of Neurosurgery*, an arduous and sometimes thankless undertaking that only the Editor and those who have served on that Board can appreciate. We just wouldn't have a *Journal* without its Editorial Board. As you all know, Dave was one of a long and distinguished line of Academy Editors and we are grateful.

And now is also the chance to embrace (and I mean embrace) Virginia in our tribute of affection.

I sometimes wistfully wish I were in a position to report my latest trial or triumph in the operating room. The best I can do is to give a progress note on the developing "Index Neurochirurgicus." As many of you know, this is to be a recurring bibliography of current neurosurgical articles retrieved from the 2300 journals indexed by the National Library of Medicine each month. It will reach subscribers to the *Journal of Neurosurgery* every three months, beginning, we hope, with the April, 1969 issue. As the result of conversations with many of you at the April, 1968 meetings, we are almost doubling the number of subject headings in the printout you saw then. I find that "Neurosurgery" as modestly defined by neurosurgeons, encompasses not only most of medicine but major segments of the basic sciences. We are still trying to establish the key "headings" that will satisfy the majority of our guild and still not compete in size with the publications of the American Tel. and Tel. Nevertheless, it is an interesting effort and I hope it will prove worthwhile.

Kit and I are looking forward to a short holiday in California after a fortuitous site visit in late September, and are planning a sojourn with you all in Colorado Springs as the climax of that western adventure. Meantime we send you greetings from the North Country which our aging bones enjoy much more as green grass and water than as white snow and ice.



*Henry Heyl & Richard Masland*



Elizabeth and H. Thomas  
Ballantine  
June 12, 1968



It is both a pleasure and a challenge to write about our friend Dave Reeves. The pleasure of alluding to the many wonderful qualities of this truly great gentleman are obvious; the challenge lies in paying proper tribute to him when one lacks the requisite literary skills!

My first encounter with Dave was about 35 years ago and he has undoubtedly forgotten the circumstances. Anyhow, in those days there was at the Johns Hopkins University Medical School, in a house at 518 North Broadway, a Chapter of Nu Sigma Nu. I was a second year medical student who lived there. We were occasionally privileged to entertain (and be entertained by) those awesome inhabitants of another world, the Men in White who ran the Hopkins Hospital and had absolute control over our destinies – or so we thought.

Dave was on Dean Lewis' Surgical Service and would drop over from time to time to partake of our "Glee Club Activities," which consisted primarily of singing limericks which until recently were unprintable. Then there were the dances which around midnight took on the flavor and appearance of bacchanals.

To retain, even minimally, the qualities of being a gentleman at a Hopkins Nu Sig party of the '30's was a task beyond the appreciation of you younger men! The few who were able usually did so by adopting attitudes which made them less than popular; but not Dave. He had then, as he has now, that superb ability to move in and out of all kinds of environmental situations without censure, making them a little better for his presence and leaving behind a feeling of mutual friendliness.

Another memory which I have concerns Dave's kindness to those only a little younger than he but separated in those days at least by the social hierarchy – the lowly medical student vis-a-vis the exalted Surgical Resident. Dave had and has that wonderful feeling of genuine concern for those around him and an uncanny ability to be helpful without authoritarian attitudes. He was a great favorite of my fellow students, believe me.

I have written in extenso of those early times because 20 years went by before I came once again into Dave's orbit to find his basic qualities unchanged and added to them attributes of scholarship and deep concern for his profession and his specialty as well as his colleagues.

In this era of stereotaxis, electron microscopy, patient monitoring, organ transplantation and computerized diagnosis and ordering of therapy, it might be well for us to reflect on the ultimate *raison d'être* for these accoutrements of our "brave (?) new world." Although Dave has never told me so, I believe his philosophy concerning these so-called benefits and his attitudes toward life are embodied in a motto which once hung in my physician-father's office and now hangs in mine: "I shall pass through this world but once. Any good thing therefore that I can do, or any kindness I can show to any human being, let me do it now. Let me not delay nor neglect it for I shall not pass this way again.

For a man with the virtues and the ability to demonstrate them such as David L. Reeves I, we, and our world should be eternally grateful.



Lorene and John Raaf  
June 12, 1968



While I am gazing east at Mount Hood I'm thinking south toward Santa Barbara and I want to congratulate the Executive Committee for the idea of dedicating this issue to our illustrious Past Editor of *THE NEUROSURGEON*. Dave, by many years, is my neurosurgical acquaintance of greatest antiquity. When we were undergraduates on the Stanford campus, thinking about medical school, I'm certain neither of us dreamed we would wind up together in the same medical rut. It has been a pleasure indeed to follow and enjoy vicariously Dave's many triumphs. As Secretary and then President of the Harvey Cushing Society, President of the American Academy

of Neurological Surgery and long-time Editor of THE NEUROSURGEON, prime instigator and founder and first President of the Western Neurosurgical Society, member of the American Board of Neurological Surgery, member of the Editorial Board of the Journal of Neurosurgery, et cetera, et cetera, Dave has certainly won himself a place in Neurosurgery's Hall of Fame. His ability has likewise been recognized by general surgeons as evidenced by membership in The Pacific Coast Surgical Association, The Western Surgical Association and The American Association For The Surgery of Trauma. To my friend of forty-five years, who has been an inspiration to all of us, I would like to say "May God continue to keep his arm around you."

It was a bit of a shock to find myself listed in the Grandfather's Club. I can't quite get used to the idea and my only hope is that my grandchildren don't either. 1968 has been the Year of The Grandchildren for us. Lorene went to Boston in March to be with John and Heather when they had their second; "J.C." I call him. In May Lorene flew to London where Jean and her husband had their first - "Margot."

The "Second Thirty-Year Plan" is progressing satisfactorily, a necessity in view of increasing proliferation noted above. Bill Parsons, Mayo Clinic trained neurosurgeon, ex-Navy as of last January, joined the office January 15 and George Barton, neurologist, returns from Tunis July 15. I'm hoping that Doctor Barton's two years in Tunisia will be a help. Lately it seems we have had dozens of sticky neurological problems that couldn't possibly be indigenous to the United States. Maybe cases such as these are seen in North Africa or someplace.

Plans for rehabilitating Crooked Riffle Lodge and resuming the Annual meeting of the Rogue River Neurosurgical Society are progressing slowly. I'm not sure whether the members of the A.A.N.S. are cognizant of the fact that the Harvey Fishing Society has come into being. After the meeting of the Society of Neurological Surgeons in Portland last year Bill German, Steve Flanigan, Hank Svien, and others went fishing on the Willamette. Bill and Steve took "Harvey" to San Francisco with us the next day to the Cushing Meeting. Bill German is permanent President of the Harvey Fishing Society and all applications for membership should be addressed to him. The Society's motto: "If one Harvey Dies, Another Shall be Born."

I've always wanted to climb Mount Hool and see what Oregon looks like from the top. John returns from Boston June 23 and we plan to go up on June 29.





*Their New Bride*



*Timberline 1949*



Mary and Charles Wilson



This has been a busy year for us with no signs of any change. By the time THE NEUROSURGEON goes to press, the Wilson's will be settled (hopefully - at this point with one house to sell and another to secure) in San Francisco. We are all looking forward to moving West and the children are as excited as we.

We sailed last July on the Michelangelo for Ankara, Turkey where we lived for four fascinating months. The trip over by ship was a new experience and one we hope to repeat. The weather was magnificent and it was the most relaxing week I can recall in many years. We landed in Naples, and after a few days sight-seeing there, we went on to Rome, and from there flew to Ankara. We were met by a whole smiling delegation, led by Vural Bertan, who had spent two years in Lexington in our program. We were whisked through customs in record time. With the help of the Bertans we found a furnished apartment and Mary set up housekeeping with the help of a smiling Turkish girl who cleaned, washed, cooked, and most important of all, coped with the mysteries of Turkish plumbing and a water system that frequently goes dry. From that time on, though, Mary loved Turkey more every day, and I began to worry that I would ever get her back to work again when we returned home. Our apartment was directly across the street from the Russian Embassy and we had a lovely view of their gardens. Out of our back windows we looked down upon the city which was spectacular at night. Mary and the children spent a great deal of time marketing. They all seemed to enjoy it, as it was the best place to practice Turkish. Fortunately, Mary was fairly uninhibited, or we would all have starved, and the children found her efforts a great source of amusement. I learned less Turkish than anyone in the family because the medical students are required to learn English and everyone on the staff had spent some time in the U.S. Consequently, in the hospital language is no problem.

We had no telephone for our entire stay and you can not imagine how pleasant this can be. Even Mary endured the isolation fairly well, although she's made up for lost time since we got back.

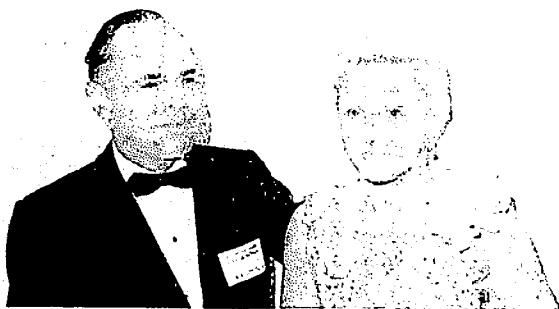
The children went to an American Dependent's School and all liked it. They especially looked forward to the "American lunches" for as the weeks went by they did begin to miss those all important items - hamburgers, hot dogs and yellow mustard. These were available on the Black Market but we took a solemn vow to stay on the Turkish economy. Despite complaints from the children, we did. The fresh fruits and vegetables in Turkey were unbelievably delicious, and we all became yogurt addicts. Mary has tried to make a comparable yogurt at home but it just can't be done. I suspect it has something to do with using the proper milk and bacterial culture.

We purchased a used car while in Rome and went to Istanbul to pick it up. We stayed at the beautiful Istanbul Hilton and found Istanbul all that it is reported to be, fascinating, diverse, breath-takingly beautiful. Once we had our own car, we started taking weekend trips to see the Turkish country side. Turkey has a wealth of archeological sites and the children came home weighted down with potsherds from Gordium, Ephesus, Pergamum, and Haggusas, convinced they are all "original" pieces. In contrast to Italy, the casualness that prevails in museums and in these fabulous Greek and Roman ruins is truly amazing.

Medically the Hacettepe Medical Center was a neurosurgeon's dream. Having a particular interest in tumors I could hardly believe the near 200 tumors I saw in the short period of four months. I operated on an average of twice a week, either selecting cases of unusual interest to me or doing a case by request from one of the three full time neurosurgeons on their staff. Every weekend we did at least one and as many as five tumors as emergencies. Patients blind from long-standing papilledema were unusually common. Their pediatric neurosurgical service was large enough to fill the operating schedule in one room almost every day. As an example, I decided that I would like to do a nasofrontal encephalocele and I was given my choice of five on the ward at that time.

My role there was one of an advisor and teacher. I spent between five and ten hours with the medical students each week, and they were magnificent. In contrast to the University of Ankara and the University of Istanbul, both having medical schools with an entering class of 500, Hacettepe has only 75 students in each class. They are hand selected, and when I saw them in their third year they were extremely good. With few exceptions they spoke English fluently, and a number had spent one or more years in the United States as exchange students prior to entering medical school. I gave three seminars each week and helped in the setting up of teaching conferences for the residents. I gained far more from the educational experience than they did, and in my last month there wished that I had arranged to stay longer.

At the moment we are projecting ourselves West. This was a major decision for all concerned. We have loved Kentucky and will miss it, but I think we will find the West Coast easy to take.



Grace and William Lougheed  
June 12, 1968

This spring was a busy one, getting the aneurysm statistics and slides prepared for the Harvey Cushing meeting. Unfortunately no one will ever see the results of this work because the whole exhibit was lost in transit. I have been delighted with our results with the diploscope to date, we have now done fifty aneurysms under the diploscope without a single mortality. I am convinced that the higher degrees of magnification, particularly 16 to 25 power, coupled with hypotension and proximal clipping of the parent vessel, allows a precise and safe obliteration of the aneurysm. In the large aneurysms it is even possible, using this technique, to open the fundus and visualize where the proximal and distal vessels communicate with it.

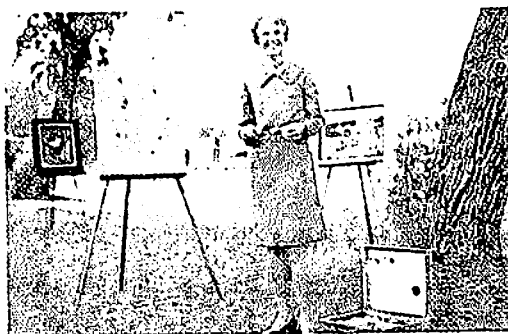
We recently have had a number of cysts of the spinal cord which have developed as a result of old trauma to the cord (as described by Barnett and Jousse). These cystic dilatations are quite amazing. In one patient, who has had a low thoracic cord lesion with paraplegia for many years, we found a large cystic dilatation in the cervical region. This patient was losing power progressively in both arms. A percutaneous puncture of this cyst was carried out and the cyst filled with radiopaque material. The cyst appeared to extend from C.2 to T.4 at the time of myelography. However, several days later when we took this patient back to the X-ray department and did a sitting thoracic spine X-ray, the dye had reached the site of his old cord trauma at T.10. We then operated on the patient at T.10 and transected the cord at the

site of his old lesion, the theory being that this would allow the cord to retract somewhat and also allow the cyst to drain. His post-operative course was attended by marked improvement in muscle power in his arms and loss of pain in his arms which he had pre-operatively. I thought this case might interest the members of the Academy who will, no doubt, have had similar experiences.

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*"Outdoor Living"*



*The Artist*



Georgia and John Green  
June 14, 1968



Georgia and I are so pleased that this issue of **THE NEUROSURGEON** will be dedicated to Dave Reeves. Our friendship with him extends back to the meeting of the Academy in Montreal in 1948 and to our induction into the Academy as members in Dave's town, Santa Barbara, in 1953. You will all recall this delightful program as arranged by Dave. He certainly is the prime example of the academically trained neurological surgeon who has not lost his way even though not remaining in a large medical center. His neurosurgical career and way of life are certainly in the best traditions of medicine and humanism.

In that you haven't seen our family for some time, I am enclosing a photograph made at Rancho de los Caballeros, near Wickenburg, Arizona, this spring. Gretchen is eleven and Charles is fifteen.

Our programs at Barrow are doing well. We verified 102 neoplasms this past year, carry a daily census of sixty to seventy patients and do this with three residents on the clinical neurosurgical services, the other two residents being in Neurology, Neuroradiology, Neuropathology or in Neurobiology. Our County Hospital, which takes care of the 900,000 inhabitants of Maricopa County, is developing, both in Neurology and Neurological Surgery under the auspices of our Staff -- with as many as 30 to 40 neurosurgical patients in the house at one time. We are having the more difficult problems transferred to Barrow for our Senior Resident and covering the County so far on a part-time basis. A new enlarged County Hospital will be opened in June, 1969, and we anticipate placing a Staff neurosurgeon there on a half-time basis this fall and to develop sufficient information to qualify for an additional resident in the Barrow program so that we can take full advantage of the educational opportunities of both institutions. The Board will obviously have to be satisfied that this affiliation is in the best interests of all concerned, and I am now developing this information.

Our Maricopa County Medical Society, which has nearly 1,000 members, has developed a Council on Medical Education during the past year. This Council is comprised of program directors in all specialties, as well as the

Administrators of the three major teaching hospitals, with representatives also from the Veteran's Administration, Phoenix Indian and the Crippled Children's Hospitals and from the Arizona Regional Medical Program, the Comprehensive Health Facilities Planning Council and the University of Arizona School of Medicine in Tucson. The purpose of the Council is to create open channels of communication among these groups and to provide medical educational interests with a vehicle in organized medicine and community planning in our area. I have the responsibility of being Chairman of this Council and find that, as always, the main problems are people, but with patience and persistence, the problems diminish (to be replaced by new ones.)

Georgia and I are looking forward with great pleasure to the fall meeting of the Academy at the Broadmoor. We particularly hope to see the Reeves at that time.

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Kathleen and Robert McLaurin  
June 14, 1968

I am sorry that I have not been a more regular contributor to THE NEUROSURGEON, but I can assure you it has not been from lack of interest. I suppose my basic problem is that I can't imagine anyone being interested in what Kath and I have been doing. Nevertheless, I am anxious to break precedent at this time and offer my congratulations and thanks to Dave Reeves who patiently and conscientiously sent me 2nd and 3rd notices for many years and who did such a superb job of editing THE NEUROSURGEON.

I suspect Dave may not remember the occasion, but the first time we really came to know him was a very memorable event for our entire family. I had been a member of the Academy for a very short time and was operating on a patient with craniosynostosis one day when an unexpected and unrecognized voice behind me introduced himself. It was Dave who was in

Cincinnati for a surgical meeting. Later that evening he joined us at our home and proceeded to enthral the young ones (this indicates how long ago it was) with stories about his friend Leo Carillo and other Hollywood celebrities. Thereafter, for quite a while, Dave was a hero around our house and the epitome of a successful neurosurgeon. I believe I have never quite regained stature because of that event.

While alluding to the offspring, I must note that one of those who were entranced (Anne) is presently a senior at Rice University (a "Campus Favorite" last year) and taking a pre-med. course. During this summer she is working in my research laboratory and is becoming something of a respiratory physiologist. As part of our continuing interest in post-head-injury pathophysiology we are investigating some aspects of disturbed respiratory function and blood gasses after trauma and thus far have been rather surprised about how inadequate we have been maintaining proper gas exchange in the past. Some patterns are beginning to emerge and our ideas, while not revolutionary, have certainly changed since embarking on this project. I suspect that some others may be equally surprised if routine blood gas checks are made on their comatose patients. I believe that there may be considerable room for improvement of our pulmonary care of patients with disturbed consciousness or defective respiratory center physiology - at least this seems to be true in my bailiwick.

Kath and I are about to set forth on an extensive and unique summer trip. Son Bobby won a trip to "Cherokee Village", Arkansas by filling out a card at the local Sport Show this past winter. Needless to say, Colorado in the Fall is looking better every minute.

*"It costs something to reach for the check and pay it, but it gets you home at a reasonable hour."*





Margaret and Harry Botterell  
June 15, 1968



My absence from the meetings of the Academy reflects my own incapacity to attend neurosurgical meetings with my colleagues and at the same time to be able to participate. This feeling is matched by the great measure in which I miss my friends and neurosurgical associations. As the Editor of Harper's said - being the Managing Editor of Harper's demanded all his time, including his insomniac time - so I have found it to be as Dean of Queen's Faculty of Medicine.

I thoroughly enjoyed the meeting of the Society of Neurological Surgeons which was devoted to the problems of education, and it is my judgment that in the Province of Ontario, and health is a provincial responsibility in Canada, we have been faced in the past five years with many of the problems which are just coming your way in the United States now. Province or state operated hospital insurance and health insurance are the twin features. They create a new deal in medical education, both for the medical student and for the resident, with a whole new set of problems which have long been experienced by George Baker and Al Uihlein.

Anyway, I can report that the Faculty at Queen's has pitched in and worked under these new terms of reference in tremendous style, and it is a stimulating and exciting prospect they are developing.

Jocelyn, our erstwhile ballet dancer daughter, gave up her career because of injury and has just finished three years at York University in Toronto, and instead of dancing, Juliet is getting married on the 27th of June. Our other daughter Daphne is busy bringing up their four children. Margaret is well and will enjoy the wedding.

On the occasion of dedicating this issue of THE NEUROSURGEON to Dave Reeves, I am happy to join, for he has my great gratitude and even more since I became a Dean. THE NEUROSURGEON and its contributors and their doings, thanks to Dave's imagination and hard work in creating THE NEUROSURGEON, are a source of great pleasure for one appreciates this company however bad a correspondent one may be.

My heartfelt thanks to him.



Dorothy and John French  
June 14, 1968

I can't think of a better theme for a number of *THE NEUROSURGEON* than Dave Reeves. No single influence within the Academy has come close to "Dave's Journal" as a means of energizing communications among the membership. Anyone who has ever tried to extract from a group of doctors the "time of day" let alone a letter or a manuscript knows how much effort he has devoted to this service over a long span of time. I consider it a privilege, therefore, to join in this salute to a gentleman, a leading neurosurgeon and the best friend the Academy ever had.

Since Dave featured pictorial material in his publications, it seemed unthinkable to write without sending something visual with the letter. The photograph which accompanies this note relates to the subject of communications — a specialty of *THE NEUROSURGEON*. The photograph of Tid Magoun which came across my desk last week seemed appropriate for this purpose since, for my money, he has "communicated" more about the brain than have any but a small handful of physiologists alive today. He's the bald headed one. The other fellow in the foreground was just included for local interest. I might add, in explanation of the glasses and things in the background, that this photograph was made at a recent symposium which, of course, everyone knows is an old Greek word for "drinking party."



*Jack French & Ted Magoun*

Dorothy is well but a bit frazzled after a winter and spring that took her to some thirty cities. She joins me in this tribute to Dave. I hope she will be able to come with me to Colorado Springs this fall. Until then, we both send greetings to all the members with special ones for the Reeves.



Cynthia and James Correll  
June 15, 1968



The past year has been interesting and busy. Clinical practice has been active and exciting. In addition, after almost a year of irritating and dragging renovations, my laboratory was finally completed and work has been going on apace to make up for lost time.

New developments in the laboratory have been of considerable interest, and two major findings have evolved. In chronic unanesthetized animals, prepared with implanted electrodes, it has been demonstrated for the first time that stimulation of some areas of the hypothalamus can result in a striking change in lipid transportation causing the plasma to change from a clear to a milky appearance. It has also been learned that there are areas of the brain which, when stimulated, result in a remarkable shortening of the venous clotting time. Since observations reported by Walter Cannon in 1914, first suggesting that the nervous system could effect blood coagulation, very little attention has been directed toward this phenomenon; although it has been noted that people at times of stress may have a shortening of the clotting time. Dr. Cannon's conclusion that the effect was mediated by adrenal medullary activity is not correct. In the present work it has been found that neither the adrenal nor the pituitary is necessary, but pathways in the spinal cord and vagus nerves are important. It has been shown that the effect of heparin is reversed by stimulation, but the effector organ has not yet been established. The work on blood coagulation will be presented next week at the International Conference on Microcirculation in Goteburg, Sweden. Perhaps the relation between emotional duress and the "broken heart" of folklore is not entirely fictitious; activity of the central nervous system may be important in intravascular clotting.

One of the most outstanding events of our personal life has been the acquisition of a Trimaran ketch, "the Seafari." We all had exciting and interesting trips last summer. Twelve-year old Willy sailed to the Bahamas with me; this was an adventure. Cynthia and fourteen year old Cathy enjoy the boat too, when they can be dragged away from the horses.

Cynthia and I enjoyed the meetings at Key Biscayne and are eagerly looking forward to seeing everyone in Colorado Springs.

Mary and Thomas Weaver  
June 28, 1968

It is only fitting that an issue of THE NEUROSURGEON be dedicated to Dave Reeves, who for years has labored so hard for so many things in this profession of ours, but even harder, I believe, in behalf of the Academy. Through THE NEUROSURGEON, which he fathered and put out practically singlehanded for so many years, he did much to draw all of us closer together.

Both of our daughters have married since the first of the year so that with only two of our brood left at home, we are beginning to rattle around in a big house. I suppose that before long we will be investigating the possibility of apartment living once more.

Mary and I are looking forward to returning to the Broadmoor for the third time.





Louise and Robert Knighton  
February 27, 1968



I am certainly happy that the Executive Committee is dedicating this issue of *THE NEUROSURGEON* to Dave Reeves. While I have no specific anecdotes about him, I remember him quite well when I was a medical student and intern at the L.A. County Hospital where Dave used to attend the neuropathology conferences and neurological meetings regularly. The best thing that I can remember about him at that time was his tremendous sense of humor. I would think that Aidan Raney would be a very good man to contact specifically for some anecdotes about him, as he was resident in neurosurgery at the L.A. County Hospital during that same period.



*"The Knightons"*



Dorothy and Donald Matson  
March 6, 1968



Wasn't the weather lousy and the meeting excellent at Key Biscayne? I've about decided the weather man is against us. Dotty and I went out to Los Angeles for three days in January and it rained the whole time there too. We've had the coldest weather since 1930 in Boston this winter. However, I have made two excursions this winter that were even colder. One was to northern Wisconsin for a weekend with Collie MacCarty and Lyle French and wives in Collie's cabin. This was after a most enjoyable few days as a pro-tem at the Mayo Clinic. It was really a treat to see and participate in this organization under full sail. The other cold trip was a long and quick one to Helsinki between Christmas and New Years. I went over to see and operate on a very sick boy of 12 with Gunnar af Bjorkensten. This boy had a pineal teratoma which filled his posterior third ventricle and extended into the left thalamus giving some very challenging contrast studies and technical problems. Anyhow, the chance to see the far north country in the dead of winter was a real treat. It was really cold and and three hours of daylight were pretty short, but Finnish hospitality certainly made up for that. Flying



*Navigator of the Matson Line*

over Scandanavia totally blanketed in snow, with all the fjords frozen, was beautiful. I stopped for a day on the way home with one of our corresponding members, Kris Kristiansen in Oslo. His daughter, Kari, I consider part mine too, so we had a wonderful visit.

The biggest accomplishment of this year for me was to finish the second edition of "Neurosurgery in Infancy and Childhood". It is 15 years since the first edition, and somehow the book seems to have doubled in size. Never again!

I am sad indeed about the death of our honorary member, Glen Spurling. He was to me a great teacher and friend. I will never forget the grace and thoughtfulness with which he made a trip to Boston to see Dotty, took her out to dinner, and told her about me still in Europe after V-E day and headed supposedly for the Japanese invasion. A few months at Walter Reed with Glen, Eben and Ben were certainly the best part of the War.

The local scene has been bursting with activity. We are momentarily decimated by Joe Galicich's departure to become Bill Collin's associate at Yale. John Shillito is now President of the Congress so it seems I must work



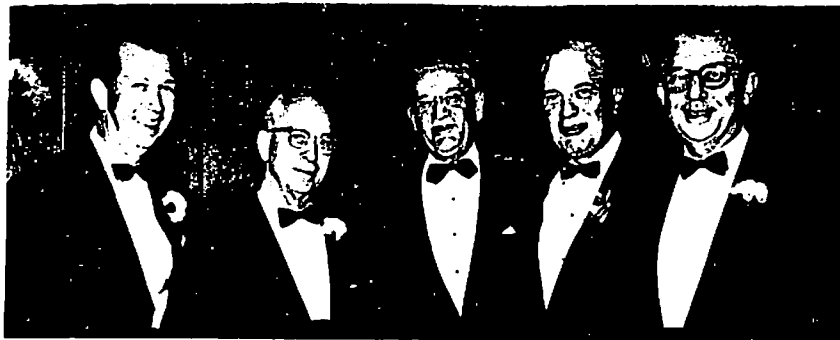
*The Cushing Orator – Bucky Fuller*

at the shop. There seems to be a lot of brain tumors left in the world. Last week an acromegalic giant with the highest circulating growth hormone anyone can remember, a chiasmal meningioma, a parietal glioma, and an ectopic pinealoma, plus a large plasmocytoma of T5 in a colleague. Next week we have our youngest craniopharyngioma to do – just two years of age, and a doctor's wife with a frontal meningioma that should be large and interesting. I wish our own and other people's complications of shunts for hydrocephalus would go somewhere else; they really plague us.

My guest at the Florida Academy meeting, Kevin Bleasel of Sydney, Australia, has asked me to convey his thanks and best wishes to all members. He states it was the best medical meeting he ever attended.

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Don's energy and accomplishments seem boundless. He will need them this year as President of the American Association of Neurological Surgeons.



**President's Night:** President's Night at the annual meeting of the Southern Medical Assn. brought together the following MDs (l. to r. in above photo): Oscar B. Hunter, newly-installed president of the Southern Medical Assn.; Milford O. Rouse, president of the American Medical Association; R. H. Kampmeier, president of the American College of Physicians; J. Garber Galbraith, president of the American Academy of Neurological Surgery; and Guy Thompson Vise Sr., president of the Southern Medical Assn. during 1966-67.





Letitia and Francis Echlin  
March 20, 1968



Please accept my sincere congratulations for the excellent job you are doing on **THE NEUROSURGEON**. You have a great tradition to live up to started by Dean Echols and carried to such fine heights by Dave Reeves.

I feel that Dave has had more influence than probably any other element in the Academy in promoting and perpetuating the feeling of friendship and respect which exists between the entire membership.

Many of us have known Dave intimately for over thirty years and I have enclosed a photograph of thirty-one of his old friends, eight of whom are members of the Academy. Dave must have been busy on the day this was taken or had recently left the MNI.

All hail to Dave!

*"Opportunity knocks only once, but temptation bangs on the door for years."*



Elva and Stuart Rowe  
March 30, 1968



The Key Biscayne meeting was certainly an excellent one and I feel that Guy Odom and the program committee and the local arrangements committee all deserve our congratulations and thanks.

The only clinical problems of some interest seen lately involve several patients with lesions around the sella turcica with visual field defects. Currently we are puzzling over a seventeen year old boy with a left homonymous visual field cut of considerable magnitude and no other clinical or x-ray findings, including the usual air studies and angiograms. At the moment we are undecided between multiple sclerosis and an early infiltrating neoplasm which is not shifting the ventricles or vessels.

Concurrently, we have a fifty-seven year old man with a marked bitemporal hemianopsia but a perfectly normal sella and normal bilateral carotid angiograms. To our surprise, exploration of the area of the chiasm revealed a craniopharyngioma. When this was gently and rather laboriously excised, we think in toto, the posterior end of the sac coming out under the chiasm and third ventricle floor had attached white and gray matter on it as it was gently drawn out. We were not surprised to have a fairly marked diabetes insipidus post-operatively but, fortunately, so far no other serious indications of hypothalamic problems have developed.

On the lighter side, we have, in the past few months, been introduced into the wonderful and surprisingly complicated world of AAU swimming meets through the participation of an eight year old grandson. I realized that teenagers developed more skills along this line but had no idea that the whole affair was so well organized and that seven and eight year olds could perform so astonishingly well when properly trained and drilled.

Our son and daughter-in-law, on the other hand, have decided to raise a thoroughbred English bulldog, and in the near future I suspect we will have to learn something about dog shows and showing prize-winning dogs.

My first view of Dave Reeves was in Montreal, I believe about 1934 or 1935, when he took part in a skit presented at a meeting, I believe of the Senior Neurosurgical Society, portraying Dr. Walter Dandy. I strongly suspect that he played an important part in writing the lines for this highly entertaining performance, but in addition, his histrionic efforts were carried out with such verve and enthusiasm that it made a very lasting impression on me. I feel sure that if Dave had not followed his chosen career of neurosurgery with such success he could have done equally well on the stage.

Over the years there is probably no other activity of The American Academy of Neurological Surgery which has surpassed the reading of THE NEUROSURGEON and its humble predecessor, The Round Robin Letter, in bringing pleasure and satisfaction to the members. I feel certain that I am only repeating the thoughts of many others from the Academy in extending a heartfelt thanks to Dave for his many years of hard and skillful work in making this little publication such a success.



Mary and Aidan Rancy  
April 23, 1968



As a resident in Neurosurgery at Los Angeles County General Hospital, it was my good fortune to become acquainted with Dr. Reeves, Attending Staff. Making rounds with him was always an enjoyable and rewarding experience. From him I learned many things. His consultation notes were comprehensive, and his fine handwriting reflected his attention to detail and consideration of others! This was his nature. He was so friendly and self-effacing that even student doctors did not hesitate to disagree with his

opinions. Each time I found reason, good or not, for disagreeing, he quoted references, and on a number of occasions I found the best article on the subject in question was written by Dr. Reeves in his usual style, with a thorough review of the literature.

Years later, he and I were in the midst of a small epidemic. The sufferers complained of headache, nausea, lightheadedness, weakness and general malaise. Many had vertigo, thready pulse, pale lemon complexion, dehydration, sunken and listless eyes, and cold perspiration. Dave and I knew the symptoms because we were among those stricken that fateful day on board ship en route to the Cushing meeting in Honolulu. The differential diagnosis seemed to be between mal de mer and going-away festivities of the previous evening. Again Dave proved his diagnostic acumen. Although he didn't give me any references this time, I switched to treatment appropriate to his diagnosis, and with marvelous results. We had a glorious voyage. Thanks, Dave.

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*Relaxing After  
His Coup*



Brit and Kristian Kristiansen  
April 16, 1968

This night on the east bound plane is shortened by 6 hours and the letter to THE NEUROSURGEON will accordingly be more like a brief note. After two or three hours of simulated sleep the stewardesses are preparing breakfast and the sun is already high above the horizon. Brit and I have spent three weeks in the States and Canada enjoying the privilege of reunion with old friends and introduction to members whom we had not met before. Fortunately the Academy is amply represented both in the Society of Neurological Surgeons and in the American Association of Neurological Surgeons. The annual meetings of these two societies in Cincinnati and Chicago were well-timed in relation to the meeting in the Research Group on Head Injuries in Bethesda, Maryland, which was the main reason for this journey. We are still a little dazed by the "intensive care" we have been subjected to, the kindness and hospitality and every token of friendship extended to us. The unofficial visit with the Matson's in Boston, the Cohen's in Wilmette, and the Rasmussen's in Montreal gave us the additional intimate contact with family life which is the base of our generation and which made us feel so close to our friends across the Atlantic. "Fasten seat belts, no smoking", - and kindest regards to you all - we are descending for Oslo.

*"Usually the girl who laughs at all her husband's jokes has beautiful teeth."*



Mary Jane and Wallace Hamby  
May 1, 1968



The idea of the Executive Committee to publish comments about Dave is most appropriate. I can't give many anecdotes concerning his extra-professional career, since our contacts have been almost exclusively related to professional meetings. I can recall one experience which terminated Jess Herrmann's activity as an Academy pianist. Jess formerly beat a mean piano and entertained us at the instrument after various Academy functions. On one such occasion years ago, in his youthful exuberance, Dave leaped upon the top of the upright piano, and unconscious of the polish of its surface, skidded off, landing in Jess's lap and across his arms. I don't think he broke anything except Herrmann's spirit but that was the last time he played for us.

Beyond his neurosurgical contributions and the affection he has inspired by his genial personality, I have most greatly appreciated Dave's contribution to our cause as the great editor and secretary of so many organizations important to all of us. There are many people who can work professionally with great competence and contribute building blocks that add to the bulk of our structure of knowledge. There are very few who possess Dave's happy faculty of serving in the role of an organizer of programs that keep the work going and of helping assemble the material into a form that is pleasing and beautiful, where it might have been purely utilitarian. We have experienced a sense of loss since he has restricted his activities.

Following our report in 1965 of experiences at the Cleveland Clinic with the treatment of spasmodic torticollis by anterior cervical rhizotomy, we have so treated another 75 cases. Fifty of these have been followed by our Resident, Stanton Schiffer, for at least a year and these furnished material for an exhibit which we have taken to several meetings, including the Cushing, this spring. The operation consists of bilateral section of a spinal root of the XI nerve where it crosses the vertebral artery, and of the upper three anterior cervical nerve roots, through a laminectomy of the first three cervical vertebrae. The results have been better than we had hoped, approximately 80% of patients being well pleased with the effects. A report of this series should be in the literature soon.

Old Father Time's hour glass has revolved often enough that my retirement for age comes up in August, and I will leave the Clinic in January. In accord with protocol here, Donald Dohn succeeded me as Chief of Service last August and has been doing a splendid job at it. I hope that he may also succeed me as a member of the Academy, which has always been the most congenial one of my associations. The next meeting will be my last as an active member and I am happy that it will be held in Colorado Springs, so that I may introduce Mary Jane to that delightful spot. We do not plan to deprive ourselves of the pleasure of meeting with you thereafter in other places however.

Mary Jane and I have been "gadding about" considerably recently, crossing the trails of the Academy members in many places. We particularly enjoyed the Key Biscayne Meeting.

As you know, we have been seeking a retirement spot and have finally decided to go to Key Biscayne to live. We will visit it again in May to choose a home or apartment. Dave Reynolds threatens to put me to work when I arrive, but not having a Florida license, I will be free to work on my golf handicap, which has embarrassed me for years.

We send greetings to you all and hope to see you in Colorado Springs in October.



*Planning His Retirement*



Margaret and Samuel Snodgrass  
May 3, 1968



Things are moving along with more than usual interest here in the Lone Star State. With LBJ's unexpected withdrawal, Texans are worried that they will be inadequately represented in Washington, as during the last thirty-eight years Texas has always had in Washington one or more of the following: the Speaker of the House of Representatives, the Senate Majority Leader, the Vice-President or the President. If good things continue to come down to us — and like everyone else we need more — new channels must be developed. Ten conservatives and one liberal are running for Governor on the Democratic ticket; I suppose that it is just possible that things will be so disorganized that we might even elect a Republican Governor in Texas in November. I do not believe we have had a Republican Governor since reconstruction days, but with similar disorganization a few years ago our Republican Senator Tower (a tower in name only) was elected and later re-elected. Those of us working for the state are always concerned as to who becomes Governor as he has great influence on what the legislature does for education as well as for everything else. The primary is May 4th but there will surely be a run-off in June which will clarify things considerably. Perhaps eventually we will become a two-party state, something much to be desired. Some gubernatorial candidates proposed at least one more state supported medical school in Texas and some say two; with three state schools already all of us feel a little nervous about a further diminished size piece of pie and perhaps the pie is not too big to begin with.

Galveston itself is changing increasingly rapidly as it becomes essentially more a resort for, and satellite of, nearby booming Houston. New shopping centers are arising in both the east and west ends of town. Many of the big old homes are being torn down and before long nearly all will be gone. There is no practical use for them in these servantless days of smaller families and high taxes — just the cost of air conditioning one of them would probably exceed the original price. Usually the lots remain vacant or an apartment may be built, although as yet we have no high-rise apartments. The most recent



house to go was the home of Albert Lasker, well known himself and survived by the medically influential Mary and also the Lasker awards. Many old downtown buildings are being razed; there is a new parking lot each week, but a fifteen story building is promised. Virtually all of the island is or shortly will be promoted for the sale of second homes to the mainlanders. There are marinas of all sizes and qualities. At times I get to wish to own a sail boat again, but Margaret offers no encouragement so after a while the feeling goes away although the boats race past our house each Saturday and Sunday.

There is unusual activity at the Medical Branch, not the least of it being a gnashing of teeth. Recently we were placed upon more adequate salaries but, alas, there is now a limitation of income which we may retain from private patients. Only one of the geographical full-time faculty has gone part-time so far, however, and I believe everything will work out in time. There is an unusual amount of construction going on: the one hundred seventy-five bed Jenny Sealy Hospital – essentially another private wing – is scheduled to open this fall; we have a large two story animal care building under construction with fourteen laboratories to be assigned on the basis of protocols and funding; a large six story basic science building is now up to the second floor, and bids are being taken on a six story clinical science building. Funds are on hand and plans are almost completed for a medical library to cost two and one-half million dollars; I almost forgot to mention the alumni are building a small field house so that the students will not be tempted to study continuously.

Our former Chairman of Surgery, who came here in November, 1965, did not find things as he expected and had resigned upon several occasions prior to the final one effective January 1st. I took on the Chairmanship a few days later, doing so for a number of reasons, my chief qualification was that I must retire in three years. By that time Dr. Williams and his troubles will have presumably been largely forgotten, new buildings will have been completed and the entire hospital remodeled, so that the Chairmanship should be consequently more attractive. Not yet have I found the many committee meetings and conferences too frustrating and some of the activity has been worthwhile as I have recruited a Chief of Otolaryngology and acquired a new Chief of Neurosurgery, George Tindall, whom many of you know. I feel unusually fortunate to get him to come here. I have hopes of finding a urologist to head our service soon with additional second men in Otolaryngology and Urology, the most important gaps in our department to be filled. I have a new office but often things can not be found in the files and it is even harder to find time to operate, maybe I was getting a little tired of operating anyway, but at any rate I will be glad when George comes in September. Almost every day some new unsuspected problem turns up; although there is often no readily available answer, there is still interesting work. I am nominally in charge of professional services in the Shrine Burns Institute which is quite a place – thirty children and a budget of a million dollars per year; an addition to the building is already underway.

I hope that some of you will come here and visit Galveston while I have my present post, no one can predict whether I will last the three years or not, and if you are going to Mexico this year or anywhere else in the vicinity, I would be happy to pick any of you up in Houston and bring you down to fish, look around, or do nothing for as long as you can stay.

May 6, 1968: The Chief of Urology has been found and the primary is over. The present lieutenant governor, a conservative, and the liberal will be in the run-off. If Texas goes Democratic for President this year, I trust we will have the lieutenant governor promoted.

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Congratulations on assuming the chair in the Department of Surgery; but now will begin a struggle to find time to operate, whereas before it was simply the struggle to find time on the operating schedule.

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Katherine and John Lowrey  
March 27, 1968



We were sorry to miss last year's meeting, but it is a long way to go from here to another tropical spot. We honor this year our retiring editor and I must say, never have I known a person like Dave Reeves who would go so out of his way to make new younger men feel welcome at neurosurgical gatherings.

Our clinic here in the middle of the Pacific continues to grow and will number 65 men by the year's end. We are hoping to add hospital beds to help meet the local shortage but costs are spiraling.

A few years ago at the meeting in Palm Springs I expressed some concern that fusing cervical discs might lead to more rapid breakdown at adjacent levels. I wonder if others feel that this happens.



Sim and George Maltby  
May 7, 1968



I recently asked Guy Odom what special projects or interests the Academy had beside The Award and possibly the paraplegia problem in order that I might report to the Liaison Committee. Guy, in his usual abrupt, succinct and cryptic style, replied "Tell them that the Academy is the farm club and training ground for the officers of all the neurosurgical organizations of the world"; and as I looked around our meeting room in Chicago, I became even more aware of the truth of this statement.

This brings me to an easy transition from your new appointment to reminiscing about Dave Reeves, a past president of the Cushing. It is extremely difficult to express in words one's deep feelings about a desultory yet close and sincere friendship, lasting well over twenty-five years. I have known Dave since 1940 when I first was a guest of the Academy in Cleveland.

The kaleidoscopic pictures of my memories about Dave run the gamut of a hazy recollection of an ethanolic evening, I believe in Montreal, when Dave performed in a grand Thespian manner from the top of a piano all the way to his presidential address at the Cushing Society meeting. Dave's outstanding personality, great energy, and practical neurosurgical ability, combined with a keen understanding of important clinical research problems, have all contributed to making him one of the most beloved and respected senior neurosurgical surgeons in the country. There are certainly rare individuals in our field who have been honored with so many responsible positions, nationally and internationally, and this is especially true among those of us who are practicing general neurological surgeons — Dave is undoubtedly the outstanding example of this.

The suggestion that a special issue, or Festschrift, of THE NEUROSURGEON be published is a very appropriate but minimal and inadequate method of honoring him and showing our appreciation to Dave for the arduous task of publishing and editing this unique publication. To me, and I am sure to all the Academicians, this has been one of the important bonds between the members. I must add that I believe our wives devour it even more avidly than the members. I feel privileged that I have been able to follow the development of THE NEUROSURGEON from its neonatal period

as a few sheets of mimeographed news to its present adult status.



*The Maltbys*

This letter is tepid and dull compared to my deep feeling of friendship and respect for Dave over the last twenty-seven or eight years.

I know that many, if not all, of the members, especially the more elderly, have these same feelings for Dave Reeves as a friend, a practical and competent neurosurgeon, editor, and humanitarian. Many will be able to express their feelings much more lucidly than I have.

Finally, Dick, considering the start you have given **THE NEUROSURGEON** I am sure that Dave's guidance through infancy, childhood, adulthood will continue to flourish into late adult existence and even into its geriatric period.

Sim joins me in congratulations to Dave!



*Charlie Is A Tough  
Man To Convince*



Helen and Augustus McCravey  
June 11, 1968



It is always easy to recall nice things about Dave Reeves and it is very fitting that this issue of THE NEUROSURGEON is dedicated to Dave.

Early in 1941 Dave and I were the entire Neurosurgical Department of the Army. The Army Medical Department apparently did not know how well this specialty was represented; therefore, they did not take full advantage of our skill in the early days of World War II; however, this was eventually corrected, and we all became very busy. During the conferences and various medical meetings I have attended, Dave has presented many papers and led many discussions. One can always expect from Dave very sound fundamental neurosurgery.

THE NEUROSURGEON really became of age under Dave's reign as managing editor. His spicy editorial comments would easily qualify him as the "Philosopher of Neurosurgery". Dave is one of the outstanding leaders of the Academy group and has contributed much to the prestige of this society.

Socialized medicine looked very good in the large centers we visited in Bergen, Oslo, Stockholm, and Copenhagen. I am sure there is much to be desired out in the hinterlands. Doctor Herbert Olivecrona is now seventy-seven and still operates in a private hospital in Stockholm. One of the assistant neurosurgeons in the Caroline Hospital in Stockholm told me he had recently assisted Doctor Olivecrona for eight hours in removal of a posterior fossa tumor. Maybe we should all sit down when we operate. He probably is a jogger!



*Joggers*



*Drinkers*



Mary Jo and Jess Herrmann  
June 14, 1968



I had thought that in living on the farm I would have more time, but I seem to have more irons in the fire than ever.

I am sorry that I have no photographs of Dave in his younger days. I do have some mental pictures of him, however, that date back to 1939. He could play as hard as he could work.

Dave has always done a tremendous job at whatever he was asked to do. He has certainly made major contributions to the Academy as well as neurosurgery in general. Now that he has slowed down the pace, he may have a chance to do all the things that he had to postpone due to the pressure of work.

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Virginia and John Tytus  
June 17, 1968



It was with great pleasure that I learned of my acceptance for membership in The American Academy of Neurological Surgeons. We found the meeting that we attended in San Francisco to be one of the best neurosurgical meetings we have ever been to, both from a social standpoint as well as an intellectual one.

We look forward so much to the meeting in Colorado Springs and to many meetings to come.



Ione and Alfred Uihlein  
June 18, 1968



A request for material for THE NEUROSURGEON arrived long ago and I have been trying to recollect my earliest contact with Dave Reeves. I was a medical student at Johns Hopkins when I first met Dave and early recognized his ability to anticipate a patient's needs and to assuage the most anxious individual. He was in general surgery then and not until my interest shifted to neurosurgery did I again see Dave, long since removed from Dr. Dandy's influence. Sorry I can not recall any anecdotes.

By this time you may have heard that I have requested early retirement this fall from the Mayo Clinic. This does not mean I am anticipating a "magnus decline". On the contrary, I am looking forward to many enjoyable and active years. Our residence will be Naples, Florida. We would enjoy seeing any of our friends who might be visiting in that area.

I would like to add that I am available if I can help the members of the Editorial Board of the Journal or THE NEUROSURGEON in any way.

We are looking forward to seeing our Academy friends in Colorado Springs this fall.

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*The difference between the right word  
and the almost right word  
is the difference between lightning  
and the lightning bug.*

*Mark Twain*



Louise and Gilles Bertrand  
June 28, 1968

I never seem able to do things when I have time and, for this reason, always get prodded in the rear by deadlines in general and by editors in particular.

At this point, I have probably gotten myself into the situation of Jean de la Fontaine's proverbial hare and I fully expect you to quote the fabulist and tell me "Rien ne sert de courir il faut partir a point".

Nevertheless, in case you might be a little behind schedule (thanks to laggards like me) in your editing, I will take a chance that this letter may not have to be filed for next year's issue of THE NEUROSURGEON.

I regretted it very much that Louise could not attend the Key Biscayne meeting and she regretted it even more herself after I had told her about it and she realized that it was not just another medical meeting. The net result of this is that arrangements are being made to provide adequate supervision of our three children in October and that we are both looking forward very much to the next reunion in Colorado Springs.

Meanwhile, Canadian neurosurgeons and neurologists have had the pleasure of having our President, Guy Odom, as guest speaker to the Third Canadian Congress of Neurological Sciences in Vancouver earlier this month and an excellent speaker he was. This meeting, and a Symposium on Parkinsonism superbly organized by John Gilligham in Edinburgh were a welcome relief from another round of neurosurgical tariff battle which had to be fought again this spring against an ever more powerful Minister of Health.

Let us hope that this battle will not degenerate into a permanent "cold war" between the Medical Profession and the Government.





Reedie and Henry Schwartz  
July 11, 1968

Purgatory is full of dilatory correspondents, and the excuse of pressures at home and away is scarcely enough to let me hope for salvation. However, the thought of the next issue of *THE NEUROSURGEON* being dedicated to Dave Reeves serves as a goal and I hope it is not too late to add my tribute. Ever since the distant days in Baltimore, when I was in Surgery and Dave began in *GYN* (did you know that?), it has been my privilege to share the warmth of his friendship and the keenness of his wit. We never did get around to making a joint journey to Tahiti, Samoa and Sumbawa – perhaps there is still time for that.

Dave has played a most responsible role in the field of neurosurgery. In addition, his capacity for friendship and his generous gift of time in editing *THE NEUROSURGEON* for so many years have brought him the esteem of all members of the Academy.

I don't know whether the new Editor will find these photographs suitable, but I can't help sending them. The young fellow with the rabbit ears was a tower of strength in the Cushing Society. The other pair I caught during the recent reunion at Princeton. It was Dr. Penfield's 55th and Tom Ballantine's 35th. My youthful 40th coincided with the graduation of my youngest.



Queenee and Frank Mayfield  
July 15, 1968

Dave Reeves' achievements and his contributions to neurosurgery make it entirely appropriate that an issue of THE NEUROSURGEON be dedicated to him. But it will also be a most popular selection with members of the Academy and with neurosurgeons everywhere; for Dave is and always has been a neurosurgeon's neurosurgeon and regarded with true affection by more of them than any other I can think of.

Queenee joins me in these greetings and best wishes to Dave and Virginia.

I realize that I have been a poor correspondent for THE NEUROSURGEON but could not let the event of this issue honoring Dave pass, and since I am writing I will add a note on the important events that have developed for the Mayfields in Cincinnati.

Victoria, our youngest child, was married on June 7 of this year to Richard A. Hall of Milwaukee and they are living there at the present time. Sally's husband, William Schreiner, is the principal of the high school at Glenview, Illinois; they have two children. Frank Jr. has been elected to the Ohio House of Representatives, lives in Cincinnati and has four children. Glen, having completed his tour of duty in the Marine Corps, is working in Columbus, Ohio for the Armstrong Company, has two children and will soon have the third.

The Society of Neurological Surgeons met here in April and we enjoyed so much seeing our friends.

I would also like to warn members of the Academy about Francis Murphey. After last year's meeting of the Academy he and Ernie and Bobbie Mack spent a few days with us in Naples. I had always been able to handle Murphey on the golf course without any trouble but to my embarrassment on this occasion he not only scored an 82 (probably his best ever) but was 20 yards ahead of me off the tee. He had announced before we started playing that he was taking Butazolidin but the significance of this really did not register on Ernie and me until the announcement that Dancers Image had been disqualified in the Derby because of the use of this drug! I have been trying to get my money back from Francis without any result and the purpose of this announcement, therefore, is to warn members of the Academy to be careful with their bets before the game and get a urine test afterwards.

Recipient of  
**THE NEUROSURGEON AWARD**  
1967



**EBEN ALEXANDER**

**THE NEUROSURGEON AWARD**

Eben was born and grew up in Knoxville, Tennessee, where his father, a surgeon and humanitarian, was one of the first trained specialists in the area. He returned to the University of North Carolina where his grandfather had been Professor of Greek (and U.S. Ambassador to Greece under President Cleveland); he was graduated Phi Beta Kappa and went on to Harvard Medical School being elected to Alpha Omega Alpha, made permanent President of his Class of 1939, and graduated cum laude. His surgical training followed at the Peter Bent Bringham Hospital and he began his neurosurgical program there and at the Children's Hospital under the tutelage of Dr. Frank Ingraham.

In 1942 he joined the army, met and married Betty (the Colonel's daughter) and, after several interesting years in the South Pacific returned to Boston and then to the Toronto General Hospital to complete his training with Drs. Kenneth McKenzie and E. Harry Botterell.

In 1949 he came back to North Carolina as the Chief of the Section of Neurological Surgery at the then young Bowman Gray School of Medicine in Winston-Salem (a position that he still holds). In 1954 he was elected Chief of Professional Services (Medical Director) of the North Carolina Baptist Hospital, the teaching hospital of the medical school. In this capacity, he continues an active and demanding program of supervision of all phases of

medical care and residency training. Currently this position also requires participation in planning and developing a thirty million dollar expansion of the medical center.

His main professional interest remains clinical neurosurgery and the associated continuing efforts to improve his own residency training program. He served on the Executive Committee of the Harvey Cushing Society from 1952-56, was the Society's Treasurer from 1959-62, Secretary 1962-65, and President 1966-67 (when the name of the Harvey Cushing Society was changed to The American Association of Neurological Surgeons), and remains on its Board of Directors. He was Secretary-Treasurer of the American Academy of Neurological Surgeons, 1953-57, and was Vice-President of the Neurosurgical Society of America in 1955. He has been on the Editorial Board of the JOURNAL OF NEUROSURGERY since 1961 and will be Chairman after January 1, 1969. He is presently editing the Neurosurgical Technique Section of the Journal; these sections will later be published as a book. He is the Chairman of the newly formed Provisional Section on Neurological Surgery of the American Medical Association.

Rounding out his professional interests and reflecting his sense of duty and "service above self", Eben has served a four year term on the Board of Scientific Counselors and on the Training Grants Committee for Research in Neurological Sciences for the National Institute of Neurological Diseases and Blindness and is presently a member of that Institute's Program Project A Committee. In October, 1967, he was appointed to the Executive Council of the Association of American Medical Colleges -- the first representative of neurosurgery in that "Dean's Club."

State and local organizations have benefited by his energy and thinking: he has been President of the United Medical Research Foundation of North Carolina, President of the Winston-Salem Rotary Club, and an active member and Steward of the Centenary Methodist Church. He received a special reward from the North Carolina Paraplegia Association in appreciation for his devotion and encouragement, and his warm human concern was further acknowledged when he was named the Hadassah Humanitarian of the Year in 1957.

He and Betty are leaders in the social and cultural life of their adopted community and their lively family now includes three teenagers, Jean, Eben (Alex), and Betsy, and 7 year old Phyllis who visits with him at 6:00 a.m. each morning.

In his spare time, Eben has developed into a creditable squash player and a not so creditable golfer.

The Neurosurgeon of the Year Award goes to Eben Alexander, Jr., who follows the great tradition of his forebears as a physician, educator, and warm human being.

**THE GRANDFATHERS' CLUB**

**E. Harry Botterell  
Howard A. Brown  
Donald F. Coburn  
Dean H. Echols  
Joseph P. Evans  
James Greenwood, Jr.  
Wallace B. Hamby  
Hannibal Hamlin  
Jess D. Herrmann  
William S. Keith  
Kristian Kristiansen  
George L. Maltby  
Edmund J. Morrissey  
Francis Murphey  
Guy L. Odom  
John Raaf  
Stuart N. Rowe  
William B. Scoville  
Samuel R. Snodgrass  
Alfred Uihlein  
Benjamin B. Whitcomb  
Barnes Woodhall**

**\*\*\***

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1939	Dean Echols	1954	Rupert B. Raney
1940	Spencer Braden	1955	David L. Reeves
1941	Joseph P. Evans	1956	Stuart N. Rowe
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1946	Barnes Woodhall	1960	George S. Baker
1947	William S. Keith	1961-62	C. Hunter Shelden
1948	Howard Brown	1963	Samuel R. Snodgrass
1949	John Raaf	1964	Theodore B. Rasmussen
1950	E. H. Botterell	1965	Edmund J. Morrissey
1951	Wallace B. Hamby	1966	George J. Maltby
1952	Henry G. Schwartz	1967	Guy L. Odom

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1942	William S. Keith	1955	Stuart N. Rowe
1943	John Raaf	1956	Jess D. Herrman
1944	Rupert B. Raney	1957	George S. Baker
1946	Arthur R. Elvidge	1958	Samuel R. Snodgrass
1947	John Raaf	1959	C. Hunter Shelden
1948	Arthur R. Elvidge	1960	Edmund J. Morrissey
1949	F. Keith Bradford	1961-62	Donald F. Coburn
1950	David L. Reeves	1963	Eben Alexander, Jr.
1951	Henry G. Schwartz	1964	George L. Maltby
1952	J. Lawrence Pool	1965	Robert H. Pudenz
1953	Rupert B. Raney	1966	Francis A. Echlin
		1967	Benjamin B. Whitcomb

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Francis Murphey .....	1938-40
A. Earl Walker .....	1941-43
Theodore C. Erickson .....	1944-47
Wallace B. Hamby .....	1948-50
Theodore Rasmussen .....	1951-53
Eben Alexander, Jr. ....	1954-57
Robert L. McLaurin .....	1958-62
Edward W. Davis .....	1963-65



MEMBERSHIP ROSTER



THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY  
FOUNDED OCTOBER, 1938

HONORARY MEMBERS – 3

	ELECTED
<p>Dr. Percival Bailey 731 Lincoln Street Evanston, Illinois 60201</p>	1960
<p>Dr. Wilder Penfield Montreal Neurological Institute 3801 University Street Montreal 2, Quebec, Canada</p>	1960
<p>Dr. R. Eustace Semmes 20 South Dudley, Suite 101-B Memphis, Tennessee 38103</p>	1955

SENIOR MEMBERS – 14

<p>Dr. George Baker 200 First Street, S. W. Rochester, Minnesota</p>	<p>Enid Salem Road, Route 2 Rochester, Minnesota</p>	1940
<p>Dr. E. Harry Botterell Faculty of Medicine Queen's University Kingston, Ontario, Canada</p>	<p>Margaret 2 Lake Shore Boulevard Reddendale, Kingston Canada</p>	1938
<p>Dr. Donald F. Coburn 6400 Prospect Avenue, Room 204 Kansas City, Missouri</p>	<p>Ellie</p>	1938
<p>Dr. Theodore C. Erickson University Hospitals 1300 University Avenue Madison, Wisconsin 53706</p>	<p>Martha 531 North Pinckney Madison, Wisconsin</p>	1940
<p>Dr. Joseph P. Evans University of Chicago Clinics 950 East 59th Street Chicago, Illinois 60637</p>	<p>Hermene 1160 East 56th Street Chicago, Illinois</p>	Founder
<p>Dr. Wallace B. Hamby Cleveland Clinic 2020 East 93rd Street Cleveland, Ohio 44106</p>	<p>Mary Jane 13700 Fairhill Road Shaker Heights, Ohio</p>	1941

		ELECTED
Dr. Jess D. Herrmann P. O. Box 135 Mountain Pine, Arkansas	Mary Jo	1938
Dr. Henry L. Heyl Hitchcock Foundation Hanover, New Hampshire 03755	Kit	1951
Dr. William S. Keith Toronto Western Medical Building Suite 207 Toronto, Ontario, Canada	Eleanor 55 St. Leonardi Crescent Toronto, Ontario, Canada	Founder
Dr. J. Lawrence Pool 710 West 168th Street New York, New York 10032	Angeline Closter Dock Road Alpine, New Jersey	1940
Dr. David Reeves 1482 E. Valley Road, Studio 4 Santa Barbara, California 93101	Virginia 1278 Mesa Road Montecito Santa Barbara, California	1939
Dr. Stuart N. Rowe 302 Iroquois Building 3600 Forbes Street Pittsburgh, Pennsylvania 15213	Elva 6847 Reynolds Street Pittsburgh, Pennsylvania	1938
Dr. Samuel R. Snodgrass John Sealy Hospital University of Texas Medical Branch Galveston, Texas 77550	Margaret 1405 Harbor View Drive Galveston, Texas	1939
Dr. Earl Walker Johns Hopkins Hospital Division of Neurological Surgery 601 North Broadway Baltimore, Maryland 21205	Terrye 6007 Lakehurst Drive Baltimore 10, Maryland	1938

#### CORRESPONDING MEMBERS - 5

Dr. Fernando Cabieses Clinica Anglo Americana Apartado 2713 Lima, Peru		1966
Dr. Juan Cardenas y C. Av. Insurgentes Sur 594 Mexico, D. F.		
Dr. John Gillingham Boraston House, Ravelston Edinburg 4, Scotland		1962

Dr. Kristian Kristiansen  
Oslo Kommune  
Ullval Sykehus  
Oslo, Norway

ELECTED  
1962

Dr. B. Ramamurthi  
2nd Main Road, C. I. T. Colony  
Madras 4, India

1966

#### ACTIVE MEMBERS - 78

Dr. Eben Alexander, Jr.  
Bowman Gray School of Medicine  
Winston-Salem, N. Carolina 27103

Betty  
1941 Georgia Avenue  
Winston-Salem, N. Carolina

1950

Dr. H. Thomas Ballantine  
Massachusetts General Hospital  
Boston, Massachusetts 02114

Elizabeth  
30 Embankment Road  
Boston, Massachusetts

1951

Dr. Gilles Bertrand  
Montreal Neurological Institute  
3801 University Street  
Montreal, P. Q., Canada

385 Lethbridge  
Montreal 16, P. Q., Canada

1967

Dr. William F. Beswick  
1275 Delaware Avenue  
Buffalo, New York 14209

Phyllis  
59 Ashland Avenue  
Buffalo, New York 14222

1949

Dr. Edwin B. Boldrey  
University of California Hospital  
3rd Avenue and Parnassus  
San Francisco, California

Helen  
924 Hayne Road  
Hillsborough, California

1941

Dr. Spencer Braden  
1130 Hanna Building  
1422 Euclid Avenue  
Cleveland, Ohio 44225

Mary  
2532 Arlington Road  
Cleveland Heighs, Ohio 44118

Founder

Dr. F. Keith Bradford  
1200 Moursund Avenue  
Houston, Texas 77025

Byra  
3826 Linklea Drive  
Houston, Texas 77025

1938

Dr. Howard A. Brown  
2000 Van Ness Avenue  
San Francisco, California 94109

Dorothy  
2240 Hyde Street  
San Francisco, California

1939

Dr. Harvey Chenault  
2134 Nocholasville Road  
Lexington, Kentucky 40503

Margaret  
667 Tateswood Road  
Lexington, Kentucky 40502

1949

Dr. William F. Collins, Jr.  
Yale University School of Med.  
333 Cedar Street  
New Haven, Connecticut 06520

Dr. James W. Correll  
Neurological Institute  
710 W. 168th Street  
New York, New York 10032

Dr. Courtland Davis  
Bowman Gray School of Medicine  
Winston-Salem, N. Carolina 27103

Dr. Edward W. Davis  
Providence Medical Office Bldg.  
545 N. E. 47th Avenue  
Portland, Oregon 97213

Dr. Richard L. DeSaussure  
20 S. Dudley Street, Suite 101-B  
Memphis, Tennessee 38103

Dr. Charles G. Drake  
111 Waterloo Street, Suite 211  
London, Ontario, Canada

Dr. Francis A. Echlin  
164 East 74th Street  
New York, New York 10021

Dr. Dean H. Echols  
Ochsner Clinic  
1514 Jefferson Highway  
New Orleans, Louisiana 70121

Dr. George Ehni  
1531 Hermann Professional Bldg.  
6410 Fannin Street  
Houston, Texas 77025

Dr. Arthur Elvidge  
Montreal Neurological Institute  
3801 University Street  
Montreal 2, Quebec, Canada

Dr. William H. Feindel  
Montreal Neurological Institute  
3801 University Street  
Montreal 2, Quebec, Canada

ELECTED  
Gwen  
1963  
403 St. Ronan Street  
New Haven, Connecticut 06511

Cynthia  
1966  
Algonquin Trail  
Saddle River, New Jersey 07458

Marilyn  
1967  
921 Goodwood Road  
Winston-Salem, N. Carolina

Barbara  
1949  
Route 2, Box 974  
Troutdale, Oregon 97060

Phyllis  
1962  
4290 Heatherwood Lane  
Memphis, Tennessee 38117

Ruth  
1958  
R. R. 3, Medway Heights  
London, Ontario, Canada

Letitia  
1944  
164 East 74th Street  
New York, New York 10021

Fran  
Founder  
1428 First Street  
New Orleans, Louisiana 70130

Velaire  
1964  
16 Sunset  
Houston, Texas 77005

1939  
1465 Bernard Avenue, West  
Outremont, Quebec, Canada

Faith  
1959  
39 Thornhill Avenue  
Montreal 6, Quebec, Canada

Dr. Robert G. Fisher  
Division of Neurosurgery  
Oklahoma University  
Oklahoma City, Oklahoma 73104

Constance  
107 Lake Aluma Drive  
Oklahoma City, Oklahoma

ELECTED  
1957

Dr. Eldon L. Foltz  
Division of Neurosurgery  
University Hospital  
Seattle, Washington 98105

Catherine 1960  
3018 E. Laurelhurst Dr. N. E.  
Seattle, Washington 98105

Dr. John D. French  
The Medical Center  
University of California  
Los Angeles, California 90024

Dorothy 1951  
10800 Chalon Road  
Los Angeles, California 90024

Dr. Lyle A. French  
University of Minnesota Hospital  
Minneapolis, Minnesota 55455

Gene 1954  
85 Otis Lane  
St. Paul, Minnesota 55104

Dr. James G. Galbraith  
University of Alabama  
Medical Center  
1919 Seventh Avenue, South  
Birmingham, Alabama 34233

Peggy 1947  
4227 Altamont Road  
Birmingham, Alabama 35213

Dr. Sidney Goldring  
Washington University  
School of Medicine  
Division of Neurological Surgery  
Barnes Hospital Plaza  
St. Louis, Missouri 63110

Lois 1964  
11430 Conway Road  
St. Louis, Missouri 63131

Dr. Everett G. Grantham  
625 Medical Towers, South  
Louisville, Kentucky 40202

Mary Carmel 1942  
410 Mockingbird Hill Road  
Louisville, Kentucky 40207

Dr. John R. Green  
302 West Thomas Road  
Phoenix, Arizona 84013

Georgia 1953  
2524 Crittendon Lane  
Phoenix, Arizona 85016

Dr. James Greenwood, Jr.  
1117 Hermann Professional Bldg.  
6410 Fannin Street  
Houston, Texas 77025

Mary 1952  
3394 Chevy Chase Boulevard  
Houston, Texas 77019

Dr. Wesley A. Gustafson  
First National Bank Building  
McAllen, Texas 78501

Jennie 1942  
North Ware Road, R. R. 1  
Box 296-A  
McAllen, Texas 78501

	ELECTED
Dr. Hannibal Hamlin 270 Benefit Street Providence, Rhode Island 02903	Margaret 270 Benefit Street Providence, Rhode Island 02903 1948
Dr. John W. Hanbery Division of Neurosurgery Stanford Medical Center Palo Alto, California 94305	Shirley 70 Mercedes Lane Atherton, California 94025 1959
Dr. George J. Hayes Commanding General US Army Medical Cmd, Japan APO San Francisco 96343	Catherine 1362 Geranium Street N. W. Washington, D. C. 1962
Dr. Robert B. King University Hospital Upstate Medical Center Syracuse, New York 13210	Molly 2 Clara Road Fayetteville, New York 13066 1958
Dr. Robert S. Knighton Henry Ford Hospital 2799 West Grand Boulevard Detroit, Michigan 48202	Louise 27486 Lathrup Boulevard Lathrup Village, Michigan 48075 1966
Dr. Theodore Kurze University of Southern California School of Medicine 1200 North State Street Los Angeles, California 90033	2225 Homet Road San Marino, California 91108 1967
Dr. Raeburn C. Llewellyn Tulane University 1430 Tulane Avenue New Orleans, Louisiana 70112	Carman 15 Colonial Club Drive New Orleans, Louisiana 1963
Dr. William M. Lougheed The Medical Arts Bldg., Suite 430 170 St. George Street Toronto 5, Ontario, Canada	Grace Eleanor 67 Ridge Drive Toronto, Ontario, Canada 1962
Dr. Herbert Lourie 750 East Adams Street Syracuse, New York 13210	Betty 101 Thomas Road DeWitt, New York 1965
Dr. John J. Lowrey Straub Clinic 888 South King Street Honolulu, Hawaii 96813	Katherine (Katy) 2299-B Round Top Drive Honolulu, Hawaii 96822 1965
Dr. Ernest W. Mack 505 S. Arlington Ave., Suite 212 Reno, Nevada 89502	Roberta 235 Juniper Hill Road Reno, Nevada 89502 1956

Dr. George L. Maltby 31 Bramhall Street Portland, Maine 04102	Isabella (Sim) Breakwater Farm Cape Elizabeth, Maine	ELECTED 1942
Dr. Donald D. Matson 300 Longwood Avenue Boston, Massachusetts 02115	Dorothy 44 Circuit Road Chestnut Hill, Massachusetts	1950
Dr. Frank H. Mayfield 506 Oak Street Cincinnati, Ohio 45219	Queence 1220 Rockwood Drive Cincinnati, Ohio 45208	Founder
Dr. Augustus McCravey 1010 E. Third Street Chattanooga, Tennessee 37403	Helen 130 North Crest Road Chattanooga, Tennessee	1944
Dr. Robert L. McLaurin Division of Neurosurgery Cincinnati General Hospital Cincinnati, Ohio 45229	Kathleen 2461 Grandin Road Cincinnati, Ohio	1955
Dr. William F. Meacham Vanderbilt Hospital Nashville, Tennessee 37203	Alice 3513 Woodmont Boulevard Nashville, Tennessee 37215	1952
Dr. Edmund J. Morrissey 450 Sutter Street, Suite 1504 San Francisco, California 94108	Kate 2700 Vallejo Street San Francisco, California 94123	1941
Dr. John F. Mullan 950 East 59th Street Chicago, Illinois 60621	Vivian 6911 South Bennett Avenue Chicago, Illinois 60649	1963
Dr. Francis Murphey 20 S. Dudley Street, Suite 101-B Memphis, Tennessee 38103	Roder 1856 Autumn Avenue Memphis, Tennessee	Founder
Dr. Blaine Nashold Duke University Medical Center Durham, North Carolina 27706	Irene 410 E. Forest Hills Boulevard Durham, North Carolina	1967
Dr. Frank E. Nulsen Division of Neurosurgery University Hospitals of Cleveland Cleveland, Ohio	Ginny 21301 Shaker Boulevard Shaker Heights, Ohio	1956
Dr. Guy L. Odom Duke University Medical Center Durham, North Carolina 27706	Mataline 2812 Chelsea Circle Durham, North Carolina	1946

	ELECTED
Dr. Byron C. Pevehouse 2000 Van Ness Avenue San Francisco, California 94109	Maxine 135 Mountain Spring Avenue San Francisco, California 94114 1964
Dr. Robert W. Porter 5901 East 7th Street Long Beach, California 90804	5400 The Toledo Long Beach, California 90803 1962
Dr. Robert Pudenz 744 Fairmount Avenue Pasadena, California 91105	Mary Ruth 385 South Oakland Avenue Pasadena, California 1943
Dr. John Raaf 1010 Medical Dental Building Portland, Oregon 97205	Lorene 390 S. W. Edgecliff Road Portland, Oregon 97219 Founder
Dr. Aidan A. Raney 2010 Wilshire Blvd., Suite 203 Los Angeles, California 90057	Mary 125 N. Las Palmas Los Angeles, California 90004 1946
Dr. Joseph Ransohoff New York University Medical Center 550 First Avenue New York, New York 10016	Rita 140 Riverside Drive New York, New York 1965
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 Reynolds 1700 N. W. 10th Avenue Miami, Florida 33136	Marjorie 1701 Espanola Drive Miami, Florida 1964
Dr. R. C. L. Robertson 437 Hermann Professional Building 6410 Fannin Street Houston, Texas 77025	Marjorie 5472 Lynbrook Drive Houston, Texas 1946
Dr. Henry G. Schwartz 600 S. Kingshighway Boulevard St. Louis, Missouri 63110	Reedie 2 Briar Oak, Ladue St. Louis, Missouri 63132 1942
Dr. William B. Scoville 85 Jefferson Street Hartford, Connecticut 06103	Helene 334 North Steele Road West Hartford, Connecticut 1944
Dr. C. Hunter Shelden 744 Fairmount Avenue Pasadena, California 91105	Elizabeth 1345 Bedford Road San Marino, California 1941



	ELECTED
Dr. Anthony F. Susen 3600 Forbes Avenue Pittsburgh, Pennsylvania 15213	1965
Dr. Hendrik J. Svien 200 First Street, S. W. Rochester, Minnesota 55901	1957
Dr. Homer S. Swanson 1938 Peachtree Road, N. W. Atlanta, Georgia 30309	1949
Dr. William H. Sweet Massachusetts General Hospital Boston, Massachusetts 02114	1950
Dr. John Tytus 1118 Ninth Avenue Seattle, Washington 98101	1967
Dr. Alfred Uihlein 200 First Street Mayo Clinic Rochester, Minnesota 55902	1950
Dr. Exum Walker 490 Peachtree Street, N. E. Atlanta, Georgia 30308	1938
Dr. Arthur A. Ward, Jr. Department of Neurological Surgery University of Washington Seattle, Washington 98105	1953
Dr. Thomas A. Weaver, Jr. 146 Wyoming Street Dayton, Ohio 45409	1943
Dr. W. Kasley Welch 4200 East Ninth Avenue Denver, Colorado 80220	1957
Dr. Benjamin B. Whitcomb 85 Jefferson Street Hartford, Connecticut 06103	1947
Dr. Charles B. Wilson University of Kentucky Medical Center Division of Neurosurgery Lexington, Kentucky 40506	1966
Dr. Barnes Woodhall Duke University Medical Center Durham, North Carolina 27706	1941
Iria 204 Church Lane Pittsburgh, Pennsylvania	1965
Nancy	1957
LaMyra 1951 Mt. Paran Road, N. W. Atlanta, Georgia	1949
Mary 35 Chestnut Place Brookline, Massachusetts	1950
Virginia (Gina) 1000 N. W. Northwood Road Seattle, Washington 98177	1967
Ione 21 Skyline Drive Rochester, Minnesota	1950
Nelle 1819 Greystone Road, N. W. Atlanta, Georgia	1938
Janet 3922 Belvoir Place, N. E. Seattle, Washington 98105	1953
Mary 868 West Alexandersville- Bellbrook Road Dayton, Ohio	1943
Elizabeth 744 Dexter Street Denver, Colorado 80220	1957
Margaret 38 High Farms Road West Hartford, Connecticut	1947
Mary 137 S. Hanover Avenue Lexington, Kentucky 40402	1966
Frances 4006 Dover Road, Hope Valley Durham, North Carolina 27707	1941

DECEASED MEMBERS -- 9

Dr. Winchell McK. Craig (Honorary) 2-12-60 Rochester, Minnesota	1942
Dr. Olan R. Hyndman (Senior) 6-23-66 Iowa City, Iowa	1942
Sir Geoffrey Jefferson (Honorary) 3-22-61 Manchester, England	1951
Dr. Kenneth G. McKenzie (Honorary) 12-19-62 Toronto, Ontario, Canada	1960
Dr. James M. Meredith (Active) 12-19-62 Richmond, Virginia	1946
Dr. W. Jason Mixer (Honorary) 3-16-58 Woods Hole, Massachusetts	1951
Dr. Rupert B. Raney (Active) 11-28-59 Los Angeles, California	1939
Dr. Glen Spurling (Honorary) 2-7-68 Louisville, Kentucky	1942
Dr. O. William Stewart (Corresponding) Montreal, Quebec, Canada	1948

## PAST MEETINGS OF THE ACADEMY

Hotel Peabody, Memphis, Tennessee (Organizational Meeting)	April 22, 1938
Hotel Netherland Plaza, Cincinnati, Ohio	October 28-29, 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
Percy Jones General Hospital, Battle Creek, Mich.	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
Sheraton-Plaza Hotel, Boston, Massachusetts	October 6-8, 1960
Larz Anderson House, Washington, D. C.	October 18, 1961
Royal Orleans Hotel, New Orleans, Louisiana	November 7-10, 1962
El Mirador Hotel, Palm Springs, California	October 23-26, 1963
Key Biscayne, Miami, Florida	November 11-14, 1964
Terrace Hilton Hotel, Cincinnati, Ohio	October 14-16, 1965
Fairmont Hotel, San Francisco, California	October 16-19, 1966
Key Biscayne, Miami, Florida	November 8-11, 1967

## THE ACADEMY AWARD WINNERS

Paul M. Linn . . . . .	1955
Hubert L. Rosomoff . . . . .	1956
Byron C. Pevehouse . . . . .	1957
Normal Hill . . . . .	1958
Jack Stern . . . . .	1959
Robert Ojeman . . . . .	1960
Lowell E. Ford . . . . .	1962
Charles H. Tator . . . . .	1963
Earle E. Crandall . . . . .	1964
M. Stephen Mahaley, Jr. . . . .	1965
Chun Ching Kao . . . . .	1966
John P. Kapp . . . . .	1967

## THE NEUROSURGEON AWARD WINNERS

Edwin G. Boldrey . . . . .	1955
Georgia and John Green . . . . .	1956
Dean Echols . . . . .	1957
Arthur R. Elvidge . . . . .	1958
John Raaf . . . . .	1959
Rupert B. Raney . . . . .	1960
R. Glen Spurling . . . . .	1961
Hannibal Hamlin . . . . .	1962
Frank H. Mayfield . . . . .	1963
Francis Murphey . . . . .	1964
The Ladies . . . . .	1965
Dave Reeves . . . . .	1966
Eben Alexander . . . . .	1967