
*
*
*
*
*
*
*
*
*
*
*
*
*
*
*
*
*
*

THE ROUND ROBIN LETTER

of

THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

Issue No. 6, February 20, 1941 to Volume 11, No. 1, 1951

Editors: Dean H. Echols 1938 - 1949
David L. Reeves 1949 -

ROUND ROBIN LETTER OF THE

ACADEMY OF NEUROSURGERY

No. 6

Feb. 20, 1941

For the benefit of the new members the roster of the Academy is here recorded:

Spencer Braden, Cleveland, Ohio
Keith Bradford, Houston, Texas
Edmund H. Botterell, Toronto
Howard Brown, San Francisco, Calif.
Donald F. Coburn, Kansas City, Mo.
Dean Echols, New Orleans, La.
Arthur Elvidge, Montreal
Joseph P. Evans, Cincinnati, Ohio
Jess D. Herrmann, Oklahoma City, Okla.
Wm. S. Keith, Toronto
Frank H. Mayfield, Cincinnati, Ohio

Francis Murphey, Memphis, Tennessee
John Raaf, Portland, Oregon
R. B. Raney, Los Angeles, Calif.
David L. Reeves, Los Angeles, Calif.
Stuart N. Rowe, Pittsburgh, Pa.
S. B. Snodgrass, Galveston, Texas
Earl Walker, Chicago, Ill.
Erum Walker, Atlanta, Ga.
George Baker, Rochester, Minn.
J. Lawrence Pool, New York, N. Y.
Theodore C. Erickson, Montreal.

George S. Baker: I was very happy to accept the invitation to join the Academy of Neurosurgeons and I hope I will be able to meet with the group on the West Coast this summer. Our winters in Minnesota are quite severe and we envy you fellows who are located in the sunny South. We have had snow on the ground since the first snowfall the first of November. This was the same storm which killed forty of our duck hunters. You read about it probably.

During December I had a grand shoot in Louisiana at the Grand Chenier hunting lodge for geese and ducks and also on the Tensas River in Northern Louisiana for deer. Doctor Priestley of the general surgical staff of the Clinic and I each were able to bag a nice buck. We had a grand visit with some of the doctors in northern Louisiana.

Spencer Braden: I have nothing of any scientific interest aside from the fact that recently I had a special Goldblatt type of clamp made and used it on a carotid in the case of a cerebral aneurism in a woman age seventy-two. I gradually occluded it with relief of the bruit but got into hemiparetic difficulties. Loosening the clamp brought about a complete recovery. I gradually occluded it again until there was appreciable decrease of the noise without further difficulty to date. Will give you a more detailed report in a subsequent letter.

In case some of you fellows don't already personally know southern hospitality, it is really strewn all over Dean Echols' door step. Visited him for geese, ducks, doves, and quail shooting immediately after Christmas and could not have had a better time. Spent a day with Francis Murphy in Memphis on the way home and saw him uncover an intervertebral disc which even the utmost skeptic would admit.

Also spent a day in Louisville with Glen Spurling where the two main topics of conversation were the Neurosurgical Board examinations, concerning which we had a lengthy discussion, and the forming of another neurosurgical society to include all the present groups as members, criteria for membership being diplomacy in the Board of Neurosurgery. The Cushing Society has appointed a committee to investigate the possibility of the Cushing Society losing its identity and becoming a national organization or whether an additional society should be formed to serve this purpose. Of interest was the fact that in case this society is formed the present name of our group would be the logical one to have. It is probable that in case the Cushing Society desires to remain intact our group will be asked to send representatives for a committee composed of the members of the present three societies.

Also saw Frank Mayfield for a short time between trains in Cincinnati.

It was a pleasure to have you all here and am looking forward to the Brown, Reeves, and Raney meeting this fall.

Wm. S. Keith; Harry Botterell has spent about two months and a half at the Manchester Royal Infirmary with Mr. Geoffrey Jefferson. He has enjoyed the time very much indeed and was kept quite busy with interesting work. Number 1 Canadian Neurological Hospital has been open for some time. There has been a good deal of medical work but not much surgical. I believe that only two per cent of the cases both medical and surgical treated at a large Canadian hospital in England have been hospital patients because of enemy action. Sir Harold Gillies wrote recently saying that eight per cent of civilian casualties were head wounds and most of these were caused by flying glass. I had a letter from one of the Junior surgeons of the Neurological Hospital in England. He said one reason

they had so few surgical cases was that people were either unhurt or were killed by bombing or by enemy machine guns. Apparently a burst of fire from an aeroplane will cut you in half or else miss you. A letter from England to hand just now from a friend, Dr. Waurbraigh, says Harry Potterell has been working in the Blitz at Manchester, Coventry, Birmingham, Liverpool, and Sheffield, so I guess he knows more about head wounds from bombings than anyone else.

R. B. Raney: / About three weeks ago I was in San Francisco, and had a very pleasant visit with Howard Brown. We discussed some of the problems concerning the 1941 convention to be held in California. / We came to no definite conclusion as to whether the Academy should meet at Los Angeles or San Francisco. Since the Pacific Coast will be a considerable trip for the majority of the members they probably would like to spend sometime in both places; therefore, whether the meeting is held in Los Angeles or San Francisco will no doubt make very little difference.

The majority of members when making the trip will undoubtedly come to both Los Angeles and San Francisco; therefore, arrangements of a scientific and social nature will be made in both places.

o I still have the ophthalmoscope, which was collected in either Cleveland or Chicago. It belongs to someone who attended the meeting in Cleveland, or took the examination in Chicago. /

/ The haemostatic scalp clips and the power driven trephine, which I made an informal mention of at the meeting, are becoming fairly well finished. By the next meeting I shall have a short motion picture demonstrating their use. /

David Reeves: Well, Praise the Lord and all of that sort of stuff, I was beginning to wonder just what happened to you and the Round Robin Letter. No doubt our friend Bucy and his anatomical boy friend, in fact the entire stay in Chicago in which you missed or were delayed in seeing the mighty Michigan Team in action had some effect on your activities with the society's chief Newsorgan.

As for the letter, I haven't a great deal of interest to pass on. My main hope is that the Army Medical Corps will not send me to Chile or some such spot

before our meeting on the west coast this year, but the way the medical reserves are being picked off, I have grave doubts. We promise no Neurosurgical Examinations during the meeting or before, except possibly a take-off on our trials and tribulations of last year.

Managed to see the Rose Bowl game for the first time this year, and it was a very fine game. Next on the list is the Santa Anita Handicap which is always a great day even for those who do not follow the ponies regularly.

Had an interesting case last week, bilateral acoustic neurofibromas in a woman of 18. Had taken out the tumor on the left side 1 1/2 years ago and that on the right side last week. On the first occasion I had not suspected strongly enough the possibility of the bilateral condition. It should make a good case to report.

Stuart N. Rowe: News is almost as scarce as snow is plentiful around here. I would be interested in learning whether anyone has been using sulfathiazole locally in infectious diseases of the nervous system or osteomyelitis of the skull, and if so, with what success. I recently lost a patient with a basilar meningitis developing from a post-traumatic spinal fluid leak in whom huge doses of sulfathiazole and sulfanilamide by mouth had little effect. Apparently, the organisms (pneumococcus type 21) were not reached by the drug because of the thick basilar exudate and spinal fluid block. I have been wondering whether small suboccipital craniectomy with a direct application of the chemical would have been more effective.

Dean Echols: I have been speculating as to why this Letter contains news from only 37 per cent of the members. Of course, I know that the Cincinnati correspondents are weighted down with surgical schedules but it didn't occur to me that the Chicago members had much to do. Also, in Atlanta it's necessary to do two disk cases per day to keep the public from limping but Texas backs are much stonger and still no news from Houston and Galveston. (There probably is a letter on the way from Memphis but the river packets don't pick up the mail regular, like before the depression.)

Had another epidural abscess in November. Symptoms were fever, back pain,

weakness and partial anesthesia of one leg and pain in the other. Treated by me for ten days with sulfathiazole, etc. Forced to do laminectomy because of progression of symptoms. Free pus in epidural space. Complete recovery and healing in four weeks.

Reported results on 50 consecutive cases of ruptured disk to the American Academy of Orthopedic Surgeons here in January. As a group the orthopedists have a corner on hard heads. I am grateful for the understanding and cooperation of the local orthopedists. For eight months I haven't done a disk without their full approval. Occasionally they hold onto one for some months but that is as it should be.

I finally saw the light after Francis Murphey prodded me for a year and abandoned myelography in favor of hemilaminectomy of 5th with inspection of both 4th and 5th disks if necessary.

/ Had a new born baby with a greatly depressed temporoparietal region (forceps). Found that one prong of an ordinary towel clip has just the right joint and just the right curve for puncturing scalp and skull and pulling back in place. Can be done right in the nursery without a lot of fuss and equipment for which the obstetrician is grateful. /

Received a letter from Dr. Leonard Lendon, a neurosurgeon with the Australian Imperial Forces in Egypt. He was replying to an inquiry about 3rd ventricle cysts. States that he left home in April 1940 and has no idea when he will return to civilian practice.

Being the recipient of an invitation for reexamination in histopathology by the Board of Neurological Surgery. I am planning to be in Philadelphia on June 6th and 7th. If another ignorant member wants a hotel roommate for the occasion, please write to me.

At the celebration that followed the Board examination in Chicago, I was badgered into giving 10 to 1 odds on Roosevelt over Willkie. One of the bets was paid without a murmur but the other doesn't look too good.

1943 MEMBERSHIP LIST OF THE AMERICAN ACADEMY

OF NEUROLOGICAL SURGERY

(Address and rank of members in military service
may be incorrect on this date)

February 20, 1943

- ✓ 1. Major George Baker, Staten Island, N.Y.
- ✓ 2. Edwin Boldrey, 30 Cedro Way, San Francisco
3. Lt. Col. Edmund Harry Botterell, No. 1 Neurological Hospital,
R.C.A.M.C. C.A. Hackwood Park, Nr. Basingstoke, Hants, England
4. Major Spencer Braden, Letterman General Hospital, San Francisco
5. Lt. Keith Bradford, U. S. Naval Hospital, Bethesda, Md.
- ✓ 6. Howard Brown, 384 Post Street, San Francisco
- ✓ 7. Capt. Winchell McK Craig, National Naval Medical Center, Bethesda,
Md. (Honorary Member)
8. Donald F. Coburn, H.C.U. (S) U.S.N.R., Army Postoffice 932,
Postmaster, San Francisco
- ✓ 9. Dean H. Echols, American Bank Building, New Orleans
- ✓ 10. Arthur Elvidge, Montreal Neurological Institute, Montreal
- ✓ 11. Theodore C. Erickson, University of Wisconsin, Madison, Wis.
- ✓ 12. Joseph P. Evens, Cincinnati General Hospital, Cincinnati
13. Capt. Everett Grantham, 2nd Auxillary Surgical Group, Lawson
General Hospital, Atlanta
14. Major Wesley A. Gustafson, Station Hospital, Fort Knox, Ky.
15. Wallace B. Hamby, 140 Linwood Ave., Buffalo, N.Y.
16. Major Jess D. Herrmann, M.C. 0-399123, 21st Evac. Hosp., Needles,
Calif.
17. Olen Hyndman, University of Iowa Hospital, Iowa City, Ia.
18. William S. Keith, 170 St. George Street, Toronto (overseas)
19. Capt. George Maltby, Air Forces Technical Training Command,
Miami Beach, Fla.
- ✓ 20. Capt. Frank Mayfield, M.C. -- AUS Percy Jones General Hospital,
Battle Creek, Mich.
21. Edmund Morrissey, 330 Medical Bldg., 909 Hyde St., San Francisco
- ✓ 22. Major Francis Murphey, O'Reilly General Hospital, Springfield, Mo.
23. Major J. Lawrence Pool, 9th Evacuation Hospital, A.P.O. 302,
Postmaster, New York City
24. John Raaf, 833 S. W. 11th Avenue, Portland, Ore
25. Major Rupert B. Raney, Tilton General Hospital, Fort Dix, N.J.
26. Major David L. Reeves, M.C., AUS, Hoff General Hospital, Santa
Barbara, Calif.
27. Stuart N. Rowe, 4800 Friendship Avenue, Pittsburgh
28. Samuel R. Snodgrass, John Sealy Hospital, Galveston
- ✓ 29. Hunter Sheldon, 595 E. Colorado St., Pasadena, Calif.
30. Major Henry G. Schwartz, 21st General Hospital, U.S. Army,
A.P.O. 302, Postmaster, New York City
31. Lt. Col. Glen Spurling, Walter Reed General Hospital, Washington,
D.C. (Honorary Member)
32. A. Earl Walker, 950 E. 59th Street, Chicago, Ill.
33. Exum Walker, Lt. Comdr. M. C. V(S) U.S.N.R., U. S. Naval Hospital,
Corona, Calif.
- ✓ 34. Major Barnes Woodhall, Headquarters, Ashford General Hospital,
White Sulphur Springs, W. Va.

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

ROUND ROBIN LETTER

No. 12

February 20, 1943

ED BOLDREY (Feb. 5): Since the October meeting, life has been anything but dull. In addition to the usual run of neurosurgical conditions it has been my fortune to work on a platybasia, study a third ventricle and pituitary fossa ganglioneuroma and have a meningeal sarcoma with metastasis to the lungs - come what doubtless may.

The first quickie group of doctors graduates this week. This center is having its problems in preventing the student from working the swing shift and sleeping all day on the theory that the U. S. needs doctors and they will be graduated anyway. Since the speed up will necessarily bring into the schools men of intellectual qualifications inferior to those now in medical school - medico-politicians to the contrary notwithstanding - medicine faces a real problem. What are other centers doing about it?

The neuropsychiatric institute under construction when the Academy met here is to be dedicated (or christened or what have you) February 13. Though not yet ready for occupancy, due to essential material shortages, it should be soon and will accommodate upward of twenty neurosurgical patients as well as the psychiatric group.

Any tips on the treatment of post-herpetic pain in 1st division of 5th will be accepted with heartfelt gratitude.

HOWARD BROWN (Feb. 2): I was very much surprised and pleased to receive a 'phone call a few nights ago from Spencer Braden. He had written me, some two weeks before, that he was being transferred to Letterman Hospital in San Francisco, but apparently Uncle Sam's mailman occasionally loses one.

Spencer and I had a nice get-together a few nights ago, and discussed all the problems at hand. He looks fine, but I think he would rather welcome a bone-flap to get him back in condition. As far as I can gather from all the sources available, not a great many of the neurosurgeons in the Service have found much work. This seems to me the one discouraging feature about the whole business.

I had a letter from Rupert Raney a short time ago, and he seems to be very happy in his present situation. I am sending it along for inclusion in the Round Robin.

Our new Neuropsychiatric Institute is nearing completion, and we shall have a surgical floor with about eighteen adult beds, an Operating-room, X-Ray Department, Laboratory and Electro-encephalographic laboratory. It looks like a very good set-up, and should offer an opportunity for considerable in the way of research. This is a State Institution, but it may be possible to use it for some private patients who have particularly interesting points to study. The remainder of the building will be devoted entirely to neuro-psychiatry.

Had dinner with Ed Fincher (who has been ill) and Spence last night. Spence is replacing Ed here at Letterman.

There is nothing else to report from here, except that the procurement board, so far, has said to stay home and do the work here for the present time.

DEAN H. ECHOLS (Feb. 16): It is pleasure to note that Drs. Grantham, Gustafson, Maltby, and Schwartz have accepted our invitation to become members of the Academy. I also feel that the Academy has brought honor on itself by making Dr. Craig and Dr. Spurling Honorary Members. This shouldn't make them feel old. A technicality keeps them from holding any other type of membership.

For the benefit of the new members, this ultra-informal Round Robin Letter is published about four times a year. Post-cards are sent to the members a few weeks before each issue.

I appreciated receiving the minutes of the last meeting and I am sure that those who were not present appreciated it even more. The photograph made at the banquet in Chicago was more amusing. There certainly were some funny facial expressions. I even thought mine wasn't so good but attribute that to distortion as I was right under the lens.

I have become very fond of Bill Patton who is the neurosurgeon at LaGarde General Hospital. He was trained at Rochester, Minnesota and had just set up practice in Birmingham when he was called into service. I have just met Dr. Casino who is temporarily at LaGarde Hospital. He came directly from the Neurosurgical Service at the University of Illinois.

Our teaching duties have increased and have become more interesting because of the courses being given at the University for Army surgeons. This reminds me that Dr. Spurling has kindly accepted an invitation to give a series of lectures at the New Orleans Graduate Medical Assembly in March.

I was able to obtain some tantalum and have used it once to repair a defect in the skull. Preoperatively it was hammered into the correct shape and drilled full of holes. At operation it was cut to the exact size with tin shears. I was perfectly satisfied with celluloid but admit that the tantalum fitted much more accurately.

I have been informed by one of our members that pantopaque fails to demonstrate a certain percentage of ruptured fifth discs and a few of the ruptures at the fourth. Happily there is no call for myelography in civil practice except in rare instances.

I note that twenty of our thirty-four members are in the Armed Services, a unique fact which will always make us a proud Society.

JOSEPH P. EVANS (Feb. 8): I have been wondering whether it would help me in the least if you sent the cards warning of the deadline about a week earlier. I suppose it really wouldn't make the slightest difference and maybe you do leave a few days on the other

side of the deadline, so perhaps this will still make the grade. I would hope so, particularly this time, because I would like to say that I am delighted the Academy is to meet again in Cincinnati. I sincerely trust that Frank will be on hand because he makes a far better Master of Ceremonies than do I, but in any event we will try to have a worthwhile meeting.

At the Christmas meetings in New York, I saw Rupert and Alta who had moved up to the Waldorf from their home in New Jersey in an effort to get warm. I also saw Earl Walker at that time. I tried to get word of Larry Pool, but was unable to reach Nene by phone in the limited time I had available.

Since that time it has been a matter of very busy routine here. We have had several interesting extradural hemorrhages, and at the moment we are trying to gather our cases on brain stem transection in association with extradurals. I hope that we may have something to report on that phase of the problem sometime in the near future.

I am looking about for someone who might be interested in getting some neurosurgical training, and who isn't so healthy that the Army is anxious to have him. After all my talk about not training neurosurgeons here, it looks as though that may be the only feasible way to get adequate help. If anyone knows of any promising individual under the age of 18 or over 45, I'd like to know about him.

I hope that anyone who is passing through Cincinnati, particularly the men in Service who may be moving about, will remember that there is always an extra room here.

WALLACE B. HAMBY (Feb. 3): Because of the lateness of the hour will not type this. Hope the fine Spencerian penmanship isn't wasted on you.

Have been working hard - and the annual check up of "score" shows that satisfactory improvement is being made in mortality and morbidity rates.

Am extremely fortunate to have secured the association of Dr. Burton M. Shirkers, lately of Duke, Boston, and N.Y. as neurologist in the office. He is a godsend to the busy surgeon, so I think I will live longer under these circumstances.

Best regards to all the gang - in Service and out - with high hopes that we may be able to get together again this year.

JESS D. HERRMANN (Jan. 31): Am sorry that I couldn't make the meeting at Chicago. We are still maneuvering over the desert and keeping fairly busy. We certainly are living close to nature and working under quite different conditions from those that we are accustomed. It still seems a wise policy to give definitive treatment as early as possible and we certainly get them early. Air ambulances help in this respect.

I hope to get back to civilization or pull out for a staging area before long as I am becoming stale.

OLAN HYNDMAN (Feb. 2): It seems to have been a long time since the last letter and yet I have so little of importance to say. The events of the last meeting still linger in my mind. I, no doubt like some of you, have tried to beg, borrow and steal some of that "Pantopaque" that Dr. Spurling extolled so eloquently. But the luscious morsel continues to dangle out of reach while I grovel. When superb food for the mind and stomach are so well balanced as they were in Chicago, it is an event to be remembered.

Perhaps shop talk is not entirely appropriate in these letters but when you live in a small mid-western town there isn't a great deal else but shop and shop talk - so with your indulgence, I'd like to report the following case: A white female of 33. Four years ago Dr. Steindler (orthopedist) and I operated upon her because of scoliosis and severe girdle pains about the chest. We debated chordotomy versus rhizotomy and settled on the latter. I cut the posterior roots on both sides from D₃ to D₁₁ inclusive and he placed a bone graft. Recovery was uneventful and she had no further complaints for four years. Two months ago she began to itch in the anaesthetic zone. Itching began under one breast without objective changes in the skin and spread to involve both front and back. Scratching was irresistible and she had about clawed the flesh to the bone in places although she said she might as well have scratched the table for all the good it did. On examination she presented a totally anaesthetic zone from nipple line to navel. Iden powder had no effect on this zone although it had the usual effect on normal skin zones. She became quite desperate and so did I. Obviously all local applications amounted to only a gesture. A spinal anaesthetic abolished the itching when the level of analgesia reached D₁. This was evidence that the locus operandi was probably in the cord itself. My co-worker and I had just finished a work to show that itching is a modality of pain and hence carried out a bilateral anterior chordotomy on the patient at D₁. This has completely abolished the itching to date.

Conclusive evidence that such sensations as this (particularly pain and its modalities) may have their locus in the spinal cord has been difficult to obtain. Even the pains of tabes disappear if the Lues is not arrested and the disease progresses to deafferentation. This is a rare case, I think, but it nevertheless clearly indicates the possibility. My exposure was partly through the upper end of the old incision and I noted that the posterior aspect of the cord was firmly adherent to the dural suture line. My guess is that this constituted an irritative lesion to the cells of the secondary pain fibers in the substantia gelatinosa.

Another interesting feature which was volunteered by the patient is that when she rubbed normal skin areas such as the neck and arms and also if she became flatulent, she experienced crawling sensations in the anaesthetic zone. I have collected data on this phenomenon in other cases of complete deafferentation. It appears to be a sensory reflex that is comparable to the mass motor reflex in spinal man. It is possible that such evidence may eventually help to explain some of the problems related to referred and reflex pain.

Not to change the subject, I wonder how many of you, like myself, are puzzle fans. If you are, here's a dandy that I recently struggled with. I was told that anyone with an I.Q. of 100 could solve it in 5 minutes. I ultimately solved it but my I.Q. was quite low.

Two neurosurgeons A and B start rowing across a stream. (1) A starts from the West bank and rows toward the East while B starts from the East bank and rows toward the West. They pass each other at exactly 700 feet from the West bank. (2) A reaches the East bank, turns and rows westward. B reaches the West bank, turns and rows eastward. They meet again at exactly 500 feet from the East bank. (3) The velocity of each is uniform throughout but of course their respective velocities differ. What is the width of the stream? The object is to solve it by arithmetic and very simple reasoning and not by quadratic equation. The answer in the next letter. Don't stay up too late.

FRANK MAYFIELD (Feb. 1): I am much pleased and honored, of course to be elected President of this organization. I shall serve you as well as I can. I only hope that I will be around when the next meeting comes. You, of course, all realize that George Baker is now in the Army and is stationed up at Staten Island, so consequently, the meeting will have to be held in Cincinnati as agreed upon in Chicago. Joe and I have had quite a bit of correspondence in connection with this, and I proposed the idea that the meeting be held in the Spring. Joe advanced very good reasons why it should not, so we will go ahead with plans for a Fall meeting unless someone has other ideas.

We finally opened this place (Percy Jones General Hospital) and I have been rather busy. Out of the first one hundred patients, there were three discs and one ulnar nerve, in addition to a number of neurosurgical consultations. Only the orthopedic service had a higher number. With this, figures must end until I get permission to publish them from the Commanding Officer. We have a grand set-up here, a beautiful building, and fairly well equipped insofar as special instruments are concerned. I brought most of my stuff with me and it is being replaced from time to time with Army material, after which mine goes back into the storage box. This is very much the same system that Spurling used when he went to Walter Reed.

When some of us, Rupe Raney, Ed. Fincher, Van Waggon, Francis Murphey, Spence Braden, and quite a few others went into the Army in August or about that time, conferences were held in Washington with several of the neurosurgeons from the Army and Navy. Dave Reeves was there and Winch Craig, and we decided then to run an inter-hospital letter very much like this Round Robin Letter. So far, we have had two editions of it, and apparently, it has been satisfactory. I drew the job in this instance of being the recorder or editor, and modeling after Dean's example, I have styled the letter in the same form. We have the permission of the Surgeon General to circulate this to all members of the Armed Forces. If any of you men in uniform would be interested in contributing to an additional letter and to receiving one, if you will let me know where you are and what your address is, I'll be glad to put you on the mailing list.

I feel that we all owe Earl Walker a debt of gratitude for the excellent show he put on for us in Chicago on such short notice. I have since had the opportunity to visit Earl once or twice, saw him do three cases one morning, and also saw him look around with monkeys trying to record their thoughts. No doubt, he will show you the results of these experiments but it was a very intricate apparatus he had set up and a fascinating job he was doing.

FRANCES ROBERTS (Feb. 10): As you probably know, Betsy was born November 7th, about six weeks ahead of schedule, and weighed 5 pounds 2 ounces. Fortunately, both Robert and the baby came through without any difficulty. Robert has no apparent residue from her toxemia. The baby is gaining rapidly and now weighs over 7½ pounds.

Life at the O'Reilly General has been one ruptured disc after another, most of which were pre-induction disabilities. So far we have discharged approximately 100, and I have operated on 23. I have had very few peripheral nerve injuries and no cranial defects. I have seen quite a few tumors, most of which were benign and existed before the patients entered the Service and were therefore discharged without operation. I have operated on 2 tumors, both of which were glomangiomas.

At the beginning the Service here was very light, but it is beginning to pick up with a bang. I am very fortunate in having a very capable lieutenant who works with me on the Service, and he takes practically all of the burden of paper work off my shoulders. Otherwise, it would be practically impossible for me to get anything done. The size of the hospital is expanding very rapidly and we will very soon have 2200 beds.

I was very sorry that I was unable to stay through the entire meeting in Chicago and I hated missing the opportunity to see more of the group.

LARRY POOL (Nov. 1, 1942) - V-Mail, Somewhere in England: Just received a most welcome piece of mail, the program of October 16, 17. You must have had a fine meeting and I only wish I could have been there. Please ask Hyndman to send me a reprint at above address. Have had very little neurosurgery so far but have visited certain clinics in England, especially Hugh Cairns, Pennybacker, and Prof. Seddon (peripheral nerve surgery). Saw a fine series of successful brain abscess cases, treated by multiple puncture, plus thortrast with eventual complete enucleation. This is no good for cerebellar abscess (i.e. enucleation has not proved satisfactory) because "encapsulation is not usually as good as in intra-cerebral abscesses". Pennybacker has been getting unusually good results with x-ray therapy of infiltrative tumors, by careful studies of dosages, massive initial doses, etc. He deplures internal decompression for these. Seddon advocates unusually wide exposure and mobilization for all traumatized peripheral nerves, and feels that repair should not be attempted for at least 6 weeks after injury, when repair is "easier" because epineurium is thicker. Scar tissue at site of trauma is less of a hazard and infection less dangerous! No other particular news here, but would certainly relish all possible news from the gang!

RUPERT RANEY: I am very pleased with my set up here at Tilton. I have a 35 bed ward and will be enlarging. By title I am Chief of Section on Neurosurgery. I have a ward officer to work up the cases and do the paper work and also assist and do cases. He is Wolfgang Klemperer, a nephew of Otto Klemperer (the symphony director). He has just finished his neurosurgical training, two years of general surgery, two years with Pennfield and two years with Bill German at Yale, in addition a fine chap. I also have a well-trained nursing staff. Operating room service is also excellent.

Have had a few tumors, abscesses, subdural and extradural hematomas, lots of risks and peripheral nerves and a few sympathectomies. I have no outside interference and the best cooperation from the entire staff. Work is just now beginning to filter in from the war theatres.

The hospital is about thirty minutes from either New York or Philadelphia and can attend the neurologic meetings in each place. The C.O. encourages such activities. This week have gotten three days detached service to attend the meeting of the Academy for Research in Nervous and Mental Disease, the whole program on pain and its relief.

It's cold as hell here which is the only disadvantage. Tell Ed Fincher there are no "Key birds" in this country.

DAVID L. REEVES (Jan. 13): It was a great disappointment to me to miss the Chicago meeting and so far I've heard only meagre accounts of some of the activities at that spot. I would like to know how many new members were taken in and who they are. Most of you have been well acquainted with the army activities referable to neurosurgery since the Chicago meeting, as several of our members in the service were there to dilate on their new life.

The year closed with six craniotomies at this hospital, which is not bad considering the age group and the fact we have not been under way for a very long time. One of them was a markedly calcified suprasellar meningioma, only part of which I was able to remove, and which was fairly firmly attached to the underlying bony structures. Such a tumor, and especially a calcified one is quite rare, this in accordance with Cushing's book on Meningiomas. Another fairly large meningioma was a peritumoral type, also quite uncommon according to Cushing's book. The third unusual tumor was presumably a neurocytoma or neuroblastoma of the right occipital lobe. We have had in addition to lots of head injuries, a fair amount of peripheral nerve surgery as well as several risks and quite a lot of interesting diagnostic consulting work.

It will be a pleasant thought to consider a meeting of the Academy for the year of 1944 and I only hope that such will be possible.

EARL WALKER (Feb. 3): It was a great pleasure to have the Academy meeting in Chicago in October. I was very glad that so many of the fellows were able to come. I hope that after the duration

that I may have the pleasure of being host to the group again, when there will be no limitations placed upon our activities, because there are many things in Chicago that would be of great interest to every one and yet could not be shown at the last meeting.

I have received answers from all of the new members, whom we are anxious to welcome into the Academy. Henry Schwartz is in north Africa preparing a hospital. The remainder of the group are still in this country, as far as I know, at the present time.

I am enclosing a list of all the members with the most recent addresses that I have so that every one will know where every one else is at the present time, and so that those whose addresses are incorrect may let me know the correct forwarding address for further communication.

Since George Baker has entered the army the next meeting of the Academy will be in Cincinnati with Joe Evans as host. There are rumors that Joe is already planning to entertain us with an exceptional program.

Probably before the next Round Robin letter you will hear from me asking for papers that you would like to present at the meeting. I am sure that Joe would like very much to have titles as early as possible and if any of you have them available at the present time, they will be acceptable.

EXUM WALKER: The exigencies of military service have prevented me from getting my note in in time for the Round Robin deadline - but since the Round Robin never gets to press on time anyway, I thought this might make it.

Our medical staff has almost doubled since the Chicago meeting and while we are not getting too much work yet we will have about 1500 beds by May or June 1st - and another 1000 beds shortly afterward. We have had nothing of unusual interest from a neurosurgical standpoint. We got in 48 patients with filariasis in our last batch from the southwest Pacific but have not been able to find any "worms" in their bloods or glands.

Roberta is infanticipating again and we are expecting in May-June. I think it's the California climate - everything grows out here. I can highly recommend the climate out here. It finally rained after 6-7 months the other day. Now everything is green again. The golf course is in particularly good shape.

BAFNES WOODHALL: Your card was forwarded to me here by my secretary. I have been here since the first of the year and am gradually becoming accustomed to the President's Suite - but the low board, the high board, and the middle sized one in the swimming pool are a bit baffling. I do not only the brain surgery, mostly peripheral nerve so far, but also fill in for the Surgical Chief, who is an exceptionally nice person - Dan Elkin, of Atlanta. I trust we shall not have to fight the war here permanently but while we are here, the battle of White Sulphur Springs is not so bad.

June 1, 1946

No. 15

GEORGE S. BAKER (May 10) - It is a nice feeling to be considered a civilian once again, and I have been quite busy during the past few months trying to catch up on the loose ends which have been dangling for several years.

I hope to go to the A.M.A. in San Francisco and will look forward to seeing any of the men of the Academy who plan to be present and would particularly like to play a little golf with Rupert Raney and Hunter Sheldon somewhere in the vicinity of said meeting.

We all are naturally looking forward to the Meeting of the Academy this fall and we surely will try to have a good reunion after several years of inactivity.

HARRY BOTTERELL (May 11) - Spring, the Canadian Medical Association Meeting in Banff, and an invitation from Frank Turnbull to visit him a day or two before the meeting are leading me west for a week or ten days in June. This coming week, I am going to spend a day with Bill Stewart in Montreal who is still struggling up the grade to recovery from a tuberculous pulmonary cavity precipitated by the overwork in the final phases of his war service.

The plan for a meeting at Hot Springs sounds most attractive and I am looking forward to bringing Margaret along with me.

P. KEITH BRADFORD (May 9) - There is only one special thought for the round robin letter. Locally the x-ray men are taking up myelography, which I think is an excellent thing in many ways and a great convenience to the neurosurgeon. However, at the state meeting I heard a paper which made me think that the x-ray men are well on their way to thinking that a ruptured disc is a pure x-ray diagnosis. I cannot think of a more unfortunate trend than to have every patient who could conceivably have a disc sent to the x-ray men for myelography rather than be sent to a neurosurgeon for an examination. I still do not feel that every patient needs myelography, although in many it is a useful addition to the examination. I justify my stand largely on the basis that a myelogram occasionally gums up an otherwise clear-cut case. But regardless of the difference of opinion as to the frequency with which myelography should be undertaken, there can be no doubt that the history and clinical findings are the fundamental basis upon which the diagnosis is made.

I wish to send the very warmest greetings to the members of the Academy. It certainly will be a deep pleasure to be with the members again.

HOWARD BROWN (May 15) - I am a little late in getting this letter off, as I have just returned from the State meeting and Los Angeles. I am certainly looking forward to the reunion in Hot Springs in September, and hope that we shall have a hundred per cent attendance. I was very much disappointed that the fishing meeting could not be arranged at about the same time, for it is impossible to make two such trips in a short time. There is an exception to this, however - that well-known traveller from Los Angeles named Raney! I saw both Rupert and Dave Reeves in Los Angeles, and we are planning to take over at least one car on the "City of San Francisco" for the Western contingent en route to Hot Springs, Virginia.

WINCHELL McK. CRAIG (May 13) - I always look forward to receiving the Round Robin letter from the Academy and wish to tell you that I am now back in civilian practice at my old address at the Mayo Clinic.

FRANCIS A. ECHLIN (May 14) - Being a new member of the Academy I am afraid I am not acquainted with the customs of the Round Robin letter and I am not quite sure what I should do.

I am back at work in New York again and it is a pleasure to be a free individual. However, despite the ills of the Army one cannot help but be impressed by the coordination in directing neurosurgical cases to proper centers where they might receive adequate treatment. It seems too bad we could not have more coordination of this kind in civilian life.

I believe that it would be nice if the Academy in some way could extend a word of gratitude to Glon Spurling for the fine work he did in setting up the neurosurgical centers. Bob Woodhall should also come in for this commendation. It certainly was a great thing for the soldiers and also for many members of the Academy, and probably for Neurosurgery as a whole in view of the scientific work that was made possible.

T. C. ERICKSON (May 11) - As secretary of the Academy, I am getting a great deal of satisfaction out of the excellent and prompt replies to the questionnaires sent out in regard to the coming meeting. The replies so far indicate that there will be close to a hundred per cent attendance of the members as well as of many interesting guests. Judging by the titles of the papers so far suggested, I think our scientific session will be second to none. For the information of those men who have not yet replied, I hasten to add that there should be plenty of time available for all those who wish to present papers.

The recreational aspects of the coming meeting should also be exceptional, from what Barnes Woodhall has told me and from the information I have received from other sources. So I believe that all the enthusiasm which is manifest is not in the least misplaced.

JOSEPH P. EVANS (May 10) - I am afraid I have nothing worthwhile to contribute to the Round Robin at this time, except to say that we are getting back on a more normal basis, even to the point where peripatetic neurological surgeons are reappearing. We've had the pleasure of a recent visit from Alister Finlayson, who is Dr. Keegan's associate. Charlie Dowman has been doing some refresher work in our Laboratory of Neuropathology. Bob Pudenz was through on his way west. It is stimulating to have visitors again.

Ed Lotspeich is going to stay on with our unit, and Murton Shaver is going to come down from Montreal for a year. We, of course, miss Charlie Aring greatly - he has gone out to California as Professor of Neurology.

WALLACE PELLEY (May 13) - It is nice to find another Round Robin letter going out. I am looking forward to the meeting of the Academy in September but was unhappy to find that the date conflicts with the meeting of the American College of Surgeons. I believe this was supposed to be necessary because of difficulties in getting reservations at the Homestead at any other date. I personally would prefer very much going to some other place than Hot Springs if necessary to avoid conflict with another major meeting.

At the recent meeting of the New York State Society, Dr. Browder presented an interesting series of cases of phantom limb pain relieved by dorsal column cordotomy. A few other neurosurgical friends were seen at the meeting and it seems good to start attending them again.

OLAN R. HYNDMAN (May 14) - It is very gratifying to see the signs that indicate resumption of pro-war activity and to receive announcement cards from various ones as they resume their practices.

I am shocked myself as I sit here and realize how very little personal news I can conjure up that would be of any interest, and I haven't seen anybody for a long, long time.

I am holding everything with the hope that nothing will come up to prevent my attending the coming meeting. I am looking forward to that with a great deal of enthusiasm.

If I may be excused for talking a little shop, I would like to briefly cite this case which stimulated my interest this past week. A middle aged woman who began three years ago with a fainting spell followed by a very mild degree of aphasia for names off and on. There have been five fainting spells since, and the last one was associated with Jacksonian manifestations in the right upper extremity. She presented a moderate aphasia and cortical sensory losses of mild grade on the right side. The encephalogram was entirely negative except for a suggestive diminution of cortical air over the posterior superior aspect of the left temporal lobe. There was no evidence whatever of increased intracranial pressure. A flap was turned down revealing what appeared to be a contracting lesion or a subcortical scar in the posterior temporal cortex and with a dimple. The "scar tissue" appeared to be about the size of a walnut. It looked like an old scarred infarct but a gradual spontaneous development of edema with some moderate herniation of the brain was not in keeping with scar; that is, the edema developed during the time of exploration. Sections of a hollow needle biopsy reveal a very benign looking oligodendroglioma, and in spite of its location should be very carefully removed. This is of interest to me because it is only the third case that I can recall which presented an insidious non-deforming cortical neoplasm with normal intracranial pressure and to all intents a normal appearing encephalogram, a situation where localizing cortical signs take precedence over the encephalogram or ventriculogram and definitely indicate exploration.

GEORGE MALTBY (May 10) - I was discharged from the army on the 23 of December just in time to get back to my family for Christmas and to be thrown into the middle of a real Maine winter. For the last three months in the army as you probably know, I had a very interesting time at England General in Atlantic City. We had a huge patient load which had to be cleared up in a relatively short time and this kept us all very busy and interested. One of the more pleasant and instructive features of my stay at England General was my association with Larry Poole.

I started in the practice of neurosurgery here in Portland February 1. Both Sim and I are living here and I am beginning to see that there are definite opportunities for a neurosurgeon in this part of the world. I am still in that stage of moderate thankful waiting as far as my practice is concerned and at present I am seeing mainly such problems as atypical facial neuralgia, old Bell's palsies and so on, which have been thoroughly pressed around and then dumped into my lap.

I am looking forward to the meeting in the fall. It should be a grand reunion.

LARRY POOL (May 15) - After returning from three years overseas with the 9th Evacuation Hospital, I was fortunate to take over the Neuro-surgical Service at the England General Hospital, Atlantic City, for four months before being separated from the Army. This was an exceptionally pleasant experience for we had a quantity of interesting work and also the pleasure of a congenial and well qualified group consisting of George Maltby, Oscar Turner, Bill Fisher, Hugh Garel and John Brabson. We gathered in a considerable amount of data on mass spasm in paraplegic patients, some of which I worked out with John Scarff. A lot more work needs to be done along these lines and we hope to continue the work during the coming year.

Brabson and I wrote a brief paper on a number of cases in which pain was elicited on stimulating the distal stump of a divided peripheral nerve. Apparently a number of men have had the same experience and the explanation of this requires further investigation.

Two cases of schistosomiasis of the brain were encountered both simulating brain tumor. These two patients had served in Loyte. I believe George Maltby is writing them up.

At present, I am back in private practice in New York working at Bellevue Hospital and the Veterans' Hospital, and the Neurological Institute.

I am certainly looking forward to the coming meeting of the Academy next Autumn.

R. B. RANEY (May 14) - The California State Medical meeting brought about my first meeting with Dave Reeves since he has been out of the Service, and we spent most of our time making plans for attending the meeting in Virginia. Howard Brown was down and was likewise largely concerned with the problems of getting to Virginia in September.

DAVID L. REEVES (May 13) / During the past two months I have been thinking of you and wondering when the famous request for the Round Robin letter would put in its appearance. Needless to say I am looking forward to its enjoyable news. I think we should have it more often than we did in the past, at least until things are organized once more and meetings have taken place. It is the important factor in keeping the Academy together and in holding the interest between meetings. //

It seems a wise idea to me to send each member a copy of the names of all members with the addresses of them, for it has been a long time since our last meeting and many of the men have new addresses since their return from military service. I am sure someone else has expressed this idea or will, but I'd like to add my feeling about it too.

Again it seems to me important to emphasize the desirability of bringing prospective members to the coming meeting. There are a number of very fine young men who have completed the board requirements since our last meeting, and it is to be recalled that it is only at these yearly meetings new members are elected. If the Academy is to be kept alive and active, I believe the continued election of new members among the younger group is a very desirable feature. //

The practice of neurosurgery in Santa Barbara, which is one of the attractive cities on the Californic coast has been just discouraging to date, and I believe that something very desirable can be achieved in this area from a neurosurgical point of view.

During the California State Medical Meeting at Los Angeles, I ran into Rupo and Aiden Raney, both of whom appeared to be in the pink, and also Howard Brown put in his appearance. I saw Ed Boldrey for a short time when I managed to get to San Francisco for a day. All of us are looking forward to the coming meeting where we can renew our acquaintances after the interruptions of the war years.

STUART N. ROWE (May 22) - I am afraid I have no startling news to report except that since I got back to work in February, business has gradually been piling up until I seem to have very few spare moments for many things I would like to do, such as writing a long Round Robin letter, doing some extra reading, or even playing a round of golf. I was glad to see a number of the fellows at the meeting in Washington that Glen Spurling called, and I am looking forward to the get-together at Hot Springs in September.

About the only slightly unusual case I have encountered recently was a brain abscess due to Type A influenza bacilli. Fortunately, I was able to get some streptomycin and the infection responded beautifully to the local and intraspinal use of this drug.

After being imbued with the idea of rehabilitation in the Army for several years, I came home and finally arranged for a rather systematic postoperative regime for the disc cases which, so far, at least, seems to be greatly appreciated by the patients and will, I believe, pay for itself by enabling them to return to work at an earlier date than they did formerly. We happen to have a department in one of the hospitals here known as the Musculo Training Clinic which took on the job and is handling it very satisfactorily.

I am now working on the problem of developing some sort of adequate photographic set-up and would be interested to hear of the experience of any of the other men as to their arrangements along this line.

As you know, Jerry Grunnagle and I have gone in together here in town, and the arrangement seems to be a very good one. At least, it lets one of us get away for a few days at a time. Of course, the fellow who is away has to get back in time to prevent the one who is on the job from going into complete exhaustion as a result of dashing around to the various institutions trying to keep up with the work.

HENRY G. SCHWARTZ (May 11) - Your card regarding the Round Robin letter has just arrived. I hardly know what to say that might be of interest to anyone else. Like so many other members of the Academy I have come back to civilian life and am trying to catch up on real neurosurgery. Since getting back, I have gotten my feet wet to the extent of trying two of Earl Walker's meningeophalic tractotomies, with satisfactory results. I have found that experiences with infected war wounds can well be applied to the treatment of "civilian abscesses". My first case after I got back to St. Louis was a meningioma, and the second was a pinealoma in a four year old boy which I was able to get out. With all the rest of a start, as was to be expected, I think I used up all the luck that was allotted to me for this year.

As you probably know Glen Spurling has taken on the job of setting up neurosurgery for the Veterans. He is devoting a lot of time and energy to this purpose and we are all hoping that his efforts will be as fruitful as they were in the Army. In this connection I have recently made a trip visiting the Veteran Hospitals in

this area. With people like Coburn, Carmichael, Watson, et al, willing to give some time to the care of these men I think that a new day will really dawn in the Veteran Hospitals.

It was good to see several of the members of the Academy at a meeting which Glen Spurling called in Washington a couple of months ago. It made me realize just how long the time had been and has made me look forward more than ever to the next meeting of the Academy.

R. GLEN SPURLING (May 13) - I do not have any pertinent news for the Round Robin letter. Now that I'm back in the grind of private practice, I find one day is just about like the other. I must say I don't envy the boys who had to stay at home during the war to do these chores.

The plan for the organization for the veterans neurosurgical set-up is in the process of being completed. We are organizing it along similar lines which proved so successful in the Army, namely, the selection of certain hospitals as neurosurgical centers. We are endeavoring to utilize all available neurosurgical talent to help carry on this stupendous load. However, we are not planning to cut corners in the matter of qualifications. We hope to have the veterans given the same high type of neurosurgical care that prevails in civilian clinics. This can only be accomplished with the full cooperation of all the neurosurgeons, not only those who have been in the service but those who have not. For them it is largely a labor of love, for certainly, the remuneration is so small that the income tax collectors won't burn the midnight oil trying to figure out how to squeeze the last penny from those doing the work. Yet it does offer a constructive program which will be invaluable to neurosurgery for it will provide graduate teaching material of boundless variety and quantity.

Our group of members has responded with the same unselfish enthusiasm when they entered the call to service during the war.

BARNES WOODHALL (May 14) - As you have probably heard from Ted, the next meeting of the Academy will be held at Hot Springs, Virginia on September 9th, 10th, and 11th. It is very important to secure reservations early since this Hotel is operating on a narrow margin and we are eager to have this meeting be well represented. The weather should be excellent in this part of the country and the golf course should be in superb condition. We had hoped to perhaps consolidate our meeting with that of the Cushing Society, but those arrangements simply could not be made. The program arrangements are being handled by Ted. I have asked Glen Spurling to make a very short address at the Dinner Meeting, to be followed and preceded by reports upon the state of the nation by certain representatives from the North and South. Your card, unfortunately has caught me in a mild depression, so please place these remarks at the end of the Letter.

DEAN H. ECHOLS (June 1) - I must apologize for the long delay in getting out this issue of the Round Robin Letter. I don't know how much time has elapsed since the last one, but it must be more than a year. Now that our meeting is back on the regular fall schedule, perhaps we should get out the Letter at definite intervals such as Christmas and Easter.

Fran and I have our reservations for the Academy meeting on September 9, 10, and 11 and hope that all of the members will bring their long-suffering wives. We have both been well throughout the War and the three kids have been spanked regularly.

The Ochsner Clinic is developing nicely and is now half way through its fifth year. The Neurosurgical service is also reasonably busy. Homer Kirgis has completed his training here and has just been made a member of the permanent staff. We are hoping to bring an outsider into the group in the fall so that there will be three of us.

Ted Erickson has written that he hopes all of the members have made their reservations on trains, planes, and at the Homestead Hotel. He also hopes that everyone who is interested in giving a paper will send in the title immediately.

I was a guest at the meeting of the Society of Neurological Surgeons in Nashville in April and had a wonderful time. As you can imagine, Cobb Pilcher was a wonderful host.

HOT SPRINGS, VIRGINIA - - - - - HOMESTEAD HOTEL - - - - - September 9, 10, 11

17/5

ROUND ROBIN LETTER
OF
THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

GEORGE S. BAKER: Missed seeing some of you at the Harvey Cushing meeting in Boston but did see quite a few members of the Academy which made for a very enjoyable meeting. It was my feeling that the program was an excellent one and arrangements had been so thoroughly made by Frank Ingraham that everyone enjoyed themselves to the fullest both from the professional and social standpoint. The only thing that was missing was two tickets to the World Series when we arrived.

I have just returned from a pheasant and duck hunt in South Dakota and had average luck getting out limit on pheasants and ducks but having to work for them a lot harder than we had on previous occasions.

Our work seems to be of a routine nature with very few additions to the neurosurgical procedures we have employed in the past. I think that once the number of surgical patients has been reduced we will be able to devote more time to some research problem and perhaps will make advances along the lines that we all feel are necessary.

FRANCIS A. ECHLIN: I am afraid I have little of interest to contribute to the Round Robin letter, but wish to say that I found the meeting in September very stimulating.

I would like to go on record as being in favor of including a six month training in Neurology as a minimum requirement for the Board of Neurological Surgery, although I realize that this question requires much more discussion before being settled.

Larry Pool has been elected President of our newly-founded New York Society of Neurosurgery. This society is composed of the younger men and our elders will be made honorary members.

T. E. ERICKSON: It was certainly a great pleasure to see all of you at the Academy meeting after the lapse of such a long time. One of the handicaps, however, of being secretary is the number of minor but necessary things to be taken care of which interfere with one's seeing as many people as one would like.

Immediately after the Hot Spring meeting, the executive committee went into action as regards to next year's meeting. Bill Keith, as president, appointed Olan Hyndman to the executive committee as provided by the constitution and requested him to investigate the Broadmoor Hotel at Colorado Springs for next year's meeting. Olan was very prompt and efficient and sent the other members a complete report on the place. His account was glowing and all in all it seemed like a very suitable place for our meeting. It apparently has all the facilities we require for both the scientific and the extra-curricular activities. It is central in location and it is easily reached both from the East and from the West. As a result of his report, the executive committee voted to hold next year's

meeting there. The only date open was in October, the 9th, 10th and 11th of 1947, so we have now made reservations for that date. The only drawback to this decision which has so far appeared is that the Harvey Cushing Society which has so far appeared in the Spring have decided to hold the meeting in September next year but their plans are not yet definitely made and it does not seem advisable to delay our own arrangements.

The secretary's office has sent out letters of notification to the new members elected at the last meeting, namely, John Meredith, Guy Odom, Aiden Rancy and R.C.I. Robertson.

W. A. GUSTAFSON: I would like to state how much both my wife and myself enjoyed the meeting at Homestead, and also to compliment Dr. Woodhall and Dr. Erickson on the excellent arrangements they made for the meeting.

I obtained a certain amount of stimulus from Nichols' aneurysm paper and had already started some work in this direction, but as yet have not been at it long enough to make any definite contribution.

WALLACE B. HAMBY: It was a grand meeting at The Homestead and I am looking forward already to the one at the Broadmoor next fall. I saw Olen on his home grounds the first of the month. He says the location is ideal. Quite a number of us were at the Cushing Society Meeting, which almost 200 members and guests attended.

This brings up a question we discussed earlier, the size the Academy is to attain. There is no doubt that it can enlarge tremendously. To me it seems desirable to keep it small so we do not need to split into subgroups for informal discussions. To serve the needs of young neurosurgeons, the basis of our organization, another approach would then be needed. The younger men should be encouraged and assisted to form new societies. I find that they are reluctant to do this for fear of jeopardizing their chances of election into an existing group. This difficulty might be overcome if we, alone or with other societies, found it expedient to officially sponsor the development of new groups. A committee could be appointed for this purpose, with power to approach a few men as a nucleus. They could get in touch with suitable candidates and hold a preliminary meeting which our committee could attend in an advisory capacity. We could supply them with a model constitution which they could alter to suit requirements. It seems to me that there is opportunity and use for several of these organizations of both regional and national scopes. By assisting in their conception we can serve the needs of the younger men without enlarging our own family to unwieldy proportions. If something similar to this seems desirable, the next Round Robin letter will be a good medium of expression.

GEORGE L. MALBY: I am afraid that I have little to contribute today. I find that I am getting busier all the time and look forward to meetings for relaxation.

FRANK H. MAYFIELD: The meeting at Hot Springs was a great success. It was pleasant indeed to see so many members who had long been absent. The program was a little full. I don't know what could have been left out, but in the future it is hoped that the program may extend over three or four days with papers confined to the morning session and executive meetings limited to periods of perhaps one hour immediately after lunch.

Many of us got to Boston to the Cushing meeting and I must say it was very good. Harry Botterell, Jess Herman and I boarded the train together at Trinity Station and my bag became displaced, including among other things, a tuxedo and two quarts of Bourbon whiskey. I got the bag and tuxedo back but found the whiskey had been removed by the Canadian customs, leaving in place a note that "They were afraid it would spill". Consequent to this inconvenience, the drinking activities on the train were confined to a small pocket flask of Harry's and from seeing him ration this small portion I began to understand how Jesus fed the multitude.

Dr. Lotspeich, who was with Joe Evans until September, is now with me and I find him a most delightful and capable person. Tom Weaver has moved to Dayton and is doing very well.

While in Boston, those members of the Academy who were present, including the voting wives, agreed to endorse the Broadmoor as the place of meeting next year.

There will probably be something from George Baker in comment about a hunting trip to South Dakota. Just don't believe it.

JOHN RAAF: I returned yesterday from elk hunting (successful) and am now faced with a winter and spring of hard work. We had a wonderful trip into the Wallowas (near Hell's Canyon on the Snake River). It was really rugged (both the weather and the country) but we got out just before we would have been snowed in. I am thoroughly convinced that elk hunting will shorten one's life either violently or by the slow process of wearing one down. If any of you would like to try it, let me know, as arrangements are being made to go back to the same country next fall.

I have made no startling neurosurgical discoveries since I talked to most of you at the Harvey Cushing meeting last month, so from a scientific standpoint I have little to contribute.

DAVID L. REEVES: Since our last meeting and the occasional discussions concerning the future growth of the Academy, and more particularly the appropriate number, age, and type of persons most desirable for membership, it has occurred to me, as I am certain it has to many others, that a problem of this sort as well as others as they may arise should be hashed back and forth in a round robin letter so that some crystallization of thought may occur in time for consideration at the next meeting. It has become, I believe, rather apparent that most of the members

are reluctant to invite new members to the academy who are in the more advanced age group, and by that I mean in the ages between 40 and 50 where most of those who were earlier members of the academy now find themselves. If this feeling is to continue it is my belief that we should not permit any new members to be elected who are over 40 years of age. This may become embarrassing as the requirements for neurosurgery and the difficulties that are thrown in the path of the young enthusiasts increase, but nonetheless at the present time it seems to me that some age of this sort might be considered. Then it is my feeling that all members who are over 45 should become inactive and be called something in the nature of an associate member who may come to the meetings if he so desires but who is not required to come to the meetings as are active members and who is not eligible to vote on any of the questions that may arise at the meeting.

Again it seems to me that it might be wise to limit the number of new members to five each year and to elect them on that basis. In other words, to select by vote the five who receive the most votes. That at least might be something to consider. In such a manner it seems to me that the membership of the academy would keep from increasing to an unduly size, and also its youth and new blood would be kept intact and no such thing would occur as might be considered to have occurred possibly in some of the older organizations. I am presenting this just as a point of view in the hope that others might criticize it and elaborate on it or give other ideas which might be helpful.

It seems to me, moreover, that it would not be unwise to have an executive committee for the Academy of Neurosurgery, a committee that can obtain in some way the consensus of opinion about certain things and crystallize some of the discussions prior to the time that they come for a vote.

I gather that the next meeting is going to take place at Colorado Springs which I am sure will be a most pleasant spot and convenient for all of the members in the United States. I am sorry that it was not seen fit for the Academy to come to Santa Barbara but I am hoping that sometime in the future this part of the world may have the opportunity and privilege of having everybody here.

THOMAS A. WEAVER JR.: I wish to announce that circumstances which prevented Mary from attending the Hot Springs Meeting paid off well the other day, as we are now the proud parents of Susan Jane, born November 2nd. Mother and daughter are both well and I am very well indeed.

I have not been in Dayton two months and am already comfortably busy. The greatest problem has been bed space for patients and difficulty in getting proper surgical instruments. //

BARNES WOODHALL: I recovered nicely from the Academy meeting except for some glass splinters in the back of my neck. Someone, I believe, thought that I was a fireplace near

the end of that contest with the artillery punch. The Hotel was much impressed by the high quality of our characters and has asked us to please return as soon as we wish. This sort of place seems best suited to meet the many-faceted tastes of our members. On to Colorado!

After the Cushing Meeting, I feel that our most serious problem is that of the constant brining of the vitality of our club, using the highest possible standards. We can afford to expand in terms of ten to twelve people at least, and we should try to choose them early in their careers for mutual benefit and pleasure. President Keith may call a meeting later in the year and the more time we have, the more time for riding and mountain climbing (?) and (?) in Colorado Springs.

EDWIN B. BOLDREY: I should have gotten to this earlier but the Howard Browns threw a very "super" party and some of the group, at least, know what that can do to one's plans. If the Academy could get them to supervise an encore at the meeting next fall, I can assure it would be a memorable evening.

Our only news event is the arrival at the University of a new neuro-anatomist from England. He is rounding out the postgraduate program on the study of the nervous system and seems to be doing quite a satisfactory job.

I went to add a word of welcome and congratulations to the new subscribers to this sheet.

Also I should observe that since the end of the war, "Just-dropped-in-to-see-you" visitors are scarce out here. If any of you are near the Coast, look in to see us. Yours for better neurological training-

DONALD F. COBURN: Was very sorry to miss the Academy meeting again this year but illness here prevented us from attending. I am happy to report that Dr. Teichner is improving after surgery.

Am interested in the trend of the Academy as regards location of their meeting. Strikes me as though the famous resort spots are being picked out for the meetings where everything is very expensive but where there is no Neuro-surgery. Perhaps that is the wish of the group. It seemed to me in the past when the meetings were held in the cities where there were clinics where some of our group worked that everything was more advantageous. Would not be in favor of the meeting going to Colorado Springs, and, for truly selfish reasons, wouldn't mind if it went to Banff or some other place like that just because I've never seen them. But from a more practical standpoint would rather see the meeting held in cities where some of our men are located.

We have been seeing a good many cases which we have classified as so-called Serous Meningitis. Am wondering if this is a common finding over the country at this time or if this locality happens

to be getting a bunch of what are apparently virus infections. All but one have done very well with decompressions. We had one girl go totally blind despite a bilateral sub-temporal decompression. She had a very high degree of papilloedema and very diffuse and heavy retinal hemorrhages when we saw her and recurring during the next few weeks.

We had a delightful weekend in Chicago with Howard and Dorothy Brown after the meeting was over and they were on their way back West and enjoyed hearing what went on down there. Will look forward to further comments in the Round Robin. We hope that any of you who are coming either East or West through here will give us a break and let us know so that we can have a visit.

JOSEPH P. EVANS: I should like to ask a question for the readers of the Round Robin. Does anyone have any idea as to what might be done to spare vision in a person displaying binasal hemianopia because of pressure from arteriosclerotic carotid vessels?

JESS D. HERRMANN: I have no news for the "round robin" letter, except to say that it was a great treat to be able to attend the Academy meeting again and see all of the fellows once more. I had an opportunity of seeing several of them at the Cushing Society and we finished up some of the discussions started at Hot Springs.

J. LAWRENCE POOL: Our only local news is the recent formation of the New York Society of Neurological Surgery, Inc., organized by a group of us interested in monthly meetings for discussion of neurosurgical cases, procedures, etc. It would certainly welcome attendance by any out-of-town visitors, so please call me up whenever you come to New York.

STUART M. ROWE: After the pleasant interruptions of the Hot Springs and recent Boston meetings, I am back in the swing again here. It was certainly good to see everyone again and I believe that we all feel that the September get-together was highly successful. Our esteemed president and all of the others who were engaged in the unpublicized work of engineering the meeting deserve much credit.

The local news does not seem to be very exciting. I have recently had one problem which has had me stumped. I was asked to see a child with the most extreme bouts of opisthotonus which I have ever observed. The back of the head actually comes within an inch or two of the back of the heels frequently. The child has multiple birth injuries apparently, but has survived four or five months and the problem has arisen of how to control these attacks of backward bending. About all I have contributed so far is a ventriculogram which suggests that there is considerable cerebral atrophy and a moderate hydrocephalus, and a trial of a course of curare. The latter preparation seems to produce little or no effect at any rate in the dosage we are using at present. I would be interested to know whether anyone else has encountered such a phenomenon and if so

whether they have any therapeutic suggestions.

C. HUNTER SHELDON: I enjoyed the meeting at Hot Springs very much and my only complaint might be that the science was too concentrated and the recreation too limited.

Bob and I seem to find sufficient work to keep us more than busy with our routine neurosurgical cases. However, we recently had a very interesting case of a thoracic protruded intervertebral disc with a complete paraplegia and sensory level to the ninth segment. The interesting features were the slowly progressive history over a year's time beginning in one leg and then affecting the other leg, and gradually followed by complete paraplegia with incontinence of bowel and bladder. The lesion, at the time of surgery, was a very large mid-line protrusion which had undergone such marked degeneration that when the ligament was incised a milky-like material escaped which suggested an abscess. However, histologic examination revealed it to be extremely degenerated disc material.

A most interesting case occurred in our Boxer dog who developed an acute right cerebellar lesion with extreme ataxia and a positive Romberg. During the entire three-week history, the dog felt perfectly well, had no fever, etc., and appeared to be as active as possible in view of the ataxia. He has given large doses of penicillin every three hours for 72 hours, following which he began to show improvement and progressed to complete recovery.

Bob and I are already looking forward to the meeting next year and are anxious to learn what location is selected.

ARTHUR R. ELVIDGE: The meeting at Hot Springs was a great success and I think Barnes and his wife are to be congratulated on the very fine organization.

I had a very happy trip to Washington with Harry Botterell and Margaret after staying up all night with the Raney's waiting for the train.

During the 1-2 month period of convalescence from the meeting, I had the pleasure of a visit in Montreal by Rupert and Alta and Ed. Morrissey and his wife. After a short two days they felt the Pacific calling and I had to bundle them onto the train.

Have nothing very new to report. There has been a sudden run of gliomas and meningiomas for a change. Had an epidural haematoma of the frontal pole; a subdural haematoma tucked in the antero-lateral and medial part of foramen of sylvius; one over the whole hemisphere in an adult and one in an infant. I had to turn small flaps for all cases though in the last two I had tried to drain them through trepanations first.

W. S. KEITH: The matter of the next meeting has been settled by the Executive Committee. It is to be at the Broadmoor Hotel, Colorado Springs, October 9, 10 and 11, 1947, and Olan Hyndman

is a member of the Executive Committee.

I think the Academy has reached a stage in its life when we should establish a membership committee. This could well be the Executive Committee in any given year. The committee could study all aspects of any prospective membership and this formal report would be of real value at the annual meeting. I think we should all try to come to some conclusion as to whether we would be willing to retire from active membership at any given age.

All members please remember to send in abstracts of papers three months before the next meeting.

If anyone has any unpublished experience in spinothalamic tract section for painful phantom limb I would be glad of a written comment. The case in question is a lower limb mid thigh amputation over twenty years ago. The phantom became painful ten years ago. He has had his nerves trimmed off and a sympathectomy without real measure of relief. I think removal of the sensory cortex would remove the phantom and the pain, but whether tract section would remove the pain is another matter. Most of the published evidence makes one think it would remove the pain and I think I certainly would try it if it was a painful phantom from the recent war.

A. EARL WALLER: I have been so busy reorganizing the affairs of state in the Division of Neurosurgery here that I have not had much time to think of Academy business.

On about the first of October I returned to the University of Chicago and have been engaged in setting up a research program and taking care of routine work since that time. I enjoyed very much the opportunity of seeing most of the fellows of the Academy at the Harvey Cushing meeting in Boston last month. I believe that it would be well if we could arrange our meetings so that they do not occur quite so close to the meetings of the other neurosurgical societies.

I hope that a good many of the fellows are planning to go down to San Diego next April. I think that it is a good thing for us to get acquainted with the neurosurgeons of South America. I am sure that we have quite a bit to learn from them and probably a few things that we can teach them.

DEAN H. NICHOLS: I was pleased to learn that the 1947 meeting of the Academy will be held at the Broadmoor Hotel in Colorado Springs on October 9, 10 and 11. Now we can start planning for the 1948 meeting. It seems to me that anyone with convictions regarding the location of the 1948 meeting should set them forth in one of the Round Robin Letters.

My suggestions for the program of the next meeting are as follows:
First Morning - (1) Trigeminal Neuralgia. A chairman to introduce the speakers he has chosen. Five 10-minute speakers; 50 minutes of open discussion. (2) Sympathetic Surgery. Chairman: five speakers; 50 minutes of open discussion.
First Afternoon - recreation

Second Morning - (1) Intracranial Aneurysms. Chairman, five speakers, 30 minutes of open discussion. (2) Cervical, Thoracic and Lumbar Disks. Chairman, five speakers, etc.

Second Afternoon - recreation

Third Morning - (1) Advances in Brain Tumor Diagnosis and Therapy. Chairman, five speakers, etc. (2) Head Injuries. Chairman, five speakers, etc.

Third Afternoon - recreation

I would suggest that the six chairmen be older members of the group and that each chairman choose his five speakers chiefly from among the younger members. The chairman would need to choose his speakers six months in advance in order to correlate their contributions. The proceedings and discussion would not be published! Each chairman would be at liberty to call on any member or guest during the discussion period. For instance, men could be called upon to defend or retract something which they had previously said or published.

As a corollary to this meeting, the program could list several dozen papers (with brief abstracts) to be read by title. This would give us all advance notice as to what the members are doing and what they are about to publish.

The program could also contain a list of the papers published by the members in the preceding twelve months.

It seems to me that such a printed program would stimulate the discussions which go on far into each night.

If you aren't too bored, I will suggest the following six titles for the 1948 meeting: (1) Infections of the CNS, (2) Peripheral Nerve Problems, (3) Hydrocephalus, (4) Cranioplasty, (5) Skull Tumors, (6) Spinal Cord Surgery. For the 1949 meeting, I would suggest a return to the first set of subjects, namely: trigeminal neuralgia, sympathetic surgery, aneurysms, disks, brain tumors and head injuries.

It seems to me, to put it briefly, that this organization should stick to its knitting. All of the members earn nine-tenths of their living with the 12 groups of problems mentioned above. The remaining 200 problems are rare and constitute our recreation. Our contributions on these rare problems can be abstracted in the printed program and aired in the journals and at other meetings.

I expect the above suggestion to encounter some violent opposition and criticism (yes, I forgot to list epilepsy, pain, etc.) in the next Round Robin but I can take it.

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

ROUND ROBIN LETTER

GEORGE S. BAKER: The Meeting of the Academy in October is surely a most unsatisfactory time for those of us in the midwest who like to carry a gun even though we don't shoot. We only have about one month which is fit for hunting and that is October. The rest of the time we are snowed in and could very well attend a medical meeting in any part of the United States. I think, however, that the location will be a very satisfactory one for all concerned and we will be looking forward to attending the meeting.

Have been plagued with a run of third ventricle tumors which are surely a nightmare and headache for the ones who take care of them. This all builds up to a vacation somewhere in the sunny South with some of the other members of the Academy who apparently are fairly well flushed and want to try their luck at a little golf in the vicinity of the Seminole golf course in Palm Beach. One of these individuals made some remarks about hunting in South Dakota in our last Round Robin letter. You may draw your own conclusions.

HOWARD A. BROWN: Activities in this part of the country are essentially routine, although there has been no slacking up of work, up to this time. This is a little surprising when one considers that there are more certified neurosurgeons in this Bay area than in any other location outside New York City. We have had one new man arrive in San Francisco, one in San Jose (some fifty miles distant) and two new men across the Bay on the Oakland-Berkeley side.

We now have in training seven men and two more who will be with us soon. Training these men is a pleasure, and certainly most stimulating, but one wonders just how far it is reasonable to go with a training programme in neurosurgery and what our obligation is to the men whom we train. Are we taking on too many men? Will the field be supersaturated? Are we doing any of these men an injustice by encouraging them to proceed with their training program?

Frankly, I do not know the answers, but I believe the points are worthy of discussion at our next Meeting. I know that Joe Evans has been much interested in this, and perhaps we could get him to discuss the problem and have a round-table discussion thereafter.

After perusing the last round-robin letter, I believe Dean Echols should be made Chairman of the Programme Committee for the next Meeting, and let him assign the papers - or give them himself, as he sees fit.

DONALD F. COBURN: No special news here. We have been having about the usual routine of work with more interest by the internists in surgery of hypertension than for some time.

We are looking forward to seeing everyone at Colorado Springs this Fall.

FRANCIS A. ECHLIN: The only news I have from New York is that our new New York Society of Neurosurgery is flourishing. There are twenty-four active members and seven honorary members. We are continuing to try to keep the meetings informal and meet in a Board Room around a large table at the Academy of Medicine.

We are trying to combine physiology and neurosurgery at a number of the meetings, and this idea seems to have been enthusiastically received. At the last meeting Margaret Kennard discussed some neurophysiological aspects of tremor, and Jefferson Browder followed with a discussion of the neurosurgical treatment of Chorea-Athetosis and Parkinsonism.

DEAN H. ECHOLS: The advantage of editing this newsletter is that it gives me a chance to reply to some inquiries which appear in the same letter. I'm sure that John Meredith is correct about cutting a couple of vagus fibers when the glosso-pharyngeal is severed for tic douloureux. As I recall, the importance of this point was made by McKenzie, Grantham, Spurling, Peet and others, including myself. I have had to operate upon three patients from weeks to years later because I left all the vagus fibers intact. It is now routine in our place to cut two fibers of the vagus unless the tic pain is largely confined to the ear region. In brief, I am almost convinced that the disease is tic douloureux of the ninth and tenth nerves with one or the other playing a dominant or exclusive role. I once reported a case of pure vagus tic douloureux under title of superior laryngeal neuralgia.

I note that those of our group who belong to the Cushing Society are expected to be at the meeting in Hot Springs, Virginia, thirty-two days after our meeting at the Broadmore. I hope that in the future the Academy and the Cushing Society can get together and arrange for an interval of four or five months between the two meetings.

The Ochsner Clinic has solved the bed problem by purchasing an Army Station Hospital. It opened January 21. One hundred beds have been commissioned and we will have another hundred ready shortly.

JOSEPH P. EVANS: I think congratulations are in order on the last Round Robin Letter, which seems to me by all odds to be the best and most provocative that we have had.

I find myself quite in accord with what Dave Reeves has had to say, and with that as starter, I'd like to go on and say my piece.

I believe that we ought to see to it that the Academy is kept a small group of approximately its present size (which already is somewhat unwieldy). This obviously means that the older ones of us will have to move out to make room for younger men and I think we ought to set 45 as the upper age limit.

Dave's suggestion of making men associate members at 45 is an intriguing one, but my recollection of the inhibiting effect of the older men on my willingness to speak or express my views when I was 10 years younger is still rather vivid. I should very much like to

see the Academy kept what it was initially and has been through the past decade of its existence, a virile group of young men and an organization which offers recognition to promising neurosurgeons.

The fellowship which has come to mean so much to all of us could be continued for the men as they reach the top bracket by the formation of a neurosurgical club. For some years at least, this would be a small enough group that we could visit among ourselves in our various places of work. This, of course, would mean yet another meeting, but perhaps the scheme could be run on a rather informal basis that would not involve the tremendous preparation that a major meeting does. It could be done as clinical group without fanfare.

This brings me to another point. It seems to me that as we older men become more secure financially, there has been a tendency for the meetings to be held on a more elaborate scale and with more expense involved. Barnes and I talked some about this at Hot Springs, and he pointed out to me that the all inclusive rate meant that the cost was not so high as it seemed at first glance. On the other hand, I think we have to recognize that for the younger men every dollar counts.

Furthermore, there is a distinct feeling among some of the members of the group that it is a mistake for us to meet in resorts rather than in our own bailiwicks where we can hold clinics and have direct contact with other members of the medical profession than ourselves. This opinion was particularly voiced after the Boston meeting where a number of the men found it very stimulating to have the opportunity of visiting clinics before, during and after the formal program. This at the Harvey Cushing Society, which, although such a well-organized and well-run meeting, was, I think, in program content no better and perhaps less good than the really excellent one we had at Hot Springs, but there were these clinical facilities available.

I am not altogether happy about the idea of the executive committee coming to be such an important policy-making body, though I suppose that probably that must be conceded as a necessary step since the society has become of its present size and probably will expand somewhat further, though I hope not much.

So far as the scientific program is concerned, it seems to me that this might suffer from too much direction. I should think, for example, that Dean's suggestion of a more or less directed program might lead to less spontaneity than the present rather loose arrangement. I feel very strongly, however, that more ought to be done to encourage the younger men to present material and this would be one of the advantages of Dean's suggestion of appointing a chairman and having him select chiefly from the younger men the speakers to deal with his subjects. Perhaps this general arrangement of Dean's might be adopted without following the rather rigid plan of assignment which I suspect Dean would not mean to insist on anyway and was rather making only a constructive suggestion.

A further point in connection with the scientific program is that I think we ought to encourage the introduction of co-authors who

are not members of the Society and who may represent a special branch, such as Neurophysiology, Neuropathology or one of the other related fields.

I hope that there will be continuing discussion in the Round Robin of these problems so that we may thrash them out pretty well before the Broadmore meeting. As Barnes indicated, we are now at a very critical stage with important decisions to be made. Each of us ought to try conscientiously to crystalize his views so that we arrive at a well conceived decision.

WALLACE B. HAMBY: Echols' programs for the 1947 and '48 sessions of the Academy, proposed in the last Round Robin letter look very good to me and I should be happy to sit in on such sessions and learn; maybe could even contribute a little! The neurosurgeons from this area used to foregather occasionally before the war for a single day session to talk over two or three such pre-planned topics of general interest and we all profited greatly from them.

Don Coburn spoke out in the last letter against the Resort Hotel meeting in favor of meeting in members' home cities. I believe the Resort meeting will not prove any more expensive in the long run, but I have had a great deal of pleasure in the past from becoming better acquainted with the cities in which our fellows work, through hosts' well planned divertissements. Witness New Orleans, Los Angeles, San Francisco and Cleveland! This would work out especially well with the plan of using the afternoons for the divertissements. Of course, it makes a lot of work for the host, but the poor slave doesn't have such a fling very often. I would be in favor of alternating the two types of meeting a few times. This would forestall boredom and would reduce the labors of hosting by half.

Work swings along as usual here. I have been having fun with carotid arteriograms by percutaneous puncture since Jim Poppen taught me to do them effectively. Unfortunately, I haven't turned up many more aneurysms in the process. My paper on prognosis in Subarachnoid hemorrhage is ready for the A.M.A. Meeting in June and I hope also to have an exhibit of the material.

My congratulations to the Academy over our new members. I hope they may enjoy the group as much as I do.

FRANK H. MAYFIELD: The Mayfields expect to join the George Bakers at Palm Beach for two weeks of golf and recuperation beginning February 17, 1947. We thought we might stop over in Georgia on the way down and play Governor for a while, provided Exum Walker is not playing that day.

Among interesting cases which we have recently seen was one in which there was a loud systolic bruit in the temporal regions and the patient was proved to have an astrocytoma in the cerebellum. Needless to say we were much confused about it for a while.

Our good friend Barnes Woodhall has delegated me to write something about Causalgia for the history of the war. In the hope of obtain-

ing some statistical data about this disease I have sent out questionnaires to those of you who were in the military service. I should be pleased also to have any comments from the rest of you, particularly as relates to unusual cases.

JOHN M. MEREDITH: I should like to ask the members of the Round Robin whether they have ever had occasion to divide one or two filaments of the vagus when sectioning the 9th nerve for glossopharyngeal tic. I know of one authentic instance in another clinic where the 9th nerve was completely divided for glossopharyngeal tic and the patient still had considerable pain in the pharynx. The wound was reopened, the 9th nerve found to be completely divided and one or two small filaments of the 10th nerve were sectioned, after which the patient was free of all pain. We have had three 9th nerve tics in recent weeks and have been dividing one or two filaments of the 10th, as well as the 9th, to be certain that there would be no further pain. I should appreciate comments from the members as to their experience with this problem.

Nothing but the most transient and slight dysarthria has ever followed division of one or two of the anterior filaments of the 10th nerve at the time the 9th nerve was divided.

R. B. RANEY: Your suggestion regarding an annual discussion of certain common phases of neurosurgery seems to me to be a good one, and I trust it will be carried out. It is hoped for Spenc Braden's benefit, however, that the subject of peripheral nerves be fairly quiet or possibly taken up at a private meeting in his absence.

I had occasion to have dinner with Dave Reeves a couple of evenings ago and I think he is very well satisfied with the location as he seems to be very much pleased with Santa Barbara in general, and for which he cannot be blamed since it is a delightful place.

I think everyone is looking forward, as usual, to the meeting this Fall in Colorado Springs. I am sure there will be some interesting papers presented.

It is possible that we may submit a paper on some of the distressing phases of facial neuralgia, provided it should prove of interest to the program committee. With respect to the paper on tract sections which we gave last year, we have continued to do them with ever-encouraging results.

DAVID L. REEVES: Enjoyable indeed it was to receive the Round Robin Letter and to hear from the many members once more. I hope that we will continue this letter and that it will come out more often than it has in the past. It seems to me that it is a very important link in the friendship and interest in our organization.

I was interested in reading from Francis Echlin that Larry Pool had been elected president of the newly formed New York Society of Neurosurgery which apparently is composed of the younger men in that large metropolitan area. It seems to me that organizations of this

sort will crop up from now on and will serve a very useful purpose. Moreover, there are certainly enough members in the City of New York to form such a society, and the same would apply to Los Angeles or at least to the Western states.

It was quite interesting to me to read the various comments from the members concerning the type of meeting desired on the next occasion and also their opinions referable to the Academy of Neurosurgery and the question of the new members. It was rather refreshing to get Don Coburn's reaction toward the present trend to have the meetings in the expensive resort areas. It is my feeling that the trend toward the resort places will also eventually result in a reaction back to the cities, and I believe that a variation of one to the other from time to time would be most desirable. There are certainly advantages in having the meetings at the resorts because of the ability to handle everything in one location and probably less expense for that reason than having it in a city. On the other hand, there are so many diversified interests in a city associated with the opportunity of visiting the clinics that I fully believe that after Colorado we will and in some attractive city such as New Orleans or Santa Barbara. For Don Coburn's information I can tell him that we have seen a great number of virus infections in this part of the country and that they very greatly simulate tumors and are quite puzzling diagnostically at times. It would seem rather obvious that Hunter Sheldon's boxer dog also had a case of virus encephalitis, and I think it is fortunate that the children did not pick it up from him.

You, Dean, are certainly going quite a long way ahead of time by getting the program arranged for 1949. It didn't occur to me that brain storms of this sort crossed your intellectual path. While it is my feeling that the idea of having a symposium, as you have suggested, is a good one, that the entire meeting should not be taken up with a symposium but if anything, possibly a half of the meeting should be devoted to symposium from which in the past we have all gained a great deal. Then the remaining part of the program I think should be devoted to a certain number of papers, and the fewer the better. It is also my belief as has been mentioned by many of the others that too much scientific work and meetings is crowded into too short a time with not sufficient opportunity for rest and relaxation. This might be all right for those who only have to go a matter of 600 miles to a meeting, but when you cross the country for a meeting and find that when the meeting is over you have just had an opportunity to look out the window and see what is going on in the way of beauty and scenery and fun, it leaves something to be desired.

I think it is very helpful to have these things discussed in the Round Robin Letter because it brings them to our attention and leads to a better meeting the following year.

ROUND ROBIN LETTER

OF THE

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

June 15, 1947

GEORGE BAKER (May 24, 1947): I suppose that spring has reached you folks in New Orleans but it surely is a long time getting to Minnesota. I think it has been one of the longest and coldest spells I can remember during my sojourn in Minnesota.

We have been noticing a large group of foreign neurosurgeons in our neurosurgical clinic in the past two or three months. These men come from France, Sweden, Holland, Denmark, Switzerland and South America which would indicate that the war has seriously handicapped the specialists in the European and South American countries. I am sure every medical center has had similar experiences.

We are looking forward to seeing you all in Colorado Springs in the fall, and even though I have not seen a copy of the tentative program, I am hoping it will be one which is more constructive than some we have had in the past.

I would suggest that we attempt to establish a Ladies' Auxilliary so that wives of members would be considered a part of our organization and so that the matter of expenses to and from the meetings could be officially defucted from income tax returns. I think that this would be a very valuable addition.

E. HARRY BOTTERELL (June 2, 1947): After a very busy winter, neurosurgical activities are commencing the summer decline, with Bill Keith fishing, and now about to take off to the Senior Neurosurgeon's Meeting where he and the rest of our Executives are meeting. Our Medical School has just acquired three new professors in major departments. Stokes has taken the Chair of Psychiatry, having just arrived from England. Dr. Ray Farquharson is the new Professor of Medicine, and Dr. Bob Janes the new Professor of Surgery. On the Neurosurgical Service at the General Hospital, we are beginning to have hopes of an improvement in the physical set-up, both on the wards and in and around the operating room. I have recently tried a few cases of percutaneous carotid injections, using the technique as Poppen showed it to us at the Cusning Society, substituting 35 per cent diodrast for thorotrast. The results have been quite satisfactory.

We have had visits from Dr. Woolsey from Saint Louis, and Robbin Robertson from Glasgow, which we have greatly enjoyed.

This brings my best wishes to all for pleasant summer holidays, and I am looking forward to our meeting in the autumn.

SPENCER BRADEN (June 2, 1947): I feel a little on the guilty side for not having contributed to some of the previous Round Robin letters. Not that I have anything of particular significance to say but this will at least bear witness that I am willing to be sociable again.

For your information I went to the Dakotas last fall for a week of pheasant shooting and found it very much to my liking. I found the pheasants out there in covies much like the quail in Alabama.

After the meeting at Hot Springs, of the first three arteriograms I tried on suspected cases of subarachnoid hemorrhage as the result of aneurysm, two showed

large venous angioma overlying the parietal cortex. What do you think ought to be done about these. I have already operated upon one of them.

Saw Bill Keith and several other members in Chicago and understand that some are expected to be in Cleveland for the meeting of the Neurological Society. Will be looking forward to seeing them. Am already looking forward to the Colorado Springs meeting. I do feel that some consideration should be given to some possible change in time of our meeting since for those on the coast it means cross country travel for our meeting as well as the Cushing meeting. I suppose this will be ironed out by the powers that be.

DONALD F. COBURN (May 29, 1947): We are waiting to move our office south to the Plaza, but labor difficulties have put the schedule far behind.

Had a chance to see Furlow and team in action a couple of weeks ago, and also Harry (The Cat) Brecheen and team smash Boston. The attitude of Sachs and Furlow toward glioblastomas seems to be radical, still. Do others share it? Saw Francis Murphey and Roda in Memphis, and the Southern hospitality is truly delightful. A couple of days at the Naval Hospital made me most grateful to be "on the beach".

Have many of you seen a distant but diffuse adhesive arachnoiditis secondary to a low spinal anesthetic? One yesterday at D3-4, onset of symptoms two months following pelvic surgery under spinal. Complete obstructive lesion.

FRANCIS A. ECHLIN (May 28, 1947): The speed with which the Round Robin comes around makes one acutely aware of how quickly time passes. A few years ago, I believe in 1941 or 1942, I was invited to a meeting of the Academy. Only last year could I afford the expense of attending a meeting, with the exception of once when I was in the Army, but they paid for it. Now it looks as though I must retire from the Society at the age of 45. This seems all too close. This must have been the experience of others unless they made more money than I did.

If 45 is chosen as the retiring age, I do agree with Dave Reeves that we should be made associate members and given the privilege of attending meetings, but without vote.

It is probably wise to limit the number of new members to five each year, but this may have to be increased considerably in four or five years as I believe most of our present membership will be reaching 45 at that time. It might be well to make a survey of the age of the present members.

DEAN H. ECHOLS (June 5, 1947): Bill Keith has asked me to referee a symposium on intracranial aneurysms. Hamby has agreed to discuss prognosis. If anyone is willing to take a small or large part in this symposium, I would be grateful for a telegram or letter.

ARTHUR R. ELVIDGE (May 27, 1947) Have been extremely busy. Have been very interested in the discussions regarding the destiny of the Society.

As regards size of the Society: Members should be asked to vote as to whether they think it should be limited to forty, fifty or one hundred members. There should then be no exceptions.

Regards direction: I do not think a society should be run by a committee. I think the meeting should be directed by the members and the directors are merely the servants of the members. In other words it should be run as a democracy.

Regards age of members: They must consider whether they should continue their membership or resign at the age of 45. It should be the privilege of those who originated the Society to make this decision. If it was their purpose to keep it young, then all those over 45 must resign now while there is still time to join a veterans' lodge. I think this would be a fine altruistic idealistic gesture. I think the old members, 45 to 85, (life expectancy is increasing) should form an older society which could meet in far off corners of the Earth, where things could be discussed with the dignity and experience which comes with age, along with the patriarchs of the Old World and the prophets of the New.

Both groups, of course, would lose and both gain something. The young man would lose the direction and experience of the older, mature and experienced. The old would lose the constant stimulation which comes from the young. Nevertheless, it would have its advantages and disadvantages. The young society would constantly have new members. The old could carry on with their old friends and associates, and perhaps even have some new members also, as ancients passed on into history.

Regards location: I am in favour of meeting in at least a few of the great cities and great centres every few years or so, where both the old and the young work. I am in favour of meeting in foreign countries. This would benefit medicine and also help to improve the international situation.

Members: I am in favour of having members from as many different cities as possible rather than several from one city.

Expense: This is about the same nowadays whether a meeting is called in this hemisphere or the other. Most of the young men in this Society will be able to afford it or borrow it.

General: We have had many research and clinical fellows from other countries working and visiting here. Every language is now spoken at the Institute except English. I would very much like to see the Society come to Montreal next year.

Programs: I think symposia might well be of value but should form only part of a program. Medicine, ten years from now, will be very different from what it is today. Therefore, there should be opportunity for a wide variety of topics.

T. E. ERICKSON (May 28, 1947): As secretary, I would like to have the following announcements inserted in the Round Robin Letter in regard to the annual meeting which is scheduled for October 9th, 10th, and 11th at the Broadmoor Hotel, Colorado Springs. Hotel reservations should be made directly with the hotel and not through the secretary's office.

All members who wish to present a paper should notify the secretary of the title and approximate length of time desired before July 15th. Further suggestions as to organization of the meeting will also be welcomed.

Nominations for membership should be in the hands of the secretary by August 1st. If more nomination blanks are required they can be obtained by writing to 1300 University Avenue; Madison 5, Wisconsin.

President Bill Keith has called a meeting of the executive committee for June 6th

and 7th at which time detailed plans for the meeting and proposed changes in the constitution will be discussed.

JOSEPH P. EVANS (May 22, 1947): The Unitarian Service Committee, under the auspices of the World Health Organization, is sending a Medical Mission to Austria and Hungary this summer, similar to those which visited Poland and Czechoslovakia last summer. I have been asked to serve as the neurosurgical representative.

The purpose of the Mission is to provide information on current western medical and surgical thought and practice and to help fill the gap in medical knowledge resulting from the disruptions of the war.

Dr. Erwin Kohn, the Director of Medical Projects for the Unitarian Service Committee and Executive Director of the Mission, has requested that individual members of the Mission make every effort to secure collections of reprints and donations of books and monographs.

This letter is sent in the hope that you will be good enough to provide the Mission with reprints of your articles -- as many as six of each article if possible, since they will be left in Austria and Hungary. Available books and monographs will obviously also be appreciated.

Will you let this be a "Do it now" matter and have your secretary gather reprints at the earliest moment? They should be sent to the following address:

Unitarian Service Committee
Medical Projects
35 East 35th Street
New York 16, New York

It might facilitate sorting if you would put (Neurological) or (Neurosurgical) in the lower left hand corner of the package.

The Mission leaves New York City by air on June 26th; hence, early receipt of the material will be double appreciated.

See the editorial, J.A.M.A., February 22, 1947 for an account of last year's Mission. Copies of neurological or neurosurgical motion picture films would be most worthwhile. These could be returned following their use if desired, though they might be well-worn.

EVERETT G. GRANTHAM (February 26, 1947): I have just received an announcement of the next meeting of the Harvey Cushing Society and I am awfully sorry to see that it is coming so near to the time of the Academy and hope that in the future the meetings can be kept a few months apart.

I like your idea, Dean, of the type of program to be planned for future meetings and I would suggest that a similar planned group of subjects be presented at the business meetings so that the members can be notified well in advance of subjects to be discussed.

I suppose most of the members have been using Tetracthyl Ammonium Chloride as a test for the value of sympathectomy. I am very pleased with its use as a pre-operative test and believe it to be better than the ordinary sympathetic block with novocaine.

W. A. GUSTAFSON (February 26, 1947): Still going along without too much news to add, but I have seen Spence Braden, here, in Chicago, as well as Hamby, and Beswick, and have discussed the pros and cons of various neurosurgical procedures, as well as Dean's suggestion in the last letter concerning a complete review of one subject in our next meeting, in an endeavor to come to more definite conclusions concerning some of the common ordinary things that we are making a living on. I would suggest going into the low back pain problem, or the herniated disc problem, since we have all had a good deal of experience in handling these cases, and there is a certain amount of controversy, particularly here in Chicago, in regard to fusion, and the indication for fusion. I believe a subject like that could be handled from the anatomical and physiological, as well as the operative procedures and rehabilitation, to our mutual benefit, and if everyone could begin planning now for the meeting, we might get more thorough and adequate evaluation of end results.

There is a question in my mind in regard to what consists of adequate training. Should the contemplated training be with the idea of more adequate neurological training, thereby in a way replacing the neurologist, or should the training emphasize general surgery, since we are doing a more varied type of surgery with the sympathectomies and peripheral nerve work, as well as the brain and spinal cord work. The ideal, of course, would be general surgical training, and neurological training, as well as neurosurgical training, but this in turn has its drawbacks, increasing the duration of training required, since very few training centers are able to give all angles, but I believe this should be considered seriously, possibly shortening the period of general surgical training, and increasing the neurological training, but requiring a residency with both phases.

In my own experience, I do a large amount of sympathectomy work, in which I find my general surgical training very valuable. I also question because of this, my own ability to train a resident in neurological surgery, but I believe we should consider all angles of training, and suggest as a group to the Board, what we considered adequate training and then possibly suggest investigation of the various neurosurgical residencies to see if they meet the standards that have been suggested. We can thereby possibly be of service to the future training programs, and possibly eliminate the use of residents to do routine scut work.

I believe that at present a number of the residencies are merely maintained as a means of cheap labor, and enough thought is not placed on a definite training program for their benefit. I would like to see a bit more discussion from the members in regard to these ideas.

JESS D. HERRMANN (May 27, 1947): There is nothing much to report from this neck of the woods. We had a very pleasant four-day visit with Jim Watts. He was down for the recent Oklahoma State Medical Association meeting in Tulsa, and reported some of his work on prefrontal lobotomy in cases of intractable pain.

W. S. KEITH (February 26, 1947): I hope Hunter Shelden will bring some of his moving pictures of the shaking brain to the meeting in October. There must be a good many members who have not had an opportunity of seeing these pictures and who would appreciate the opportunity.

The case of painful phantom limb referred to in the last Round Robin Letter appears to have been relieved of his pain by high dorsal spinothalamic tract section.

For the 1947 Meeting I am in favour of having half the programme according to Dean Echols' plan and to select the other half from the abstracts of papers submitted by members. I am in favour of having all the afternoons for recreation.

GEORGE L. MALTBY (February 26, 1947): I am afraid that I have little to offer at this time. I find myself weighted down with clinical work and the problem of adequate help in a relatively virgin field in Maine makes it necessary to do almost everything oneself, including pre and post operative care. I have seen an interesting group of peripheral nerve tumors mostly neuromas, but one case seemed especially interesting in a patient with peroneal nerve paralysis and a mass at the head of the fibula. This lesion turned out, on pathological section, to be a large ganglion arising from the lateral tendon of the biceps femoris muscle.

I must say that I agree strongly with Francis Echlin on the importance of neurological training in the requirements before neurosurgical certification. It seems to me that this is even more true at present than formerly as more and more men are settling away from the metropolitan and university centers. To the laity the "brain surgeon" is a "nerve doctor", and it is even difficult to escape some psychiatry.

I was interested in Wallace Hamby's ideas of the future. I am not sure I agree with the idea of multiple national neurosurgical society, but I believe that regional groups are a grand idea, such as the recently formed New York Society. There are tentative similar plans among some of the younger men in New England.

JOHN M. MEREDITH (May 26, 1947): My current inquiry is as follows: Have any of the members had occasion to do a bilateral Torkildsen procedure, i.e., a catheter from each lateral ventricle to the cisterna magna for infiltrating glioma in the floor of the 3rd ventricle and one or both lateral ventricles, so as to cause more or less complete block of the foramen of Monro. In such a situation, a catheter from one lateral ventricle only to the cisterna magna would not suffice, unless an opening had previously been made in the septum lucidum. We have a 20-year-old girl under observation now who has had two frontal (bilateral) operations, with verification of a hopeless infiltrating glioma in the above-named regions, with block of the foramen of Monro so that air does not cross from one lateral ventricle to the other. I am planning to put a catheter in each lateral ventricle, thus connecting both lateral ventricles with the cisterna magna. Any comment? Has anyone done this and with what result?

Also, I should like to inquire if the members are routinely cutting C₁ posterior root in cases of malignancy when the 5th and 9th cranial nerves require sectioning, as well as C₁₋₂₋₃ posterior roots. Of course, C₁ posterior root is occasionally absent, but if present requires hemilaminectomy of the atlas for its sectioning. We have just had a case in which sectioning of the 5th and 9th cranial nerves and C₂₋₃ posterior roots only were divided with satisfactory results. In that case, a hemilaminectomy of the atlas was not done and C₁ posterior root, if present, was not divided.

I heartily agree with your observation that the Harvey Cushing Society and the Academy meetings should be several months apart.

FRANCIS MURPHEY (March 1, 1947): Sometime ago, I believe Don Coburn stated that they had had a considerable number of so-called "pseudo tumors" in Kansas City. Since I have been back we have had several, one of whom died of a hyperthermia three days after a subtemporal decompression.

This patient had had headaches and mental deterioration for two or three months prior to admission. Examination on admission showed that she was disoriented, emaciated and somewhat sallow in color. There were three diopeters of choked discs, but the rest of the neurological examination was normal. Spinal fluid showed a pressure of 600 plus. Tests for Addison's disease were negative. Ventriculogram was normal but because of the extremely high pressure the subtemporal decompression was done. There was no improvement in her mental state, or reduction of the intracranial pressure and she suddenly developed a hyperthermia and died. At postmortem the only abnormality was complete atrophy of the adrenal glands. Although this is not the typical picture of a pseudo tumor it suggests that increased intracranial pressure could result from some endocrine disturbance and I believe might be a lead as to the cause of these so-called "pseudo tumors."

LARRY POOL (May 24, 1947): A Robin Round letter finds me rather bereft of news save for a few clinical notes. Removed a huge parasagittal meningioma which had partly invaded the lumen of the adjacent superior longitudinal sinus, wherein a nubbin of tumor was found about 2.0 cm. long and 1.2 cm. in diameter. I was able to open the sinus, carefully walling off each end to prevent loss of blood of any note, as well as air emboli, and remove the tumor mass, then repair the sinus wall. The patient has done well.

For a case having pain, nausea and dizziness due to advanced, though irradiated lympho-epithelioma of the nasopharynx, I elected intracranial nerve root section instead of tractotomy, due to fear of complications on account of the age and condition of the woman. After dividing the posterior root of the 5th, 9th, and part of the vagus nerves on that side, as well as the posterior roots of C₁ and C₂, she was relieved of her pain, was able to eat and required no more Demerol. She also had section of the vestibular portion of the 8th nerve which apparently relieved her dizziness. (The petrous pyramid was invaded by tumor by x-ray study). Hearing was not affected by this nor did she suffer any facial weakness.

The third case of interest was a lad at Bellevue who was struck on the top of the skull by a long steel rod. The rod pierced the left ("dominant") frontal lobe midway between lateral and medial surfaces at the coronal suture line and then perforated the base of the anterior fossa to lodge just inside the left mandible, without piercing the buccal mucosa luckily. I first exposed the site of perforation beneath the frontal lobe through a temporal approach, so as to control hemorrhage and also to seal the hole in the bone with a muscle stamp. It was then a matter of proceeding as in shell-fragment war wounds, by debriding the upper wound (of entry) and closing the dura, etc., after removing indriven bone chips, etc. The lad never turned a hair, and is now home, free of aphasia, which he had for a few days. He was lucky all the way, to have had no vital damage to nerves, speech area, etc.

Our New York Neurosurgical Society continues to flourish, and we look forward to "visiting firemen".

JOHN RAAF (May 29, 1947): There seems to be some controversy regarding time and place for our meetings, and just for the record I would like to voice my opinion. I agree with George Baker that the fall is a most unsatisfactory time. The fall should be devoted to hunting, steelhead fishing, and football games. If the Harvey Cushing Society continues to have its meeting in the fall, a meeting of the Academy at that season is most undesirable. It seems to me that a good time for the Academy to meet would be February or March, or within a few days of the A.N.A. or American Neurological so that those of us who come from a distance could take care of more than one meeting on a single trip.

So far as a place is concerned, I prefer a meeting in a city near a neurosurgical center to a meeting at a resort. A meeting in a city is easily accessible by air whereas many of the resorts are not.

The problem of how many younger men should be trained for neurosurgery might well be worth considering at our next meeting. The neurosurgical clax is certainly growing by leaps and bounds. Scarcely a week goes by without an announcement that some young neurosurgeon has set up in business. I was interested to learn from Howard Brown that they will shortly be training nine men. I recently learned from Jime Kernohan that there are twenty odd fellows in neurosurgery at Rochester. I presume that before long neurosurgical meetings will be as large as the meetings of the American Psychiatric which incidentally meets in Portland next year. I think I shall go fishing the week those fellows are loose in Portland.

The medical profession of the Northwest was saddened by the death of Dr. Tom Joyce last month. He had had some training with Frazier and did very creditable neurosurgery.

R. B. RANEY (May 21, 1947): There is little to add in the way of news to the Round Robin Letter at this moment. Perhaps, next week I could give a little more information as I plan to spend the week-end in Santa Barbara where I shall see Dave Reeves.

In reviewing the programs of the coming meetings, it would seem that in the future some plan should be set up whereby it would be possible to influence the Harvey Cushing Society to have their meetings at a date that would give a little better spread of time between meetings than is allowed this year with regard to the American Academy. I am sure many would like to attend both meetings, but the amount of time required for the more or less extended trip makes it nearly prohibitive. On the other hand, if an age limit is voted upon at the next meeting several of us may no longer be active members. I would somewhat hate to see this come to pass although the majority should rule.

DAVID L. REEVES (May 28, 1947): In looking over the last Round Robin Letter there appeared to be a number of ideas concerning the Academy of Neurosurgery, its future program, and the problem of its size and membership. I note that Joe Evans considered the question at some length and Wally Hamby entered into the discussion concerning the resort hotel type of place for a meeting versus the home city program.

It seems rather obvious that one thing everybody agrees about, and that is that the American Academy of Neurological Surgery shall not increase much more in size so that it becomes, as Joe Evans has mentioned, unwieldy. It appears to me that there is little to be said against such an argument, that there is too much that is unattractive about the very large neurosurgical society, or at least another duplication of one. Therefore, it would appear that the main problem in question which should come up at our meeting at Colorado Springs is the method or the best means of achieving or maintaining a relatively small group. One way of doing it would be that suggested last time of having those that reach the age of 45 drop out in the form of honorary members or inactive members. A second way which may be considered more desirable to most of the members is that of limiting the size to 50 or 60 members, or whatever the size that is agreed upon, and then only allowing new members to be elected as vacancies occur for them. This, of course, may have the disadvantage of keeping most of us in the society for a long period of time until the coronary attacks come along and polish us off, because there would obviously not be too much room for many more additional members if the

size is limited to a small group. One other way of doing it might be that of allowing only one new member each year, and that member being the one receiving the most number of votes. In this way the academy would not increase very much in size over a period of time, and those who become inactive in twenty years or so by the coronary or other routes would soon cut down such a small increase in membership as that suggested. One might even consider taking in a limit of two new members each year which probably would not increase the American Academy of Neurological Surgery membership too greatly. It does seem to me that some limitation in numbers is desirable because otherwise it is hard to keep the society from becoming rather large, and if the previous idea of men of 45 or more becoming inactive or honorary members is carried out, there still might be quite a large membership which would in many ways make the Academy of Neurosurgery less attractive.

In a letter from Ed Boldrey I have learned that they have a new society of neurology and neurosurgeons in San Francisco which has a total of 18 members and Ed seems to feel that it is a very worthwhile organization. He also has mentioned about the brewing organization for a Western society of neurosurgeons or a Pacific Coast society of neurosurgeons and believes that very possibly their organization can blend into the larger one should it be organized as no doubt it will be. In commenting about the American Academy of Neurological Surgery society, Ed felt inclined to let the younger men make their own society, and he felt we would be submerged if we got the idea we can transfer to the "senior society" and maintain our identity or have much fun and profit.

I hope that Ted Erickson will include some information in our Round Robin Letter about what is going on in the secretarial way, how many guests have been invited for our meeting, and something about the plans for it. It seems to me that it should turn out to be a most enjoyable meeting and certainly those of us from the West will appreciate the fact that we don't have to go 3400 miles for a change.

There is nothing particularly new from this part of the world. The neurosurgical work in Santa Barbara and vicinity seems to be increasing at a very gratifying rate, and practice of the specialty here has proven to be a most enjoyable one.

STUART N. ROWE (March 1, 1947): Eric was in town for a recent meeting, and we had a pleasant afternoon and evening together.

We hashed and rehashed a few of the sundry problems of the academy, and to prevent the discussion from becoming too dry, took the usual remedial measures. For my own part, Dean's very thoughtful suggestions about a fairly fixed subject matter for the program seems a good idea, but almost too much of a good idea. I believe that one or two round-tables on some of the subjects which he described could be used on a program to very good advantage. In this connection, it seems to me, it might be very worthwhile at the first roundtable to attempt to outline some of the major problems in connection with the subject, and then to assign, as far as possible, some individual or group to each of these problems. They in turn could collect what material was possible from all of the members of the group, and the second discussion of the subject would be held on this basis after two years. I believe that if spontaneous contributions are eliminated, and the entire subject matter of the program is outlined, as Dean suggests, the whole affair tends to become too academic and loses considerable interest.

As far as the problems of membership are concerned in the society, several thoughts occurred to us: in the first place, it seems apparent that the need for a large neurosurgical organization is being met by the Harvey Cushing Society. In the second place, at least one smaller neurosurgical society offers very marked

advantages partly from the stand-point of more free discussion at the meetings and partly from the stand-point of the social aspects of the meeting. However, to justify the continued existence of such a rather small group, I believe that the caliber of the programs which it presents, should be high. Furthermore, it should be kept alive by the addition of a certain number of new younger members each year. It would seem possible to me to meet these criteria by limiting the total membership of the society at least for the present, and by limiting the number of new members taken in each year. Anyone inviting a prospective member, could then make these facts plain to him beforehand, and the whole situation would be relieved of considerable embarrassment.

EXUM WALKER (May 27, 1947): I have determined to get a communication to you for at least once before the Round Robin Letter goes to press. I have been guilty of not submitting anything for the letters for any of the recent issues. I have no excuse except that the problems of getting re-established in both a home and office have proved to be much greater than anticipated and have occupied most of my spare moments. In reviewing the last Round Robin Letter, it came to my attention that only eleven members submitted a communication. Also it was interesting to me that with one or two exceptions each of the communications were by men of the original group. This brings up the question as to whether the group is getting to be too big to maintain the intimate interest that it once did. I, for one, feel that our academy has already lost some of its original value because of its size and for this reason would like to go on record as being in favor of at least keeping it as small as possible. I presume that this matter will be brought up in discussion at our next meeting. It has been suggested that as we reach some age, say 45, that we be retired to an inactive status. I agree with Joe Evans that for the older men to hang on would curtail the freedom of expression in the younger men and we must not lose sight of our original object in forming the society for young men. It may be that the retiring members could form the beginning of a neurosurgical club. The members of such a club would have no obligation to anyone, therefore it could attain any size it wished and rather than become too big there could be two or several clubs as time went along. This would give the opportunity for a small group of men to meet and combine the renewal of friendships, social fun and at the same time exchange scientific ideas. At such meetings, there could be a program for the presentation of formal material and a considerable amount of time set aside for the opportunity of informal exchange of views at social gatherings in small groups. Certainly the time has come for us to make some definite decision regarding the future of the academy.

Regarding the problem of whether the meetings should be held at a resort or a city, I would suggest that they be held at both places, alternating each year. This would satisfy everybody at least some of the time.

I have been interested in reading the reactions to the type of program which Dear Echols has suggested. Certainly a symposium on a certain subject has the advantage of concentrating several viewpoints on one subject. Perhaps we might occupy a portion of the program, perhaps half more or less, with a symposium on the topic which seems to be of the greatest current interest for the year. The remainder of the program could be left free for such papers as may be submitted to and accepted by the program committee. Here again such an arrangement should serve to at least in part, please everybody some of the time.

BARNES WOODHALL (May 22, 1947): I have little to record for the Round Robin Letter. I understand that the Executive Committee will hold a meeting during this coming month and I hope that all mental and physical preparations are in hand for our meeting in Colorado. I wonder if our Denver colleague can recommend any place near Colorado Springs where one can stay for a few days, preferably near a trout stream.

ROUND ROBIN LETTER OF THE
AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

December 1, 1947

DR. HOWARD A. BROWN (11-3-47): At the last meeting of the Academy it became apparent to all of us that we have reached a size which would require some changes in the future management of our official business.

The executive committee will have to assume greater responsibilities and the members will have to rely upon this committee to complete the greater portion of the necessary business prior to the yearly meetings. In this way it will be possible to materially reduce the time spent in transacting business at the scientific meetings, which I am sure will meet with universal approval.

Some alterations in the constitution and by-laws will be necessitated in order to accomplish this end, and these will be submitted to the members for their consideration as soon as the executive committee can properly formulate them.

Your executive committee members are keenly aware of their responsibilities and the trust placed in them, and will make every effort to carry out the will of the majority in the most efficient manner possible.

The present executive committee includes Bill Keith, Arthur Elvidge, Wally Hamby, Larry Pool, and myself. We will welcome your ideas and suggestions at any time.

Rupert Raney has looked into the women's auxiliary problem and reports that if this is made an official part of the society, with definite duties, income tax deductions should be allowable for their expenses at meetings.

I would like to urge you all to begin thinking about material for next year's program so that we may have a very good scientific presentation which might well include one or two outstanding guest speakers.

It would be advisable to look over the field of prospective guests and members for next year and send their names to the secretary at an early date, so that they may be studied and screened by the executive committee well before the meeting. Remember that all invitations must be sent by the secretary and should originate or be approved by the member or members geographically closest to the prospective guest or candidate.

12-5-47: Wally Hamby and I, in association with some of the other Academy members attending the Cushing Society, had an opportunity to discuss some of our problems further, and Wally is hard at work getting things into shape for submission to the members.

Very soon, everyone should receive the proposed changes in the constitution, and I should like to urge that they be reviewed and returned to Wally, without delay.

I am very hopeful that the proposed changes will help solve the problems which all of us are anxious to overcome, and I see no reason why the executive meeting at the next annual meeting cannot be confined to one session - and probably, a brief one.

I hope that everyone who has ideas about the programme for next year will convey them to the Secretary as soon as possible, for we are anxious to have a "bang-up scientific programme" in Montreal. At this moment, it looks as though the meeting would be held in Montreal in October - the exact time depending upon the arrangement by Arthur Elvidge.

DR. FRANCIS ECHLIN (11-24-47): I would like to take advantage of the Round Robin to announce that we have again established a residency in neurosurgery on the New York University Division at the Bellevue Psychiatric Hospital, starting July 1st. The service was disorganized during the war and the residency was discontinued in 1945.

We hope in the future to have our residents trained at New York University in neurophysiology, neuropathology and neurology, but this program has not been started. We are, therefore, seeking a resident who has already had preliminary training in these fields, as well as in general surgery.

The residency will not provide sufficient neurosurgery at the present time for complete training. The service consists largely of brain tumors, traumatic cases and lobotomies. One of the real advantages of the service would be a training in neurology. Neurosurgery is closely integrated with the neurological service on which there are thirteen neurological residents. The attending staff consists of Sam Wortis, Sam Brock, E. D. Friedman, Morris Pender and Bernhard Dattner. Margaret Kennard is also closely associated with the service. The neurosurgeons are myself and Tom Garvey. If any of you can recommend reliable candidates please have them write to me.

With Christmas greetings from Letitia and I to all the members and the "ladies auxillary". I enjoyed the meeting in Colorado no end.

DR. DEAN H. ECHOLS: Very brief "hellos" received from Braden, Evans, Gustafson, and Odom have not been included in this Round Robin.

Dr. Nat Hollister, who has been in our section on Neurosurgery for the past year has left to practice in Ohio. This was quite a blow as he is a good surgeon and was very popular with Staff and patients.

I was sorry to have only 23 hours at the Cushing Meeting because it meant very little time for visiting. In case some of you are not informed, the Cushing Society is open to all diplomates of the American Board. If any of you would like to join I will be pleased to obtain application blanks for you from the secretary.

DR. WALLACE HAMBY (11-22-47): On Friday of the Colorado Springs meeting I was sitting quietly enjoying the session and minding my own business, when your Committee suddenly hit me on the head and I awoke to find myself Secretary. I have

really learned to appreciate old Eric more than ever before; when seen at the Cushing Society meeting a month later, he appeared already to have put on weight and had an expression of unusual contentment.

The Executive Committee has been working and we will report to you soon. The Constitution will require some amendments before we can do all the things we were ordered to do; this matter will be before you in a short time. We have been gratified at the response to Howard's questionnaire and would appreciate it if everyone will fill in and return such communications promptly. We thus will seek expressions of opinion from the entire membership before making any recommendations of drastic nature. Your prompt replies will expedite matters materially.

Although returns are incomplete, you may be interested to know that Montreal in the Fall meets with greatest approval. The preferential ballot got a high rate of approval. There is much less agreement on the desired number of men to be elected annually and this probably cannot be set as a long-term project. It hinges on what we want the Academy to be. At the recent Cushing meeting, 22 men were elected. It is likely now that any qualified neurosurgeon will be able to attend meetings. The Academy now has 46 members. As Dave Reeves has pointed out, if only 3 men are added annually, in 10 years the membership will total 75; with 4 annually this would make 85; 5 - 95, etc. and probably the Grim reaper won't pluck more than 5 of us in that period of time. Since the Cushing is to be a large society, we must decide whether we want this one to remain smaller. Obviously, if each of us has even one or two friends whom we feel must get in, this is not going to be possible. Our future is in our hands now.

We are happy over the spontaneous expressions many have appended to their replies, of approval of the presentation of problems by mail for settlement. You will be getting more of them.

DR. WILLIAM S. KEITH (12-2-47): I found the symposium on Aneurysms very stimulating and very useful.

The plans for selection and election of new members to the Academy, which Wally Hamby and Howard Brown and others have been working on, appear to me to be very good, and I think will go a very long way toward solving our problem.

DR. GUY L. ODOM (11-29-47): Several persons inquired at the Cushing Meeting about the patient that I mentioned who had had the six bouts of subarachnoid hemorrhage with a negative neurological examination and negative arteriogram. Before I returned, Barnes explored his posterior fossa and failed to find any abnormality. On about his fifth postoperative day, he had a sudden hemorrhage and expired. Autopsy could not be obtained.

DR. J. LAWRENCE POOL (10-20-47): While the last and very splendid meeting of the Academy is still fresh in mind, a few random words as to future gatherings of the Academy might be in order. May I first tender Howard Brown, Arthur Elvidge and Wally Hamby most hearty congratulations on their respective elections.

Regarding the next meeting:

- A. Time: An autumn meeting is somewhat of a hardship for some of us, since it follows so closely after summer vacation, and therefore breaks into teaching and surgical programs. Would an early spring meeting, in April or March, when a respite is usually welcome, be better? To make such a change, the next meeting might have to be in April, (1948) and the following one in March, (1949).
- B. Place: Pleasant as a gathering in a skiing resort might be, there are many members who might not enjoy winter sports. Furthermore, with inclement weather, it might prove tedious to be confined indoors in a hotel. Hence a southern resort is suggested, such as Arizona, Georgia, Florida or Louisiana.
- C. Guests: May it be suggested that ANYONE interested in the scientific sessions within the immediate neighborhood of any of our meetings, be invited and allowed to attend. This would seem to be a worth while policy for our Academy from every point of view.
- D. Elections: By preferential ballot (with no blackball). In this way the desires of the majority would perhaps best be served.
- E. Size of Society: If 5 or 6 good men were elected annually, the total membership of the society would hardly become excessive. If there were such a tendency, mightn't it be worth while to consider retiring all members over the age of 45 to an INACTIVE membership. This would tend to keep the organization in the hands of younger members, without excluding us ne- oldsters from meetings.
- F. Programs: Careful attention to prospective papers is suggested, with a view to presenting as much new or original material as possible. In this connection, the following proposals are made:
1. Announcement to all members very soon after each meeting of a few major topics to be discussed at the subsequent meeting, so that as many members as possible be stimulated to concentrate on and present data (from various angles) on such subjects. These topics might include "Cerebral Edema", "The Neurosurgical Treatment of Tremor, Psychoses, Pain", etc. In this way, panel discussions might gain additional value.
 2. There are certain subjects pertaining to neurosurgery on which enlightenment and discussion would be appreciated, which nevertheless do not warrant a formal paper because each person's experience with the subject may be too limited. If each member who had treated a case suffering from the thalamic syndrome (for example) were to make a brief case report, we might then arrive at a better understanding of the problem. Consideration of some such policy is therefore suggested; namely, that at each meeting 30 to 40 minutes be devoted to clinical, pathological and therapeutic data on one of the less prevalent but nonetheless interesting syndromes that concern us as neurosurgeons.
 3. Might it not be extremely valuable to invite to each meeting one or more speakers on allied fields (such as neurophysiology, neuroanatomy, pathology, psychiatry) just as we had the privilege of hearing from Haddow Keith this year? I feel that such a policy could be of great value to all of us, and especially to some of the members who work in communities remote from research centers.

G. Business Sessions: Many of us would like to avoid business sessions during the afternoons which are set aside for recreation. Perhaps, therefore, business matters could be dealt with during the evening of the first day of each meeting (preferably immediately before the cocktail hour!).

H. Prospective Members: While personally opposed to the custom of wearing badges during conventions, wouldn't it be appropriate to adopt this method of emphasizing the presence and identity of prospective members who attend our meetings. Members could wear small buttons or tags of one color; and prospective of another color. This might lessen some of the segregation of our guests into groups, off by themselves, which has seemed to occur perhaps a little too much during a few of our gatherings.

Forgive my presumption in mentioning these rambling ideas. It is only with the best interests of the Academy in mind that they are proffered.

DR. JOHN RAAF (11-28-47): There is little of neurosurgical interest to report from Oregon. I enjoyed the meeting at Colorado Springs tremendously. Broadmoor turned out to be an excellent place for a meeting, particularly in view of their reasonable prices.

As I recall, at the meeting John Meredith was trying to establish a familial tendency among the patients who have protruded intervertebral discs. This week I operated upon a seventy-two year old man for a subdural hematoma. Eight or nine years ago, I removed a subdural hematoma from his son. What about a familial tendency among subdural hematomas? There are two more sons in the family, if they are operated upon for subdural hematomas, I will let you know.

DR. R. P. RANEY (10-27-47): After violating the rules regarding the symposium on aneurysms by discussing a case of arteriovenous fistula, I came home to find a fifteen year old girl, whom we had left in the hospital, still alive. Her case, however, as far as aneurysms go was no different than the usual type with regard to bleeding. On the other hand, she presented a somewhat unusual surgical picture. A large hematoma 4 x 4 x 4 cm. was removed from the left parietal lobe; in the inferior wall of the clot was found two small aneurysms, the larger 8 mm. in diameter, the smaller 4 mm. in diameter. These lesions were at the bifurcation of a vessel in the bottom of the fissure just above the sparamarginal convolution. The smaller aneurysm was the source of the hemorrhage. The larger and unruptured aneurysm was thrombosed; whereas, the smaller and ruptured aneurysm was still patent and capable of further hemorrhage. The recovery from aphasic manifestations was truly remarkable.

DR. DAVID L. REEVES (11-29-47): In response to your request for our last Round Robin Letter of the year I think the appropriate note is that of wishing all of the members and their families a very happy Christmas and a prosperous New Year from Santa Barbara, California.

It was as always one of the high notes of the year to gather again with the Academy Members and to renew those friendships which mean

much to us in our specialized field. I believe the events which have taken place this year place the American Academy of Neurosurgery in an enviable position as a select and small neurosurgical society. It also seems to me our struggle during the business meetings at Colorado Springs served to clarify the atmosphere in a manner that could not otherwise have occurred.

The first of December I move into my new office which will represent a happy change from the previous experience of sharing office hours during the morning.

Dr. STUART N. ROWE (11-25-47): Very little of an unusual nature has occurred in these parts since the Colorado meeting. This get-together impressed me as one of the best we have ever had, with the possible exception of some of the business meetings.

In this regard the recent questionnaire impressed me as being a very efficient and painless method of settling some of our more "knotty" problems. Incidentally, the new stationery certainly is most elegant.

I was sorry to miss the Cushing Meeting but arranged to get Jerry Grunnagle down, and he enjoyed meeting many of the men there. I understand that it snowed on the last day and seriously interfered with golf.

DR. A. EARL WALKER (11-10-47): You may be assured that I was quite disappointed in not being able to reach Colorado Springs. I had my reservations all made and my clock waiting for me in Chicago to be picked up as my plane passed through. However, after waiting at the air station in Paris for about an hour and a half, the officials of the air line decided that six of us would have to remain so that the plane could carry extra gasoline, to combat the adverse wind conditions over the Atlantic. Two days later when I finally managed to get on, twelve passengers were kicked off.

I found conditions in Europe very disturbing. It is hard for people in this country to imagine how the ordinary man in the street is living. We can walk into any store and obtain any type of food or clothing. In Paris another doctor and I walked down the Champs Elysees, on either side of which are probably the most fashionable restaurants in Paris, and were unable to find any restaurant that was serving meat, nor was the day a meatless one. The entrees on the menu were such unappetizing things as kidney, pancreas, liver, boiled neck of lamb, etc., and even these were very expensive, costing approximately \$3.00. We finally managed to find a place that had roast chicken, but that was the nearest we could come to a meat course. The same thing was true for England and Holland, where the present diet is approximately the same as that which they had during the war. In England I heard a waiter ask a couple of people who were getting up from their table if they were still hungry, a quite pertinent question since the allowance for a meal in England was not quite enough to appease one's appetite. In Sweden and Denmark the situation is somewhat better and the people there are not quite so low on food.

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

ROUND ROBIN LETTER

George S. Baker (August 21): We are looking forward to attending the meeting at the Broadmoor in October and I am going to the American College of Surgeons' Meeting in New York next month.

I hope that the program has been arranged to cover a lot of the subjects which have been in my mind for a few years past and I shall be awaiting the program from Doctor T. Erickson.

Hunter Sheldon and his brother were in Rochester recently to attend a memorial golf tournament honoring Dr. W. D. Sheldon and I enjoyed seeing each of them very much. Hunter went back to Pasadena with a pocket full of dimes taken from me and a few hundred dollars which his wife won in betting on him, so it was quite a profitable trip.

I hope that the meeting in Broadmoor will reverse the financial display of wealth, so that it will be returned to the Midwest.

Donald F. Coburn (August 30): No news - too much hay fever. Will train for the meeting by a fishing and canoe trip in September.

T. C. Erickson (August 30): I was just about to mail the program for the coming meeting to the membership of the Academy but it would be more convenient to include it in the Round Robin letter, so I am enclosing it. It promises to be a "bang up" program. If the speakers will send me a short abstract of about 200 words before September 15th I will have them mimeographed for distribution at the meeting.

Everyone should have made their reservations with the Broadmoor Hotel by this time. I have had no notice of a closing date, however, so there is still time for those who may so far have neglected to do so. Travel directions are so varied that I have notified railroad travel agents to get in touch with the individual members. For those who travel through Chicago it should be noted that there is a through Pullman on the Rocky Mountain Rocket leaving Chicago at 1:55 P.M. and arriving at Colorado Springs 8:35 A.M. Due to the fact that many people may be arriving on this train the meetings for the first day have been scheduled to start at 10:00 and on subsequent days at 9:00 A.M.

IMPORTANT NOTICE: The treasury is almost depleted. Annual dues (\$5.00) are payable to the Sec. Treas. at the time of the meeting or before. Due to increased costs consideration should be given to increasing the dues next year.

I am also enclosing a list of the guests to whom official invitations have been extended by the secretary's office. Any last minute corrections or additions should be sent to the secretary's office immediately.

TENTATIVE PROGRAM
FOR NINTH ANNUAL MEETING OF AMERICAN ACADEMY OF NEUROLOGICAL SURGERY
BROADMOOR HOTEL, COLORADO SPRINGS, COLORADO
October 9, 10, & 11, 1947

Thursday, October 9, 1947

10:00 A.M. SCIENTIFIC SESSION: (Little Theatre)

1. Presidential Address
William Keith
2. Drill Perforation, a Simplified Technique for Ventriculography and Cerebral Biopsy
T. C. Erickson and H. M. Suckle (by invitation)
3. Atypical Facial Neuralgia Persisting after Surgical Relief of Tic Douloureux
Aiden A. Raney and R. B. Raney
4. Subarachnoid Alcohol Injection for Flexor Spasm in Paraplegias
Hunter Sheldon and Robert Pudenz
5. Familial or Hereditary Sciatica with a Report of Six Cases in Immediate Members of One Family
John M. Meredith

BUSINESS MEETING

- 1:00 LUNCHEON (Ladies)
2:30 GROUP EXCURSION TO POINTS OF INTEREST
6:30 COCKTAILS WITH THE PRESIDENT
7:30 INFORMAL DINNER

Friday, October 10, 1947

9:00 A.M. SCIENTIFIC SESSION: (Little Theatre)

SYMPOSIUM ON HEAD INJURIES. Chairman: J. P. Evans

6. Survey of Cerebral Concussion
A. Earl Walker
7. Gunshot Wounds
Thomas Weaver
8. Frontal and Temporal Lobe Disruptions in Acute Head Injuries
E. Harry Botterell
9. Infections in Acute Head Injuries
Henry Schwartz
10. Mechanisms of Head Injury (Movie)
H. Sheldon and R. Pudenz
11. Extradural Hematomas
John Raaf
12. Subdural Hematomas
Francis A. Echlin

BUSINESS MEETING (to follow scientific session)

- 1:00 LUNCHEON
AFTERNOON FREE FOR RECREATION AND DISCUSSION
6:30 COCKTAILS
7:30 FORMAL BANQUET with address by guest of honor,
Dr. Jason Mixter. "Reminiscences"
FORMAL DANCE

Saturday, October 11, 1947

9:00 A.M. SCIENTIFIC SESSION: (Little Theatre)

13. Review of Intervertebral Discs, Results of Neurosurgical and Combined Treatment
Robert Pudenz and C. Hunter Sheldon

14. Brain Tumors in Childhood
Haddow Keith, J. Kernohan and W. McK. Craig
15. Platybasia, its Prevalence and Clinical Signs
William Boecher Scoville
16. Report of 5 Cases of Psychoses Treated by Restricted Cortical
Ablation

J. Larry Pool

SYMPOSIUM ON INTRACRANIAL ANEURYSMS. Chairman: Dean Echols

17. Introduction: (1) D. Echols
18. Diagnosis: (2) W. Scoville
(3) J. Garber Galbraith (by invitation)
19. Treatment: (4) E. Boldrey
(5) A. Elvidge
(6) H. Schwartz
20. Prognosis: (7) W. Hamby

Discussion to be opened by Rupert Raney

BUSINESS MEETING

AFTERNOON: Get away or Recreation

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY - GUESTS
1947 MEETING

- *BESWICK, Dr. William F., 140 Linwood Avenue; Buffalo 9, New York
- *CHEVAULT, Dr. Harvey; 211 Bank of Commerce; Lexington 31, Kentucky
- *CLEVELAND, Dr. David; 324 E. Wisconsin Avenue; Milwaukee, Wisconsin
- *CLOWARD, Dr. Ralph; Honolulu, Hawaii
- DAVIS, Dr. Edward W.; University of California; San Francisco, California
- DOWMAN, Dr. Charles; 384 Peachtree Street, N.E.; Atlanta, Georgia
- *GALBRAITH, Dr. James G.; 1117 S. 22nd Street, Birmingham, Alabama
- HAMLIN, Dr. Hannibal; Providence, Rhode Island
- *HAVERFIELD, Dr. Tracy; 1001 DuPont Building; Miami, Florida
- JOHNSON, Dr. Herbert C.; Division of Neurological Surgery; University of Chicago
Clinics; Chicago 37, Illinois
- KEITH, Dr. Haddow; Mayo Clinic; Rochester, Minnesota
- KERNOHAN, Dr. James W.; Mayo Clinic; Rochester, Minnesota
- *LOTSPEICH, Dr. Edgar S.; 132 Louis Avenue, Cincinnati, Ohio
- OTENESEK, Dr. Frank; Department of Neurosurgery; Johns Hopkins Hospital; Baltimore, Md.
- QUADE, Dr. Raymond H.; Neenah, Wisconsin
- SCOTT, Dr. Michael; Dept. Neurosurgery, Temple University, Philadelphia, Pa.
- *STANSON, Dr. Homer S., 384 Peachtree St. N.E., Atlanta, Georgia
- THOMSON, Dr. James L., 405 Wainwright Building, Norfolk, 10, Virginia
- *TINSLEY, Dr. Milton, 912 S. Wood Street; Chicago, Illinois
- TROLAND, Dr. Charles, 1200 E. Broad Street; Richmond 19, Virginia
- *UHLER, Dr. Alfred, Dept. of Neurosurgery, Mayo Clinic, Rochester, Minn.
- WARD, Dr. Arthur; c/o Dr. R. G. Spurling; Heyburn Building, Louisville, Kentucky
- WHITCOMB, Dr. Ben B.; Hartford, Connecticut

*Indicates that nomination papers are on file with Secretary

Wallace B. Hamby (August 27): The chief point of interest to me since the last Round Robin letter was the Centennial Celebration of the A.M.A. in Atlantic City, where I found out again that putting on a scientific exhibit is a lot of fun but more work. It was nice to see several of the fellows there. The family went for a short vacation in an Adirondack's fishing area the middle of July and got very little except rain. I think I'll bring the fly rod to Colorado Springs and see what happens.

The next collision of the summer was with a birth date that leaves me only one year short of the mark that threatens to retire me from the Academy. I hope that at this meeting we can make a definite ruling on this point and find out whether we actually will retire at the age of forty-five and if not, to stop threatening ourselves with it. I am looking forward happily to the October meeting.

Olan R. Hyndman (August 29): I have been trying to do some things to clear the trail for the coming meeting at the Springs - that is, as much as a one-track mind can. I must say that every one whom I have contacted has been most cordial and cooperative. If such spirit obtains during and after the fact, as well as before, we should find little difficulty in finding our way around, both sober and otherwise.

I deeply regret that fishing must be excluded from the sports or the scientific session, or wher ever it belongs, but I have absolutely no pull whatever with the Fish and Game Commission here. At any rate, after considerable deliberation, they felt, however much they would like to, that they could not extend the fishing season for only one neurosurgical society.

Barnes asked if there were some appropriate retreat, close to the Springs where one might stay for a while and where the fishing was good. I do not know whether he or anyone else would still be interested, in view of the closed season, but there are certainly a number of places to stay. Some of these close in October and others do not. I believe, however, that this late in the season it wouldn't be so necessary to make advance reservations.

I have just reviewed the tentative program and I do not believe we have ever had a more intriguing group of papers. I am looking forward to it with great interest.

W. S. Keith (September 4): I am sorry I got back from my holidays too late to send you a letter for the Round Robin Letter by September 1st. If this note is not too late, and I expect it will be, you might suggest that the members bring some enlargements of snapshots of themselves, or themselves and their wives, and that they might even win a prize by so doing.

Augustus McCravy (August 26): Following is a short note for your next publication. We have enjoyed the Round Robin discussions and feel that this is a very essential organ of the Academy.

We have been at home for the most part since the A.M.A. meeting in June and tried to slow down as much as possible during the summer months, but we have had to do a few discs and the usual number of gliomas. Francis Murphy must be doing all the meningiomas in Tennessee, because out of the last thirty tumors I have had only one meningioma. My experience here in tumor surgery has been somewhat depressing.

We have been using the stellate ganglion and the anti-coagulants for our cases of cerebral thrombosis and emboli with very gratifying results, sometimes even dramatic response. I hope to hear of some of the other men's experiences with the anti-coagulants at our meeting in October.

John M. Meredith (August 30): I am looking forward to the Academy meeting in October. I would like to make a suggestion for determining the dates for the meetings of the Academy, and the Harvey Cushing Society. In as much as many members of each Society belong to both groups and the time and place of meeting are usually determined by the respective executive committees, could they not communicate with each other in the future as to the time and place of the annual meeting before deciding each year? Such a simple procedure would avoid having the two meetings scarcely a month apart, as is the case this year, which I imagine most of the members find undesirable.

I shall be very interested in the symposium on intracranial aneurysms, especially as to what can be done for the patient with a history of one or two spontaneous subarachnoid hemorrhages and no localizing signs, who has a good chance of dying with his next subarachnoid hemorrhage.

We have recently tried cutting the eighth nerve for Meniere's disease with the patient on his side (90°) and find it very satisfactory. The cerebellum falls medially and the lateral cistern, once opened, does not have to be aspirated for ten to fifteen minutes before it is dry enough to cut the nerve. Also, the fifth nerve is considerably more accessible in this position than in the old face-down position with the head in a slightly eccentric position. I am sure many others have found this to be true.

We have changed back recently from oxygen to filtered air in our encephalograms as if one wants to take check-up films later in the day or the next morning this is not feasible if oxygen has been used.

I think the idea of having one or two symposia at the annual meeting is excellent and should be carried out in the future. Suggested subjects for future symposia:

- (1) Evaluation of present operation (with end results and including methods of selection of patients) for vascular hypertension.
- (2) Selection of type of anesthesia for neurosurgical operations (this should provoke a spirited discussion)
- (3) Cervical herniated disks:
 - (a) diagnosis
 - (b) percentage of cases in which lesion is found at operation
 - (c) end results
- (4) Posterior fossa and cervical spine operations in the erect position:
 - (a) how many members are doing this now
 - (b) advantages and disadvantages

John Rauf (August 30): Larry Poole's description of his third case in the last Round Robin letter reminds me of one I had recently. It seems that here in Oregon we have women who are crack shots and men who can take it. About a month ago up at Hood River a man and his wife were having a little friendly argument. The man got back of a tree in the back yard but made the mistake of looking around from behind the tree. His wife, standing on the back porch twenty paces away, fired with a 38 police special. The bullet struck her husband just a trifle to the left of the middle of the forehead. For some unknown reason the bullet, after piercing the skull, ranged downward and went through the cribriform plate (making a wound of exit through the cribriform plate of about 2 cm. in diameter). The man remembers clearing his throat and spitting the bullet out his mouth. When he was brought to the hospital four or five hours later he was, of course, pouring spinal fluid out of the wound of entrance as well as out of his nose and mouth. A left transfrontal craniotomy revealed that both olfactory nerves had been destroyed but the thing that amazed me was that neither

the eyes nor the optic nerves had been touched. The hole through the cribriform plate as well as the hole at the wound of entrance was repaired with fibrin film. I'll have to admit that the drainage of cerebrospinal fluid did not stop immediately but did stop within a week after operation. After being dismissed from the hospital he went back home. I saw him in the office one day last week and he had no neurological signs except the loss of sense of smell. I thought perhaps he was a little "frontal-lobey" because he said that after he went back up home he had persuaded the judge to dismiss charges against his wife.

We have been doing a few prefrontal lobotomies lately. I saw Jim Poppen Atlantic City in June and he told me of a new trephine he had, which an assistant, by the name of Dr. Leon M. Becker, had devised. Dr. Becker sent me one and it is certainly a joy to use. If any of you are struggling the way I used to struggle to get out that button of bone for a prefrontal lobotomy I recommend that you write to Dr. Becker for one of his instruments.

This next month I am spending a week on the Rogue River in Southern Oregon steelhead fishing and then it won't be long until the Academy meeting. For Barnes Woodhall's information I might say that the Rogue is the best fishing stream I know of any place close to Colorado.

A. Earl Walker (September 2). I have followed the discussions in the last few Round Robin letters with more than usual interest. The future membership policy of the Academy has aroused quite a variety of opinion. Yet, in spite of the fact that most members believe the Academy should be small, none are desirous of being retired. If it is assumed that the society should be a small organization for young neurosurgeons, then it seems to me that retirement might be on other than the basis of chronological age which is not a critical criterion of mental development and maturity. Originally the society was for fellows who were not only young but still in the developing stage - many were understudies of well known neurosurgeons - few had acquired a maturity in the neurosurgical specialty. Since that time the majority of the men have matured and attained independent standing. As a consequence of that they have acquired high academic rank and become members of the other neurosurgical societies; most of the fellows, of the Harvey Cushing Society, some of the Society of Neurological Surgeons.

One might then say that, for those individuals, the stimulus of the Academy is no longer essential since they have access to other similar bodies. If the Academy is to maintain its original function, these individuals are in some respects a hindrance to younger members, for they represent vested authority which tends to inhibit the free speech of the younger men. I would think that retirement might be on the basis of any one of (1) age, (2) academic position, or (3) membership in the other neurosurgical societies.

Age is a factor for retirement since obviously if the society is for younger men, presenile individuals, who have not quite attained sufficient standing to be members of the other societies or to attain professorial rank if they happen to be associated with a University, should not dominate the society. The age generally mentioned - 45 - seems to give sufficient time for one to reach maturity and acquire other connections.

Academic position is a necessary criterion since the reason younger men feel less free in the presence of senior neurosurgeons, is less a question of age than a question of feeling inferior to their former chiefs. It would seem logical, then, that when a man has achieved a full professorship he should retire from the Academy if the latter is to be for the younger men.

The third factor, namely membership in the other neurosurgical societies, correlates with the previous criterion. At such time as the individual becomes a member of both the Harvey Cushing Society and Society of Neurological Surgeons he has attained a certain national standing and can no longer be considered a junior neurosurgeon.

It might seem that if an individual were retired from the Academy when he reached 45 years of age, became a full professor, or became a member of the Harvey Cushing and senior neurosurgical societies, that the Academy would lose all of its best material. That I do not believe to be the case, for there are dozens of promising young neurosurgeons who, if elected to the Academy, would bring as much stimulation as that lost through the retirement of the more experienced men. True, they have not accomplished much yet but neither had we ten years ago.

If the Academy is to be kept for the younger developing neurosurgeons such a plan would seem to be a logical one to eliminate the influences which might hamper the freedom of the younger members.

However, for several reasons, I am doubtful that that is the best goal for the Academy. In the first place, the Academy could not take in all the younger fellows who merit membership without at least doubling its membership. This seems to be an undesirable change. In the second place, is not the function of a society of younger neurosurgeons being adequately met by the Harvey Cushing Society and the regional neurosurgical Societies now being formed?

Then what purpose should the Academy serve? I believe its function should be the development of neurological surgery at the highest possible scientific level. There is the need for a relatively small society which may discuss informally the latest developments of the specialty and which may indicate fields which require further exploration. This cannot be done at the meeting of a large society for that group as a whole is more interested in clinical problems than scientific and developmental questions. The present membership of the Academy, although not purposely chosen with such a view in mind, is a good nucleus for that type of society.

The meetings of such a society might consist of symposia of pertinent clinical problems and of papers on clinical and scientific subjects, which are new to the specialty. For example, the subject of prolapsed intervertebral discs might be suitable for a symposium, but the papers introducing the subject should be mimeographed and distributed before the meeting since they would deal with symptomatology, surgical technique and results which are well known to all members of the Academy. The actual symposium at the time of the meeting would be made valuable by the informal discussion of the subject a propos or not to the mimeographed material. While a paper on the clinical aspects of the subject might be unwarranted, a paper dealing with shall we say the relation of the pressure within the nucleus pulposus to the barometric pressure would be welcomed.

This type of society is distinct from any of the present neurosurgical societies. It would offer the members clinical discussions on a high level and avoid the presentation of material which many of the men are daily delivering to students. At the same time emphasis would be placed on the newer advances and scientific aspects of neurological surgery.

I think one other function might be served by the Academy, namely, the development of international neurosurgical relationships. It is obvious that a large society

such as the Harvey Cushing Society cannot hold its meeting in Rio de Janeiro or in Copenhagen - but the Academy might well do so every three or four years. On one of the alternate years the South American Neurosurgical Congress or one of the European Neurosurgical Societies might be glad to meet with the Academy in this country. This international exchange of neurosurgical knowledge would give us not only new ideas but many happy hours and friendships.

I hope that I shall be at the meeting to discuss these matters further.

Barnes Woodhall (August 29): I have little material for the Round Robin Letter. We have been frightfully busy this summer and all in all, it has been a matter of all work and no play.

I have sold my farm and am planning to move to the city and act like other people for a change. This may prevent our family from going to Colorado Springs, but I should like to see Pike's Peak once again.

ROUND ROBIN LETTER

THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

May 15, 1948

GEORGE S BAKER (March 3): Your card for the round robin letter has been received, and I have very little of professional interest to include in this note. Our endeavours have been more or less along the line of standard neurosurgical procedures, and coupled with a large training program which has been with us since the war years, our time is pretty well spent in routine. There is some work afoot using radioactive materials in the diagnosis of brain tumors, but the procedures are not well established, and we have made very little progress. More on this at a later date.

I am looking forward to a visit to Montreal after some twenty years have elapsed, and I hope that Arthur Elvidge will buy off all of the head waiters in the fashionable night clubs prior to our meeting, as I understand he is known personally at most of them as he enters. He surely will be a good fellow to follow for two or three days to say the least.

HOWARD A. BROWN (March 8): Arrangements are proceeding for the Academy Meeting in Montreal in September, and probably by the time this letter is published, Wally Hamby will have sent new and further details to all the members.

I would like to urge everyone to make reservations early, as Arthur tells me that hotel accommodations are relatively limited - but sufficient for everyone if the requests are made at an early date.

I hope that members generally are giving serious consideration to papers for the programme. This applies particularly to the newer men in the Academy, and we are very anxious to have them contribute to the scientific part of the meeting.

Wally will circularize the members at a subsequent date with regard to some of the prospective candidates, so that they can be reviewed by the members and some estimate of their acceptability obtained. It will facilitate matters materially if everyone will go over the list of prospective members promptly, and return it to the secretary without delay. The secretary's job is a big one, and delays in hearing from members in response to communications add a great deal to his work.

I hope some of you who are not old-timers in Montreal will come a day or two early, and help the Browns see the sights.

DONALD F. COBURN (MARCH 12): We have been trying to work up some enthusiasm on intracranial arterial aneurysms but our experiences so far are too few to talk about. However, the injection technique rather than the cut down for arteriograms certainly seems to us much more feasible. We recently had one striking result following the clipping of the carotid in the neck on a woman who had had a bleeding aneurysm -- about an hour and a half after the vessel was slipped off with a tantalum clip,

she developed a complete aphasia and a right-sided motor paralysis. She was returned to the operating room and her slip taken off and her paralysis and aphasia promptly disappeared, but about four hours later returned. A block of her stellate a short time later again gave prompt relief of her symptoms and she remained o.k. so far as the aphasia and motor palsy went. This was one that Bill Williamson did and I am only mentioning it inasmuch as I helped out and saw her. All of which makes me wonder if it might not be worth while on these individuals to have a clip placed on the vessel to infiltrate around in the carotid sheath, or at least leave in the carotid sheath some Eucipin in oil with the idea of knocking out the reflexes from that area for a period of several days in the hopes of obviating any spasm. I did this on one man and he had no thrombosis and no evidence of spasm, although it is, of course, quite likely that he would have had none anyway.

As was anticipated at the meeting in Colorado Springs, we have been very wary of atypical facial pain, and I certainly have made an effort to determine whether or not they have had any previous neck injuries or any discomfort in the neck and have almost routinely gotten cervical spine films. I am wondering if Rupert or Aden have anything new to suggest on the relationship between the alterations in the cervical spine and atypical facial pain. I had a letter from Francis McNaughton at the Montreal Neurological Institute relative to this problem inasmuch as I wrote him regarding possible nerve hook-ups between that area -- Mac has done a lot of work on innervation of the dura and made some rather comprehensive studies of same. He stated that some time ago they had gone into this problem of reflex pathways from the cervical spinal canal and the intracranial dura but had been unable to find any definite connection.

It certainly makes one feel full of admiration for the way the officers are carrying on. They are really doing a grand job and it looks as though our Society is really in most capable hands. More power to them.

JOSEPH P. EVANS (MARCH 11): The news that the Executive Committee has decided to hold the next meeting in Montreal was very welcome to a number of us. I do hope, however, that it will not be long before we have the wisdom to meet in Portland at Timberline Lodge. I am sure that John and his fellow citizens would make us very happy.

I should be much interested in hearing from any of the members of the Academy concerning their impression as to the possibility of producing cerebral swelling at the operating table. It is of course the vivid description of Jim White of the swelling, consequent apparent inadequate oxygenation from the cerebral vascular bed dilates significantly. I have an idea that perhaps we sometimes produce swelling that may not be a dilatation of the vascular fluids into the extravascular spaces. I think that this is apt to occur when dealing with lesions at the base of the frontal lobe.

In any event I am trying to find out more about it and am spending a six months leave working in John Fulton's laboratory simulating

the frontal and temporal region and doing ablations. So far we have no striking results, but there are enough leads to make one think that there may be something to the idea. If anyone has any information he could give me that might give us a clue to the mechanism involved, I should be very grateful.

W. A. GUSTAFSON (February 25): Having just seen you at the Inter-urban Meeting, which I thought was very stimulating, I wonder whether we could incorporate some of the ideas into our own Meeting, opening the discussion a bit wider and allowing more time on certain subjects, so that we could get a consensus of opinion of the whole group. With Erickson, Hamby, and Echols there, I wonder what their opinion might be in regard to this.

Everett Grantham was up shortly before and I spent some time with him discussing arteriography and he also watched our residents perform in this respect, at the University.

In regard to the Academy itself, I believe you should make some decision as to the new members and the selection of members on the basis of perpetuating the society, rather than have the society die with us. This is a possibility, if we confine it to a small group, and I believe we should select possibly the younger members, rather than other members of our own age group.

WALLACE B. HAMBY (February 28): The Constitutional changes voted upon recently have been passed by better than a three-quarter majority of the members. Of 41 voting members, 38 returned their ballots, one was voided so 37 voted. It would be appreciated in the future balloting by mail if everyone would return his ballot, whether they agree with the proposal or not. Otherwise delay is caused by waiting for returns that may never happen.

The Executive Committee has passed favorably upon Arthur's plans for the next meeting. This will be at the Windsor Hotel, Montreal, Canada, on Monday, Tuesday and Wednesday, September 20th, 21st, and 22nd. Write Mr. Beaulieu for reservations as soon as you can. The first of the week is being tried as a meeting time this year to see if more people would be interested in staying over for a few days after the session is over. You might consider this in making plans; no doubt you will hear something more specific later about other possibilities for entertainment after the meeting.

Please let me know of guests you would like to attend. It is not necessary that credentials be presented for guests until they are ready to be proposed for membership, which will not happen until they have attended a meeting. Please remember the rule that a guest cannot be invited except by consent of the member who lives in his territory. If you have any proposals for guests outside your own district, please get in touch with the local member before sending me name to me. If you recall, guests are to be invited in your name by the secretary.

We have places open for additional papers on the program. Please send titles of papers you would like to read. Possibly all of them cannot be read at this meeting, but if we have the proposed titles

early, the Committee can assure a more interesting meeting.

I am planning to have new Constitutions and By-Laws printed for distribution and I am hoping to get to you the preferential ballot for new members in a short time.

WILLIAM S. NEITH (March 10): We still have Winter up here I'm sorry to say, but at least the skiing is still good. I had another case of subdural empyema in January. It came from frontal sinus and paralyzed one foot as a first neurological symptom. We found pus all along the medial side of the hemisphere. After some anxious days the patient recovered and is now apparently completely well. I have written a paper about the damn thing but it is in the Gallic Presentation Volume and hasn't been published yet I am sorry to say.

Harry Dotterell and I have been moved into a splendid new veterans' hospital. It is so new and big that hardly anything works right yet. I think Wally Hamby will have a questionnaire out soon which will make the boys scratch their heads.

If Summer comes we will be looking for all of you down Montreal way toward the end of it.

OLAN R. HINDMAN (March 8): Although I am late by one round robin letter, I'd like to thank personally all those who so kindly wrote their expressions concerning the setting and extracurricular activities of the last meeting. But as the feller says, "don't thank me." I never created the mountains, contributed a cent to Will Rogers shrine, picked the venturesome drivers, aroused the storm on Pikes Peak or have any shares in the hotel. I am grateful, however, to all the members (and shall I be indiscreet to say also their wives) for being so unprecedently well behaved. By this I mean that if there were any dissatisfactions, they were well hidden behind pleasant expressions. Even the pallor and nausea that struck some on the ascent to Rogers shrine was accepted with a stoic determination to be a good and loyal sport to the end if necessary. And believe me, I am not chuckling at anyone's low threshold, for I know too well how disarming is that feelin' of light headedness, dizziness and "clear the way a little fellows, I don't feel so good!"

I am convinced that the hotel management had a special interest in looking after us as special guests for whom they held an uncommon preference. For when I let the manager know how pleased we had been, he fell all over himself with joy. My appreciation for your unwavering support was most realistic when I suddenly realized that I was responsible for anything to the contrary. The Saint who protects Mortimer Snord kept this from me until the end and as I was driving home in the snow storm that evening, I kept thinking of an old comedy routine that ends with a faint producing revelation. "Say, that was high explosive you were playing with, fellow. It's a good thing nobody tossed a match!"

The kodak pictures are not bad. I hope to get them to the respective actors and actresses some mañana.

AUGUSTUS McCRAVEY (March 13): On our return from the meeting in Colorado Springs we began to use the Ted Erickson's small twist drill technique for ventriculography and were very pleased with our success in hitting the ventricles and the time saving procedure. We used the procedure on eight cases and were somewhat embarrassed when a posterior fossa lesion came to post and we found rather extensive subdural hematoma arising from the site of one of the ventricular punctures. We still believe this is a good procedure to use in selective cases, especially those in which there is high pressure and the ventriculogram is to be followed immediately by exploratory surgery.

GEORGE L. MALTBY (February 27): I am ashamed to say that I have very little to report of fundamental interest or real contribution to neurological surgery. I have found that I have had my nose to the grindstone with the ordinary, run-of-the-mill type of neurosurgery and I have been amazed at the amount of real pathology that has cropped up in this area during the period of two years of practice.

I am delighted that next fall's meeting of the Academy will be at Montreal and I hope that if any of you attend the meeting you will find your way down here either coming or going. We can always offer you a good day on the golf course.

FRANK E. MAYFIELD (March 15): I am sure I was as much disturbed by the heated deliberations of the last executive meeting as any one and also as much surprised. However, I feel that the proposed amendment to the constitution that would permit the election of new members on a percentage vote, thereby eliminating the individual black ball, is a good one. I had not thought so prior to that last session.

The organization has now reached sufficient size that for the first time, to my knowledge, individual cliques have been formed, therefore it is imperative in the interest of the future of this society that individual veto be eliminated. This, however, brings up two side issues of some importance. First, I feel that the deliberations at the executive sessions should be secret and that the constitution should include a clause which would permit the expulsion of a member that divulges those deliberations except as published by the executive board. Secondly, inasmuch as the individual black ball or veto is no longer in order, the unwritten rule that forbids members to invite guests without the approval of the member living in the locality from which the guest comes, should be abandoned. I herewith, for my own part, abandon it since I am not bound by the constitution.

JOHN M. MEREDEITH (March 10): I'm looking forward with anticipation to the meeting of the Academy in October in Montreal; have had two patients recently who had "metastatic" brain abscesses who also had congenital heart disease, being quite cyanotic. Neither had ear or sinus disease and we assumed the brain abscesses were probably from infected vegetations of the heart valves; one succumbed from a fatal hemorrhage due to rupture of a vein that traversed an old cerebral abscess cavity;

both brains were tremendously overvascularized, as would be expected, when seen at operation. The second case is doing well now after a very stormy period of two months during which an abscess was tapped in each cerebral hemisphere, localized by ventriculography; interesting but "touch and go" cases.

I would like to suggest a poll of the members by the indefatigable Dean as to the type of operation now being utilized in the different clinics for doing sympathectomies in hypertension. I imagine the great majority are using the Smithwick technique but I hear reports of the Grimson (total) procedure, the Einton (of New York City) through the 10th rib, etc. Also, without trying to seem facetious, I venture the opinion that if enough surgeons were questioned not only in the Academy group, but throughout the country, regarding their criteria for selection of cases for the operation, one would find from the honest answers obtained some justification, at least, in operating on practically anybody with hypertension under 65 to 65 years of age who wasn't in congestive heart failure and who hadn't had a stroke or a coronary thrombosis in the previous month or six weeks; at least, that's the distinct impression I gain from a recent review of a score or more of papers on the subject from some of the clinics who do the operation.

Recently, I operated on a patient with a (largely) cystic oligodendroglioma of the right frontal lobe and learned that such a predominantly cystic lesion is not too rare (I think all of the previous cases I've seen have been practically solid growths) and also that generalized seeding of the meninges (as in sarcomatosis) is not unknown with oligodendrogliomas; old news to many of you, no doubt.

What success are the members obtaining with subpial ablation of the sensory cortex in phantom limb pain after amputation? We prefer this now in lieu of sympathectomy if we first see the patient three months or more after the amputation. Stimulation of the sensory cortex before ablation under local anesthesia, using a monophasic bipolar faradic current, initiates a peculiar, indescribable, disagreeable sensation in the involved stump.

STUART N. ROME (March 10): There is little to report that is unusual from this neck of the woods. I enjoyed the get-together in Chicago for the Interurban Neurosurgical Society and the opportunity talk for at least a few minutes with Eric, Gus, Dean, Jelly Warby and several of the other fellows. The open discussion type of meeting which is carried out in these occasional get-togethers seems fairly satisfactory, although the discussion does tend to ramble at times. I am afraid it is only applicable to a rather small group, however.

We are still hopefully attempting to spear a carotid, although thus far we have not been successful. However, there are three lined up for the next 10 days and perhaps one of these will be the first successful percutaneous injection at my hands.

In the past six months I have encountered three cases of syringomyelia and one of possible syringobulbia. I wonder if any one is operating on many of these and whether anything new has been developed. I operated on only one of this group. He seemed somewhat improved following it, particularly with reference to his pain. I also recently had a follow-up on a similar case on whom I operated in Philadelphia in 1936. He is still doing extremely well and is able to earn a living as a teacher. The syringobulbia case posed quite a problem because we could only say clinically that the lesion extended as far downward as the 12th nerve nucleus. It seemed a little doubtful whether an incision should be made in the medulla at that point, and after some discussion operation was not undertaken.

That with dashing to the Coast one month and to Canada only just a little over a month later, the late summer and fall look like a very busy time. However, we are going to make a determined effort to get to both meetings.

WILLIAM B. SCOVILLE (March 9): The new 850-bed Hartford Hospital opens next month and has teamed up with Yale University and some six specialty hospitals in establishing what we hope are first-class, three-year residencies in the various specialties.

Connecticut has a cooperative group for the study and performance of lobotomies and has done over three hundred and fifty. We are at the state now where we hope to run small series of differential sections of white matter and/or cyrectomies. We hope to try cingulate cyrectomies through a single, midline, two-inch trephine. Our results from lobotomies, using Lyerly's approach, to date have been satisfactory for institutional cases, two-thirds showing marked improvement and one-third being able to return to some sort of occupation. However, I still feel there is far more blunting of affect, social sensitivity and foresight than is generally admitted in the literature. We have had one definite failure for lobotomy for pain in a woman with metastatic lesions to her lumbar spine. She was relieved for six weeks but once again has become unmanageable because of continuous pain and has had a return of her previous anxiety over the pain with refusal to be moved because of it. We shall try a more radical lobotomy to determine if this makes a difference.

I am interested in the various techniques used for hypertensive sympathectomy. At present, am of the opinion that the more radical and complete the sympathectomy, the better the results although Bronson Ray and Max Peet disagree. I prefer Poppen's approach with patient on the side, removal of 7th and 11th ribs and resection of the chain from D3 to L3, and in the last few have subtotally resected the celiac ganglion and believe it has made an additional difference. My objection to this method is that, except in Poppen's hands, it is a truly formidable and time-consuming operation. Hinton's operation with removal of 10th rib is quicker and less bothersome to the patient and I can easily get up to D5 but I find that when any large portion of a single rib is removed that the pleura is always torn. I watched Bronson Ray do Smithwick's operation with the patient lying on his side, resecting only three inches of

the proximal 11th and 12th ribs and completing the operation easily in one hour. He made no effort to get higher than D7 or to dissect out the lesser splanchnics or follow the splanchnics into the celiac plexus. I have done some six cases transpleurally with removal of the 8th rib in toto and splitting of the lateral attachments of the diaphragm. This is probably the best method for doing total sympathectomy provided one does not bother with attempting to close the pleura overlying the chain as this is a very time-consuming job. Bronson May is now doing total sympathectomies for all cases having angina pectoris along with their hypertension and is impressed by the absence of tachycardia in such cases. He performs his total sympathectomies through removal of proximal portions of 12th, 11th and 3rd ribs. My final conclusions are that Peet's and probably Smithwick's operations are not complete enough and that Poppen's modification or Hinton's approach are the best methods to use for all severe cases. Special long instruments can be procured from Pilling, Philadelphia, or Codman-Shurtleff, Boston. A rib approximator is of great benefit in Hinton's operation and special long Dever retractors made of flexible brass together with a headlight are helpful in all operations.

We are still much interested in cervical discs and find them very prevalent. Of late, I have done all of them in a sitting position under paravertebral block and unroof the nerve root by use of a fine dental drill which Mueller Company sells for use with their standard neurosurgical pistol grip drills. With these small drills one can cut a furrow above and below the nerve root and completely uncap it without putting any pressure on the nerve root itself. If this uncaping is done laterally first, followed afterward by uncaping the dura with a Kerison or a Nancy rongeur punch, there will be no danger of the drill slipping and damaging the dura. I have done a few cases of simple decompression of nerve roots for arthritis and find it satisfactory if one does not retract on the nerve roots or make an effort to chisel off the osteophytes anterior to the nerve roots. When I have done that in arthritic cases, I find there is too much motor weakness which may last up to three or four months, especially if multiple roots are worked on.

At long last, we are under way with a small neurological group which will share a common office including James Fox, Neurology, Benjamin Wiesel, Psychiatry, as well as Don and myself in Neurosurgery. We hope it will prove mutually stimulating. The hospital and probably the State of Connecticut will probably both try group clinic practices for low-income bracket patients with collections made by the clinic at the time of consultation with a maximum ceiling of \$250 for any and all surgical procedures. If successful, it will probably be increased to the higher income brackets. I heartily approve.

ROUND ROBIN LETTER
OF THE
AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

June 1, 1948

GEORGE S. BAKER (May 17): The Round Robin Letter has surely served a very useful purpose in the past, not only to keep us abreast of the goings and comings of the individual members, but also to include some of the interesting cases which have been current in the respective months. I would suggest that we try to include some interesting case in our report so that our endeavors will be at least to this extent professional, and also include some other details regarding our social activities as we see fit.

I think the current information regarding the Academy meeting has come directly from the Round Robin Letter, as I have received no direct information from Wally Hamby, and I think this, of course, should be the official organ for the society, so that Wallace Hamby's work will be somewhat curtailed except to get it to the editor of the Round Robin Series.

HOWARD A. BROWN (May 25): Time rolls by rapidly, and it will be only a short time before we get together in Montreal. I am sure all the members of the Academy are looking forward to that trip with considerable pleasurable anticipation. I am hopeful that we shall be able to have an adequate circularization of the members within the next month or two, regarding prospective members, so that this problem can be facilitated at the meeting, and executive meetings materially reduced in time. There is every reason to believe that this should be one of the best meetings that the Academy has had, from all standpoints. It will represent the tenth anniversary of the founding of the Academy, and Wally is preparing an appropriate booklet consisting of the constitution, by-laws, members, past meetings, officers, et cetera - which, I am sure will be enjoyed by everyone.

We are hoping that a good many of the Academy members will find it possible to come to San Francisco in August for the Harvey Cushing Meeting - although the reservation list, up to this time, is a bit below par.

I am wondering if many of you have been doing stellate injections for cerebral thrombosis - particularly the mild, slowly-advancing type - and whether these have been followed up by sympathectomy. Recently, such a case - a man with almost complete loss of function in the arm - was able to raise it over the head within about a minute of a novocain block of his stellate. This advance decreased over the next few hours, but improvement followed the administration of nicotinic acid. I had debated about operating such a patient if he should have further recurrence.

DEAN H. ECHOLS (May 31): I am getting tired of work and am looking forward to a vacation beginning June 6th. Expect to go trout fishing with George Baker for a few days near the middle of the month. Then to the A.A. meeting in Chicago to give a

feeble paper on the end results of disk surgery.

Ed Fincher, Arne Toikildsen, and Royal Davis have been the only visitors in recent months. I don't see why the members avoid this town. As further inducement, I have just finished building a nearby fishing camp with a few friends and hope some of you will use it this winter.

On my most recent carotic-cavernous fistula (traumatic) we ligated the carotid in the head as the first step and then in the neck at the same sitting. Am I wrong in thinking that this is the safest order of events?

I have recently done two Toikildsen procedures for craniopharyngiomas with pleasing results. This seems more practical than evacuating the cyst.

We are gradually learning to use the percutaneous method of arteriography and have also gotten around to trying acyclic plates.

Our case of painful phantom foot, cured by resection of sensory cortex, had a recurrence after 18 months so I will publish a follow-up report.

Last week I explored a 35 year old man with slowly progressive sacral anesthesia and atrophy. X-rays showed spina bifida of sacrum. His spinal cord extended to the lower end of the sacral canal. I was able to give the cord about one inch of slack without sacrificing sacral or coccygeal roots. The first sacral nerves were the lowest pair that ascended to their foramina.

For several years we have been doing sympathetic blocks and sympathectomies for cerebral vascular disease including apoplexy and for Parkinsonism. The results are hard to evaluate, of course, but we haven't become discouraged.

Fran and I are very sorry that we can't go to San Francisco but must limit ourselves to the Montreal meeting.

JAMES G. GALBRAITH (May 30): In regard to the Round Robin Letter I have only a minor note to contribute. After hearing of the various time-saving devices for ventriculography, we have reverted to pneumoencephalography in most cases. The injection of 20 or 25 cc. of air after the administration of concentrated sucrose solution intravenously is tolerated remarkably well, even by patients with tremendous lateral displacement of the ventricles. In twenty-six cases in which this was done (all with choked disc), only one failed to obtain ventricular visualization; possibly the high percentage of ventricular filling is related to the prior use of hypertonic solutions. Of course, suspected cerebellar and third ventricle tumors are still subjected to ventriculography. It is gratifying to see how completely the ventricular system can be visualized after the injection of no more than 20 cc. of air via the lumbar route, and with so little disturbance to the patient.

Intracranial aneurysms are still appearing with regularity. We have been surprised at the large size of two internal carotid aneurysms visualized by percutaneous diatrizoate arteriography in cases of subarachnoid hemorrhage with no localizing or lateralizing signs.

whatsoever. I wonder if anyone in the Academy is doing any arteriographic studies on migraine?

WALLACE B. HAMBY (June 1): It has been a busy spring and I am a little behind in my plowing, so some things I had hoped to have ready for the market, are not yet out of the ground!

(1) The material for the first Preferential Ballot is just getting to the Executive Committee for their O.K. After which each member will receive it. Please study, mark and remail it to me promptly, so we can have something definite to tell you in Montreal.

(2) Our guest list still has room for a few more names. If you can suggest a guest who can present something new we want to hear, he is the man we want.

(3) The guests have not yet been invited, but this will be done in the near future.

(4) We need more papers for the program. Please submit at once titles and short (100 word) abstracts (remember how well you liked them on last year's programs?). Those of you who have submitted titles should now send the abstracts. And if your paper doesn't place on the program this year, it will be because we can't use them all. We will try to give you a well balanced program.

I visited a meeting of the New York Neurosurgical Society a couple of weeks ago. Both the program and attendance were excellent. Larry presided and read a paper. Will see you all in Montreal.

JESS D. HERMANN (May 22): Most of our work has been of a routine nature. I find that Hunter Sheldon's and Bob Pudenz' paper on Interthecal Alcohol Injection to Relieve the "Spasticity of the Paraplegics" has been most valuable. I have had occasion to use this on four patients with good relief of the spasticity and improvement in the function of the bladder. In one case of sub-arachnoid block with a high protein content, the injection had to be repeated in about a month's time because of return of the spasticity.

Summer is already here and I find my energy waning. Will be looking forward to the fall meeting.

JOHN E. MERRIDITH (May 22): Your stentorian summons received regarding The "Round Robin". John Raaf and his fellow Oregonians must be rather haggard by now after all the G.O.P. political turmoil just concluded there!

Nothing very startling to report here. We've had a run of brain tumors lately, a malignant meningioma of the right temporal lobe, a cerebellar medulloblastoma in a 4 year old boy in whom 350 cc. of air was required to fill his ventricles, a gliomatous cyst in the right parietal lobe (? astroblastoma) in a 2 month old infant, a right cerebral (convexity) meningioma, a left frontal cystic tumor looking very much like a hemangioblastoma - admittedly a "rara avis", a large ependymoma of the left frontal lobe whose ventriculogram was very equivocal until films

six hours after the original ventriculogram showed it clearly, and a single myeloma of the left frontal region, completely eroded through the skull, producing a mass as large as a hen's egg palpable through the scalp.

We've had a series of glossopharyngeal tics (7 in 36 months) which proved very interesting. The ninth nerve is not always lying free anterior to the tenth, but may be bifid and closely adherent to the rootlets of the tenth. Finished up the day today by doing a prefrontal lobotomy and bullet removal on a 26 year old praecox who had shot himself under the mandible, the bullet traversing the paranasal sinuses to lodge in the right frontal lobe; while awaiting operation, he had tried twice to castrate himself; end result: one testicle still in situ, according to the urologist's latest bulletin. What his behavior will be from now on, who can tell?

I'm looking forward with the keenest anticipation to the Montreal meeting.

FRANCIS MURPHEY (May 21): I have nothing of significance to report for the Round Robin Letter. I would like to ask, however, if anyone is using anticoagulants after ligation of the carotid in the neck for aneurysms to prevent thrombosis. I would also like to know if anyone has used anticoagulants after "trapping" operation.

THEODORE RASMUSSEN (May 21): The only thing I have to report of interest for my first appearance in the Round Robin Letter is a clinical problem we have been wrestling with for the past four months. This patient has a solitary and apparently primary actinomyotic abscess of the brain. It recurred following an apparently complete extirpation by blunt dissection and has recurred again following a second extirpation with the electrocautery. At the present time with the addition of x-ray therapy, in a tumorocidal dose, to the systemic medication of sulfadiazine, penicillin and streptomycin and intravenous iodides there now seems to be some indication that we are getting ahead of his disease process.

I should be interested to hear if any other members of the group have had any experience with this type of lesion.

I am, of course, looking forward with great interest to the Montreal meeting in September.

DAVID L. KELVES (May 21): The last Round Robin Letter was read with considerable interest and the news from the various members I believe represents a very important feature of the Academy of Neurological Surgery in keeping up the interest in the Academy and letting the members know what is going on with our friends in the various parts of our country.

The meeting in Montreal in September should be one of the really enjoyable gatherings of the Academy. I am sure that Arthur will have things arranged in a very fine manner for us, and unless

I am very much mistaken Arthur in his inimitable way will certainly have something fancy up his sleeve that we will not forget for a long time.

A few months or more ago the Neurosurgical Society of Southern California was established at a meeting held at the Los Angeles Country Club in which Rupert Penney was largely responsible for the origin of this organization. Meetings are held approximately three to four times a year and it should form another excellent local society for the purpose of hashing over the various neurosurgical problems that confront all of us and in keeping the neurosurgeons of our community together in a friendly fashion.

It was a pleasure to run into Frank Mayfield here in Santa Barbara on a Sunday even though it was for only a brief period of time. Frank had been out to Los Angeles and had decided to take a jaunt up the coast to see just what sort of a joint Santa Barbara was. I feel sorry that we did not have more time to give him some reason for feeling that it is truly a nice spot.

I have used the twist drill technique for ventriculography on a couple of occasions and found it extremely satisfactory. I suppose after more experience with it I may run into the subdural hematomas already mentioned and I rather feel I shall limit it to cases in which there is definite increased pressure.

So far I have nothing of particular interest from a neurosurgical point of view to discuss. I was particularly interested in Bill Scoville's comments in the last Round Robin Letter, and from my experience with things I am inclined to agree with him in everything he discussed neurosurgically.

It will certainly be grand to run into everybody again in the old haunts of Montreal after some eleven years or more away from that delightful spot.

THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

GEORGE S. BAKER (Nov. 19): I am on my way to Alabama to enjoy a week of quail shooting and feel my professional activities have about hit a point that this is necessary.

I am looking forward to the meeting in Portland next year and feel that we should plan to take in a little of the trout fishing which abounds in this area either just before or after the regular meeting

F. KEITH BRADFORD (Nov. 23): I felt that the members of the American Academy of Neurological Surgery would be interested in exactly what Dr. Bailey intended in the organization of an all-inclusive neurosurgical society. I am, therefore, including this note for the Round Robin Letter.

I had an opportunity to visit with Dr. Bailey at the meeting of the Central Neuropsychiatric Association in Kansas City. I feel that he has been misquoted in some of the details about the inclusive neurosurgical society which he has had in mind. First, he does not wish to have the name of our Academy and does not desire to change any of the existing societies. He does not feel that the Harvey Cushing Society should fill this need for a single all-inclusive society for qualified neurosurgeons. He does not feel that the Harvey Cushing Society should fill this need since it bears the name of a single outstanding neurosurgeon. He feels that other great contributors to neurosurgery are excluded in such a manner of naming a national society of qualified neurosurgeons. It would be his idea that the all-inclusive society would meet at the time of some other important national group such as the American Medical Association.

In regard to the remarks which John Fulton made at the Harvey Cushing Society about Dr. Bailey's opposition to the Journal of Neurological Surgery, I wish to clarify the erroneous position in which Dr. Bailey was placed. John Fulton had arranged for its publication with Mr. Charles C Thomas without consulting either the president or the executive committee of the Harvey Cushing Society. It was this high handed single dealing on an important matter that brought about Dr. Bailey's opposition. He was heartily in favor of a Journal of Neurological Surgery but opposed to the manner in which it was created

Apparently John Raaf is coming along fine with plans for the meeting in Portland, and I am looking forward to it with a great deal of pleasure.

DONALD F. COBURN (Nov. 27): First, and last, there will always be an England.

In looking back at the September meeting in Montreal, it stands out as one of the nicest meetings we have had to my recollection. The smoothness with which the business sessions were run was most gratifying and we shall always be indebted to the tremendous amount of work which the executive committee put in preceeding the meeting to enable such smooth running machine to be present at the time the group was there. Also, the lack of dissention which overshadowed the Colorado Springs tour was something to cheer us all. It began to look as though we were rapidly going into an organization which would rival some others, of which we are all aware, and which have

been noted for the bitterness and feuding.

Arthur certainly outdid himself from the social angle, and I think in the future we might have the program curtailed a little, inasmuch as it makes a fairly strenuous deal keeping up with all the planned activities, and yet one hates to miss them because they are so enjoyable.

Recently, I had the pleasure of seeing Keith Bradford on a couple of occasions here in Kansas City, and unfortunately missed seeing George Baker, who was away to a football game the good part of one day. We do hope that more of you will be through this metropolis and that we will have a chance to visit with you and show you about our fair city.

After reading over the mimeographed speech which Dr. Penfield made at our formal dinner, I am impressed with the great amount of meat in it and I feel that we could all profit by re-reading this on numerous occasions and giving many of his high points a great deal of thought.

When the boys who are doing the resections and lobotomies of different types feel that enough time has elapsed for evaluation of their results so far as the effect on the patient goes, we will be most interested in hearing about it. The technical advances from the surgical aspects are excellent, but one wonders a great deal how much is actually accomplished. We were rather impressed by a comment by Dr. Bailey here at the Central Neuropsychiatric relative to one's inability to distinguish what tissue he was resecting when he could not stimulate and definitely delineate an area that way.

DEAN H. ECHOLS (Dec. 3): I received a brief note from Francis Murphey on Nov. 22 saying that Roder is making a good recovery from her portal vein thrombosis. It is certainly wonderful to have such good news from Memphis.

Chief cases of interest since the meeting were a fatal case of tuberculosis of meninges and brain, an oligo of the frontal lobe with an eight year history, and an aneurysm at the junction of the anterior cerebral and the anterior communicating. The only symptom was sub-arachnoid bleeding. Clips were placed on the anterior communicating but could not be placed distal to the lesion because of its size (1 cm.). No neurologic sequelae.

Some of the Texas surgeons are organizing a regional neurosurgical society. I hope to get to the initial meeting in Houston on Dec. 8.

Had enjoyable weekend with Gailbraith in Birmingham recently but otherwise have been completely isolated from the outside neurological world.

ARTHUR R. ELVIDGE (Nov. 29): It was a great pleasure to be host to the Academy and thank you all for your very generous comments. I am sure there were many things that should have been arranged more carefully. Having attended so many splendid meetings in the States, and having received so much hospitality, it was an added satisfaction to be able to try in a small measure to make some return. Moreover it was particularly

pleasant working with Howard Brown and Wallace, and with the help of my efficient secretary, I really had nothing particularly to do, however, I am certain that there never was a finer group for which to work had it been necessary.

All the members of the MNI were greatly stimulated in one way or another as a result of the meeting.

The private session at the Chateau Frontenac in Quebec which was joined by the California group represented by Howard and Dorothy Brown, Rupert and Alta, the Aidon Raneys; and the Coburns; the delegation from the deep South, Dean and Frances Echols, my sister Grace joined in on this trip, and I felt after considerable thought it might be well if I went along. Howard and Dorothy were last to leave Montreal and when we poured them onto the train Sunday night we knew that we had had one of the most happy and memorable times together.

WALLACE B. HAMBY (Nov. 30): Comments on the Montreal meeting have been very gratifying, barring a little squirming about the cost of the thing. This is a big item, but with our new method of inviting and charging for guests, I hope that the burden will not be so great hereafter.

Both of our honorary members responded with nice notes regretting their absence. Dr. Spurling included a paragraph that seems worth passing along:

"I hear you still had difficulties getting somebody elected to membership. I can sympathize with your Society for we went through that same ordeal with the Cushing Society years ago. It will all work out in time so don't be too concerned about it. The main thing is for you boys to enjoy your nice small club to the fullest and don't worry too much about the future. These medical societies have a way of following the course of all flesh 'born and reared with enthusiasm to die as age sets in'." The last line reminds me of a remark of Barnes Woodhall's several years ago, "Let us not be overcome with a feeling of immortality".

Plans are being made for the next meeting. Please read and record the notices in these letters, it will save a lot of duplication of writing and mailing. As soon as the dates and location of the meeting have been arranged, you will be informed.

I had a wonderful time at the Los Angeles meeting of the American College of Surgeons, enjoying the hospitality of that fine group of friends and had a chance to see Rancy, Sheldon and Pudenz at work in their own operating rooms. We had a symposium on arteriography where Boldrey shone.

WILLIAM S. KEITH (Nov. 24): Before our last meeting in Montreal I had attempted to do the Turkildson type of operation on a couple of cases of hydrocephalus with block of the aqueduct. However, I could never find room enough to dispose of the lower end of the tube in the posterior fossa. Also, the venous circulation around the foramen magnum has been so upset by the hydrocephalus, that the exposure was a blood bath.

Since our meeting and Matsen's demonstration of his tube into the ureter, I tackled a fairly respectable looking hydrocephalic infant in which there was no passage of air or dye downward from the 3rd ventricle.

It was easy to get a small polyethylene tube, with three or four holes in it, into the right ventricle. Instead of attempting to open the posterior fossa, I removed atlas and axis, and opened the dura without any bleeding. I then anchored the lower end of the tube to the posterior surface of the dura. There was no cerebellum in the spinal canal, and there was lots of spinal fluid. We closed the dura tightly over the tube. To date, this thing has completely relieved the intracranial tension.

In Montreal I showed a slide of an infant with a polyethylene tubes draining subdural fluid from each side. I had to operate subsequently on one side and remove an inner membrane before the process of fluid accumulation began to subside. I do think, however, that this method of draining subdural fluid is of some value in helping to obliterate the big space left between the brain and the dura.

FRANK H. MAYFIELD (Nov. 29): Part of the following is an excerpt from a letter to Harry Botterell, which I would like to appear in the Round Robin Letter.

"I too hope we shall soon settle the method of electing new members to the Academy. I was willing to relinquish the privilege of individual black-ball and accept an 80% vote as adequate for election to membership. However, I have always felt and still feel that there should be no restriction by rule as to the number of members that may be elected at any one meeting or as to the total membership of the Society. Heaven is supposed to be a pretty exclusive institution, but its gates remain open to all who qualify, and I think the Academy is being presumptuous in making itself more restricted

"It is my feeling that the Executive Committee should bring before the Academy each year a list of eligible candidates and have each of them voted on Yes or No. All who receive 80% affirmative votes should be elected, and any who receive less than 80% should be rejected. It still is not clear to me where the number of three to be elected last meeting came from. It was that which snafued the works.

"I think the membership should be circularized to see if the majority are agreed that all candidates who obtain an 80% favorable vote would be elected, and if so, it should recount the ballots which were cast at Montreal, and if there were any of that group who obtained 80%, they should be elected. If there were none who obtained 80%, the list should be again submitted by mail for vote, and all who obtain an 80% favorable vote should then be informed by the secretary that they are elected so that they may attend the next meeting as members."

JOHN M. MERRILL (Nov. 29): Like everyone else, I was disappointed at the failure of the Society to elect anybody at the Montreal Meeting. Surely there is a Solomon or a Blackstone among us to devise some method whereby deserving younger

mon may be taken into the Society at stated intervals.

Arthur Elvidge surpassed himself in arranging the very fine meeting at Montreal; I enjoyed every minute of it and Arthur and his group deserve the highest commendation for a most profitable time.

Grafton Love came through here two days ago together with his charming wife and it was very good to see them again, although they did not stay long enough.

We seem to be having eosinophile granulomas in some abundance. The main diagnostic point that impresses me when one first sees these patients is a localized area of exquisite tenderness in the skull where the lesion is located. Complete excision is employed here, especially if the patient is a female who doesn't want to run the risk of losing her hair from irradiation.

J. LAWRENCE POOL (Nov. 24): First and foremost comes comment on the superb meeting at Montreal. Efficient host Elvidge did more than his share in providing everyone a good time, while the program presented by Dr. Penfield and his staff set a standard that will be hard if not impossible to beat. As for the memorable talk by Dr. Penfield, it may justly be ranked among the classic; perhaps as a neurosurgical "Gettysburg Address."

To our ex-president, Howard Brown and our ever-ready secretary, Wally Hamby, also goes gratitude and admiration, and to President John Raaf the most hearty congratulations.

As to events of interest in this part of the world, suffice it to say that much unfortunate publicity, I feel, has attended the report by Judah Ebin of New York of a new procedure for the treatment of Parkinson's Disease. This is said to involve high cervical section of both the lateral and ventral cortico-spinal tracts, in some cases bilaterally, without resulting in complete paralysis of voluntary power below the level of the lesion. In a word, it is apparently a radical modification of the Putnam operation.

As to the Wyke or 4-s operation for Parkinson's Disease, this has not panned out well at all, so that some of us who have each done a couple of these procedures are now combining our results for a joint communication.

Frank Echlin has been elected president of our New York Neurosurgical Society, which is flourishing. We meet on the third Tuesday of each month (except in summer) 8:30 p.m. in the New York Academy of Medicine. Out-of-town guests, needless to say, are warmly welcomed.

Of considerable interest and significance is the organization of a new and "younger group" called The Neurosurgical Society of America. I understand that an excellent meeting was recently held in Chicago by this extremely capable and enthusiastic group. May they prosper and never run into voting difficulties!

JOHN RAUF (Nov. 26): I would like to congratulate Arthur Elvidge and the other members of the neurosurgical clan in Montreal for the wonderful meeting we had in September. I am a bit staggered by the splendor of the show they put on. Should the Academy come to Portland or vicinity next fall I am afraid that Arthur has set an example which I can shoot at but never hope to equal.

I just got back from seeing the Stanford-California game. Since these tramps from California beat Oregon out of the Rose Bowl all I have to advise is that you had better put your money on Northwestern.

I hope that a number of the members of this society will be able to attend the Los Angeles Neurosurgical-San Francisco Neurological meeting in Del Monte in February. The weather is bad in the East at that time. I think that a trip to Del Monte would be a good thing.

STUART N. ROWE (Nov. 24): The Montreal meeting was a very pleasant and profitable session, as far as I was concerned, and I believe we owe our best thanks to Arthur Elvidge and to his co-workers at the Neurological Institute a hearty thanks for the swell job they did as host.

Since that time I have stayed pretty much on the job at home but can recall very little that is new or startling to report in this letter. Recently, several hydrocephalic children have come my way, and I might say that I have just ordered 300 feet of Polyethylene tubing in the hope of having a size which will prove helpful in some of these cases. After I have used all that I want to, I expect to have about 294 feet left over, and if anyone would like a small section for this or that purpose I would be glad to hear from them.

WILLIAM BEECHER SCOVILLE (Dec. 3): In recent months I have been devoting most of my time to selective cortical undercutting of three areas of the frontal lobes (superior convexity, cingulate gyrus and orbital surfaces) on which I gave a preliminary report at the Academy meeting in Montreal. We have done some forty-six of these operations as a method for studying and altering frontal lobe function. To our surprise we have found that the junction of the gray and white matter is relatively avascular and can be sectioned with ease. Its principal advantage over cortical ablation is the preservation of blood supply. It can be done in certain areas impossible to ablate such as the cingulate gyrus lying inferior to the corpus callosum and the chiasmatic portion of the orbital surface.

So far our early results have failed to demonstrate any specificity of function, either psychological or physiological in the prefrontal lobes. No cases have shown sham rage or gross disturbance of autonomic function in orbital undercutting. Cingulate gyrus undercutting has not shown the profound alteration in personality and state of consciousness as described by Ward. Early psychiatric results have been better than expected. The incidence of epilepsy approximates that of a standard lobectomy as does mortality. Selective undercutting of areas 9 and 10 has relieved completely the anxiety, addiction and apprehension accompanying intractable pain although only early results have been observed.

Ben Whitecomb and I continue to have a goodly number of laterally placed cervical ruptured disks totaling some seventy operative cases in the past five years. We have yet to find one above the C5-6 interspace and have had only two cases at the C7-11 interspace. Approximately sixty percent have been C5-6 and forty percent C6-7. Objective sensory loss has not aided localization particularly but weakness of the biceps jerk and muscle in C5-6 disks and of the triceps jerk and muscle in C6-7 disks have proved to be the best localizing signs. Myelograms have been done in all cases. The vast majority show only root sleeve defect. Operations are now done under paravertebral local block with injection of the root proper after exposure. Lateral decompression of the root has been done with power drills including small dental drills. Some three-quarters of our more recent cases have revealed soft disks and one-quarter the bony type lying directly under the root at its junction with the dura. This bony ridge frequently turns out to be a fragmented, displaced piece of cartilaginous plate and is removed in the form of a wedge by a dental chisel inserted above and below the root. I am not sure that dorsal decompression of the involved root would not cure the majority of cases without the necessity of touching the mass ventral to the root. We allow our patients up immediately and have discharged them from between the first and fifth postoperative days with frequent return to full-time work in two to three weeks. We operate only on those cases with pain and stiffness in the neck radiating down the arm into the thumb and first two fingers, made worse by coughing and sneezing and motions of the neck, plus a positive neck compression test in extension.

Lumbar ruptured disks still constitute almost seventy-five percent of our practice and our results have improved with technical experience and certainly indicate that fusion is only rarely necessary. I am a firm believer in complete decompression of the involved root by recontouring a buttonhole in both superior and inferior lamina carrying the decompression well into the intervertebral foramina so that there is good dorsal decompression of the root overlying the bony lip or ridge which frequently occurs at the inferior edge of the interspace. In addition, I have cleaned out the entire interspace with pituitary rongeurs and curette and recently have included removing as much of the cartilaginous plate as possible if it is at all moveable. It is my belief that low-grade recurrences of sciatica have been prevented in all but 1-3% while Ben Whitecomb feels just as strongly that such complete decompression and cleaning out of the interspace is unnecessary. At present, our resident is reviewing, with we trust an unprejudiced eye, our last fifty respective cases done by both the limited and extensive exposures in order to note which series has the greater residual nerve root pain at two, four and twelve weeks' follow-up examinations.

C. HUNTER SHELDEN (Nov. 26): Bob and I have been busy with the usual neurosurgical problems, but have had several interesting experiences along the way. We have done several lobotomies for intractable pain with very gratifying results. In addition to the relief of pain, we had two individuals with marked morphine addiction who have had no analgesic since operation and curiously enough have had no withdrawal symptoms. We have also had two children with arteriovenous aneurysms involving the vein of Galen and straight sinus which have been of extremely large size

and presented interesting problems with regard to congenital abnormalities of cerebral circulation.

Needless to say, I was very sorry to miss the meeting, but hope to be able to be among those present next year.

ERUM WALKER (Nov. 23): I am sure that I speak for all in expressing appreciation to Elvidge, Howard Brown, Wally Hamby, and others who have done so much for the Society during the past year, and in particular for putting on such a wonderful meeting in Montreal.

At the recent meeting of the American College of Surgeons in Los Angeles, a very excellent symposium on arteriography was arranged under the leadership of Dr. Naffziger. Ed B. L. and Wally Hamby were among the major contributors. I think the Program Committee for our meeting next year should seriously consider a symposium on intracranial aneurysms. This will help disseminate the newly-acquired experiences which we are all having on this problem.

The Rencys threw a very fine party for us one evening while in Los Angeles, and we all had an unusually fine time. After the meeting I stepped off in San Francisco where the Howard Browns gave me a fine time.

There is nothing of special interest going on here in Atlanta though I have recently become interested in partial or selective spinthalamia cordotomy for relief of pain and am quite enthusiastic. I get all of my ideas, of course, from Glen Hyndman, and therefore all the credit goes to him. I recently had a patient with postherpetic pain which extended from the fifth through the tenth thoracic on one side, and by dividing only the anterior portion of the tract, we were able to knock out pain and temperature sensation from thoracic 4 through thoracic 12 leaving the leg, for practical purposes, normal. More recently for a case of persistent sciatic pain, we divided the dorsal half of the tract and obtained less of pain and temperature sensation in the leg but leaving the trunk normal. I feel that if we do enough of these selective cordotomies to find out more accurately where the segmental levels are represented that we will be able to do a cordotomy more often and with leaving less permanent disability.

BENJAMIN BRADFORD WHITCOMB (Nov. 27): Following the report of metastatic tumors of the brain by George Baker at the Montreal meeting, I reviewed our cases and was dismayed to find that all have subsequently developed other metastatic lesions in one place or another. The symptomatic relief and survival period, however, have justified surgical removal, even in suspected cases, in most instances. As in previous reports, the results have compared favorably, at least, with Glioblastoma. One case had resection of carcinoma of rectosigmoid ten years ago. Pneumonectomy five years ago for metastatic lesion. Therefore, we felt the least we could do was remove his cerebellar metastasis. He has now returned to California but is showing x-ray evidence of metastases in the remaining lung.

We are very favorably impressed with Ethicon's absorbable bone wax and understand that this can be made in whatever consistency the surgeon desires.

Bill Scoville gave an excellent demonstration of his cortical undercutting procedures last week to an interested group of visitors. I felt that his operations were considerably enhanced by the simultaneous performance of two "ice pick" jobs under electric shock anesthesia. The results of the transorbital procedure by Dr. Freeman, however, makes one swallow hard and admit that it is difficult to criticize success.

ROUND ROBIN LETTER

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

SPENCER BRADEN (Feb. 26): I have nothing much for the Round Robin letter except that I have lately developed the feeling that there is more to subarachnoid hemorrhages than the hemorrhage and aneurysm. I have recently seen two cases of subarachnoid bleeding, obviously from an aneurysm and with and without carotid ligation or direct attack on the aneurysm, an exceedingly profound atrophic change has been subsequently demonstrated by pneumoencephalogram. Perhaps more of this later.

The only other thing of significance is that I am losing my associate, Dick Schneider, who has decided that he will do better on his own and is accordingly leaving next month to practice here in Cleveland. Naturally, I wish him well.

I wonder occasionally what, if anything, is going to be done at the next meeting relative to the election of new members, and I feel as Frank Mayfield apparently does, that the gates of heaven are open to all qualified to enter, the only exception being specific ones. I am looking forward to the meeting in Portland this coming fall, and hope to have the opportunity of seeing some of the members prior to that time. If anyone is looking for a resident I can recommend one.

HOWARD A. BROWN (Feb. 25): Some of us are looking forward with considerable anticipation to the European Trip and the Meeting of the International Neurological Congress in Paris. I am hopeful that many of the Academy members will be able to meet there in September. Some of us may not have enough money left to get to Portland - but we will certainly do our very best!

I think that one or two points in Frank Mayfield's last letter should be corrected on behalf of the Executive Committee. The number of three to be elected was determined by the Executive Committee according to the constitution and by-laws, and approved by the majority of the members by mail vote prior to the Meeting. Subsequent difficulties in electing members by ballot appear to have resulted by attempting to follow a motion approved by the group at the time (which, if I remember correctly, was made by Frank). In any event, those are the facts in defense of the very hard-working Committee of last year.

Here's hoping the new Committee will be able to solve some of our intricate problems along that line in the coming year.

DEAN H. ECHOLS: I know you will be distressed to learn that Roder Murphy is seriously ill. She is in a comatose state and cannot possibly survive much longer.

Things are reasonably quiet in New Orleans. Collin McCarty and Cobb Pilcher were the only recent visitors. Dr. Robert Heath, who gave a paper at our last meeting, has just been installed as head of the Department of Neurology and Psychiatry at Tulane. Dr. Frank Garcia, who has been working some with Larry Pool, has just been

added to our faculty as a full time neurosurgeon. He will carry most of the load at Charity Hospital.

I encountered my first pearly tumor last month. It extended from the peduncles to the foramen magnum and lay anterior and lateral to the brain stem.

W. A. JOSEPHSON (Feb. 23): I have been playing around with the Sanches Perez arteriography machine for the past six months and find it is very satisfactory, though there have been a few slight kinks in the working mechanism, which I believe are all straightened out now. It has been rather remarkable, the information gained from the serial arteriography in some cases, particularly cerebral neoplasm, though I have not done a large number of the neoplastic diseases as yet.

At present I am having a bad run of cervical disc syndrome, and I have found Scoville's technic for cervical myelography most satisfactory, and better than any technic I have used so far.

WALLACE E. FAHEY (Feb. 22): 1. Please send me, within the next few days, tentative titles of papers you or your prospective guests would like to present. Then mark a deadline on your calendar on June 1st, to forward to me a 100 word or so abstract to be printed in the program. These abstracts are very helpful to all of us and you can write your own "billing" (subject to some editing, perhaps!). Please take this seriously and don't wait until the last moment to try to get on the program - a host's life is hard enough as it is - and when he also is President, that's double trouble!

2. Sound them out about it and let me have the correct names and addresses of the guests you would like to invite, so I can do it officially. For the present they can be told that the meeting will be somewhere in the Pacific Northwest around the end of October. You will be charged a pro-rata share of expenses for each guest for whom you are responsible. If he lives in another member's city, clear it with him before sending me his name.

I see that the Cushing Society (New Haven), the A.S.A. (Atlantic City) and the Society of Neurological Surgeons (Baltimore) are all going to meet within 10 days and on the same circuit this spring. I hope to see many of you there, but am afraid water is going to taste awfully funny by the time we leave Baltimore.

T. S. KEITH (Feb. 18): I had to glance through the article in the Ladies' Home Journal by John Gunther, in self-defence. I presume others have had to do the same.

J. E. VEREDITH (Feb. 26): We have had a large number of sympathectomies lately for hypertension. Internists in this section are still sharply divided re its value, some being quite surgically minded with respect to hypertension, others regarding the procedure as of little value.

An ependymal cyst was evacuated here recently, the lesion being in the left cerebral hemisphere in a thirty-three year old female. After operation she was very aphasic although little cortical damage had occurred incident to the operation. She also developed left-sided weakness. Reoperation disclosed bilateral subdural clots with a greatly condensed brain, precisely as one sees in chronic subdural hematoma. She appears to be slowly recovering at this writing.

Last week we had the very real pleasure of having George Baker with us while he was en route to Duke and Emory. We managed to get in a trip to Williamsburg to show George how the worthy Colonials of the 18th Century lived. George tells, with great eloquence, about his newly acquired farm near Rochester, replete with Hereford cattle, chickens (layers & broilers) and other fauna.

I certainly hope, as I know all the other members do, that some method can be found at the next meeting to elect some worthy new members.

J. LAWRENCE POOL (Feb. 25): There is no particular news to report from the New York area except that I am extremely happy in my new job at the Neurological Institute, despite the extra work and added headaches.

In twelve cases where the cingulate gyri have been exposed rostrally, it has been possible to stimulate electrically and mechanically. I have consistently obtained autonomic effects from this region and have sent in a brief article on this subject for publication.

JOHN RAAF (March 2): I just returned from California today. I purposely delayed sending my contribution to the Round Robin Letter until after the San Francisco Neurological--Los Angeles Neurosurgical Meeting at Del Monte. Rupert and Aiden Raney, Hunter Sheldon, Dave Reeves, Ed Boldry, and Howard Brown attended. Incidentally, Drs. Reeves and Sheldon each gave very good papers. The subject of the fall meeting of the Academy was discussed, and those present agreed that the Portland area was suitable and that sometime around the last of October or the first of November would be the best date. I shall, therefore, proceed with the plans for the meeting and will shortly communicate with Wally Hamby, who will send out the details of the time and place of the fall meeting.

A couple of weeks ago, Dr. Adson wrote to me regarding the opinion of the Academy members about the formation of an over-all neurosurgical society. I was unable to give him the opinion of all of the members of the society, but I wrote to him as follows:

"At the meeting of the American Academy of Neurological Surgery in Montreal last September, the subject of an over-all neurosurgical society was informally discussed. No official action was taken, therefore, I cannot give you anything but my impression of the reaction of some of the members.

"It seems to me that most of the members of our society felt that for practical purposes the Harvey Cushing Society fairly well fulfills the need for an over-all society in that at the present time certification by the Board is about the only requirement for election to the Harvey Cushing Society. I am aware of Doctor Bailey's objection to the over-all neurosurgical society bearing the name of a single neurosurgeon, and I think his objection is legitimate.

"I, personally, doubt that it is necessary to create an over-all neurosurgical society if its chief function is to provide an opportunity for young neurosurgeons, prior to certification, to present papers. It would be unlikely that a young neurosurgeon prior to certification would have material worth presenting unless he were working with or under the guidance of an older man. In almost every instance, the young man could present his paper by invitation at one of the other neurosurgical meetings.

"I am definitely in favor of the creation of a section on neurology and neurosurgery in the A.M.A. and/or a meeting of neurosurgeons in conjunction with the Annual Congress of the American College of Surgeons. If one or both of these meetings could be arranged, I see little need for another neurosurgical society. However, no doubt, I am unaware of the many arguments for or against another society, and I am perfectly open-minded on the subject."

Last week, I talked to Dr. Naffziger in San Francisco. He seemed to be of much the same opinion as I have expressed above. If any of you have other feelings in the matter, I am sure that the committee working on the plan will be glad to hear from you.

DAVID L. REEVES (FEB. 24): Greetings from the Channel City of Santa Barbara, California. The last Round Robin letter was very much enjoyed and the comments concerning the election of new members believed quite pertinent. It is my thought that this situation should be rehashed as much as possible prior to the next meeting and some definite settlement obtained. Obviously the 85 per cent situation is untenable. Even if only two candidates were up for election neither would get 85 per cent of the votes, and I doubt if any group would get that much. It seems to me the only reasonable solution is for the Academy to decide on how many new members they will take during the year and out of the group of eligible men for that year take the 7 or 10, or whatever the decided number is, and those with the greatest number of votes would automatically be elected. This would then in no way restrict a further election of the other members if someone so desired. It seems to me that some preferential ballot is still the most logical means of avoiding power politics and would allow the election of members on a more reasonable basis.

ROUND ROBIN LETTER

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

GEORGE S. BAUER (May 16): I think that some provisions will be made as an over-all policy on membership, new and old, and I think that we should all be thinking about this prior to our next meeting in Portland. It is my feeling that any organization becomes a very retarded group and fails to grow when they do not take in the eligible, attractive young men, and I think in our case we surely have procrastinated for several years with not much activity along membership. Everyone realizes, I am sure, why this has come up, and I think it is a problem in all organizations. It can be ironed out and I think it should be ironed out so that everyone would be in agreement.

I am sure that John Raaf has arranged an unusual program for the meeting in Portland. It does not seem possible that you can ski and play golf at one resort, but I suppose that this is the privilege those living in the northwest have over all Midwesterners.

A large contingency of the Academy is going to Europe this summer, and I hope that the program will call for someone to elaborate on their experiences while traveling to the continent as I will be unable to be there and would be more than interested in what is going on.

I had a delightful visit with Joseph Evans and Frank Mayfield in Cincinnati, with John Meredith and Charles Froland in Richmond, with Barnes Woodhall and Guy Odom in Durham, North Carolina, and with Ed Fincher and Dan Elkins in Atlanta on a recent clinical trip through the Southeast. My mission was to give a talk at the town of Augusta, Georgia at the University of Georgia Medical Center, and I combined the stop-off to see what the other men were doing. I found it most stimulating and was more than delighted to visit with the above group.

E. HARRY BOTTERELL (May 17): The end of the academic year is at hand and also relief from a heavy load of committee work. The Toronto General is faced with a major programme of renovation, and medicine, surgery, obstetrics and gynecology, etc. had "middle age" committees reviewing the needs of their various departments and writing reports. As Chairman of the Surgical Committee I discovered "middle age" had been reached with a singular lack of appreciation of the problems involved in planning for a Department of Surgery as a whole. Our group is very much indebted to the help we received from Dean Echols regarding a Recovery Ward.

Third Nerve paralysis due to aneurysms have been descending upon us the last few months and we are following up those admitted in other years. At present there are five such cases on the ward. We have not succeeded in learning the end result in terms of third nerve function.

DEAN H. ECHOLS: (June 3): This is written at the Cushing meeting in New Haven. Apparently the problem of a national or western hemisphere neurosurgical society, to include all interested neurosurgeons who have been certified, has been settled.

Extensive amendments to the constitution of the Cushing Society were agreed upon almost unanimously yesterday. The proposed amendments must lay over for one year before final adoption. The essential points are as follows:

- (1) All Board certified neurosurgeons may apply for membership.
- (2) One third of the membership must vote against a candidate to bar admission
- (3) Neurologists, physiologists, etc., will constitute not over one-third of the total membership. They will be classified as associate members and will not have a vote. They may hold office.
- (4) A president, vice-president, and secretary will be elected each year. Dr. Eisenhardt will cease to be perpetual secretary but will continue to be the managing editor of the Journal of Neurosurgery.
- (5) The organization will be so large that meetings will be held in large cities or large resorts. There will be no limit to the number of guests. In brief, young neurosurgeons will be able to attend for several years before they become diplomates of the Board.

Drs. Raaf and Hamby have given me some additional details regarding the Portland meeting. It will begin officially at 9:00 A.M. on Monday, October 24, at the medical school. John hopes many of us will arrive at least 24 hours earlier. On Tuesday we will check out of the Hotel Benson and go to Timberline Lodge to continue the meeting. When the meeting ends Thursday afternoon we will make the two hour drive back to Portland to catch planes and trains. Those who wish to stay overnight at Hotel Benson on Thursday should make reservations.

Frances Murphy was at the Cushing meeting for 24 hours and told us that Rhoda is still in coma. Apparently none of the neurosurgeons and neurologists who have seen her held out any hope whatever.

WALLACE HAMBY (May 25): Dr. Raaf has worked out a preliminary program for the coming meeting of the Academy. Since the American College of Surgeons is meeting in Chicago on October 17 to the 21st, he suggests that we assemble on October 23rd or 24th or earlier if desired at the Hotel Benson, Portland, Oregon. Reservations may be made there by writing to Mr. E. C. Larsons, Manager, Hotel Benson, Portland 5, Oregon. He will have a day of scientific meeting at the University of Oregon Medical School of Monday, October 24, and on Tuesday we will take a chartered bus to the Timberline Lodge. The scientific program will continue there on Wednesday and Thursday, October 26th and 27th. He suggests that the dates October 28 to November 5th be reserved for pheasant and elk hunting for those who like it. He is sending me some additional information to be included in letters that I will send all of you, giving you information by which your reservations may be made at Timberline.

The material for the scientific program is coming in fairly well, but as usual, there is a smaller amount of material than I know we will receive, so I would suggest that those who have papers to present send in a title and an abstract of around 100 words to be put on the official program. Those who have already sent in titles but not abstracts, should send me the abstracts at once so that John could use them to balance up his program.

To date only four guests names have been presented. You now may proceed to sound out the gentlemen and send me their names and addresses at once so that we may invite them at the earliest possible moment. You will be charged a prorata of the expenses for each guest you invite.

I shall be sending each of you a detailed letter about the program as soon as I get the material from Dr. Raaf.

GEORGE HALVEY (May 25): I have been very negligent about writing recently but I am afraid I have been much too bogged down with straight clinical work. It looks as if I were going to be more so in the near future as my associate, Dr. Harper, is going to California to practice. I believe he intends to go into San Jose and take up where Hugh Carol left off.

I am wondering whether the International Neurological Congress may not interfere to some extent with our meeting next fall.

We have had an interesting group of four intracerebral, arteriovenous anomalies, two of which we have been able to remove satisfactorily with, to date, rather good results.

I am in the stage now of what might be considered gathering rather large masses of clinical data in the hopes that in the future I will be able to find time to organize it, and evaluate it, as I think that we will have clinical material and results which will be worth while elaborating on in several different Neurosurgical problems.

JOHN MEREDITH (May 16): The latest news from this area is a celebration to be held here on May 30 and 31 honoring Dr. Coleman, who founded the Department of Neurological Surgery at Medical College of Virginia in Richmond thirty years ago. He also organized and was Professor of Neurological Surgery at the University of Virginia, Charlottesville, during the period 1937-41, after which time the department was taken over by Gayle Crutchfield. All the residents that Dr. Coleman has trained are planning to come back for the occasion; each will present a short paper, and in the evening of May 30 a dinner is to be held, at which all the residents as well as some of Dr. Coleman's surgical contemporaries and non-medical friends will attend. One of the former residents, Frank Hayfield, will preside as Toastmaster at the dinner; consequently, we expect wit and repartee to sparkle and scintillate in great abundance. We hope it will be a very happy occasion.

Surgically, we have had a tuberculum sella meningioma, a fibrous tough tumor, that looked microscopically in certain areas like a fibroma. Also three osteomas, two of which were diffuse lesions in the frontal area widely invading the anterior fossa. The other was in the temporal lobe just above the mastoid, grossly eroding the dura, indenting the temporal lobe and producing a clear-cut contra-lateral homonymous hemianopsia.

JOHN RAAF (May 27): Probably by the time this round robin letter comes out, you will have received a preliminary outline of the program for our Fall meeting. If you want a preview of the

country which you will see out here, I suggest that you look through the June, 1949, number of the magazine called Holiday. Possibly I should not suggest this as you may feel that you have seen everything after looking at the magazine and will not want to come on out next Fall.

R. E. HANBY (May 16): It would appear from the letter sent out by Wally Hanby that science has been dropped by most Academy members with one exception, Dave Reeves. However, I am sure that Wally will generate an excellent program. I have not yet personally sent in a paper since I am not sure that I would have it entirely finished by the time of the meeting because of the time which will be taken up in going to the International Neurological Congress. I am certain of one thing, however, that I will be at the meeting unless the dates should be set before the 20th or 21st of October.

Ed Boldrey dropped in for a visit a few days ago when down for the California State Medical Association Meeting, and, as usual, I imposed upon him for some free consultations. I gave him some Gigli saws that I have been interested in here locally. As yet they are not quite as good as the Stille Scanlan saws made in Stockholm. At least they have not seemed to cut quite as fast as the Swedish saw. I hope to have this situation remedied and, if so, I believe we will have a saw that will cost no more and perhaps considerably less than the imported saw and, if taken care of, two or three saws are apt to last a lifetime. I, fortunately, have a good supply of the Swedish saws and am using them in most instances. I have obtained a supply of the locally made saws for the Good Samaritan Hospital. Dr. Rand is using them and tells me that he is very satisfied with their performance. If and when further developments take place, I will give another report. I will also try to bring some of them to the Portland meeting for inspection and criticism.

DAVID H. REEVES (May 21): The various news items as well as the description of interesting cases and their associated problems contained in the last Round Robin letter were very much enjoyed. Recently I operated on a child of three years for a spinal cord tumor at the 1st to the 3rd thoracic area and was surprised to run into a dilatation of the cord which appeared like an intramedullary glioma. There was a cystic quality to palpation and when the central portion was aspirated, 2 cc. of what appeared to be blood much like that seen in a severe subarachnoid hemorrhage was obtained and a repetition occurred when aspiration was performed about 1 cm. below this. The cystic mass was not reduced in size. There were two arteries going into the cord which appeared to be a little bit larger than normal and these were coagulated. I did not have the temerity to incise the central portion of the cord because of the flow of blood in the aspirating needle. Closure was carried out and x-ray treatment will be given, although it is felt unlikely that this will be of much benefit. While I have seen angiomas on the surface of the cord and have run into vertebral hemangiomas, I have never encountered a situation of this sort before. It was not related to any injury and must be some type of intramedullary hemangioma or arteriovenous fistula.

Appropos of the meeting this fall, and more particularly with reference to the problem of membership which has been discussed in every Round Robin Letter, it seems to me that we must abolish the 80 per cent of the vote part of the election as soon as possible. With that out of the way and the men receiving the largest number of votes being elected, we should be able to proceed. It would seem to me that we should have some 8 or 10 men up for membership on the next occasion. I would like to see the secretary send out a list of the candidates again and poll the members on their choice of 8 or 10 of the group, so that the members of the Academy could learn what the consensus of the group is concerning them prior to any formal election.

The other idea concerning the academy is something which has been mull'd over previously and discarded, namely that there should be a list of senior members who have reached the station in life of 50 years. The others might be called the active members. This is again suggested to avoid having the Academy fall into the errors of the other societies that forced the formation of the Academy. This would help keep the organization vigorous and active and would encourage the election of the best of the younger men.

There are certainly a very attractive and capable group of young neurosurgeons coming along and among them it would appear to me that the following are particularly noteworthy: Eben Alexander, Donald Matson, Collin S. McCarty, Alfred Uihlein, Ed. Davis, Kenneth E. Livingston, George Roulhac, John D. French, and Tom Ballentyne.

I am sorry that I find it impossible to escape for the Harvey Cushing Meeting in the East this year or to join the more prosperous group attending the various European Spas as well as the International Congress, but I shall be looking forward with pleasure towards seeing everyone in Portland this fall.

S. R. SPODGRASS (May 16): We have recently had a considerable spiritual lift locally with the beginning of construction of the new hospital which, however, is expected to take two years for completion. In addition to a new private pavilion, which is badly needed, this portion of the hospital will contain new operating room suites, x-ray facilities, kitchens, and the like for the entire institution which will, with its completion, increase our bed capacity from approximately 700 to close to 1,000 beds. I am not sure that the completion of the new hospital will mean that Neurosurgery will be moved out of its present temporary building. These are quite satisfactory except, of course, for the primitive nature of the buildings and their extreme noisiness and tendency to be hot, and of course, our climate is hot a good share of the time and is, therefore, more a disadvantage here than it would be in some other location.

GEORGE S. BAKER: (August 27) A good many of the men are going to Europe this summer, and I think it would be well to have some one of the group condense the neurological and neurosurgical situation as they saw it and present this material at our meeting in Portland.

Also, it would appear that the Cushing Society will be the largest neurosurgical organization and perhaps will carry more weight than a lot of the other societies as time goes on. As the younger group in the Academy who have now been practicing neurosurgery some ten to twelve years, I think it would be wise for us to consider a member of the Academy to take the place of Louise Eisenhardt in the event that she retires the position of secretary. I would propose Dean Echols for this position because of his interest in organizing such groups and because of his capability for handling the details that will go with an office in a large organization of this type. I feel sure that some efforts on our part to sponsor the situation would perhaps be culminated in election to office.

With the Cushing Society meeting in April of 1950, I think we should definitely make an arrangement with them so that our meetings will not coincide at the same season, but that if they would meet in the spring, we should meet in the fall and vice versa.

It is my feeling, also, that a lot of the time which we waste in executive sessions should be handled by small committee meetings prior to the general meeting and devote more of our time for social contacts as well as the exchange of professional ideas, which surely in the past three or four years has been a difficult situation, to say the least.

DONALD F. COBURN (August 22): Believe today is the day that some of our notables set sail for the continent and other points in that vicinity. We wish them all a very fine trip. Inasmuch as we are both beginning to fight the hay fever, we expect to go north before too long and to stay up there until it is all over. That trip, coupled with the purchase of a house will, I believe, preclude us making the trip to the Northwest this year. Will hate to miss it, both for the sake of the fellowship and also seeing some country neither one of us has visualized before, but I doubt if we are able to get there.

DEAN H. ECHOLS (September 8): Not even a postal card from Drs. Brown, Hamby, Raney, Pool, et al while on their European excursion! Wish I could have gone along. Had several days of good fishing along the Wisconsin-Michigan border with George Baker in August.

The men trained in Ann Arbor will have a reunion on October 21-22 on the occasion of the first Max M. Peet Memorial Lecture. This will fit in nicely with the Academy meeting on October 24.

I wonder if the members of the Academy are not getting together frequently enough to permit discontinuation of the Round Robin Letter? The executive committee might be willing to make a recommendation to this effect at Portland. If the Letter is continued, it seems to me that we should all follow the example set by Meredith and a few others in writing of surgical experiences that are rare, new or especially interesting.

J. M. MEREDITH (August 25): We've had several unusual cases lately: 1. A lipomatous meningioma - quite malignant histologically, but full of fat cells also, in a 20 year old woman, the tumor being in the right frontal lobe. She had about the highest choking of the disks I've ever seen. 2. Charles Troland had a case of atresia of the foramen of Magendie recently in a 14 year old boy; about the largest internal hydrocephalus we've ever seen, apart from the congenital hydrocephalus one encounters in infants. The boy, who did well in school, had a tremendous hydrocephalus including very thin cerebral cortex; 300 ccs. of ventricular fluid were removed for the air injection (ventriculogram), and there was still a great deal more if one had wanted to remove it! He showed nothing neurologically (fundi normal) but complained only of persistent headache thought perhos to be functional, so an encephalogram was first attempted (normal spinal fluid pressure) but only poor filling of the ventricles was obtained; the atresia must have been incomplete, or the ventricles would have contained no air. None the worse for the spinal air injection, a few days later the ventriculogram and suboccipital exploration were carried out, and a successful stoma established. With such tremendously thinned out cerebral cortex, (in some of the lateral air films it looked practically as though the entire head were filled with air) one certainly wonders about the importance of cerebral cortex, the frontal lobes in particular, so far as intelligence and intellect are concerned, as this boy had no trouble with his school work at all and was in his normal grade. The head was not enlarged.

I doubt if we'll be able to get to Oregon in October, but whether we do or not, I know John Raaf will have a wonderful time planned for all who attend.

FRANCIS MURPHEY (August 19): I have nothing of interest for the Round Robin letter, but I would like to inquire if anyone would care to do some steel-head fishing with me either before or after the meeting in Oregon.

JOHN RAAF (August 29): Plans for the meeting here in Portland are progressing. To date, twelve members have offered to give papers. I would like to have a few more papers for the program.

There have been a few inquiries regarding what to wear. At that time of year, there may or may not be a slight "mist" in Portland, but the weather will not be cold. There probably will be some snow at Timberline but, again, the weather will not be terrifically cold. Sport clothes are indicated while at Timberline if one wishes.

To date, only Spencer Braden has indicated that he wants to go hunting after the meeting. If there are others, please let me know. We probably will spend three or four days pheasant hunting, but this can be cut as short as one wishes because we will not be far from the railroad or airline in Boise, Idaho. We can take you over there whenever you have to go home. The elk hunting will require a minimum of five or six days. I have not decided whether we should go pheasant hunting first or elk hunting first. This will depend upon whether some members want to do one and not the other. Women are welcome on the pheasant hunt, but the elk hunt is usually a stag affair.

STUART N. ROBE (August 30): After having a couple of weeks loafing, fishing and swimming in Michigan, things have been as busy as ever. However, I am looking forward with considerable anticipated pleasure to the trip to

Portland. A note on the program about pheasant and elk hunting sounds very intriguing, although I am quite ignorant as to how many days one might well devote to trying to find and annihilate an elk.

Recently we have had the period of a series of cases of hydrocephalus in an adult. None of them has done well, and I am still quite undecided as to the best mode of treatment. If anyone has any experience along this line I would appreciate his comments.