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THE ROUND ROBIN LETTER OF THE
AMERICAN ACADEMY OF
— NEUROLOGICAL SURGERY

ROUND ROBIN LETTER

AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

Editor's Note: I managed to obtain permission from The Tucson Daily Citizen, Tucson, Arizona, to republish their article and also obtained permission of Rupert B. Raney to reprint this article of their extra curricular activities in the State of Arizona, which I feel represents a bit of news item from Rupert that all of you will enjoy.

Rupert B. Raney (April 20):
Los Angeles, Calif.

"Four Game Hunters Have Thrill of
Bagging 2 Chiricahua Lions"

"Four California game hunters were back in the Old Pueblo today after a 10-day Arizona adventure which few Tucsonians realize is available so close at hand and which a member of the quartet described as 'an experience that no price could buy'.

"The expedition produced a rare assortment of thrills, including the successful bagging of a pair of good-sized lions, but two elements of the trip overshadowed these -- the precision work of the hounds trailing the lions and the outdoor magnificence of the hunters' headquarters in the Chiricahua mountains, some 135 miles southeast of Tucson.

"The hounds, a pack of 17 trained by the now-famous lion-hunting Lee brothers of Tucson, were lauded by the veteran California gamesmen as representing 'the finest dogs we have ever had the pleasure to hunt with -- more people should know about the Lee brothers' work. '

Lindsey Ranch Headquarters

"Headquarters for the hunters was El Coronado ranch in the pine country of the Chiricahuas, operated by Roy Lindsay at an elevation between 5,000 and 6,000 feet. Here the Californians returned from daily horseback journeys to find well-stocked tables and comfortable beds.

"Led by Dale and Clell Lee (Ernest Lee specializes in training work at their hound ranch on Roger road), the visiting lion hunters culminated the 10-day adventure with a fitting climax yesterday, bagging a beautiful 130-pound cat.

"Twelve hounds, operating by call of name from the Lees in shifts of six each, spent three days before picking up the lion's two-day-old trail. Then they really went to work.

"By yesterday morning, after a five-hour chase through the Chiricahua pine region, the dogs traced the big cat around a mountain summit, despite clever crosstracking maneuvers by the pursued animal, and managed to trap him up a tall pine.

Hound Falls 25 Feet

"One hound started climbing branches to get near the lion, but fell 25 feet and was knocked unconscious temporarily. The hunters got their rifles ready and fired with accuracy.

"The cat leaped out of the tree, hit but not mortally wounded, and a deadly cat-and-dog fight commenced. Working together expertly, the 11 remaining hounds collared their prey and threw him around in merry-go-round fashion until he toppled over a cliff, down a waterfall and into a mountain pool.

"Here the Californians received one of the top treats of their trip. They watched, thoroughly amazed as the Lee-trained dogs jumped into the water and proceeded to dunk the battling lion until he was drowned.

Praise Lees and Dogs

"Needless to report, the hunters can't heap enough praise on the hounds or on the Lees as trainers, guides and leaders. They're also happy that only one dog, Peggy, was injured on the trip. She was bitten through a paw during yesterday's desperate scuffle.

"Other things that the California visitors can't say enough about are the picturesque Chiricahuas, 100 miles long and 40 miles wide, and the wonderful weather they enjoyed. The thermometer ranged between 60 and 75 degrees, the sky was continuously blue and there was no wind or rain at all.

Take Colored Movies

"The hunters took 1,500 feet of colored motion pictures on their expedition and, if they turn out as hoped, will send a print to the Lees for screening before interested Tucson groups.

"Members of the California party were Dr. Rupert B. Raney, Los Angeles; Dr. Samuel Weaver, Santa Ana; Francis Gabel, Los Angeles attorney; and Billy Burke, former champion rodeo performer and well-known photographer of surgical motion pictures. "

Editorial Comment: En route to the Harvey Cushing Society meeting in Colorado Springs, it was my pleasure to run into Rupert Raney and Howard Brown and to enjoy their company along with that of their attractive wives. During our conversation I learned that lion hunting and big game hunting had crept into neuro-surgical circles. After being at Colorado Springs and hearing the very animated discourse on lion hunting, I realize that this was no passing fancy and that golf widows were gradually becoming big game widows and that no doubt our good friend John Raaf with his elk hunting and Paul Bunyan rambling around the beautiful mountain sides and forests of Oregon was not alone in this hunting business.

Jess D. Herrmann (April 21): "I received your letter of April 13, 1950, and there is only one of the questions that I have any thought about.
Oklahoma City, Okla.

"I have not had an occasion to do a splanchnicectomy for chronic pancreatitis, but I did see a patient with diffuse calcinosis of the pancreas with the x-ray showing the calcification largely in the head of the pancreas. This patient had rather severe pain on the left side, and we, therefore, did a left splanchnicectomy as well as the removal of the lumbar chain from D-8 to L-2 on the left. This has given him relief of his pain since the time of his surgery two years ago."

Editorial Comment: It is interesting that it was my experience to see the pain from a chronic pancreatitis relieved by sympathetic block and then after we did a splanchnicectomy the patient was gratifyingly relieved of his pain. Additional letters from other members reveal that this experience is not too uncommon.

J. Lawrence Pool (April 26): "In reply to your letter of April 14 and the questions you asked, may I say that the next meeting of the Academy of Neurosurgery should be held in the South, preferably in the month of March, when those of us in the chilly North would appreciate more sunny climes.
New York, N. Y.

"As to the growth of the Academy, I feel it should be kept on the present intimate basis. I would think the membership should be limited to 75 and that older members should become senior members after 15 years in the Academy.

"It was extremely nice seeing so many members of the Academy at the Harvey Cushing meeting in Colorado this year."

Editorial Comment: It was my thought that a discussion of the location of the next meeting for the American Academy of Neurological Surgery should be discussed in the Round Robin Letter so that some of us would have some crystallization of the desired location at the time of the meeting and at the time when it is discussed. Rather recently I received a program of the 4th Annual Symposium on Fundamental Cancer Research which was held at the Shamrock Hotel in Houston, Texas from May 12th to May 13th. So that, for what it is worth, it seems this famous hotel is getting started on medical meetings, and should the Academy decide to have the meeting in Houston, it will be no novel experience for the Shamrock Hotel to entertain us.

Personally I agree with Larry on the desirability to limit the Academy to 75 and to have some kind of arrangement whereby the older members become senior members after a certain period of time. This would not require any loss of interest in the Academy by the older members but at least would allow more freedom of attending meetings by those who have been elected to a number of neurosurgical societies and other medical associations and who cannot possibly give the time to the American Academy of Neurological Surgery that they did in

the past. It is my feeling that the President might very well appoint a committee to make some definite study and to settle this question because the Academy in my opinion cannot go on without some definite policy, even though it may be rather broad in its view and not particularly restrictive.

S. R. Snodgrass (April 26): "I was glad to have your recent letter regarding another issue of the Round Robin Letter with your suggestions as to its contents. I felt that your

recent edition was of more than usual interest and trust that it will continue to be so in the future. I was pleased to see you, as well as many other friends, at the meeting in Colorado Springs. Certainly, anyone attending it must have been impressed with the desirability of belonging to some smaller society as well. It is my feeling that on that account membership in the Academy ought to be limited to 75 or thereabouts, as I believe the Cushing Society by the change in its constitution and the formation of the younger neurosurgical group has altered the situation so that there is no particular reason to enlarge the Academy materially. I believe that the members should become senior members after 15 years or so, or otherwise the organization will not gain any new blood or any continuity, if we dodder further.

"It has been a pleasure during the last two months to have an associate to whom one may relegate some of the more pressing and, perhaps, less promising operations to do. During this period we have made four shunts by plastic tubes in patients with hydrocephalus. Two of these have been from the lateral ventricle to the peritoneal cavity, and two have been from the lumbar subarachnoid space to the peritoneal cavity. In all of these patients, the tube appears to have lowered the intracranial pressure satisfactorily, and in those with open fontanelles there has been a persistent, although somewhat variable, depression of the fontanelle with over-riding of the bone, regardless of whether the tube was put in the ventricle or in the lumbar subarachnoid space. The older patients, in whom the fontanelle was closed, have not complained of headache, but in neither of the two has the spinal fluid pressure at any time been elevated above 150 mm. of fluid in a recumbent position. These procedures were carried out by Dr. Ira Jackson, who has recently come down from Montreal, bringing these procedures with him from Dr. Cone. I have been favorably impressed by them, and we plan to continue them instead of doing any of the more radical shunts between the lumbar subarachnoid space and ureter. "

Alfred Uihlein (April 27): "I again note that the time for the Round Robin Letter presents itself and the questions that you offered lend much food for thought.

"I do not believe that I, as one of the junior members, am in a position at this time to make a decision as to whether or not the Academy should limit its membership to 75 and automatically let old members become senior members after 15 years in the Academy. I was under the impression that old members became senior members after a certain number of years so that younger men would have

an opportunity to join the Academy and thereby stimulate interesting meetings. It is certainly obvious that when a society gets too large the meetings get to be extremely formal and there are more papers than the average group of individuals can assimilate in a two or three day period. That friendly atmosphere that abounds within small societies is certainly lost in the big ones.

"Regarding splanchnicectomy for chronic pancreatitis, I have had some limited experience with the operation and have found that the splanchnicectomy on the side of the severe direct pain frequently gave the patient relief for a considerable period, but that the bilateral procedure might eventually have to be resorted to. I have limited my operation to the resection of a part of the celiac ganglion and remove only part of the greater and lesser splanchnic nerves subdiaphragmatically. In some cases I have wondered whether removal of the splanchnic and thoracic sympathetic chain from the tenth dorsal ganglion distalward to the diaphragm and celiac ganglion should not be carried out in those patients who only have severe unilateral pain. We here usually carry out a therapeutic novocaine splanchnic block before a splanchnicectomy to determine whether or not these patients can expect relief with surgical interruption of the pathway.

"Recently I have had an opportunity to do a case with Dr. James Priestly, of our general surgical section, in a man who had excruciating right upper quadrant pain and was found to have a retroperitoneal sarcoma on exploration. At the same operative procedure I divided the greater and lesser splanchnic nerves and removed a portion of the celiac ganglion in the hope that we might relieve this man of his pain. We had discussed the possibility of carrying out this procedure prior to abdominal exploration and our decision to do a splanchnicectomy would depend upon the operative findings.

"We did obtain relief of the pre-operative pain for this patient. It has been about six months since his surgery and to date the patient has been very comfortable indeed.

"I am wondering whether this type of combined attack on pain due to chronic pancreatitis or retroperitoneal sarcoma could not be carried out as a combined procedure and save the patient an extra operating period. Certainly a splanchnicectomy does not increase the surgical risk for the patient and he may obtain considerable relief from the procedure.

"It would be interesting to determine whether others have had a similar experience and what their results were in like situations.

"Dr. George Baker, all my neurosurgical colleagues in Rochester and myself are making every effort to make the Academy meeting next fall an interesting one. "

Joseph P. Evans (April 30): "My contribution to the Round Robin this time is an urgent request for material for the Rochester program. As I am sure all the men realize, the meeting will be held on Thursday, Friday, and Saturday, September 28, 29 and 30. Harry Botterell has asked that I serve as Chairman of the Program Committee with George Baker and Guy Odom as fellow members.
Cincinnati, Ohio

"At the Cushing meeting, George Baker outlined his plans for the meeting to the Executive Committee, on which meeting I sat in. Guy, unfortunately, was not present.

"The general plan that George outlined he will no doubt comment on in this same Round Robin. He is filling with local talent the mornings, and the two first afternoons, Thursday and Friday, are the periods when members of the Academy will have the opportunity of presenting papers. There are already several suggestions for contributions.

"Your committee is very anxious to have younger people in particular take part in the program. There has been a great deal of talk and discussion these past years about the Academy being a young group encouraging younger ideas. The program ought to reflect this train of thought and I do hope that we will have sent to us offers of a number of excellent papers. Your committee will greatly appreciate a prompt indication of your interest.

"It was good to see you at the Broadmoor, though the time passed much too fast for there to be any real opportunity to see much of anyone."

Guy L. Odom (May 2): "I was extremely disappointed to miss the Harvey Cushing meeting in Colorado Springs and not to have the opportunity to see the members of the Academy. At the last minute it was impossible for both of us to be away for a week.
Durham, N. C.

"The majority of our cases lately have been the usual run of neurosurgical problems, with our main difficulty coming from subarachnoid hemorrhages and cerebral aneurysms. I do not think that we have anything to add to this distressing situation at the present time. I am, however, looking forward to the Symposium on Vascular Diseases, which will be held at the meeting in Atlanta.

"The most interesting case that we have had on the service recently was that of a man, 32 years of age, who developed a typical textbook picture of thrombosis of the posterior inferior cerebellar artery while receiving an "adjustment" from a chiropractor. He had been in excellent health, except for mild suboccipital headache, for which he was being treated. This patient was very similar to two of the three cases that have been reported by Pratt - Thomas and Berger in the Journal of the American Medical Association, Vol. 133, p. 600, March 1, 1947. All three of their cases were fatal, with involvement of the basilar, anterior and posterior inferior cerebellar arteries in the first case and the vertebral, basilar

and posterior inferior cerebellar arteries in the second. These are the only cases that we have been able to find in the literature. I thought that it would be interesting to call your attention to this, since it is a rather serious complication following a neck "adjustment". X-rays and all laboratory tests were essentially negative. We have no additional theories as to the mechanism which is discussed in the above mentioned article.

"I, of course, would like to see the next Academy meeting held on the Gulf Coast, or else in Florida. I think that it would be wise to consider having two out of three meetings in the region that would be most centrally located to all members and the alternate third meeting on the East or West Coast. I thoroughly agree that the growth of the Academy presents a very difficult problem, since a number of new neurosurgical societies have been organized and the Harvey Cushing Society is open to all Board members in good standing. I am in favor of limiting the membership at the present time. I think that we will lose a great deal if the Academy is permitted to become too large.

"In regard to the question of chronic pancreatitis, we have not done sympathectomies for hypertension, much less chronic pancreatitis, for the last seven years on the Neurosurgical Service. I have discussed the problem with Keith Grimson and find that he has done sympathectomies on four cases of chronic pancreatitis during the past three years with excellent results. He not only does a splanchnicectomy, but also removed the celiac ganglion through a laparotomy in order that an exploration can be carried out. These cases have not had recurrence of their pain. At the present time, he is carrying on research work in the laboratory on this particular problem from the standpoint of the new drugs that he has been using."

George S. Baker (May 2): "I have recently written a very complete report to Rochester, Minn. Wallace Hamby concerning the meeting of the Academy to be held here September 28, 29 and 30.

Local hotel rooms have been reserved for one hundred people and a good many stags will be billeted among our neurosurgical colleagues as we are able to do this quite handily. I would appreciate it if you would make sure that the copy which I have sent on to Wallace Hamby could be entered in the next issue of the Round Robin Letter so that most of the members can get in touch with me about their reservations. I think it is best that each of them write to me personally and I will work with the hotel management to secure each individual the type of accommodations he desires.

"We are looking forward to a very nice meeting, planning to have the mornings of Thursday and Friday devoted to clinical neurosurgical and clinical neurological demonstrations as furnished by the staff of the Mayo Clinic with each afternoon to be entirely under the auspices of the society and the program arranged by Joe Evans and the rest of the Program Committee so designated by Harry Botterell. Those who would like to present a paper at the meeting had best send the title and abstract to Joe Evans in Cincinnati as he is chairman of the Program Committee.

"In the event that you do not receive a note from Wallace Hamby in time for publication, you can insert the major points which I am outlining in the May issue so that at least it will be pretty definite about where and when our meeting will be held.

"I enjoyed seeing you in Colorado Springs and I suppose you boys from California have been lion hunting practically every weekend since."

Exum Walker (May 3): "It was nice seeing you and the rest of the fellows at Atlanta, Georgia the Cushing Meeting in Colorado Springs. I thought they had a wonderful program and particularly approved of the symposium on intracranial vascular problems.

"We have recently had a case of nasal encephalocele in a new-born infant. Only a few cases have been reported, but this is apparently a relatively common situation which usually goes unrecognized. The clinical picture is essentially that of an infant or child with a nasal polyp. The remainder of the syndrome has to do with the removal of the polyp with ensuing meningitis.

"The polyp in this case was so large as to occlude both sides of the nose and fill the pharynx causing obstruction to oral, as well as nasal, breathing. We did a tracheotomy preliminarily, then an intracranial repair to seal off the spinal fluid leak. We then turned the child over to the ORL men for removal of the intranasal part and re-establishing an adequate airway.

"Regarding splanchnicectomy for chronic pancreatitis, I wonder if you have seen the article by Bronson Ray in S. G. and O., 89: pages 1-8, July 1949. He reports five cases.

"I should like to see the next meeting of the Academy held in Houston at the Shamrock.

"Regarding the growth of the Academy, it is my feeling that this should be given very careful thought and consideration by a committee, taking into consideration the expressed wishes of as many members as can be obtained.

"My personal feeling is that since the Harvey Cushing Society has enlarged and other smaller societies are being created as the need arises that we in the Academy have no obligation to anyone except ourselves. There is certainly an advantage of having a small Society where we can be more or less intimate in our programs and discussions. The Academy is already beginning to be top-heavy with members and guests, and if it should become much larger, I am afraid that it would lose much that it now has. It is my suggestion that no new members be taken into the Academy except for an occasional extraordinarily valuable man. Members who feel strongly about having some of their friends attend the meetings could invite them as often as they wish as guests. The pro-

grams need not be restricted to presentations by the members alone. It would be well to invite outside speakers who have something unusual to present or who could round out or supplement some symposium. In this way, we could utilize outside talent at any time to keep the meetings alive and up-to-date without necessarily taking in so many as members until the organization becomes unwieldy.

"From another point of view, it may be that many of the members would prefer to have a large Society. While much of the informality and intimacy would be lost, programs of a more formal nature could be put on similar to the recent Harvey Cushing Meeting, and this might serve as a competitive stimulus to both Societies to put on good programs.

"I am pleased to announce that Jim Simpson will be joining our staff July 1. He has been tutored by Evans, Mayfield, and Weaver, in Cincinnati and Dayton."

George L. Maltby (May 5): "First, let me congratulate you on your excellent start as custodian of the Round Robin Letter. The last one certainly was very interesting and all inclusive.

"I think that the Round Robin Letter is perhaps one of the arguments for keeping the Academy relatively small. As soon as it becomes too large for personal touches, the value of this letter will evaporate. It then becomes merely a news bulletin such as is put out by some of the larger societies with all of the material being predigested by the editor. We have had numerous interesting cases of various types and it seems that Maine has some of the most bizarre neurological and neurosurgical problems. However, one of the most important of these I am planning to save to thoroughly work up for the Academy Meeting in the fall. I understood that the meeting place for the next session was definitely settled as being Rochester, Minnesota. It certainly would be very satisfactory to me but anywhere that is decided would be alright except it would seem to me that it would not be quite fair to have it two years in a row on the west coast as much as I would like to be able to get out there.

"I now have a new Associate with me, Dr. Robinson L. Bidwell, and I think that this time, all is well and that things are going to work out very well. We seem to be kindred spirits, neither one of us desiring to become either Cushings or Rockefellers in six months which I am afraid was my stumbling block before but then again, I guess I am a rather queer and difficult individual. In any event, Dr. Bidwell has trained with Jim White and Dr. Mixter at the Mass. General and then spent some time with Dr. Horrax and Dr. Poppen at the Lahey Clinic and I am looking forward to a long and extremely pleasant and happy relationship.

"I would thoroughly agree that some definite policy about the elections, limitations as to number and age of the Academy should be arrived at by the time of

the next meeting if possible. I am one who feels that with the Harvey Cushing the size that it has grown to, the Academy should be kept at some limited number, possibly not 75, maybe 100 but certainly not over this and preferably under 100 and I suppose to do this, some type of retirement or inactive membership will have to be arranged. However, can't there be two relatively small groups standing beside the Cushing Society as groups of neurosurgeons, many with compatible ideas both medically and socially without feeling that they have to expand to include everyone? I suppose that if this is done, other societies will pop up as has already happened but is this necessarily an undesirable situation? I will be especially interested to see the comments from other members that I hope will appear in the next issue of the Round Robin Letter. "

Editorial Comment: I was interested to read that George feels that Rochester, Minnesota is on the West Coast. Out here we have the feeling that we are taking quite a trek East when we go to Rochester, Minnesota, so it appears to be all a matter of relativity.

In regard to the limitation of numbers in the Academy, at the executive meeting which was held at Colorado Springs during the Harvey Cushing Society meeting, the general feeling was that only three of the applicants eligible for membership this coming year met with universal favor or that they were unanimously agreed desirable. As far as the others were concerned, it was believed generally they were not sufficiently outstanding to merit election at this time. Those members who met with favor included William Sweet, Eben Alexander, and Donald C. Matson.

J. M. Meredith (May 8): "I've been rather occupied the last ten days as Richmond, Virginia. Charles Troland has been in Georgia, golfing. We have noticed an interesting observation in our thoracolumbar sympathectomies for hypertension: after the first stage (and also the second) there is a rather sharp drop in hemoglobin content and in red blood count of the blood, which we attribute (rightly or wrongly) to the vascular (splanchnic) dilatation which occurs post-operatively and hence there is an increase in blood volume to keep the blood pressure to the pre-operative level (which is usually the case after the first stage after the anesthetic effect has worn off). These findings occur rather consistently even when there is no blood in the suction bottle at the conclusion of the operation. We have also observed casts and albumin in the urine post-operatively in the hypertension cases when they were not present before operation, but these latter findings may be only an anesthetic effect. Since the last Round Robin letter, we have had another chronic subdural clot following a fall on the buttocks, without direct head injury -- also on the left side; we seem to have had a run of left cerebral lesions lately, meningiomas, gliomas, subdural clots, etc.

I was much intrigued by Winchell Craig's report of the anesthesia machine that has been developed at the Mayo Clinic correlating the EEG tracing with the depth

of anesthesia and thus automatically regulating the quantity of ether delivered to the patient through the endotracheal tube at any given time: very ingenious. I hope to see it in action at the Academy Meeting there in September. Some anesthetists will let the patient get too light and if that occurs in a post-fossa operation with the dura open!!"

W. A. Gustafson (May 10): "I enjoyed the last Round Robin Letter very much though I failed to contribute at that time.
Chicago, Illinois

"Approximately one month ago I visited Dean Echols down in New Orleans for several days and was royally entertained by Dean and Kay, and the Ochsner Clinic. I believe the clinic may be a fine example demonstrating the fact that patients go to the man rather than the edifice since their hospital facilities are in the old Army cantonment Hospital. While I was there, Dean did an arterio-venous aneurysm by ligation of the carotid artery. It was a fairly good example of pulsating exophthalmus, which I believe had a carotid sinus mechanism with it since the patient would faint with compression of the carotid artery. Interesting enough, when I returned home, I received a similar case which the arteriogram revealed communication with the ophthalmic veins and cavernous sinus with no cerebral circulation from the internal carotid on the left side. I did an acute ligation of the internal acrotid artery with no ill effects to the patient and the cessation of the pulsation as well as the exophthalmus.

"In regard to the growth of the Academy, I believe that a lot of problems have been solved by the fact that the Cushing Society has come all-inclusive and will undoubtedly remain the largest neurosurgical society in all respects. I believe the Academy could be limited now in membership with possibly a voluntary resignation clause, or with a clause that the older members could become Senior members for a number of years as they so desire, to allow the young men to enter the Academy and give the additional stimulus that the young men bring.

"I am looking forward to the coming meeting. "

Francis A. Echlin (May 11): "Thanks so much for your letter and many congratulations on the way you are running the Round Robin. I am sure Dean is proud of you.
New York, N. Y.

"When I hear of the complaints of Neurosurgeons in the more recently discovered portions of the country concerning the dearth of neurologists and their headaches with this aspect of our specialty, I am torn between envy and sympathy. At NYU we have 13 residents in neurology plus an extensive neurological set-up with budget, whereas neurosurgery is allowed one resident but no secretary or facilities for Laboratory research. This is in the tradition of Victor Horsley and the early days of Queen's Square. However, I am still battling. We should be able to provide all you gentlemen with good neurologists in the years to come!

"I must say that I have enjoyed the fellowship of the Academy and hope to go on doing so for many years. I don't like to think of the day when many of the members will be more or less strangers. Harvey Cushing Society has opened its doors."

Donald F. Coburn (May 11): "Have had no very unusual cases of late to comment on. I personally have not had occasion to do a splanchnicectomy though saw the result that Mike had on one of the doctors here who died with carcinoma of the pancreas. So far as I could find out, the relief was minimal. It was my impression that the next meeting was going to be held in Rochester. Perhaps you are referring to the following year."

"So far as the growth of the Academy is concerned, I think the membership should be limited and I am heartily in favor of the older members becoming senior members after a specified period, say 12 to 15 years. I think that one only has to attend the Cushing Society meeting to realize what a mob would be in our group if it progressed as rapidly as some would have it. Five new ones a year would be plenty."

"Hope you will drop in and see us in Kansas City the first time you are through this way. This goes for all the members of the Academy also."

Henry G. Schwartz (May 11): "I will try to answer your questions. You know St. Louis, Missouri full well that most of the interesting cases in this part of the country go to California for surgery so that we have very little left to report on that score. I have managed to keep a few here because they were poverty stricken. One was a very bright and athletic 14 year old boy who had had what was considered to be ocular nystagmus for many years. He was brought in here after having had one generalized convulsion. Except for his nystagmus examination was negative. Following air studies, I found an Arnold-Chiari defect involving only the left side with the tonsils bound down to the third cervical. The only item of interest in this case was the fact that the entire left cerebellar hemisphere was replaced by a cystic cavity with only a thin shell of cortex remaining. The large cyst communicated directly with the markedly displaced lateral edge of the cisterna magna. A preoperative diagnosis of congenital cyst had been made, but we were thinking of the leptomenigeal variety and so could not be given a passing grade. We have had one posterior fossa medulloblastoma in a 15 year old girl, in whom the tumor presented between the roof of the foramen magnum and the first cervical arch. This should not be considered a sad commentary on the lack of early diagnosis in this part of the country but rather a tribute to the toughness of the children who grow up in this area. This girl had choked discs but her vision was not badly impaired and is making satisfactory progress."

"With regard to your question about chronic pancreatitis, we have had only one case with intractable pain, unrelieved by abdominal and surgical procedures."

Pain was completely relieved by following bilateral supradiaphragmatic sympathectomy and splanchnicectomy in one stage, and as an additional sidelight it has been very gratifying to see that this patient's appetite has increased and he has gained weight since his operation a few months ago.

"Now, with regard to your serious question about the growth of the Academy. As you have put it, this problem has been passed around and ducked at most of the meetings, after having occupied the good part of some of the more recent meetings. If we are to go through this sort of discussion every year or so, it seems to me that the least we should do would be to definitely allocate a certain portion of the meeting for complete discussion and decision rather than try to decide this matter more or less on the fly during a limited executive session. The first question that should be decided and should be faced quite squarely is whether or not we want the Academy to be a club or not. If the bulk of the members feel that they are in favor of the Academy being a club, then that is that and we need no longer worry about whether to take new members in. On the other hand if they feel, and I believe that most do, that the Academy should represent something in the way of fostering neurosurgery and the development of neurosurgery, the only answer can be to work out some scheme whereby the membership can be increased slowly without destroying the individuality of the organization. Setting a limitation on numbers and automatically changing the category of membership on the basis of age or length of association with the Academy is something that could be decided without too much acrimony. I do not believe that any fixed number of men should be taken in in any particular year. As we all know there will be many errors of omission under such a scheme. Let us not resist change too strenuously."

W. S. Keith (May 12): "I am sorry I missed contributing to the last letter. It Toronto, Ontario was a good letter and I enjoyed it very much.

"I have resected the 2nd cervical root in two cases of Mayfield-Hunter disease. Trauma was a factor in each case. So far the surgical treatment seems to have been well worthwhile and I am certainly going to follow them with a great deal of interest.

"I was recently confronted with what to me was a new problem; an infant five or six weeks old, born with a large parchment-like membrane covering the parieto-occipital region well out from the midline. The tissue had become mummified and was beginning to separate. There was a purulent exudate under it and piling up around the margin.

"An article in the Journal of Plastic Surgery indicated that four or five such infants had died because of haemorrhage from the superior longitudinal sinus. Dr. Farmer, a plastic surgeon at the Children's Hospital, and I undertook to deal with the lesion. In this case we were fortunate in that there had been no perforation into the sinus. The gangrenous tissue came away leaving a fairly

healthy looking dura. The scalp in the occipital region was shifted forward, and the gaps were filled with split grafts behind. Most of the flaps survived and the baby has nearly completed its period of hospital treatment.

"The article I referred to is "Congenital Defect of the Scalp" by Pier and Van Deyn, Plastic and Reconstructive Surgery, Vol. III. No. 6, November, 1948."

Stuart N. Rowe (May 12): "The clinical work seems to go along much as ever. Pittsburgh, Pa. One or two problems have come up in which we would be glad to have any help or comments from other members of the Academy. It seems to me that we have seen an increasing number of cases in the last year with choked discs and elevated spinal fluid pressure but negative pneumograms, or even pneumograms and arteriograms. Can it be that there are an increasing number of cases of encephalitis or some obscure inflammatory process producing these pseudo tumor pictures? Perhaps some of them may be due to some disturbance of the cerebro-spinal fluid flow. I wonder if others are having similar experiences. In some instances, we have simply hung on and spontaneous improvement has occurred. In several, we have done subtemporal decompressions where we felt that optic atrophy of serious degree was imminent.

"I would also be interested to know how frequently aneurysms are failing to fill on arteriograms. We have had two instances recently where we are fairly sure this occurred, and one in which operation definitely showed that a large aneurysm existed but the opening was apparently obstructed by clot. It is certainly disturbing to have a typical clinical picture with a negative arteriogram. How many times is one justified in carrying out operative exploration under these circumstances?

"It seems to me that we might best achieve our aims of having a relatively small society, and also one composed of relatively young members, by adopting a program along the lines you suggested of retiring or rendering inactive, to some extent, the senior members after they have spent fifteen years or so in the Academy. I believe that this in itself would sufficiently limit the membership so that no top limit would need be placed on it. Furthermore, younger societies have been and are being formed, so that the problem will not be particularly acute in the near future."

John Staaf (May 15): "Does anyone know of a young neurologist who would like to do neurology in our office for the year July 1950, to July 1951. He need not be a fully trained neurologist. As a matter of fact, someone who has just finished an internship and wishes to go into neurology would probably fill the bill. If anyone has heard of such an animal wandering around loose, please let me know."

Editorial Comment: This note from John was sent to me and I believe he desired that we include it in the Round Robin Letter so that it would have a wider distribution with the idea in mind that someone would suggest a competent person to fulfill the need above mentioned.

Oscar W. Stewart (May 18): "I have meant to write a note to you for some time, but have not been up to it until very recently. Last fall and winter was a particularly rough time for me and only within the last few weeks have I been able to be up and about a little, and as you may well suspect my activity is severely limited as yet. I hope that this definite improvement will continue and increase in momentum as the summer months come around.

"I was certainly pleased and complimented to have been elected Corresponding Member of the Academy at that time, and I am sure that I should thank you along with the others of my acquaintance who had a hand in that move. Thus far, of course, I have not been able to take any active part but hope to be able to do so before very long now, and I have indeed enjoyed the various communications which have been sent to me through and from the Academy. I have received two communications from you regarding the Round Robin Letter, but was not able to do anything about it at that time. I merely want to assure you that it was not due to indifference, but indisposition that I failed to respond. I would like very much to make the meeting at Mayos in September, but have considerable doubt that I shall be quite up to it by that time. You can well imagine, I am sure, that I am anxious to attend one of these meetings to renew my contacts and friendships with those members of the Academy that I know and have worked with, and to make the acquaintance of those whom I do not as yet know personally.

"Spring is very late in this part of Canada. We have had very few really spring-like days, and it is still quite chilly, and the trees are just now beginning to show some green. However, in view of the distress in other parts of Canada, I am sure a late spring should not be mentioned by us here with the slightest degree of discontent. Winnipeg is having such a miserable and really tragic experience it is hard for one to grasp the full significance from merely reading the news accounts.

David L. Reeves (May 29): It is earnestly requested by Joe Evans that material for the Rochester program be sent to him as chairman of the Program Committee with George Baker and Guy Odom as fellow members. The excellent program at Portland under John Raaf's direction leads one to the realization that an excellent program is of greatest importance for the success of the meeting.

The next Round Robin Letter will go to press on the 1st of August, and requests for material and letters will be sent to you. Obviously the interest and success of the Round Robin Letter depends upon the stimulus of these excellent letters that have been coming in to the editor here in the distant expanses of the great West. The meeting in Rochester should be an outstanding one and with the troubled situation in the world as it is today it might be wise for all of us to enjoy this meeting with the hope that there will be no interference in the coming year of 1951.