

# THE NEUROS



# NOLOGICAL SURGERY

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OF THE AMERICAN ACADEMY  
OF NEUROLOGICAL SURGERY

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# THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY



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## ROBERT S. KNIGHTON

Robert Knighton was born in Vallejo, California in 1914. He received his pre-medical education at Pacific Union College, and his M. D. degree from Loma Linda University in 1943. He interned at the Los Angeles County General Hospital. He began his neurological training at the White Memorial Hospital, and was at the Montreal Neurological Institute from August 1, 1947-October 1, 1948. He completed his training at the Henry Ford Hospital. He was certified by the American Board of Neurological Surgery in 1951.

He served as Captain at the 112 Evacuation Hospital in the European Theatre of Operations from 1944-1946. At the present time he is Chief, Division of Neurological Surgery, Henry Ford Hospital, Detroit, Michigan. He enjoys oil painting, skiing, hunting and fishing.

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## CHARLES BYRON WILSON

Charles Wilson was born in Neosho, Missouri in 1929. He received his pre-medical education from Tulane University in 1951, and his M. D. degree from Tulane University School of Medicine. He served a Rotating Internship at Charity Hospital in New Orleans from 1954-1955, and after a year in Pathology was Resident in Neurosurgery at the Ochsner Foundation Hospital from 1956-1960. He was certified by the American Board of Neurological Surgery in 1963.

At the present time he is Associate Professor and Chairman, Division of Neurosurgery at the University of Kentucky School of Medicine.

He lists as his hobbies: tennis, handball, track and piano.

## The Letters



Sim and George Maltby  
February 14, 1967



There was much curbstome discussion and consultation about the future of THE NEUROSURGEON in San Francisco and I believe that the majority of us feel, in spite of expense, that it should be kept up to the standards that Dave has brought it to in recent years. I know that many of the wives feel that this is one of the most important and interesting facets of the Academy, and Sim has remarked that it would be certainly worthwhile saving a few hundred dollars on hors d'oeuvres (not on drinks) in order to help finance our unique and personal journal.

I was planning to really relax after getting my presidential speech and brief paper for the San Francisco meeting out of the way, only to have Sim come down with an unexplained illness which cleared after a seige in the hospital in late October. Unfortunately, this was followed by headaches and then a recent fall while skiing, resulting in a subdural hematoma. This terrifying chain of events ultimately terminated in a drainage of the hematoma by my associates and now slow improvement. Knowing what I do, I of course continue to worry about other complications or etiological factors. However, Sim seems to be improving quite rapidly and is healthfully trying on wigs, although she is still confined to the house. If she continues to improve, we have tentatively made plans to go to the European Neurosurgical Congress and the meeting in Lisbon in late April, which will preclude my getting to the Harvey Cushing meeting. Unfortunately, I have no pictures at the moment, but you must be deluged with snapshots of the San Francisco meeting.

### Presidential Address

I am afraid that I am compelled to open this address with the old cliché - - that is, what a great honor it is to have been elected President of the Academy. The necessity of having to do this not only distresses me, but it is tragic, because I have with all sincerity never been more honored when I say that the apogee of my professional life, and the ultimate in Sim's and my medical-social life is having the great honor of serving as President of the American Academy of Neurological Surgery.

A year ago as many of my friends congratulated me on being elected to the Presidency, I noticed a between the lines innuendo implying that my election was great, but that damnable Presidential address was something else and really to be conjured with. Over the past months, as I have tried to produce something even partially worth presenting, it became more and more obvious that they knew well of what they spoke, many having been former presidents of the Academy.

As I am sure many of these same past Presidents have done, when facing this task, I have reviewed many former presidential addresses. This review did not improve my confidence in my ability to give birth to a worthwhile thought or two. In perusing a number of earlier presidential addresses, a definite nostalgic rumination came to mind which has forced me to diverge from my main theme and briefly indulge in historical memories. Many poignant thoughts came cascading back, beginning with my first meeting in Cleveland in 1940 as a guest, to last year's memorable evening in Cincinnati when we celebrated our return to the Academy's original meeting place.

It seems to me that one of the great contributions made by the Academy members has been the embellishment of military neurosurgery. Through the efforts and with the direction of two of our honorary members, the late Dr. Winchell (Wink) Craig, and Dr. Glen Spurling, military neurosurgery really assumed its rightful position in the table or organization of both the Army and the Navy. By their efforts which helped and directed the hard work and often frustrating military activities of many academicians, amazing surgical results were obtained in military neurological surgery, both overseas and in the zone of the interior. Neurological surgery became a recognized specialty in the military and was no longer the handmaiden of general surgery.

In my opinion, this is perhaps the greatest accomplishment that the Academy has achieved in its over twenty-five years of existence. Younger Neurological surgeons entering service today and serving in the past and present so-called police actions, find themselves as respected specialists in an accepted specialty. The admission of neurosurgery as an important surgical division or department of the military organization is the result of the influence and hard work of many of our members, not a few of whom are in this room today. As a result of their activities, the patients, the military service, and the doctors have gained a great deal. Moreover, this active fight to convince the military powers of the importance of the specialty of neurological surgery, has, I believe, helped both directly and indirectly the standing of our specialty in civilian life. It has given us much ammunition to withstand the onslaught of general surgery and neurology both in the medical schools and the community general hospital organizations. Finally, as if this were not enough, the military

history of neurological surgery has been compiled, annotated and preserved through the efforts of a number of our members.

Now back to my perusing of previous presidential addresses in a further effort for literary inspiration and guidance. These presentations ranged from Arthur Eldridge's illustrated tour of the Middle East to my immediate predecessors completely illustrated history of the Academy given last year in Cincinnati. In 1953 Larry Pool presented a most scholarly paper entitled "Neurosurgery and the Mind." This was at a time when many of us were deeply involved in various surgical procedures hoping to alleviate the problems of mental illness. These operations have contributed a great deal to our understanding of the brain-mind relationship, but admittedly have been disappointing in the long term therapy of mental illness. This fact suggests a possible theme for a future presidential presentation, which might be entitled "Operations in our specialty that have been transiently popular and now have been discarded or very infrequently performed."

Henry Schwartz's erudite and fascinating defense of women with many references to the gloomy dean, John Donne, accompanied by a plea for quality and not quantity in neurosurgeons was another outstanding presentation. This was given well over ten years ago when there were slightly over three hundred qualified neurosurgeons in the country.

Finally, two more addresses that were reviewed seem to lead me naturally to my brief plea that medicine might act as a catalyst between pure and/or utilitarian science and the humanities. These two were first George Baker's, "The Generation of the Neurosurgeon, Past, Present, and Future" with his strong plea for a continued humanistic viewpoint in medical but especially neurosurgical education, and recently Hunter Sheldon's fascinating and possibly fanciful Presidential Address entitled, "Wave Length, Absorption, and Resonance."

The dichotomy between science and the humanities in education in general and in all types of professional training is becoming more obvious and actually causing a great deal of anxiety among the deeper thinkers in both disciplines. Dr. Sheldon, whom I believe is one of the Academy's great humanitarians, concluded his address with the following statement which I use only as a springboard to my main theme, and I quote, "Our nervous system is a complicated electrochemical structure, but I am convinced that the activities of the neurosurgeon of the future are going to be greatly simplified if through the help of technology we are able to learn more about the electromagnetic behavior of tumor cells." This technology is fine and important, but what of the whole patient with the tumor cells? What are his feelings, worries and emotions? What do his wife and children feel about his tumor? What sociological and financial strains influence his total being, and his reaction to his "tumor cells?"

My theme is that medicine in general and possibly even more particularly neurosurgery and neurology can be a vital bridge between pure or applied science and the humanities. Medicine can never succeed as a technology or science alone because, as we all know, it is at least fifty per cent art. Thus, by its very nature, it becomes the natural catalyst that may be able to mend the schism that is developing today in a distressing fashion between science, particularly utilitarian scientific technology, and the humanities, that is philosophy, literature, history, music and art. Traditionally physicians and particularly neurosurgeons and those in the fields of neurological sciences have been and are more understanding of the importance of this melding of the sciences with the humanities, than perhaps in the public at large.

There is no group in medicine that has been more aware of the fact that medicine never has been and never will be an exact science than are those physicians that deal with the surgical and medical disorders of the nervous system.

The broadness of this concept is well exemplified by the literary and bibliographical skills of such men as Harvey Cushing, Wilder Penfield, and Silas Weir Mitchell, to say nothing of the poetical accomplishments of Sir Charles Sherrington, Henry Head and many others. These names in our own and related fields may be added to the humanistic contributions of innumerable men in medicine outside of the neurological field - - - ranging from John Keats to William Carlos Williams.

We are all well aware of the fact that modern medicine even with all its worthwhile and useful scientific advances still can not be relegated to the direction of the computer, massive federal grants, and laboratory technology. However, in this age of stress on pure science, physics, and practical technology, it is certainly worth reminding ourselves of the importance of returning to and not disregarding the humanistic approach, if mankind is to actually reap all the benefits of modern science.

Thus, my plea is that medicine in its overall sense and more specifically in the field of the neurological sciences may possibly be able to act as an important catalyst to blend the mechanistic, impersonal approach to human nature and mankind with what must be considered the overall picture of man as a social animal, influenced by science, religion, art, music, history and literature.

In our generation, the coffers of practical utilitarian science are being filled to overflowing by federal and foundation grants while the humanities are faring badly both as to national grants and as to the infusion of fresh, interested, and energetic young men and women devoted to the study and teaching of what are considered the basic humanities. In brief, the humanities are faring badly in the

hands of our modern practical world. To me, this seems like a bad omen for the future of our total civilization.

The program of almost every medical meeting contains papers on computer medicine, evoked responses, membrane chemistry and so on, but little is said of the patient as a whole as a citizen of the world, especially in his relationship to society, his family and his God, whatever his faith may be. The basic clinical approach has become lost in pseudo-scientific medicine which fact has been so aptly expressed recently by Dr. Charles Aring, a truly humanistic neurologist. "The tendency to substitute the laboratory for the classical method of diagnosis is the despair of humanistic teachers. The trend to the laboratory as an alternative to 'learning' the patient is seen in the novice, the harassed, the disorganized and the lazy -- since the laboratory is synonymous with research, and research has become the order of the day, inductive clinical analysis may be depreciated as a subjective method and therefore of a lesser order." It might be added that the "inductive clinical analysis" implies the melding of the science and art (or humanity) of medicine -- comprehension of the total human being -- the patient.

It has seemed to me that there are many signs that much of medicine is tending to become a scientific technological discipline with a complete lack of understanding of man as a social animal with some kind of divine drive. For mankind is nothing without individual men. It is still one of the merits of the humanities that see and expose man with all his virtues and weaknesses.

Even an extremely scholarly second Cushing Oration seemed to many to excessively extol a mechanistic, pragmatic, and practical approach to life. It is hard for some of us to believe that kindness to horses, the end of slavery, and the abolishment of the child labor laws came about only because of the advances in scientific technology. Further, it is hard for me to accept the proposition that "the great movements of our time rest then, not so much on a suddenly heightened human compassion as on the surging abundance of scientific reevaluation." I also deplore the statement that "the government continues to use science as its chief mechanism for dealing with the problems of American Society as it attempts to alleviate conditions of men and does so on the simplest basis. The technique has worked and worked well. Moreover, no alternative reliable approach has been suggested. This pragmatic behavior is in the best hard-headed American tradition."

If the above propositions are really true, and I am sure that Dr. Handler did not mean them entirely as they sound, the civilized world is in danger of losing its very being. Only the intimate knowledge of mankind's tendency to become a mechanized animal, with powers of deduction and speech, remains. This tendency might well result in the mis-channeling of all the great



advances in the sciences; and bring about deterioration of our nation and possibly the destruction of mankind. Medicine must look beyond the practical and utilitarian and by stressing the humanities bring out the soul or inner spirit of man in his relationship to his fellow man, his community, his nation, his world, and now his universe. Without this we are mere craftsmen and technicians.

Those most involved in teaching, supporting, and maintaining the humanities in our schools, colleges, and graduate schools, including medical schools, are worried and distressed that with the scientific accomplishments unparalleled in human history, and scientific methods changing our way of life; that we stand in serious danger of losing our culture, - yes, even our very souls.

Why should the educated but practical American take the vitality or lack of vitality of the humanities as his personal concern? What reason is there for the active business or professional man to trouble himself with the present predicament of such esoteric fields as philosophy, literature, history and art?

Various answers have been given to these questions. I will quote a few of these that seem pertinent to my theme.

Hamlet: "What is a man If his chief good and market of his  
time  
Be but to sleep and feed? a beast no more."

Lewis Mumford: "It is now plain that only by restoring the human personality to the center of our scheme of thought can mechanization and automation be brought back into the service of life. Until this happens in education, there is not a single advance in science from the release of nuclear energy to the isolation of DNA in genetic inheritance, that may not, because of our literally absent-minded automation in applying it, bring on disastrous consequences to the human race."

Finally, another answer oft quoted is that of the late Adlai Stevenson: "To survive this revolution (of science and technology) education, not wealth and weapons, is our best hope - - that longness of vision and generosity of spirit which springs from contact with the best minds and treasurers of our civilization."

Science and the great modern advances in useful scientific technology are extremely important, but without a liberal catalytic fusion with the humanities, they are as nothing. There seem to be more and more young men and women entering the various fields of scientific technology without any real understanding of the soul of life which implies understanding the whole man or even better, the whole society in the sense of human interrelationships.

Medicine has the great opportunity - - actually the duty of melding practical science with the humanities. We, as physicians, who daily deal with patients, who are nothing more than people stressed by illness with its many facets: medical, emotional, sociological and even financial, know well that technology, computers and even mathematics are not alone the answer to the survival of mankind in today's universe.

America's need for instruction in and understanding of the basic values implied by the humanities is great.

All men require that a vision be held before them, an ideal toward which they may strive. Democracy, if it is to survive, demands wisdom of the average man. Moreover, wealth, power, technical and scientific ability by no means implies wisdom. Without this exercise of wisdom, free institutions and personal liberty are inevitably imperiled. The Third Reich fell because the German people consciously or subconsciously suddenly allowed their great cultural background in the humanities to be submerged by an inordinate worship of scientific and destructive efficiency.

The arts, and this includes medicine, have an unparalleled capability for crossing the national barriers imposed by language and contrasting customs. It is by way of the art and secondly the science of medicine that we best come to understand cultures other than our own, and they best to understand ours.

World leadership has come upon us in all fields - - perhaps as much if not more in medicine than any other field - - over 50 per cent of all qualified neurological surgeons in the world today are in the United States and Canada. We can never rely solely on superior force, vast wealth, or preponderant technology. Only the elevation of its goals, sincerity of purpose, and its conduct in the world of nations entitles one nation to lead and others to follow. Basically, these are things of the spirit. Without this deep human feeling the cold war is lost, and I am afraid the possibility of losing a hot war might well be imminent.

We must cultivate and save an interest in the humanities if we hope to preserve the world for future generations.

Medicine, even today minimally a science and mostly an art, can strive to make peace between utilitarian science and the arts - because science without the leavening force of the humanities is probably the most diabolically destructive force our universe ever developed.

Medicine and the neurological sciences can help to save and preserve the humanities before it is too late.

Technical job training is not and should never be the reason

for education. We must try and forget that the major function of education is job training as much of our busy utilitarian world insists but that technical training without a humanitarian approach is not only useless but actually dangerous and destructive.

The important education that comes from the humanities, that is, from a "liberal education," from an inspiring and spiritual life, provides those facilities and interests that help man to find a purpose, endow him with the ability to criticize intelligently and therefore, to improve his own society and establish for the individual his sense of identity with other men both in his own country and the world at large.

Finally, to paraphrase a well-known biblical quotation, "What doth it profit a man if he gain the whole world, even the universe, yea now even the moon, and lose his own soul?"

Do we Americans amidst our great material well-being, have the wisdom, the intelligence, the training, the vision, and the determination to save our culture's very soul? I suggest to you that medicine, but more specifically, the neurological sciences, dealing as they do with the mind-brain-body, even the soul's relationships, have a great opportunity to preserve our universe.

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George has been able to convey the thoughts of many of us and stresses the need for balance in educational pursuits.

We were sorry to learn of Sim's illness. Fortunately, she had made an excellent recovery. George and Sim attended the European Congress of Neurosurgery. Sim seemed to be getting around better than George was. Perhaps George had too much Sangria.



The President at leisure  
San Francisco



Betty and Eben Alexander  
February 15, 1967



Your willingness to take on the editorship of THE NEURO-SURGEON after Dave Reeves' resignation occasioned by his health bodes well for the Academy. I believe you will find everyone anxious to cooperate and I know you will find everyone anxious to receive the publication to read it avidly.

The responsibilities of the Cushing Society this year have been a great challenge to me and I must say have kept me traveling a good deal. I am hopeful that such traveling and contacts will be fruitful from the point of view of Neurosurgery and of the Cushing Society. The way in which all five of the national societies have cooperated has been most impressive to me, and I believe this in itself, the unity with which this group works, will bring us greater strength than anything else.

I have been more and more impressed with the effectiveness of the lesions in the ventrolateral nucleus of the thalamus for Parkinsonism using the technique outlined by Claude Bertrand. The selection of cases is, of course, of the greatest importance and one seems to do this a little better with experience.

It would be presumptuous to say that one "cures" the patient and it would be more presumptuous to say that the natural course of the disease had been affected. However, in patient after patient who has had an effective lesion done, for example, on the left side of the brain relieving tremor and rigidity in the right arm, the relief seems to be permanent if it lasts as long as two months after the lesion is made and the usefulness of the extremity to the patient increases over the years, up to at least seven years as I have seen it.

There is no question that bilateral lesions are sometimes devastating to patients, but at other times they are well tolerated.

All of us here have been most impressed by the effectiveness of percutaneous cordotomy for the relief of pain, particularly of pain in cancer. The wide range of patients to whom this operation

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The President at leisure  
San Francisco

may be useful has extended our arms a great deal and I have no doubt now that it will be an accepted and useful procedure in the field of Neurosurgery over the years to come.

I am sending a small clipping from our newspaper on the original of the term Round Robin in which you might be interested, since actually, THE NEUROSURGEON has been called by many of us the Round Robin for some years.

#### ROUND ROBIN

By Bill Penfield

Several hundred years ago, persons in authority often disposed of a protest by severely punishing the one whose name headed the list on the petition. It was generally assumed that the first one to sign a petition was the instigator of the protest.

French government officers came up with the idea that if the names were signed like spokes radiating from a wheel, no one could tell who signed a petition first.

In French, a petition signed in such a manner was called a "rond ruban" (round ribbon). The practice was adopted in England, where the name was corrupted to "round robin." The name is now given to any petition in general.

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Eben certainly makes a good point in stating that patient selection in the treatment of Parkinsonism bears a direct relationship to the results. Claude Bertrand's technic should receive sufficient recognition.

The effectiveness of percutaneous cordotomy for pain relief in cancer cannot be denied. The technics of Mullan, Rosomoff and Paul Lin vary, so that every neurosurgeon must select that procedure which he prefers. The technic of Lin is more difficult to perform. However, in patients with bilateral pain, it may be the safer procedure.

The term "Round Robin" should interest all. The case reports sent in by members do fulfill a "general petition" and I hope we don't lose this important medium of membership participation for which the "Round Robin" letter was designed. Unfortunately, questions, in the past, have not always received a reply. Would

several members be willing to serve for a brief period on an ad hoc committee to reply to clinical questions of the Academy members?

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ADDENDUM — Eben Alexander

I have just had the opportunity of spending a few days as Visiting Professor at the University of Cincinnati with Bob McLaurin and Frank Mayfield. This is a stimulating atmosphere and I am sure I learned a great deal more than I gave as is usually the case. The skill with which this group runs clinical pathology conferences is a good example of how this can be done with sustained interest on the part of the staff.

Frank Mayfield is not only interested in implementing the Academy's proposal to improve the care of the paraplegic, particularly by obtaining permission to admit civilian paraplegics to VA Hospitals, but he is working hard and effectively toward this end.

I was fortunate in participating in a high level conference on this score at Christ Hospital in Cincinnati, and I believe if anyone can work all this out in Cincinnati, Frank can do it.

The importance of the Academy in this, and in almost all other matters related to neurosurgery, is great simply because we have so many people in the organization of the caliber of Bob McLaurin, Frank Mayfield, and so many others.

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Congratulations to Frank Mayfield and may his efforts finally get the civilian paraplegic the care that is long over due.

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The Alexander children



Angeline and Lawrence  
Pool



Congratulations to you, Dick, on your new and very worthy post of honor as our Editor for THE NEUROSURGEON. Congratulations too, to Dave Reeves on his long and so highly successful tenure in that same post. It is one of the few really delightful journals and we know it will be continued as such.

Of two great adventures of recent months the first was a glorious fishing expedition to the Klamath River for steelhead under the superb aegis of head coach Ernie Mack. As a rank beginner I could really appreciate what skill and experience could accomplish when watching champions like Ernie, Francis Murphey, Dean Echols and Charlie Drake haul in the big ones - all by fly fishing! This beautiful country, the grand guides, and the marvelous sport can be 100% recommended.

The second venture was a trip to Moscow in late November to attend the annual U. S. S. R. Neurosurgical Congress at the invitation of the Soviet Ministry of Health. Paul Bucy and Harvey Cass also came, along with Guiot and Norlen. Otherwise everyone was either Russian or from Poland, Yugoslavia or Rumania. In all about 500 or 600 attended, including some neurologists, pathologists and anesthesiologists. The 5-day affair opened with 2 or 3 brief speeches of welcome. I had been given the guest seat of honor on the podium (because the other two Americans had not yet arrived) and was surprised to be the first guest to be introduced and to publicly shake hands with Professor Arutiunov who ran the show. The entire audience applauded warmly to indicate appreciation that an American had come. This warmth on their part seemed to be real and to extend to us three Americans throughout the meeting.

The program was rather disappointing for it was mostly a series of talks from clinics of the various large cities, on the percentage of different types of tumors, their usual locations in the brain, and operative mortality. We gathered, however, that in the better clinics glial tumors are treated much as here, and meningiomas likewise. By and large, it seemed that the results in many clinics were not as good as one might expect.



We made rounds at the big Burdenko Neurosurgical Hospital, and watched Arutiunov and an assistant operate the day after the meeting. The surgery there was fast and good.

Some good research on experimental aneurysms was going on in Moscow, but otherwise there seemed little new.

Every evening we were treated royally to ballets, operas, concerts, etc., and also managed to see the major art galleries, etc. in off hours. Our hosts thought it a great joke that we Americans were quartered in the Hotel Pekin! Altogether it was a most interesting trip and I believe very worthwhile from the point of view of international relations.

Otherwise have been busy here with quite a run of aneurysms, etc., but with a recent run of 2 or 3 poor results. Between times have been working a good deal, with others on the committee, on the surprisingly numerous arrangements that have to be made now for the big Neurosurgical Congress here in New York in 1969.

Plan to go to London and Madrid in April and so will miss The Cushing meeting.

With best to all and looking forward to Key Biscayne in November.

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Larry's analysis of his second venture to Moscow indicates no new or startling neurosurgical pursuits. However, our roving ambassador apparently had a busy social calendar.

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Madrid - April, 1967



Constance and Robert G.  
Fisher  
February 18, 1967



I have your letter of the 4th of February, 1967 indicating that you are willing to take over as Editor of THE NEUROSURGEON and more power to you. Dave Reeves has done quite a job over the years and I don't have any question but what you will also.

The memories of the San Francisco meeting still linger on and Connie and I are so sorry that you and Phyllis were not there. Despite the activities of being the Secretary-Treasurer, it still was an awful lot of fun and we obviously are looking forward to the meeting in Florida. I have not heard definitely from Ed Morrissey yet, but I gather that we may very well get to Pebble Beach in 1968 after all. As you are aware, and I gather most of the Society knows, we are meeting in Key Biscayne, Florida in November of 1967 and in October of 1968 at the Broadmoor in Colorado Springs, Colorado.

The service has been increasing in its size. We now have a third man here, as you are probably aware - a fellow by the name of Don Wilson, who was trained by Wally Hamby, and he has turned out to be a perfectly satisfactory man. He, his wife, and now five children have fitted into the community very well and have certainly fitted into the hospital group as well. One of our residents has been in Denmark this past year at the Rigs-Hospital and another will be going to Queen's Square for a year of Neurology and Neuropathology very soon. All this is prior to their returning into this country and having the Senior Residency.

We are in the process of building a Neurological Unit at the Mary Hitchcock Memorial Hospital and essentially what this will be is a floor of approximately 50 or 60 beds devoted to the care of Neurological and Neurosurgical patients. The Neurosurgical census at this hospital alone last year was 26 and I think this has been increasing. The Neurology census is approximately 10 to 15. I think between the two services, we will soon approximate 50 without any question. We are specifically trying to have a special care unit on this floor devoted to the care of the post operative, post traumatic, or the stroke patient. This special care unit will have 8 to 12 beds and will be a segregated unit on the Neurology, Neurosurgery floor.



Joseph and Rita Ransohoff  
February 14, 1967



I do have a serious note which I would like to raise for the members of the Academy to consider, and possibly the Neurosurgical Newsletter is an appropriate place for this type of discussion. The responsibility of running a neurosurgical service in a large municipal hospital such as the Bellevue Medical Center is indeed a heavy one from the purely professional point of view what with the continual struggle to maintain high professional standards on a service which must run 24 hours a day, 7 days a week. I think all of us who are involved in this kind of operation know full well this aspect of the job and I will not dwell on it further.

A new dimension, however, has been added to this burden and if it has not arisen elsewhere, I am certain that other municipal centers will be faced with these questions in the near future. Certainly when one is dispensing municipal and federal funds the question of "public accountability" is a very real one and we should, I believe, be ready at all times to defend the type of medical service which we are dispensing. This concept, although not a new one, is certainly becoming progressively more important. With the huge funds that are becoming available through the Medicare and Medicaid Programs for health services, however, it seems clear that the medical profession is being pulled into the political ring whether it likes it or not.

Some of you may not have been aware of the fact that New York City and State have been undergoing a series of political investigations, or rather investigations by individuals in the field of politics concerning the medical care rendered to the citizens of New York City and the State of New York. The first individual who got into this happy hunting ground for politicians was a Senator Thaler, an individual whose tactics are very similar to those employed by Senator McCarthy, but who has none of Joe McCarthy's charm, a very real phenomenon no matter how one felt about his politics. Along with him riding this wave are two very bright so-called science reporters, one of the New York Times and one for the World Telegram Journal American, a recently founded paper with not nearly the stature of the Times. The lengths to which this group has gone are truly amazing. We are accused of using our patients as guinea pigs, or having a totally inhuman

In addition to this, I think we are all tiring of seeing hospital walls relatively bleak and we intend to dress this up somewhat, if it is at all possible. We intend to get some new ideas to make a Neurology, Neurosurgical floor more attractive. This might have to do with paintings to be put into the rooms or pictures, flowers and plants, more attractive furnishings and rooms, etc. All of this costs money, I realize, but we are attempting to recruit this at the present time. We are also hoping to recruit funding from the National Institute of Health for a head injury unit eventually. I suspect our greatest appeal to the National Institute of Health in this sense will be our interest in Neurochemistry and the hope that we can have a laboratory of Neurochemistry in time.

This has been a good winter for skiing, it has been a mild winter. We have only had a few mornings that have been way below zero.

Keep up the good work about being Editor

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Bob's program at Hanover deserves commendation for establishing an outstanding neurosurgical training center in the wilds of New Hampshire. Winter carnival should have more meaning!!



attitude towards the poor classes of individuals, of, for example, doing amputations on congenitally malformed children purely for the purpose of demonstrations where a new group of interns or residents may need to learn these techniques. In addition to these inflammatory and preposterous types of allegations he also claims that many patients have died at the hands of "researchers" and that medicine in New York City is controlled by 25 "fat cats" who carry out this inhuman research and then split up the overhead at the end of the year for personal usage.

When it became obvious that Senator Thaler was making great political mileage in this type of mulct-raking activity no less than six additional independent investigations of an official or quasi-official type are now being conducted concerning the New York City Municipal Hospital System. We find people appearing on our wards with television cameras, reporters and political hangers on at all times of the day and night, totally unannounced and with no true authority.

It is clear that the position of the medical profession is somewhat difficult in view of this type of activity. The ever present hostility between the faculties of the medical schools and the physicians who are in practice in the community without this type of affiliation adds further fuel to the fire. Many of these physicians are secretly and not so secretly glad to find us being crucified and they as well as the general public have equated our current stand of silence with an acceptance of guilt. Not being particularly passive in nature, I find assuming a role of turning the other cheek extremely distasteful to me. As a matter of fact, we recently permitted the Daily News to write up the story of a teenage youth who got shot in the head by an unknown assailant in the midst of New York City streets and came into Bellevue in fairly good condition. This boy rapidly deteriorated with a through and through gunshot injury from the frontal area to the occiput. He was treated in the fashion which all of us utilize including mannitol, steroids, hypothermia, surgical decompression, etc. He underwent a period of cardiac arrest and was resuscitated. He survived for 48 hours and whereas it seemed pretty clear that this boy had little chance it was worth the struggle in view of the fact that on admission he was responding appropriately to painful stimuli and had fairly good vital signs. His autopsy showed diffuse bilateral cerebral edema with multiple patchial hemorrhages as one would have expected.

So much for the story which is certainly not unique in any manner, however, I did believe it demonstrated the level of medical care which is provided here in the Municipal System, Bellevue being probably the best known of the City Hospitals and hence the focus for the majority of the attacks on the type of care being given to our citizens. The Daily News did a very sympathetic write-up of the story and what I believe is a prize winning photograph of the operating room team at work with of course, the patient and no physicians being identified, was on the front page

of the paper through all five editions. The immediate reaction to this article was one of approbation and really glee on the part of our colleagues in academic medicine and on the part of the hospital Commissioner and the Mayor's office. Everyone said this is what we should be doing and it is time to stand up and be counted. I, myself, however, was not too happy with the platform from which we spoke. Certainly to be forced to expose oneself to the accusations of publicity seeking and the like is not a role which any of us favor. In the long run it is obviously a mistake to descend into the gutter with the politicians; our experience with the newspapers and reporters, even a reputable paper such as the New York Times, it that it is extremely difficult to have a quotation which comes out as it was put in and even when the actual quotation is returned to you for approval. What one finds is that the quotation is often shortened or edited and printed out of context. All of us have written a number of letters to the newspapers none of which have been published.

I have no answers to this dilemma. It is impossible that I should crawl back into my hole and wait for the storm to pass as advised by so-called wiser heads. I feel, however, that a better answer must be available and that as the director of a neuro-surgical service in a well known municipal hospital with all the reverence given to our field by the general public and the respect with which our colleagues in medicine view neurological surgery, we may be the logical ones to seek better answers to this problem.

I hope this letter will stimulate fellow members to consider the situation and hopefully come up with some good answers.

I apologize as to the seriousness of this note and the next time promise to send pictures of the story of my experiences with fishing in Bimini and the Lerner Marine Biology Laboratories on that delightful island.

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The Professional Practice Committee of The Harvey Cushing Society - Frank Mayfield, Chairman - could be consulted regarding J. Ransohoff's letter. Infringement upon the privacy of the patient and/or physician under the guise of "freedom of the press" by television or radio must be well defined before a stand for or against it by physicians and surgeons can be upheld. We, certainly, do not wish to make the "mistake to descend into the gutter with the politicians" yet it does appear to be our duty as physicians to try to bring the politician to our level of understanding by showing a willingness to cooperate and take the time to insure his comprehension.

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The House of Raaf



John Drake



The former Editor relaxes



David and Virginia Reeves

It is a new and enjoyable experience to write a letter for THE NEUROSURGEON. Virginia and I regret missing a delightful meeting with all of you in the charming city of San Francisco. We were much moved by the generous resolution from the members of the Academy concerning the contributions to THE NEUROSURGEON. Such an expression as this coming from the friends who have been closer and have meant more to me than anyone else is representative of an incomparable honor in the neurosurgical world.

Due to circumstances beyond our control we were unable to attend the meeting of the World Federation of Neurosurgical Societies the previous year and determined to have a leisurely and enjoyable trip to Europe last fall. This we did with our daughter Lander, who had graduated from Stanford University the preceding June. Unlike so many who are on a "bus-man's" holiday visiting the various European clinics, we saw none of that, but instead led a sybaritic life of luxury, ease and contentment.

From Los Angeles we flew non-stop to Paris via Air France. As all of you know, the time changes play havoc with the hours of sleeping and eating. Our stay at the Ritz in Paris was made so much more enjoyable by the hospitality and kindness of the Andre Chausson's, Virginia's friends. Like all Americans an evening at the Folies Bergere was a necessary inclusion of the schedule, highlighted, however, by the fact that your former editor was hauled up on the stage with a few other patsies for the amusement of the audience. A nice bottle of "Fete" perfume for Virginia and a Folies Bergere car-key holder for yours truly are pleasant reminders of an unusual evening. For a brief run-down on our non-medical tour, we flew next to Majorca where we were the guests of the Benjamin Primes. Spain seemed the one place where one might live inexpensively. Italy and Rome was next on the docket with quarters at a delightful hotel, "The Hassler." The art treasures and sights of Rome, known to all of you, are of course magnificent. We drove to Florence, and again enjoyed seeing many exceptional treasures, and wondered subsequently how the Arno River could ever overflow as it did so disastrously after we had returned safe and sound to our beautiful



Santa Barbara. From Florence we enjoyed the drive to Venice, incomparably beautiful, as all of you know. Then on to Vienna via the Caravelle. Here we enjoyed the beautiful opera house and the magnificent Lipizzaner horses of the Spanish Riding School. We were fortunate in being driven across the Iron Curtain area into Bratislavia by our driver, Franz. Such poverty and despair we had not seen before. The people appeared unhappy slaves. Our delightful journey terminated after a flight and stay in London at Claridges, then to Edinburgh, Dublin and Shannon. For the many golfers, Glen Eagles in Scotland seemed a near paradise. We broke the home trip by stopping for a few days in New York City.

How interesting and stimulating for neurosurgeons to visit the many neurosurgical centers in Europe and the attractive colleagues running them!

Another year now is well on its way with members of the Academy again on center stage. Let us hope our ranks will continue to be filled with accomplished and enthusiastic members.



Virginia and Lander



The Reeves with guide

The former Editor enjoying life - to the envy of the present one



Dorothy and Donald  
Matson  
March 20, 1967



The calendar says it is supposed to be spring tomorrow, but it was 4 degrees this morning when I got up and unless things change soon the robins are in for a bad time this year.

Following the delightful meeting in San Francisco, I went home long enough to see some patients, work the desk down, pick up Dottie and my toothbrush and started for Australia. I had been invited to come for two assignments; one was to be the Felton Visiting Professor at the University of Melbourne for a couple of weeks and the other to give the Hugh Cairn's lecture at the University of Adelaide. Other invitations soon followed and we ended up by having a very busy, profitable and most stimulating time in all of the Australian medical centers. I gave various talks, visited clinics and saw patients in Melbourne, Sydney, Brisbane, Adelaide and Perth. We found that the Australians play hard as well as work hard. It is a wonderful Continent, full of strange animals, beautiful flowers, friendly people and magnificent swimming and surfing and all manners of interesting country side.

We arrived the day before the Melbourne cup, which turned out to be Australia's Kentucky Derby and Ascot rolled into one and is a national holiday. It was a spectacle worth going half way around the world to see. The Australians take all of their athletics and gaming of any kind very seriously indeed. It is easy to get swept up in their enthusiasm.

All we heard about in Sydney was how hard they are working with their America Cupboats to come over here and beat us next summer.

I had a very frustrating round of golf with three left handed surgeons, which I thought was carrying customs south of the equator too far. Dottie kept as busy as I did, between shopping, her interest in planned parenthood and the social circuit.

From Perth we flew to Singapore and then to Bombay. This is something of a contrast to go from a whole continent with eleven million people to one city with six million and find about half

million of the latter sleeping on the street.

Dr. and Mrs. Ginde gave us a most interesting time in the medical and social activities of Bombay and we had a delightful day sightseeing with Sir Stanford Cade and his daughter.

Flying home from Bombay to Boston makes for a long trip but we seemed to have survived it, arriving in time to plunge into pre-Christmas confusion.

We developed tremendous respect for Australian neurosurgeons. I think we met most of them. Many of their services are large and their patient care is certainly excellent.

Research and postgraduate training as we know it in this country are just beginning to come into their own. Anyhow, we have proved that the world is, in fact, round and that you don't necessarily fall off the bottom side.

I am trying here to beg, borrow or steal time to work on the second edition of "Neurosurgery in Infancy and Childhood." I just operated on my youngest associate, Dr. Larry Page, for an acute massive ruptured disc, so that does not help the work load any. Now, we all seem to be getting ready to spend April in California.

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The years teach much which the days never know.

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"The purpose of life is not to be happy. The purpose of life is to matter, to be productive, to have it make some difference that you lived at all. Happiness, in the ancient, noble verse, means self fulfillment and is given to those who use to the fullest whatever talents God or luck or fate bestowed upon them."

Mary and Robert King  
March 21, 1967

The Winter's wind and snow in Syracuse has fallen short of last year's blizzard but the skiing has been excellent. I was recently awarded a blue ribbon by the Cazenovia Ski Club for being the oldest first year fool on the fall. The whole family took to skiing this year and have continued our skating lessons.

Our clinical program has finally moved into its primary quarters in the new University Hospital with 21 adult beds and a 7 bed Acute Care Area adjacent to our office and conference room space. The new Neuroradiology facilities and Operating Room facilities have been a major God-send to the program.

We have been unusually fortunate in being able to make the appointment of Doctor Theodore Koeze to our department as a joint appointment with Physiology. He will be joining us this fall to further develop and strengthen our basic neural science program in the department. We expect that this will allow us to become more engaged with clinical investigations than in the past. If we are successful in securing the appointment of another full-time neurosurgeon this year, we will be moving ahead with a pretty solid base from that point.

Herb Lourie and Sid Watkins are continuing their present realms of activity in the teaching and stereotaxic programs with style and achievement. Sid's Stereotaxic Atlas will be published this fall. I am sure you will enjoy seeing what he has achieved in this ten year project.

Because of the expanding clinical service and increased conference and seminar programs, I have decided that we must try to increase the number of men in training so as not to overload them in a purely service sense with their clinical responsibilities and allow them opportunity to spend periods of time in the allied clinical sciences and in the preparation of material for seminars and school wide conferences. The neural sciences section of the faculty is pursuing means of extending the teaching programs throughout the four years of medical school and are combining these with postgraduate programs in many instances.

This has been achieved so far without any major curriculum revisions at an institutional level. It has been an interesting process to watch members of the faculty united by categorical interest develop and institute curriculum changes throughout the 8 years of basic training by pooling their resources in joint educational efforts without creating or requiring major curriculum revision on the part of the parent institution. I am yet to be convinced that a vigorous evolutionary change in curriculum from within our own small element of this school, may not, in fact, prove to be a very worthwhile means of achieving the curriculum revision we all recognize as being necessary. I suspect that in the end some combination of the two processes will inevitably create a new institutional policy with respect to training programs.

We are looking forward to seeing you all in Miami next fall.

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Leadership is not dictatorship.

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Mary and James Greenwood  
March 22, 1967



I hope to give a paper at Earl Walker's Birthday Celebration program next month, the title being "Acute Brain Infarctions with Intracranial Pressure: Surgical Indications." We have a series of these, beginning some two years ago, which were originally operated upon, since they gave progressive signs of increased intracranial pressure, and infarction was diagnosed at surgery.

For the last two years we have become interested in the

acute infarction which occasionally produces rapid brain swelling over a period of five to six days, the damage from pressure in some instances at least being greater than the local brain damage from the infarction itself, with resultant hemiparesis. A chain reaction is apparently produced, similar to that produced by some brain tumors when they occlude a vein or possibly kink an artery so that in the confines of the closed intracranial cavity there is no room for swelling which must be passed on to the adjacent areas, with the eventual result the same as with epidural hematoma or the occasional brain tumor which produces brain swelling out of proportion to its size.

Tentorial hiatus herniation operates as a major cause of death, producing pupillary changes no different from any other brain swelling, and I think we have a very simple and rapid way of surgically removing the herniation. The problem at the moment is selection of cases, since obviously in the massive infarctions, survival with severe neurological deficit, particularly when the lesion is on the left side, could result in saving of life with a useless future for the patient. A fair percentage of our cases at least have survived with only moderate hemiparesis.

We have avoided the procedure if we felt reasonably sure there was a massive infarction on the left side. The concept is particularly applicable to infarction which occurs with arterial spasm accompanying subarachnoid hemorrhage. We did four operations for aneurysms with infarction or following operation where spasm had been aggravated by manipulation of the vessels. Death in these cases from pressure is common and survival can occur with reasonably early surgery, often with only moderate neurological deficit.

I missed the Southern Neurosurgical Society meeting in Memphis, since the Twentieth Anniversary celebration of the Houston Surgical Society, of which I was a founder, was held on identical dates. At the Houston meeting, it was my job to give the history and background of the Society. I particularly hated missing the Memphis meeting because it was also the Twentieth Anniversary meeting of the Southern Neurosurgical Society and was held in honor of Doctor Semmes.

Jimmy, our oldest, seems to be developing into a fine trial attorney. Alex, the second son, and his wife, Barbara, on March 14 presented us with our sixth grandchild and second grandson. Alex is the banker in the family. Harris, our third son, graduated last August in law, with honors, and seems to be doing exceedingly well also. Mary and I have only one child (?) left in college and he should finish at the University of Texas within the coming year. Gracie, as you know, is married to a doctor, the only one I could get in the family; and Nancy is working for the Humble (ENCO) Touring Service.

Mary stays very busy with grandchildren, Red Cross, Church Altar Service, Blue Bird Clinic, DAR, Medical Auxiliary, etc.

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As we grow older, our capacity for enjoyment shrinks, but not our appetite for it.

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Advertising is the voice of free choice.

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Elva and Stuart Rowe



From the professional standpoint no very startling news comes to my mind. Aneurysms around the anterior cerebral complex still prove most hazardous and stubborn, and we are always glad when one can be securely clipped without impairing the circulation in either of the anterior cerebral arteries. The accompanying vasospasm with aneurysms in general is still our major problem, I believe. Recently I tried using Papaverine intravenously for this situation only to have the patient develop a severe intracerebral hemorrhage on about the third day of surgery. Whether this had any relationship to the drug is open to question, and I would be interested if anyone else has had any experience along this line.

Inasmuch as I happen to be President of the Philadelphia Neurosurgical Society (which currently really includes the neurosurgeons in Pennsylvania, the District of Columbia, Delaware, and portions of New Jersey) I have had a little more contact with the problems of a regional neurosurgical society than before. I must hasten to add that this office is held solely on the basis of seniority and my gray hairs rather than any actual merit or active campaigning. By spacing our meetings between those of the National Societies and having two a year, it seems to me we have been able to provide something worthwhile for those of us here in the middle Atlantic region - not only in the way of scientific programs, but from the standpoint of fellowship and social contacts as well.

Our chief recreation this Winter consisted of a trip to Florida, where we did a little boating, including a brief expedition to the Bahamas. We are still quite amateur in comparison with some of the salty sailors from New England, like Ben Whitcomb or George Maltby, but at least we do get out of sight of land once in a while.

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Golfer - one who yells "Fore," takes six and puts down five.

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Ruth and Charles Drake  
March 29, 1967



Many nice things have happened to the Drakes this past year including our "golf weekend" in Memphis as guests of the DeSaussures. Both Ruth and I were overwhelmed with the hospitality of the deep South.



I do have something special to report however, which is set forth in the two prints enclosed.

The plans for the University Hospital to be built on the campus brick to brick with the new medical and dental school buildings are well along. Originally medical and surgical neurology were scheduled to have only a few beds. I could not see the long term future in the neurological sciences developing in London at the University of Western Ontario in isolation from this Health Sciences complex. Victoria Hospital, where we are now, is a large municipal institution 5 or 6 miles away on the opposite side of the city and is devoted primarily to the service aspects of medical care and graduate and undergraduate teaching.

After long and detailed discussions, my dear friends, Beryl and Dick Ivey (she is a former patient) have seen fit to donate this large sum of money to build an extra floor on the University Hospital for neurological sciences. It will house 60 patients, but the major feature is that nearly all the north half will be devoted to research and teaching endeavours in these sciences. I have never been in sympathy with the idea of an institute but rather to have such a complex within the framework of a university teaching hospital. All this has seemed like a dream but the headline made it real. It is my hope that we will gather a group of surgeon and physician-scientists to delve into the problems of the nervous system. Our clinical people will have the facility at hand to satisfy their curiosities. Sometimes the magnitude of it all frightens me a little, but I feel sure it is right for this University to become involved with the nervous system to this degree. Our basic science departments have long been deeply interested and their roster carries the names of many distinguished scholars and scientists of nervous anatomy, physiology and chemistry.

I would like to take this opportunity to thank the many members of the Society with whom I conferred on the project - and used their names too, in support of the argument. Perhaps there will be an occasion at the time of the opening to have the Academy christen another "babe".

## The London Evening Free Press

THURSDAY, JANUARY 24, 1958—SECTION TWO—PAGE 25—42

# University hospital gets \$2,000,000 gift

By HARRIS BETHUNE  
of the Staff  
of the Free Press

London, Canada's largest city, has today received the largest gift in its history.

A. H. Ivey, president of the London Board of Health, announced today that the gift of \$2,000,000 to the University of Western Ontario for the building of a new neurological ward at the University of Western Ontario.

The gift, which will be made in three instalments, is the largest ever made to the University of Western Ontario.

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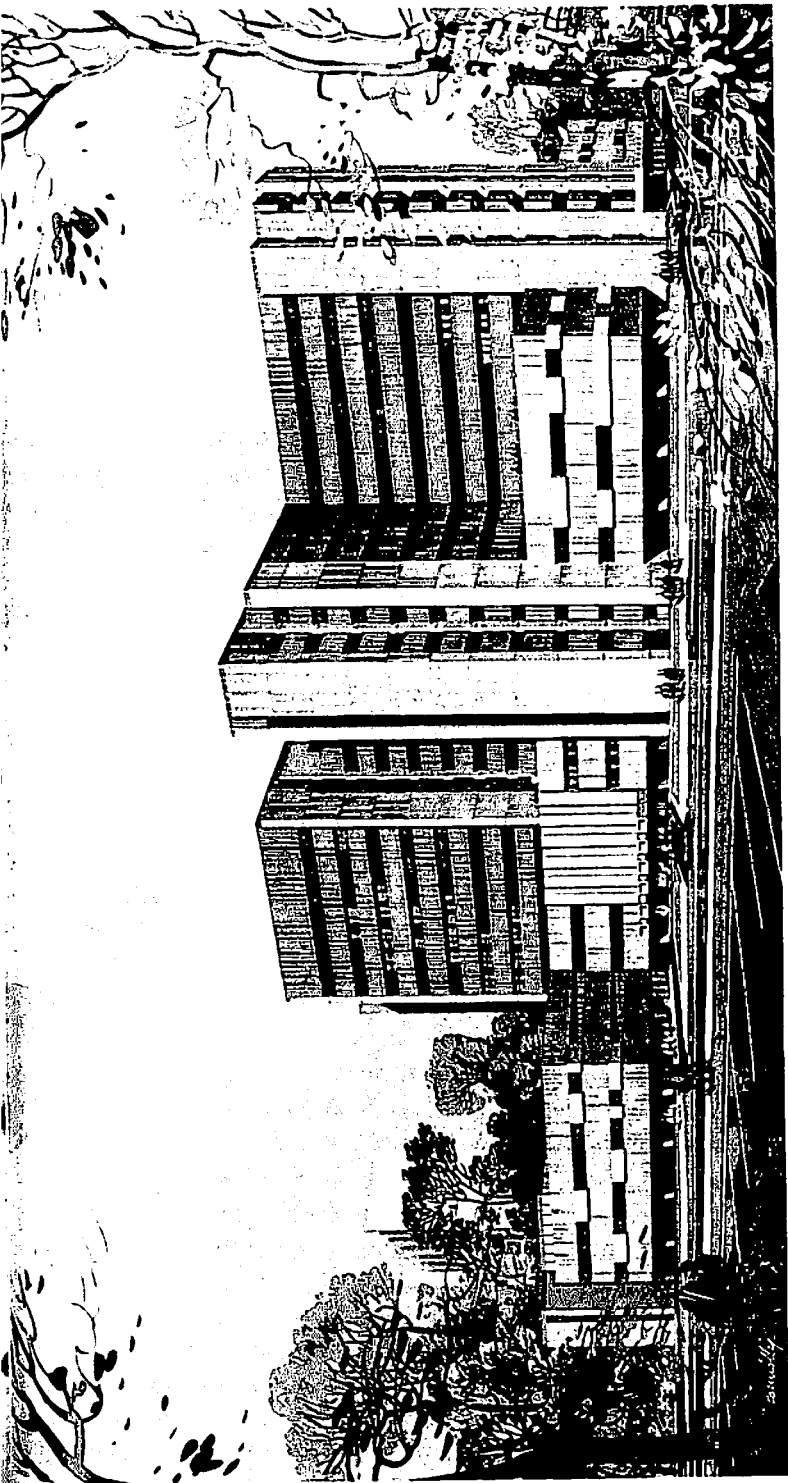
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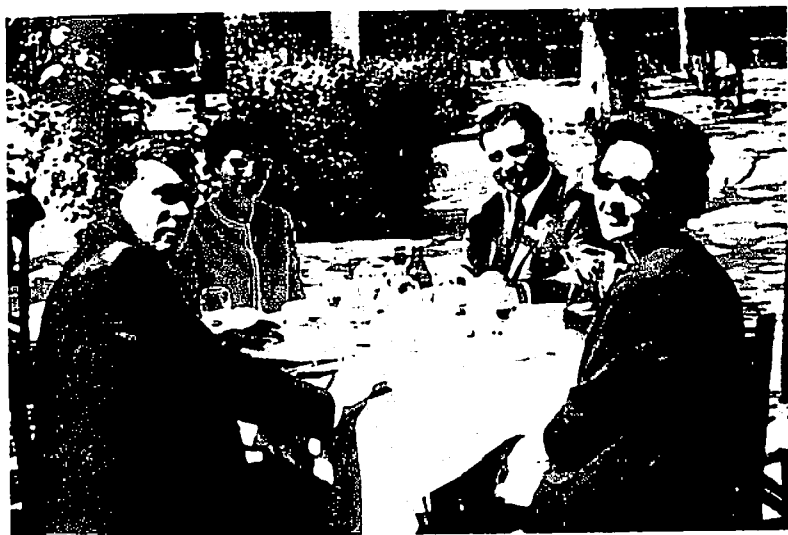
UNIVERSITY HOSPITAL.

THE OFFICE OF THILMANN & LAMB ARCHITECTS

THE LONDON HEALTH ASSOCIATION



Delegates to World Federation



Charlie, Ruth, guide and Phyllis  
Madrid - April, 1967



Mary and Charles B.  
Wilson  
April 3, 1967



We're sorry to have to miss the meeting this Fall, but feel that we must take advantage of the opportunity to live abroad with the children.

I was thrilled by the news of my election to the Academy, as was Mary at the prospect of the wonderful meetings. I am deeply indebted to three of its distinguished members: Dean Echols (who trained me), Frank Mayfield (to whom I owe my position at the University of Kentucky), and Harvey Chenault (who took me under his wing when I moved to Lexington).

I came to Lexington in July, 1963. I was assigned five adult beds in which to treat a staggering number of patients. I managed to keep body and soul together until the arrival of Horace Norrell one year later. Shortly after he arrived we were able to initiate clinical and laboratory studies in brain tumor chemotherapy, an area of major interest to both of us.

Subsequently others working in the neurological sciences have joined our faculty. Dr. Donald Slagel, a neurochemist, was appointed in the Division of Neurosurgery in October, 1964. Don, who is working with human brain tumors in cell culture, is one of those rare basic scientists who thrives in a clinically oriented environment. David Clark arrived as our Professor of Neurology in July, 1965. Those of you who know him can imagine our delight over his coming. John Howieson, a neuroradiologist trained at Queen Square and Oxford, joined us one year ago. Martin Blacker comes in June as number three in Neurosurgery. He completed the program at Johns Hopkins, going next to Clinton Woolsey's laboratory for two years, and is presently spending a year with Claude Bertrand. The final new face belongs to Jonathon Wirtschafter, a bright young man trained in Ophthalmology and presently completing his final year in Neurology at Columbia.

We love Lexington, a charming, quiet community. When the younger boy started school Mary decided to enroll in the University where she is working toward a master's degree in library science. I'll do my best to find her a good job when she finishes.

If present plans materialize we will be in Ankara, Turkey at the time of the Academy meeting this Fall. We are sorry to miss the first meeting as a member of the "in group" but the educational opportunity at the Hacettepe Medical Center overrides personal considerations. Furthermore, four months abroad will spice up our next contribution to THE NEUROSURGEON.

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Not in Vain

If I can stop one heart from breaking,  
I shall not live in vain;  
If I can ease one life the aching,  
Or cool one pain,  
Or help one fainting robin  
Unto his nest again  
I shall not live in vain

Emily Dickinson

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Phyllis and William F.  
Beswick  
April 4, 1967

A year ago I made a promise to myself that I would never require a second notice for a response for a contribution to THE NEUROSURGEON. I guess this proves the old adage that "The Road to Hades is paved with good intentions." Furthermore, I am sure that regardless of the type of letter that you send out, we delinquents will not get our responses out in good time, and as one of them, I humbly apologize.

The introduction of a question and answer section strikes me as being wonderful. To start off the question that I raised concerning spondylotic proliferations, I should have been more specific and intimated that a midline or cord approaching type strikes me as being one to consider. We have collected four or five cases that were permitted to develop neurological deficits, many of which have not been reversible in nature. Strangely enough, these cases have fallen into a group that are dependent upon the opinions rendered by doctors who are "Panel Physicians" representing insurance companies in controversial problems that come under the Workmen's Compensation laws in our State. In several instances symptoms and signs may be very minimal and authorization for surgical treatment is delayed until the neurological disabilities become severe and are not benefitted by surgical therapy. Several became worse and progressed rapidly to tetraplegia plus sphincter involvement.

In the past year, it has been our experience that even when we encounter individuals in which there are two or three levels of definite proliferative changes, one of which we feel is guilty of cord compression, it is best to go ahead at that time and curette away the proliferations at all levels and follow with anterior body fusion. This is based upon the fact that we have at least three individuals who have done very well with a single level treated this way only to have them come back with definite evidence of elevation of the other two levels.

In this particular area of evaluation we have found that Pantopaque is much too dense and we all know that as the anterior posterior measurements of the spinal canal decrease, the Pantopaque tends to collect in the lateral "gutters" and if one is not careful the midline elevations are missed or minimized. An article appeared in Volume 5 of Acta Radiologica, 1966 about "Less Dense Pantopaque for Myelography" and to my surprise, I found this was the report of the Seventh Symposium Neuroradiologicum New York, September 21-25, 1964. I went to the library and picked up Volume 5 and found just what I needed. The 15% Pantopaque was produced by the Lafayette Pharmaceutical, Inc. On several occasions they found in cervical myelography that some details were lost because of lack of sufficient density, but this was corrected by the addition of small amounts of 30% Pantopaque.

Charles Drake's question about the choice of Medical School for his son is certainly an important one and a difficult one to advise without knowing his son. It would strike me, however, if the boy has spent a good time of his school life away from home, the change would be beneficial. However, living away from home, the opportunity to meet a large number of medical students from all over the country, plus boys from foreign countries is most rewarding. I hope all of the Drakes feel that the University of Chicago is close enough to be considered a next door neighbor. Joe Evans has a pretty wide experience of the medical schools far and wide and perhaps he will come up with the same suggestion relative to

Chicago. Charles, Joe would make a very fine student advisor too.

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Don't criticize your wife's judgment .... look who she married!

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What you would seem to be, be really.

Benjamin Franklin

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Gwen and William F.  
Collins, Jr.  
April 5, 1967

The Collins family as well as myself are in that difficult state of preparing to move to another town. It has been a very interesting and I think instructive four years in Richmond, but this Winter when I was offered a Professorship at Yale, the chance of returning to my home town and to my Alma Mater was too much to refuse. Having been taught by Dr. German and knowing him for many years, there was also the added incentive of the honor of succeeding him as Professor of Neurosurgery at Yale.

Although I am looking forward to the move, the family has greeted the change with mixed emotions. Our boys have transferred

their loyalties to the South, our little girl feels that the new house will not have as pretty a room as she now has, and in general I have been given the message that they would be just as happy if I would stay in Richmond. I am sure many of the members have made moves and realize the mechanical difficulties that also ensue when a family tries to sell a house, move 500 miles and buy a new one, when a Professor tries to shift the responsibility of a service to someone else, and when a physician tries to close one practice and start another. I am sure it will all work out and I am also just as certain that loyalties transferred to the Capitol of the Confederacy can become Connecticut Yankee loyalties in a very few years. I am sorry that I am so late in writing this letter, but I will look forward to the meeting next Fall and hope that all the members are having a pleasant Spring.

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The French Clan





Gene and Lyle French  
April 10, 1967



I guess the highlight of this last year has been the wedding of our son, Fred. This occurred back on the first of July. Everything went off very well, and we are certainly mighty happy with his new bride. They are both going to school at the University of Minnesota and will finish this coming year. He wants to do educational TV and I think they will both go on to Graduate School for a year or two at least, so we will have them around. I think we are very fortunate in this.

Our next son, Eldridge, now age 20, is a sophomore at the University of Minnesota. He is the "ski jumper" in our family, although I think he is rather losing interest in this since he ~~XXX~~ has discovered girls. In addition, school, with all its ramifications, seems to take more and more of his time. I presume, therefore, that his jumping days are numbered.

Our youngest child, Barbara, is now 16 and becoming quite a girl. She has another year to do in high school and will undoubtedly go on to college somewhere. Since she is a very ardent athlete, she may try to go to some school that is also so inclined.

Our service at the University has gone along very well this year. We have had the privilege of having Dr. Kenneth Livingston with us. He has joined into the running of our service completely, and we believe ourselves to be quite fortunate to have him with us. Our interest clinically these days seems to revolve around arteriovenous malformations and aneurysms, I suppose because we have had more of them referred to us than we did in previous years. We haven't really approached them particularly differently than the rest of you have except that we do believe in the direct approach to the lesion using all the ancillary facilities that we can utilize. Some of the aneurysms we coat, some we clip and some we simply tip our hats to, as Francis Grant once stated.

In regard to Wes Gustafson's comment on the use of Dextran in the last letter, we do use it here at Minnesota a great deal. In the last several years we have used it more than we do right now, mainly because it is harder to get since it is not on the market. We think it is of considerable value in any one who

manifests diminished blood flow due to vasospasm or due to hemo-concentration. We, therefore, give it to patients with carotid artery insufficiency on whom we do angiographic studies. We also give it preoperatively and postoperatively to patients on whom we operate for aneurysms, etc. We don't have any valid proof that it is of value clinically, but certainly in our laboratory it has seemed to us that statistics indicate that it is very useful. I think the work that Larry Pool has done also confirms this.

It seems that this following year is going to be about as busy as the last year, in part due to clinical work and teaching but also in part due to administrative load and committee meetings. I don't think, however, that one can duck this. It is one of the responsibilities we in neurosurgery must assume or else we soon will be somewhat pushed out of medical school curricula. I am sure everyone is well acquainted with that because of Francis Murphey's interest.

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It seems that as time goes on, one gets more involved in administrative and committee work. This is important - but it is distressing to have this interfere with "clinical time."

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Helene and William B.  
Scoville  
April 10, 1967



Greetings from New England where Spring always awaits the onset of Summer. We have had our heaviest snows since 1906 - my birthdate.



Bill says "easier than aneurysms"

I have had two combined ski/neurosurgical trips, one with Claude Bertrand, whom we must have as a future guest to our Society and the other at Cortina during my annual operative visit for a clivus chordoma with a separate chordoma in the cervico-dorsal junction.

We have at last moved to the country and I probably shall never attend another medical meeting.

Of necessity all neurosurgeons find that the political and educational facts of life are looming ever larger and presently encroaching upon the pioneering spirit of our past. I am greatly in favor of Mayfield's, Murphey's and Alexander's zeal in their belief that our best chance for progress lies in close team work with Federal Medical Research and it is important that The Cushing Society be represented in all important legislative meetings such as that called by the F. D. A. and H. E. W., officially attended by all surgical specialties except Neurosurgery.

Attempting quick answers to the last "Neurosurgeon's" questions: -

Beswick's question: I believe that anterior decompression or fusion in cervical disc lesions should be limited to single bar ridge type of ruptured disc with long tract signs. Multiple arthritic ridges with cord signs, and lateral or osteophyte discs are best treated by posterior decompressive laminectomies and posterior facetectomies respectively.

Drake's question: I believe it is unimportant whether a boy attends graduate school at home or away from it as by then he is serious, generally married, and too busy working to notice where home is.

Gustafson's question: I had one experience of giving Dextran during an operation in an effort to ensure circulation after clipping the superior cerebellar artery feeding vessel to an AV malformation. There was immediate onset of oozing from the entire operative field; hence, I believe it is a two-edged sword.

Regarding Maltby's query as to the Academy's role in neurosurgical organizations, I feel that the Academy is lagging behind in definitive goals. It must take leadership in teaching, politics or scientific output. Its present leadership is social rather than scientific and this is bad for our future.

Regarding Dave Reynold's query of regional neurosurgical societies - having started the New England Neurosurgical Society (with Hannibal Hamlin and Bill Sweet) I conclude they should be started by a younger age group, should not be an honorary society, and its membership should include all practicing neurosurgeons in a geological area, and should be for discussion and teaching

in doubtful cases and in doubtful technique.

Replying to Stuart Rowe's question, I have had no experience of sleep paralysis following temporal lobectomy but have had two cases of delayed catatonic schizophrenic-like states with contralateral hemiparesis following intracranial carotid artery aneurysm clipping, and have wondered whether these represented interference with anterior choroidal and/or perforating vessels from vasospasm. They eventually made complete recoveries; the one on the dominant hemisphere had mild aphasia as well. What was remarkable in both cases was the predominance of personality change with only minor aphasia and hemiparesis.

I wish in this letter to express appreciation for being included as a guest at the last meeting of the Western Neurosurgical Society, which had a first class scientific program. To show its stature I enclose a picture of its President, supported on either side by men of distinction - Murray Falconer on the left and John Gillingham on the right - rather good prizes for a regional society.



Katy and John Lowrey  
April 10, 1967



I am enclosing a picture with my wife to try and convince her we do spend some time together and that I am not always working.

Our deepest thanks go to the San Francisco Committee of Helen and Ed Boldrey, Dorothy and Howard Brown, Kate and Ed Morrissey, and Maxine and Cone Pevehouse for the fabulous good time last October. The boat trip across the Bay will always be remembered.

Having completed my term as Medical Society President in December, I am enjoying more time for practice, but some problems are unsolved. Since our local Blue Shield Plan and the Medical Society parted company a year ago, we have been trying to launch the Foundation concept locally with initial success, we hope. This will mean a trip to California in May. This week we leave for Los Angeles for Bob Rand's course in microneurosurgery, then to San Francisco where we hope to see many of you at The Cushing Society, and then the Academy of Neurology.

Our two boys are fine. The older rides a motorcycle which presented a family crisis, but the crux of the matter was this. Do you forbid a young man who has spent his entire summer doing electrical construction work to spend his own hard-earned money for what he wants? We let him with the understanding that we would contribute nothing toward the cost or upkeep and he pays the liability insurance. We hope we did right. He enters college this fall. We don't know where yet. Probably the next crisis will be—does the motorcycle go too? Our twelve year old, who makes airplane models, wishes we lived out of the city where there are less cars and motorcycles.

You asked for comments on the questions. Bill Beswick asks "when transverse bars or ridges are demonstrated in the absence of neurological long tract signs, will we be using prophylactic decompression?" The answer, I believe, depends on more knowledge of the particular patient. If the x-ray or myelogram demonstrating the bars or ridges was taken because of a suspected disc and the patient has radicular signs, by all means operate on the disc anteriorly so the bar can be removed at the time the root pressure is relieved. What bothers me is how much added stress do we put on adjacent discs by fusing one or more levels? I see patients operated upon anteriorly and fused at one level, soon after requiring further surgery at an adjacent level. When spondylosis so often involves several levels, where do you begin and end? The question is what are one's indications, and this is the best way to start an argument I know. It pretty much comes down to the personality of the surgeon. Some are enthusiasts and some of us are conservatives. The enthusiasts make better incomes. The patient certainly deserves an honest discussion of the pros and cons if he is to give an informed consent. My thoughts on the anterior approach for discs was presented four years ago in a paper before this Academy at Palm Springs. I, too, would be interested in others thoughts on spondylosis.

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Janet and Arthur A.  
Ward, Jr.  
April 11, 1967

Both Janet and I tremendously enjoyed the meeting last fall which seemed to go unusually well and much of the credit for this obviously rests with the hospitality of our local members who outdid themselves. Certainly the scientific and social virtues of this Society speak for themselves.

We have been having a bad year as a consequence of events which allegedly represent progress. A new building program has been in operation which ultimately will provide us with completely new quarters for all of our offices and laboratories, all on one rather large floor. Neuropathology and Ophthalmology are directly above us and Neurology is beneath us, so that this forms a very nice, compact unit for the neurological sciences. From our standpoint, it will provide much better office and departmental space as well as slightly better facilities for our research in neurophysiology and much better facilities for our units in neuroanatomy and behavioral physiology. Unfortunately, the price we are paying is that the construction has been occurring right outside the windows of our current space and not only has the noise and dirt made any kind of productive activity impossible, but the workmen have been breaking through into the current building and we have

had to vacate certain areas so that we have been terribly crowded, dispersed, and inefficient. We will be moving into half of the new space in a few months, but will not have our final unit for over a year. I just hope that all of this is worth it!

The Cushing is just around the corner and I will be delighted when it is over, since I am afraid that a tremendous amount of my time has been involved in the construction of the meeting this year. However, I look forward to seeing all of you in San Francisco.

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"Men are never so good or so bad as their opinions."

Sir James Mackintosh

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Behold, how good and how pleasant it is for brethren to dwell together in unity. Psalms 133: 1

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Marjorie and David H.  
Reynolds  
April 19, 1967



We are looking forward to the meeting of the Academy of Neurosurgery in Miami at the Key Biscayne Hotel. The social aspects of the meeting have been fairly well fixed, according to the format of the previous visit. We have talked with the weatherman and he has assured us that we are going to have beautiful weather during the Academy meeting and that he will also extend this a



week following the meeting for those who intend coming early and staying late.

The fishermen have assured me that there will be plenty of Blue fish, Kings and Mackerel in the Bay and shallow portions of Gulfstream with Bone fishing and Snook on the mud flats and in the more isolated areas.

Of course, golfing and tennis are always available. However, early in November is probably the best time of the year as far as green conditions, etc. are concerned. For the more adventuresome I should call your attention to the fact that trips into the very isolated Everglades are available on a guide basis.

If you become bored with the remainder of the time you have on your hands it should be remembered that the casinos in the Bahamas are close at hand with frequent and easy transportation. Of course, Nassau and Eleuthra are just a few minutes away.

I do not want to sound like a member of the Chamber of Commerce, but if anyone has time that is hanging heavy on their hands with nothing to do in this particular area they essentially deserve it.

Marjorie has an interesting program worked up for the ladies which she will tell you about some time toward the beginning of the Summer.

We are both anxiously looking forward to seeing "you all" in Miami in November.

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### The Truth

As now I turn my backward gaze  
Across the span of years  
I see an endless maze of days  
That brought the loved ones tears;  
The careless deeds that I have wrought,  
The little things I've cast aside  
While in my heart I really thought  
To crush the selfishness and pride.  
But now, the truth to me has come,  
As sorrowful I stand,  
That I have dreamed, but never done  
The lovely things I'd planned.

--Kate Floyd



Faith and William H.  
Feindel  
April 20, 1967



Faith and I are leaving this evening for the Madrid meetings, stuffed with pesetas, all sorts of tidbits about Goya on whom Faith did a thesis project in a university extension course this past winter, and looking forward to a few days of sunshine and relaxation on the Costa Brava.

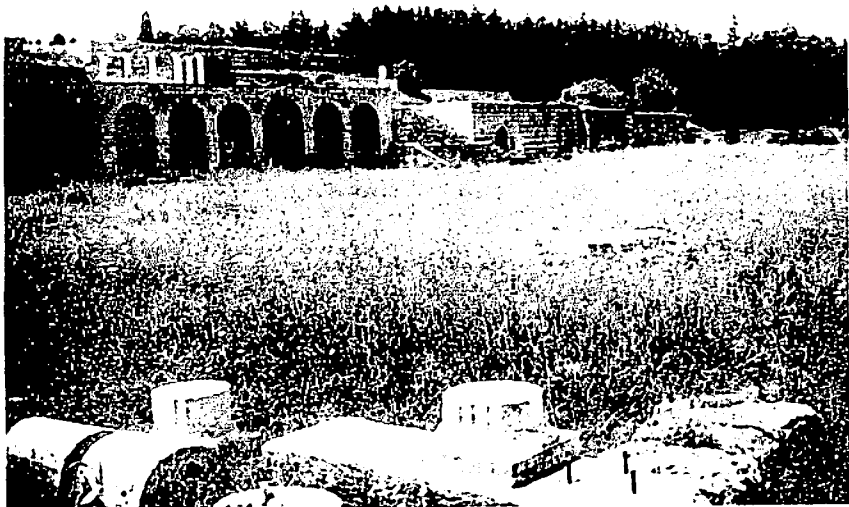
Our main interest during the past winter was further work on the fluorescein angiography which is giving us some interesting pictures of the blood supply of brain tumors and epileptic areas. The photographer here, Charlie Hodge, has done some magnificent work on the selective color filters so that he is now obtaining color movies of the surface vessels and microcirculation of the cortex in experimental animals and we hope soon to transfer this to the operating room. The anatomical pictures, as you know, are matched by the quantitative flow curves using intracarotid radioactive tracers. At present we are trying to analyze some of the red vein problem which seems to be a much more general phenomenon related not only to the arteriovenous shunts in tumors. Lassen and Ingvar have been interested in the hyperoxygenation of the cerebral venous blood in many conditions where there is transient or temporary hypoxia. There seems to be some short-circuiting of flow around areas of damaged brain or poorly metabolizing brain which causes this venous hyperoxia. Colin Dollery was here from Hammersmith Graduate School recently, going over some of his beautiful results on the retinal circulation with fluorescein studies and we are pursuing some of this work on the brain.

We had a good meeting at Glasgow University a month ago on cerebral blood flow, the meeting being held in the Lister Theatre. It was at Glasgow, as all surgeons should know, that Lister developed his antiseptic principles of wound treatment. We saw there some of his instruments, one of his carbolic spray machines, and, even more interesting, one fine old wooden operating table on cast iron wheels, designed by Sir William MacEwen. They are ready to build a Neurological Sciences Institute in Glasgow, combining Neurology, Neurosurgery and some Psychiatry, and I believe also some eye work. This will bring the clinical and research units together into the city, the operating unit now being about twenty miles outside. The Glasgow group are most active and lively, both

scientifically and socially. We also had a short visit to see John Gillingham's fine unit at Edinburgh, with the two circular theatres and the well-organized pattern where head injuries are taken into one hospital and the more elective surgery done at the main unit. After a short visit to see John Riishede at the Rigs Hospital in Copenhagen and to go over his plans where they are building a new floor in the university hospital of twelve-hundred beds, which is just under construction, I returned home to tidy up things here before the Madrid meeting.

Our family are well. Our oldest son, Christopher, is in the throes of fourth-year Engineering examinations, computer techniques and circuits that make the brain and neurological surgery look like a pretty simple topic in comparison. Alex, nineteen, and Patricia, seventeen, are at a smaller university outside Montreal about one hundred miles where they have just completed a new theatre-in-the-round. Janet, fourteen, Michael, ten, and Anna, nine, are on the daily school circuit familiar to all families, with Cubs, Brownies, cheer-leading, ballet, school sports and so on.

We will be looking forward to seeing everyone at the Florida meeting.



ASCLEPION OF KOS



Velaire and George J.  
Ehni  
April 26, 1967



This past week Larry and I were in San Francisco for The Cushing meeting, and the week before that we had Professor Dr. Henk Verbiest of Utrecht with us here at Baylor as visiting professor of neurologic society. Dr. Verbiest gave five prepared lectures, attended an uncounted number of conferences and ward rounds in four affiliated hospitals, and attended a party or other social function each evening. It was a wonderful experience for us to have this gracious and indefatigable continental neurosurgeon as our guest. Before that visit, and in addition to preparing for it, we went to Memphis for the Southern Neurosurgical Society meeting where my Associate, Dr. Waltz, presented one paper and Dr. Moiel, one of our residents, presented a paper I had written with him, as well as a motion picture on percutaneous cervical cordotomy.

Larry and I have been to Mexico twice since the last addition of THE NEUROSURGEON. In September I went down there with a maxillofacial and plastic surgeon friend of mine to present a paper and a film on instant correction of trigonocephaly by a cranio-plastic procedure I favor, and then from the latter part of February to the middle of March we were in Acapulco, staying with Larry's father at a house he has every year at Las Brisas. In the fall of 1966 my second oldest son and third oldest child, Bruce, entered the University of Texas as a freshman, and on December 30th, Margo, my second child and oldest daughter, married Mr. Bill Goodwin of Longview, Texas. They are presently living in Dallas where Margo is doing some sort of practice teaching with the school system and Bill is in graduate school at S. M. U. My oldest son, George, who has been married for several years, is also in Dallas where he works on some sort of incomprehensible electronics project for Texas Instruments, and attends graduate school at S. M. U. at night.

Larry and I look forward to seeing all of you again in Miami.



Larry and George enjoying the night life in San Francisco



Guy Odom  
April 27, 1967

On behalf of the entire Society, I would like to take this opportunity to thank Dick DeSaussure for undertaking the duties as Editor of THE NEUROSURGEON. I can assure you that it was a relief to everyone to know that THE NEUROSURGEON, which has meant so much to all of the members, is again in excellent hands. We knew it would be difficult to find someone to continue the outstanding job that was done by Dean and Dave, but now we have no worries.

I certainly felt sorry for the members who missed the meeting in San Francisco. It was really outstanding from a scientific and social standpoint. The Local Arrangements Committee deserves a standing vote of thanks. Arrangements are already underway for the 1967 meeting at Key Biscayne on November 8th. I feel sure that it will be another event to remember, even though there will be no opera, cable cars, or boatride. I sincerely hope that everyone will seriously consider the request for papers from the Program Committee, because the success of each meeting depends upon the extent of membership participation.

After attending the Society of Neurological Surgeons and The Harvey Cushing, Barnes is off to Australia for the month of May. I do not know whether or not he will be here for the opening of the new addition to the hospital, which will give us an entirely new

Emergency Department, an addition to the Radiology Department and approximately 100 more beds. We have continued with a rather busy clinical load, with our share of tumors and vascular lesions, but very few have been anything unusual. One interesting problem was a young boy, twelve years old, who was admitted with a fungus infection (aspergillosis) of his left orbit. He had had an excellent arteriogram at another hospital to rule out an intracranial extension. We were able to review these films and they were entirely normal. After admission to Duke, he had a subarachnoid hemorrhage. This was approximately three weeks after the first arteriogram. A repeat arteriogram following the hemorrhage revealed a large aneurysm of the left internal carotid artery. The aneurysm was due to the fungus infection involving the vessel wall. It was necessary to clip the internal carotid and the child developed a hemiparesis following this procedure.

The Board business has been as active as usual. A rather detailed report was given at the last meeting of the program directors in San Francisco. In the Fall of 1966, there were 80 examined and in the Spring of this year, 43. We anticipate 80 again this Fall. The failure rate on the oral has not declined, but it has been interesting to note that those who have taken the written have had a much lower failure rate than the ones who have not. During the last several sessions, one outstanding weakness had been noted in the basic principles of surgery pertaining to transfusion reactions, electrolyte imbalance, shock, estimation of blood loss, etc. As the program directors were informed, the members of the Board are seriously considering recommending a written examination as a screening test, but after discussion with members of the National Board of Medical Examiners, it has been decided to delay any decision in regard to this matter for several years.

I am hoping that I will be able to get away during the summer to do some fishing down on the Gulf Coast. I will be looking forward to seeing everyone at Key Biscayne.



Children



Grandchildren



Betty and Herbert  
Lourie  
May 5, 1967



Escalation in the activities here in our unit puts time at a premium. We have had no great innovations since last I wrote to the Round Robin and would have little to say on that. We are adding a fourth man to the Department. Bill Stewart, one of our former residents who recently returned from Viet Nam, will be joining us this fall. Bill is from the mid-west and will add a little variety to the present make-up of the Department composed of a Yankee, a bona-fide Englishman, and a Rebel.

In answer to the question posed by Dr. Gustafson on the use of Dextran, I would comment that we have found it no better than Ringer's lactate or normal saline for treating hemorrhagic shock while blood is being obtained. I had one case in which I thought Dextran was definitely detrimental. This occurred in a patient with a severe frontal scalp laceration and depressed frontal fracture. When I operated upon him soon after the Dextran was given, I found that the brain had become markedly shrunken, as seen when urea is given, and that this had led to an acute accumulation of unclotted blood in the epidural and subdural space. I would caution, therefore, against the use of Dextran in the presence of acute head injuries.

I would like to pose a question for the group. What has been the experience in the surgical treatment of the Dandy-Walker syndrome? The two patients in which I approached the lesion directly have later required the use of a ventriculo-jugular shunt. Have others obtained good results with the simple removal of the cystic membrane in the posterior fossa?

I look forward to seeing all the members at the Florida meeting.

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All of our Dandy-Walker patients have required shunting (except 2) - total number 12 - by posterior approach. Now we shunt them initially and they seem to do as well. I am speaking of infants and not the older child or adult. W. M.

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Roberts and Ernest W.  
Mack  
May 23, 1967



I think first and foremost, Bobbie and I would like to express to our San Francisco friends our pleasure and appreciation of the splendid meeting which we enjoyed in San Francisco last fall.

As regards interesting experiences, it is already history and known to most of the members that we had a very successful fishing trip in the interim between the College and the Academy. However, there was a delightful follow-up to this trip. Following the Academy, Angela and Larry Pool and Bobbie and I left San Francisco and drove that afternoon back up to the Lodge on the Klamath River where we enjoyed the trip and spent another day and a half engaged in some very productive fishing and caught some splendid fish. I think both our families enjoyed this opportunity for a sort of an unexpected get-together tremendously.

As regards the family, we were very pleased at Heather's decision to enter the University of Nevada, as both her grandfather and I were graduates of this university and I had certainly hoped that another member of the family would graduate from this university. To date she has been very interested and doing quite well in school, and, of course, has developed a very considerable interest in a young man who is attending the university also. He,



incidentally, has a 2 handicap at golf which is a little trying for her dear father. Our younger daughter, Sandy, has continued her interest in showing horses and is presently very ambitiously showing a stable of two horses, a purebred Arab and a purebred quarterhorse mare. Both horses are rather outstanding individuals and she is doing extremely well with them and adding much to our happiness and pleasure.

I found The Cushing meeting of great interest this year and feel that through the efforts of the recent presidents of this organization, all of whom are members of the Academy, The Cushing Society has moved into the position of prominence, which it should occupy as regards the general practice of neurosurgery. It is certain that Eben Alexander has done a great deal to further this and to make certain that The Cushing Society enjoys a position in the future of never less than what it presently does.

This year, following The Cushing meeting, we took another run at the river even though the weather was quite atrocious and there could be no hope of any reasonable fishing. On this occasion the Henry Heyls, the Ted Kurzes and Bobbie and I spent a pleasant three days on the river and much to our surprise we were able to catch quite a sizeable number of good fish. We had approximately 12 - 14 fish that would pass the 3 pound limit, with a top fish of 7 pounds, which as you might expect was caught by the novice fisherman in the group, Ted Kurze. Perhaps the most memorable thing to me on this trip was an opportunity for Henry and me to float the river together one morning, during which time we discussed at some length the problem of the two year medical school (which is presently to confront us here). We also managed to catch some splendid fish. In keeping with Henry's long term project we carried out adequate studies and secured specimens immediately.

This brings me to something which probably will occupy me for some years to come now. In November I once again became Chairman of the Board of our hospital, which now has before it the project of being enlarged and renovated to the extent of some 14 plus millions of dollars, so that it will become a 750 bed teaching institution and will be associated with a two year medical school, which will be present at the University of Nevada. All in all we have now secured in excess of 20 millions of dollars for this project, and things seem to be going along slowly but reasonably. We are presently searching for a Dean and find that this individual is not only difficult to come by but he is perhaps the most important figure in the whole operation. As you can well imagine the time being spent in meetings and interviews with architects, consultants, etc. is fantastic, and this is really taxing the amount of time which is available for the practice of neurosurgery.

In this connection, I am looking forward in the very near future to being joined by Bob Morelli, who will be leaving the U. S.

Army. His association with me will be a great help I am certain since he will be coming to me as a reasonably seasoned neurologic surgeon.

Plans are now being laid for a fishing trip to be held in the vicinity of the meeting of the Congress of Neurosurgeons in San Francisco this fall, and any members of the Academy who might be interested in going along on this soiree (and this will take place at the optimum fishing time) would be welcome. They need only to advise me of their intent to come.

We have two research programs presently going at the hospital in connection with the anatomy laboratory. One, on the staining of catecholemines with fluorescent techniques and their study with fluorescent microscopy; another on the production of lesions in the nervous system by means of ephatic energy transmission. Both of these are quite interesting and I hope will be productive of some factual material which will aid us in the future.

Bobbie and I are looking forward, as I am sure are the other members of the Academy, to return to Florida this fall and we are awaiting our annual opportunity to see and enjoy you all again.

Regarding Bill Beswick's question -- it would seem to me that the pathologic study of the thousands and thousands of old people who have died without neurologic disease or long tract signs who have bars and ridging would be strong evidence against the question of prophylactic decompression, which I know is presently being done by the enthusiastic group of anterior spinal fusers.

As regards Dr. Drake's question -- I could only answer in my own experience, which was the decision to attend medical school in Montreal, which was the farthest corner of this continent from my home. It was a tremendously rewarding experience to me and I constantly, in my comments and recommendations to interested young men whom I see in training now, recommend a similar course of action. I have yet to have any of them find it other than rewarding. I am certain that this course of action precludes a very provincial attitude toward medicine which I see on numerous occasions present in people who fail to have this opportunity.

Regarding Wes Gustafson's request for comments about Dextran - our experience here, using the combination of low molecular weight Dextran plus intravenous dexamethasone, has led us to feel that these are very potent medical instruments in our hands in the treatment of the otherwise untreatable lesions of the nervous system.

My comments on George Maltby's statement -- it would seem to me that either by chance or choice the Academy found itself to contain a large portion of the leaders of American neurosurgery and if it continues to choose as carefully and wisely and continuing to

choose its members in this manner it is likely to continue in this position. Certainly it is of necessity that there be such organizations in existence and that they be small enough to allow for the adequate communication between all of the members, a thing which is not possible when a society assumes the size and magnitude of, for example, The Cushing Society.

As regards Dave Reynolds' comments about regional neurosurgical societies -- I have had the opportunity to be present through the founding of a regional society and to be deeply interested in its growth. Primarily one had to make the decision as to whether it would be selective or all-encompassing. Our decision to be selective, I think, has resulted in excellence in the development and growth of the society. It has resulted in the presence of a certain number of individuals who have not attained membership who have gone seeking elsewhere, and I am happy to say that in most cases they have found a place or a form which has been suitable to them. I think this course of action has been beneficial to the Western Regional Society.

I could not offer any comments on Stuart Rowe's questions at this time.

As regards Al Uihlein's questions -- sometime ago I felt from my own observations and interest in the subject that nothing was being gained from intrathecal injections of steroid in the management of multiple sclerosis. That such changes as might take place were probably a chance phenomenon, and I feel that it would be difficult statistically to feel that this progressive paraparesis was other than this type of phenomenon.





**BIG BENEFIT**—Mrs. John N. Kirkland, president of Altadena Guild of Huntington Memorial Hospital, chats with Dr. Robert H. Pudenz, acting director of Institute of Medical Research at hospital, which will benefit from 16th annual "Art of Living" home tour April 12 sponsored by the Altadena Guild.

Times photo



Mary Jane and Wallace  
B. Hamby  
May 24, 1967



Mary Jane and I had a wonderful time at the October meeting of the Academy in San Francisco. The Committees there had set up a splendid program for us and the local area makes a poor vacation almost impossible, although the hotel situation tried hard to ruin it. We prefaced the Academy Meeting by attending the meeting of the American College of Surgeons and a decent hotel room was hard to come by until we finally were able to move into the Fairmount. San Francisco apparently needs hotels very badly. We spent a wonderful ten days traveling around the Monterey Peninsula and the San Francisco area before the Academy meeting. We shall look forward with great anticipation to the next meeting in Key Biscayne.

In January I had my initiation as a grandfather, my son, Barney and his wife, Denise, presenting us with our first grandson. He seems to be thriving from all reports.

We have just returned from three weeks in Europe where we enjoyed meeting several of the Academy members at the Third European Congress of Neurosurgery. As you will recall, this was a well-planned meeting and it was good to meet so many of our European colleagues. Mary Jane and I followed this up with a trip through France, Belgium, Holland and England. This was a lot of fun but unfortunately I scheduled our sightseeing so rigidly that Mary Jane had little time to do any shopping.

On the 4th of June we will attend the commencement ceremonies at the University of Oklahoma where, for some reason or other the school is giving me a Distinguished Service Citation. We will attend the American Medical Association Convention in Atlantic City the middle of June and this will about wind up our travel until the October meetings begin. We have had a cold, wet spring here, which has not helped my golf game any but we hope to have a little fun with it during the summer months.

Work at the Clinic continues along at its usual pace. My Associates, Dohn and Collis, have become so adept with percutaneous cordotomy that we rarely have the opportunity to do an old fashion incision into the anterolateral tracts.

Our former resident, Bruce Sorensen, who has now gone into practice in Salt Lake City, reported on our operations for spasmodic torticollis in 1965 and since then approximately 50 additional patients with this distressing affliction have come in and we have operated upon them by the old Dandy method of cutting the 11th nerves where they cross the vertebral arteries and performing anterior rhizotomy of C 1-3 bilaterally, adding C-4 root on the side of major muscle pull. In general the results have been quite satisfactory. We are trying to determine some criteria of prognosis for the operation. About the only lead we have thus far is that patients who have additional evidences of various dystonias do not do as well as those afflicted with the simpler form of simple rotational spasmodic torticollis. We hope to get out a report on this eventually.

We shall look forward to seeing various members of the Academy at the AMA meeting and particularly look forward to the meeting in Key Biscayne in November. We wish all of you a very happy summer.

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Wally is to be congratulated on receiving the Distinguished Service Citation from the University of Oklahoma, an honor he richly deserves.

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Enid and George S.  
Baker  
May 25, 1967



Your appeal for a yearly contribution to the Academy publication, THE NEUROSURGEON, should be honored after your last letter. I hope you are able to get the file of photographs which Dave Reeves had accumulated in the past twenty-five years, as some of these pictures are dear to our hearts and bring back fond memories of many of our neurosurgical friends. They should be printed in our

future issues from time to time. It may be also that as the years roll along our thoughts are as Mme. d'Epinaay has stated: "One sees the past better than it was; one finds the present worse than it is; one hopes for a future happier than it will be."

Now to get down to cases. I have seen three young adults with sarcoma, all of whom had the initial complaints come on after a minor injury during a basketball game. Two appeared in the suboccipital area under the muscles but were extracranial, and the other in the lumbar area, L-4 and L-5, and was looked upon as an acute disk herniation. I would consider these as quite rare but very interesting, and all were treated by surgery and radiation.

Enid and I hope to attend the meeting of the Academy this November in Key Biscayne. John and Lorene Raaf arranged a marvelous meeting for the Society of Neurological Surgeons in Portland during April, and it was a pleasant surprise to see many younger men in this group.

The summer activities call for a pack trip into the Bridger Wilderness out of Pinedale, Wyoming, and the usual trout fishing trips into Montana and the midwest.

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Even the certainty of eternity could not dampen the wit of Sir Winston Churchill. Asked, on his 75th birthday, if he had any fear of death, he replied:

"I am ready to meet my Maker. Whether my Maker is prepared for the great ordeal of meeting me is another matter."

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Grace and William  
Lougheed  
May 23, 1967

I thought I had better get a letter off soon as Grace and I and the family are planning to go to Expo in June. From all reports this promises to be an exciting expedition and I am told the

pavilions are quite delightful. We had hoped to go by boat and park in the marina but time will not permit this.

The last academic year has been an exciting one. We received delivery of a new diploscope last fall and this has improved our ability to operate on ruptured berry aneurysms immensely. I am particularly happy about using the diploscope in anterior communicating aneurysms. We have changed our approach to an interhemispherical one, resecting the falx and tracing the anterior cerebral arteries proximally to the aneurysm. I am delighted at how atraumatically this can be done under the diploscope and certainly this eliminates a great deal of the retraction which is necessary in the subfrontal approach. At first we felt that coming upon the fundus of the aneurysms prior to dissecting the proximal anterior cerebrals would be difficult and dangerous; however, to my surprise, with a little experience one can avoid the fundus and still expose the proximal anterior cerebrals. The last five anterior communications that we have done have all been sick patients (grades 3 to 4) and we have had no deaths.

I look forward to seeing you in the fall.

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"Honor and shame from no conditions rise;  
Act well your part, there all the honor lies."

Alexander Pope

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Georgia and John R.  
Green  
May 26, 1967



One of the major events for our family last summer was the move into a new home. The old one was fine as long as there was



good help available, but this is no longer the case. We no longer need a yard crew or live-in help and are most comfortable and happy with our townhouse living.

The programs in the Barrow Neurological Institute are beginning to produce to our satisfaction. Although administrative problems will never evaporate, ours are bearable now. Our new Chairman of Neurology, Doctor Joseph White, is effective and also excellent as a co-worker. Our first resident to complete his neurosurgical training (David Scheetz) is now working on the neurosurgical service at the U. S. N. Hospital in Oakland. Our second resident to finish with us will leave July 1, 1967 to commence appointment for one year as Senior Registrar in the Professorial Unit of the Department of Surgical Neurology in Edinburgh under John Gillingham. Tom McNaughton is his name and he should do very well. We are actually exchanging with the man who is now completing the same post under Gillingham. He is John Turner and will be our Senior Resident beginning on July 1, 1967.

The fall meeting of the Academy was most successful. How could it miss with the place being the Fairmont in San Francisco, the hosts and hostesses being the Boldreys, Browns, Morrisseys and Pevehouses and the Academy being true to itself! We were also involved with the Federation of Western Societies of Neurological Sciences in Palm Springs and the Western Neurosurgical Society in Salt Lake City this past fall. I had the pleasure of serving as President of the Western Neurosurgical Society and of providing a talk on the events surrounding a trephination in 1883 at Fort Whipple, Arizona.

Working as a guest Associate Examiner this spring for the American Board of Neurological Surgery was a new and rewarding experience. The planners who would supersede the authority of the Board as recommended in the Millis Report do a tremendous disservice to the continued improvement of neurosurgical training. I cannot see how it would be possible to interest men of such capability to sweat out the details and responsibilities of this important work if they knew that their decisions could be changed by a Commission of "medical statesmen", of which perhaps one or two might be neurological surgeons. This, in my opinion, would be a change, but not in the best interests of our trainees or the future of our specialty. Responsibility and authority can't be so easily divorced. As a member of the House of Delegates of our State medical association, I was able to disseminate this opinion which is not at all original. I am sure that the A. M. A. Convention must modify the Millis Report considerably. It is becoming more and more important for educationally-oriented physicians to enter the arena of organized medicine beyond our own more pleasant specialty societies.

Ted Kurze and Bob Rand recently set up a most interesting and



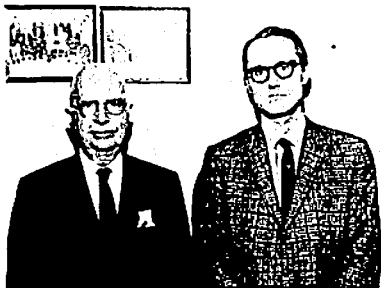
**Delegates**

**World Federation Neurosurgical Societies**



informative course for neurosurgeons. They gave a two-day series of presentations on Micro-neurosurgery just before The Cushing meeting. Their optical engineer, a Mr. Urban, was particularly helpful. If anyone is interested in this field and wonders why the do-it-yourself learning method seems slow, he should take the time to visit these fellows. I understand that they will repeat the course. Rand is developing a most interesting micro-neurosurgical atlas.

We thoroughly enjoyed having Doctor Eustace Semmes visit us this spring. He is indeed a remarkable individual. I am enclosing a picture of him with Doctor Tom McNaughton, our Senior Resident.



Terrye and A. Earl  
Walker  
May 26, 1967

In April the 3rd European Congress of Neurosurgery was held in Madrid with seven or eight hundred neurosurgeons in attendance. The setting was a convention hall in the center of Madrid under the able direction of Dr. Sixto Obrador and his hard working assistants, particularly Dr. Dierssen. The Congress was exceptionally well organized and ran with little confusion.

The scientific program devolved around cerebrovascular disease although many other aspects of neurosurgery were discussed. It is apparent that neurosurgery is a very large family at the present

time and includes many members by marriage and a few stepchildren. Perhaps the most striking feature of this Congress was the great amount of excellent basic scientific material presented. Unquestionably, most countries of the world are now engaged in investigations using the most modern technical approaches. Some of the work being done in other nations of the world richly deserve the attention of American scientists.

As would be expected the social aspects of the Congress were "out of this world". Not only were we treated to professional activities at the theaters and bull rings, but Obrador and his assistants put on some amateur performances in the bull ring.

Just prior to the Congress, a meeting was held of the Executive Committee of the World Federation of Neurosurgical Societies at which the program for the 1969 meeting was outlined. There seems to be great enthusiasm for this meeting in Europe which augurs well for not only attendance but outstanding scientific program. The details of this program I will let you know in the next issue of THE NEUROSURGEON, when they have been confirmed by our neurological colleagues.

At home, I would like to urge all neurosurgeons who must be interested in cerebrovascular disease, to give some attention to their local Regional Medical Planning Programs. The stroke phase of this program is one which requires direction by neurologists and neurosurgeons and one which I know in the future is going to be very important, not only from the standpoint of care of patients but probably from the standpoint of clinical investigation. If we as neurosurgeons, participate in the activities at the planning stage of the Regional Medical Programs we will have an opportunity of getting in on the ground work to a field of medicine to which we can not only make great contributions, but obtain assistance for development of improving therapy.



**MEASURE OF A MAN:**

35 of the world's leading neurosurgeons traveled to the Medical Institutions' Hurd Hall in April and delivered scientific papers to honor A. Earl Walker on the occasion of his 60th birthday. From Japan, France, Chile, and seven other nations, they gathered to pay tribute to Johns Hopkins' professor of neurological surgery. The faculty committee which arranged the symposium also presented the Hospital with a portrait of Walker.



Elizabeth and H. Thomas  
Ballantine  
May 31, 1967



I hope there is still time for this contribution to THE NEUROSURGEON. The trip to Europe has more or less interfered with the calm and peaceful routine (?) of life at the MGH in Boston.

Perhaps the first order of business should be the enclosure of a photograph taken at the "Fiesta Flamenca" which brought to a triumphant conclusion the Third European Congress of Neurosurgery, so successfully hosted by Sixto Obrador. As you can see, the Academy really sticks together! Actually, I am rather ashamed to send this on since I look as though I had quaffed too vigorously from the bottle on the table. As a matter of fact, however, being just a simple country boy from Oklahoma, I am unaccustomed to the bright lights.

Another item has been haunting me. Several years ago, a friend of mine sent me a comment on space travel. I think he wanted it back and I have forgotten his name! I believe, however, that he was a member of the Academy and would like to use the pages of THE NEUROSURGEON to return the quotation to my unknown benefactor. It goes as follows: "I might add that problems of profound hypothermia are being considered by a number of groups these days, particularly those people looking into the future when perhaps the interplanetary space traveller may assume a state of suspended animation for his journeys. Such thoughts have prompted one low temperature expert at Yale to record in verse one problem which might confront young lady passengers in times ahead.

Oh where have you been my pretty maid  
O where have you been my Lady-O  
Why I've been to Centaurus and Ursa Minor  
In our Ion propelled stellar liner  
The first class passengers travel in ease  
With a glycerol highball before they freeze  
While the tourist class is piled in stacks  
And tightly wedged in the luggage racks  
But now that I'm back and all thawed out  
The boys don't seem to be crowding about  
They're just not chasing, or so it appears  
Girls who've been frigid so many years.

(H. Merriman)

Now to the "questions to be answered by members." Bill Beswick has inquired about prophylactic decompression of transverse bars in the cervical region. My answer to this would be an unqualified "no". As a matter of fact I have followed one or two patients for several years who have been reluctant to accept operation and who have long tract signs from central cervical discs. There has been little or no progression of the symptomatology in these patients, all of which goes to show that the indications for decompression of the cervical spine are far from clear.

I will answer George Maltby's query concerning the primary interest of the Academy in its overall role in neurosurgical organizations as I have written before. It is my firm belief that the Academy should include in its membership those young men who will be the future leaders of neurosurgery in America. To do this we must choose well and our membership must be markedly expanded.

As to the other questions, I do not think that I am qualified to offer an informed opinion.

We were pleased to have our paper on cingulotomy published in the May issue of the Journal of Neurosurgery. As everyone should know by this time, Eldon Foltz deserves the credit (or the blame) for this endeavor. Our current score is 140 operations on 97 patients, and we can still state that we have had no complications of the procedure, surgical or psychiatric. We remain hopeful that some of the members of the Academy will try a representative series of operations of this kind in order to confirm or refute our findings.





Ione and Alfred Uihlein  
June 1, 1967



The most interesting news in this area is that we now have a neurosurgical operating room suite in full operation at the Rochester Methodist Hospital. It is an excellent facility which includes many of the newer refinements in the design of neurosurgical operating room amphitheaters. We are especially pleased with the proximity of neuro-radiology to the operating room theater which is directly across the hall thereby avoiding the competition for space and time allotted to general radiology where independent facilities do not exist. An anesthesia induction area affords an ideal facility for inducing anesthesia outside the operating room and permits a more satisfactory method for patient flow to the operating area. Should any members of the Academy wish to visit our new facility at any time, they are more than welcome.

Ione is recovering nicely from her disk and fusion operation and we are looking forward to seeing all of you at Key Biscayne this fall.

Clinic work load seems about the same, though it appears that we are receiving more head injuries every year despite all the talk about highway safety and changes in automotive design. The results of treatment are still discouraging in many respects.

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"Work as if you were to live 100 years, pray as if you were to die tomorrow.

You may give a man an office, but you cannot give him discretion."

Benjamin Franklin



Hermene and Joseph P.  
Evans  
June 1, 1967



Somehow Round Robin deadlines come up with startling suddenness and perhaps I am already too late for the currently projected issue.

As I reflect on what here might be of interest to the readers of THE NEUROSURGEON there are two areas that might be worth brief comment.

The first of these has to do with the fact that NINDB has granted funds with which to develop a projected Head Injury Center, one of four such programs established so far with others in the offing. Those of us who have been involved in one way or another in Head Injury planning are very hopeful that other groups throughout the country will consider very seriously similar projects.

Our efforts here at the University of Chicago in this area have involved a cooperative effort on the part of a number of us, the sort of team play that becomes increasingly necessary as the techniques of investigation become more and more complex.

A very important factor in the development of our program here is Sean Mullan's willingness to take over on the 1st of July the responsibility for the clinical service and in fact he will be the new Director of the Division of Neurological Surgery. I find that I have become involved in enough other activities (it is true of so many of us) that time and compass are no longer wholly congruent. Under the circumstances, and I realize this is a very personal decision for each of us, I feel that I cannot give to patients the ultimate in dedication to their care that I should give. The University administration has been very understanding of my attitude and we all recognize that under Sean, the work of the Division will zoom.

The second subject that I think may be of interest to academy members has to do with the further projection of the work on Foreign trainees, which was reported at the recent meeting of The Harvey Cushing Society. With the approval of the Board of the society the work of the committee is to be extended in terms of time and effort. The Adlai Stevenson Institute of International



Affairs, a wholly nonpartisan activity here at the University, has under its Director, Professor William R. Polk, taken a very practical interest in the survey. A full-time Fellow has been appointed to deal with our data, using this material as a core to explore two or three other special areas in the hope of coming up with factual information which will help us all in our thinking about the very important: International problem of "brain drain" - a term which I dislike, but which is so descriptive it is hard to avoid its use.

It was good to see so many of the members of the Academy at the spring meetings. Those of us fortunate enough to get to the Madrid meeting were, I think, impressed by the quality of the work which was reported. It was my first trip to Madrid and I thoroughly enjoyed the experience. An additional bonus for me was the opportunity of getting over to Geneva where I saw Mary and her family, and where Ed, who is stationed in Frankfurt, came down for a joint visit.

The rest of our scattered family crew are all well and busy.

I would not close this note without commenting on what a happy occasion Earl Walker's birthday party proved to be. A splendid tribute to a friend we all respect highly.

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Joe's long standing interest in head injuries is well known - as are his many contributions to this field.

The Head Injury Center should be an outstanding success and undoubtedly will be adopted by others.

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Congratulations are in order for Sean.

This is a fitting recognition of his many accomplishments.

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Frances and Barnes  
Woodhall  
June 2, 1967

Frances and I returned from Australia two days ago. We were asked to go to Australia by the Van Cleaf Foundation to make what contribution we could to the general theme of neurosurgical education and medical student education in the medical schools of Australia. The various states of Australia represent a loosely knitted confederacy subject in some ways at least to the Commonwealth capital at Canberra. They are, in many respects, operating as reasonably independent entities. To say the least, there is a good deal of competition among the states. With eleven million people in a country as large as our own, well over half the population is centered in the two cities of Melbourne and Sydney and even the football rules are different in the various states.

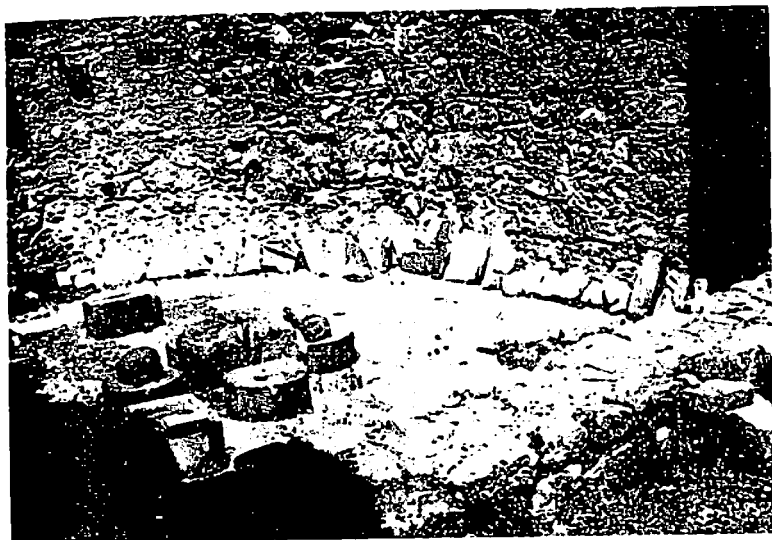
Be that as it may, we attended the two Australasian Congresses on Neurology and Neurosurgery. I talked with all of the medical school deans and vice chancellors and chancellors and saw all the medical libraries and in general was completely worn out by these very tough and rugged Anzacs. In addition, they are very hospitable people.

There are two new interesting universities, one in New South Wales called by that name some miles away from the traditional University of Sydney, and another university called Monash University holding a similar younger cousin position to the very old University of Melbourne. Two other young universities are on the planning board. In Canberra there is a new national library being built and there is a very heavy research emphasis in biology and medicine in Canberra as well. We hope to establish a Medlars unit from our own National Library of Medicine in Canberra with its computer facility based in Sydney.

The Australians have been very generous to our sailors, and arrangements have been made for rest and recreation for our Vietnam people along the ocean rim. The war still seems very far away to them and one has the impression there is some complacency about life in general. The interior of Australia of course looks like our painted desert and is completely and utterly wild.

Frances and I were chased by a few kangaroos and emus. The zoo in Melbourne is magnificent and the director of the zoo was kind enough to give us a hand shaking meeting with all of the traditional and beautiful Australian animals including a wombat. I have a picture of Frances and myself holding this animal in our arms while it slept since it was in the daytime. Wombats sleep in the daytime, I understand.

It was winter time in Australia although the weather held up well for us. Being exhausted we stopped in the Fijis on the way back. There is another interesting medical school there which is a five year course for assistant practitioners. Our time was so short there we could not see this school but did spend enough time in the water there to decide that it might be a fine place in which to retire, that is in the blue water. After nine hotels and about the same number of airplanes and one ship, we are back for the usual hurly-burly of commencement. This summer we plan to climb into a tree like a koala bear and nibble at the leaves.



OPERATING ROOM OF HIPPOCRATES



Margaret and Samuel R.  
Snodgrass  
June 5, 1967



I hope this belated letter reaches you in time for the next issue of **THE NEUROSURGEON**. As there was not much news, I disregarded your first letter as I knew that I would have more of interest to report later.

On April 18th I joined a group organized by Robert Aird, Professor of Neurology at the University of California, San Francisco, primarily to attend the Second Congress of Asian and Australasian Society of Neurological Surgeons at Sydney, and following this the Second Asian and Oceanian Congress of Neurology in Melbourne, with visits to New Zealand, Manila, Hong Kong, and Japan. This provided an opportunity to visit places in which I was interested but really had never expected to go. The group included four neurosurgeons and was joined the latter part of the trip by Ed Boldrey - Helen was in the group throughout. Bill Sweet and Barnes Woodhall were also in attendance at the meetings and some of them may well have sent you something about their experiences. The number in our group was never over twenty, with some returning separately from various parts.

We flew to Honolulu in the late afternoon and remained there twenty-four hours before going on to New Zealand. It had been ten years since I had visited Honolulu, which is no longer relatively uncrowded, somewhat unhurried, charming spot I thought it was then. Perhaps some prefer it as it is at present, but to me it seemed Miami Beach, West.

New Zealand had some beautiful scenery, although bad weather prevented us visiting some of the best spots in the South Island. The 1,750,000 people, 55,000,000 sheep, and high taxes have produced the world's lowest infant mortality along with many socialistic benefits, but there seemed little vigor to the economy—the routine closing of almost all business establishments from 9 p. m. Friday until 9 a. m. Monday seemed almost incredible. I am sure that many factors exist which influence vigor and progress everywhere, but we felt perhaps people need to work harder than most were doing and to look after their individual needs and ambitions with less governmental help. At \$8,400 net one reaches the maximum bracket of income tax (75%) and, of course, there are all the

other taxes that we have and perhaps more. The leveling process may have been carried too far - at any rate, this was the only area we visited that did not have noticeable activity in construction and other business.

There were probably fewer than one hundred neurosurgeons at the Sydney meeting, and the papers were chiefly of a clinical nature with generous time allotments which were often exceeded. There were departures from the room for lengthy periods for morning coffee and afternoon tea, so some papers were read only by title. Sydney was spectacularly beautiful, and I felt that it was vigorous, progressive, and had a great future; doubtless, Melbourne does as well although the setting was not so remarkable, and construction was less impressive - they were finishing a round fifty-story building in Sydney. We also visited Canberra briefly, and it was interesting to see a national capital whose site had been chosen and the city built this century. There was a much greater attendance at the Neurological Congress, the papers were shorter, and everything got completed including morning coffee and afternoon tea. Many persons presented papers at each meeting, with much more laboratory investigation reported at Melbourne.

In spite of the fact that in Australia the worker claims to be king, and perhaps he may be, although one professor told me that workers were much better off in New Zealand and he had worked in both places, I had the feeling that the Australians were very hospitable and essentially very much like us. There is apparently a greater feeling of gratitude to the U. S. Navy for turning back the Japanese in the Battle of the Coral Sea, thus preventing imminent invasion, than I had realized. Immigration is welcomed in Australia if you are not Oriental, and the Australians believe their present twelve million population should be doubled.

Manila was said to be warmest in April and May, and one readily believed it. The vegetation in the Phillipines was as lush as any I have seen. Families also grow well with the average being seven children - but the agricultural methods remain primitive and low yields are the rule. It was said the per capita income was \$140 per year, that 1% of the population was rich, 5% middle class, and the remainder poor. There was much construction in Manila, including a new Hilton and a new Sheraton, but nationally 12% are said to be unemployed. Many persons receive no schooling, as schools are often unavailable; teachers, nurses, and other professionals are in over-supply and are poorly paid. Violence is apparently increasing and the carrying of arms is so common that at least one restaurant in down-town Manila had a place for customers to check their firearms.

Hong Kong was almost incredible with all its tall buildings and beautiful sites; it was difficult to see how the many refugees had been housed or to imagine its future with China ready

and able to take over whenever it seemed advantageous. The first riot took place the day before we left, so we took off gratefully with generally lightened purses from shopping but with our group baggage 70 kilos overweight.

We spent a week in Japan with most of this in Kyoto and Tokyo, with more medical aspects to the Tokyo part than elsewhere. Ed was particularly diligent everywhere medically, but I made a good many more photographs than he. I was greatly impressed with the traffic and other activity as well as with the large number of people everywhere in Japan. School children visit national shrines three times during their required nine years of schooling most take more - and busloads of them were everywhere. They apparently came by classes, marching two abreast with a classmate leading one step ahead carrying a small flag to identify their group, and another was at the end with another flag. All were in uniforms with the boys in dark blue jackets and trousers with a small cap. The girls were also in uniform, although there was considerable variety in the color of their uniforms. There was never any admixture of boys and girls, but I never learned whether they went to separate schools. They all looked healthy and well fed, were clean and well disciplined, were friendly and interested in Americans. I had no doubt that Mr. Truman had done the right thing to use the bomb and hoped the Japanese would be on our side if another war should come.

A few days before leaving Tokyo I learned that our second son, James, who has been living in San Francisco, would be married there May 28th. I delayed my return until this happy event was over. He is working in a brokerage office and has married a girl whose Canadian Air Force family has retired to Carmel - lucky dogs. Our oldest son, Robert, as well as others of our family, attended the wedding. Robert begins a neurological residency at Children's Hospital, Boston, July 1st, after finishing one year of residency in internal medicine at the MGH.

It was a little difficult to get back to work again and especially to read and deal with all the material which has accumulated in this long absence.

I hope this does not reach you too late, and I know you will feel free to edit this lengthy communication as you see fit. We are all fine and hope that you and yours are likewise.

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This was too interesting to edit.

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Helen and Edwin Boldrey  
June 7, 1967



I have your reminder concerning the coming issue of THE NEUROSURGEON and hope that this note reaches you in time to be included.

This past year has been a very active one, indeed, in the Boldrey household, starting off a year ago about now with the marriage of our youngest daughter, Susan, to Mr. Eric Frische. We were delighted that a number of the Academy members could be present when they were married, including Howard Brown, Jake Hanbery, John Raaf, and Dave Reeves. Susan and Eric are living in New Jersey where she is teaching while Eric continues as an undergraduate medical student in Columbia.

Our other daughter, Nancy, was married in February to Mr. Armon Cooper, an attorney in the firm for which Nancy had been working. They are living here in San Francisco.

If all goes according to plan, our son, Edwin, will graduate in medicine from Northwestern on June 17th.

So much for family doings and activity.

The meeting in Australia, which it was my great privilege to attend was an exciting and rewarding one as would be anticipated. It is unfortunate that it coincided with the meeting in Madrid but despite this coincidence there was a good attendance with representatives from all of the Australian Asian Countries, except Communist China, North Vietnam and Cambodia. With the fluid world situation it is difficult to draw conclusions as to the distant future as far as their neurology and neurosurgery are concerned. For the present and immediate future, though, it can be said that there are some distinguished men in our field in all of these countries, that they are doing superior and forward looking work in the clinical field and there is an active and aggressive interest in contributing to research within the limits imposed by national and international circumstances - certainly not limited by desire or ability on the part of the individuals involved.

The Australians were incomparable hosts of both the neuro-surgical and neurological meeting. Doctor Rex Money, President of the Host Neurosurgical Society, and Doctor Graeme Robertson, President of the Host Neurological Society, are of course well known to all of us, and their achievements and those of their committees were outstanding.

In addition to the two formal meetings it was possible to visit the research center at Camberra under the direction now of Doctor David Curtis. Basic research is still going on at this institute under his direction. This is the institute which was headed by Sir John Eccles.

It was possible to return home by the Western Pacific Route and visit Doctor Mariano Torres who is head of neurosurgery at the Magsaysay School of Medicine at Quezon City, Phillipines, the University of Hong Kong, and Keio, in Japan, and University of Tokyo Medical Schools in Japan.

The latter school is doing distinguished work in our field. We have heard something of it at the meeting of the American Association of Neurological Surgeons in San Francisco in April.

We in San Francisco were delighted to have our friends of the Academy here for The Cushing Society meeting but as is so often the case under these circumstances, saw less of you who were here than we would have liked to have. Even when the Academy itself was here last fall, there seemed to be lamentably little time for the sort of relaxed sitting down and exchanging views that we all hope for. All of you know that you are most welcome in San Francisco any time and we hope that we will see many of you here on individual visits in the not too far distant future.

We are looking forward to seeing all of you in November, and we send our best regards to all.

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Australia seems to have attracted a good many of the members of the Academy this year; and the Australian neurosurgeon seems to wish to establish closer ties with their counterparts in the United States.







Eleanor and William S.  
Keith  
June 12, 1967

I almost got this letter written in April. However, it would have been in my own handwriting and that might have been a source of trouble.

I was doing a month of general practice in Hazelton, British Columbia. The United Church of Canada operates nine hospitals across Canada, five of them in British Columbia. Now that I am not quite so busy, I had told the Director of these hospitals that I would go anywhere any time for a month, hence my visit to Hazelton.

In July, August and part of September, 1928, I did general practice in Bella Bella Hospital, British Columbia, under the remote control for those summer months, of the late famous Dr. George Darby. When I was in B. C. this time someone asked me how often I did this, and I said every 39 years. This means that on my next trip I will probably go by short-wave.

The Wrinch Memorial Hospital was opened by a Methodist doctor of that name, in 1903. It is still a very useful institution and serves quite a large area, both Indian and White, in the Skeena River Water Shed.

You have always heard how the Mounties get their man. When I was there the Mounted Police brought in a drunk who had had a head injury. I got dressed to go and see the man before they locked him up. However, when I arrived at the hospital he had escaped from the Mounties.

The Kispiox River runs into the Skeena a few miles from Hazelton. It is said to have the largest steelhead in the world. April was the wrong month but there were steelhead in the river. I persuaded an Indian from the town of Kispiox to show me where they were and how they were caught. On a Sunday morning, I watched him hook and land four but I didn't hook one. The next day I went back and caught the one whose picture I enclose.

I only had two fly reels with me, so I borrowed a spinning reel belonging to the nurse in the picture. She is Miss Adair

Knight of Toronto. This was an 8 pound line and a 16 pound fish, so I let the fish run around for about 40 minutes before I picked it up. The poor thing had been in the river all winter, otherwise I think it would have towed me into the river, or smashed the line.

For those who are interested, I recommend a new book, "Steel-head Paradise", by John F. Fennelly of Chicago, published by Mitchell Press Ltd., Vancouver, British Columbia.

I expect to go back to the University College Hospital of The West Indies for a couple of weeks, either before or after the meeting at Key Biscayne. Also, I expect that Mr. Andrew Masson, the neurosurgeon at the University of The West Indies, will be my guest at Key Biscayne. Eleanor and I are getting to be quite good "grandchildren minders", now that the flock is growing.

I would like to answer Charlie Drake's question, Page 60, "should a boy attend medical school at home"; answer, I did.

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Cynthia and James W.  
Correll  
June 16, 1967



It has been an honor to be elected to membership in the American Academy of Neurological Surgery, and I greatly appreciate it. It will be a challenge indeed to uphold the high standards which the members of the Academy have set.

Since the meetings in Copenhagen and Vienna, we have remained pretty much in the environs of New York City.

In addition to clinical obligations, I have been very much involved in moving my laboratory in the College of Physicians and Surgeons and expanding it so as to provide a facility for the more general use of the Department of Neurological Surgery. In the middle of the project the Plumber's Union of Manhattan went on strike for more than seven months, which proved to be a most frustrating problem as it seems that pipes are a most necessary thing in making a laboratory a going concern. Happily work is again under way and gathering momentum, continuing my interest in defining more precisely the role of the central nervous system in the control of autonomic function, particularly in relation to lipids and adipose tissue.

Time has also been spent with special effort to learn more about occlusive vascular disease as well as other problems. I had the interesting experience of taking care of a series of patients with subarachnoid hemorrhage which eventually was found to have originated from an intraspinal tumor, in each case located in the region of the conus medularis. These patients and a discussion of the problem were presented to the Congress of Neurological Surgeons in Puerto Rico last Fall. It is interesting that the symptoms may almost precisely resemble those of subarachnoid hemorrhage from any other source. Clinical findings to point to the intraspinal origin may be absent, although a complaint of back pain was usually prominent and striking opisthotonus frequent. It seems that the only way to make the diagnosis at times is to maintain an awareness of the possibility and, if suspicious, obtain a myelogram.

Recently, at The Harvey Cushing Meeting in San Francisco, it was a pleasure to present some of our work on the management of extracranial occlusive arterial problems.

Most of our available free time is devoted to the supervision and enjoyment of our two offsprings, Catherine, aged 12, and James William, Jr., aged 11. When time allows we all delight in participating in a variety of outdoor activities.

Cynthia and I have fond memories of the wonderful time we had as guests of Larry Pool at the last meeting of the Academy at Key Biscayne, so we look forward with added pleasure to attending the coming meetings there.

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Shirley and John W.  
Hanbery  
June 16, 1967



During the past year our new neurosurgical research laboratories have opened. Dr. Lucy Birzis and Dr. Shunro Tachibana have joined us as full-time research associates and, together with Tony Aguilar, are busily engaged in impedance studies, thalamic and hypothalamic physiology and cerebral blood flow. One of the residents has been doing some work with problems related to intracranial aneurysms and experimental epilepsy.

We finally obtained all of our stereotaxic equipment. Tony Aguilar is now launched into some good clinical work dealing with movement disorders and selected cases of intractable pain. He has also done a number of percutaneous cordotomies.

We have just completed the construction of a control room immediately adjacent to one of the operating theatres. With this arrangement Frank Morrell and his staff will be able to carry out electrocorticography at the time of cortical excisions for seizures away from the sterility of the operating room.

The Palo Alto Veterans Administration Hospital has been selected as a major referral center for neurosurgery and we anticipate increasing demands on an already busy forty bed service. Andrew Wong will be coming to join us this summer from Montreal and will be helping with the clinical load at the Veterans Hospital, as well as developing the stereotaxic surgery in that institution.

Even more gratifying to me has been the continued overall growth of our clinical load that by now ensures the chief resident of more than an adequate volume of work for solid training.

On the home front our oldest girl was married last summer and is now teaching school. There are still two girls in college and a boy in high school.

Shirley and I are looking forward to the meeting in Key Biscayne in November.

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Dorothy and Howard A.  
Brown  
June 20, 1967



We have just returned from our long trip to Europe and the Middle East, consuming about two months' time and I find on my desk your letter regarding contributions for THE NEUROSURGEON. I will try to give you a brief summary of our trip and hope that it will not be repetitious for other members of the Academy who were in Spain and Lisbon.

Our first effort in Madrid was a meeting with the Delegates to the World Federation of Neurosurgical Societies which was very ably chaired by Earl Walker. I might add that this is not an easy task to keep all the delegates in hand and also to keep them reasonably happy. Earl did a magnificent job and we were able to accomplish all the work laid out in one day. Though the program has not been finally formalized, a great many suggestions were made and much discussion ensued about the various problems. When this is completed I know that Bill Scoville will advise you through the Bulletin of the World Federation.

The European Neurosurgical Society was a very elaborate and well run meeting and Sixto Obrador and his committee did a magnificent job from every standpoint. The entertainment was lavish and seemed to be never ending.

One of the highlights was the visit we took to the farm where bulls are raised for the bull fights and numerous encounters were carried out in a small ring with a baby bull. Obrador led the parade and was followed by Bill Scoville and other hardy citizens who braved disaster, even though the bulls were of small size. As a matter of fact Obrador got knocked down with considerable force so that the next day he sneaked off and had an x-ray taken of his arm. This information was given to me privately the following day by his very attractive young daughter.

A good many Academy members were in attendance including Larry Pool, George Maltby, Collie McCarthy, Bill Scoville, Dick DeSaussure, Wally Hamby, and, I am sure, others who, unfortunately, I cannot recall at the moment.

The meeting in Lisbon was very pleasant with Professor Almeida

Lima presiding. Norman Dott gave a magnificent talk on the "Life of Egas Moniz", which was really a masterpiece.

Thanks to a communication from the DeSaussures that the revolution was over we proceeded on to Athens where I visited the Clinic of Dr. Griponissiotis following which we spent a few days in the Greek Islands which were lovely.

Our next move was to Beirut and the Middle East Medical Assembly where I had been invited to give a paper. This marked the One Hundredth Anniversary of the American University of Beirut and the meeting was excellent. The hospitality of the people in Beirut is unexcelled and we met many wonderful people during our stay there.

I spent three days on the Arabian Desert at the hospital facility of Trans Arabian Pipeline Company. The entire compound is a quarter of a mile each way with a high steel fence around it and nothing but sand as far as one can see. They have a very nice little hospital there, of fifty beds and about 400 outpatients each day. The doctors are all Lebanese, but are very well trained and fine people. The pathology that they can show you is astounding. I was surprised that they seemed interested in a little bit of neurosurgery and talked to them about peripheral nerve injuries and cervical spine pathology.

Our next jaunt was to Jerusalem which was very educational and worthwhile and which we made just before the major trouble broke out in the Middle East.

Following that we were fortunate enough to be taken to Dharan on the Persian Gulf by the Aramco people, who are one of the largest oil producers in the world. They produce three million barrels of oil a day and in two years their output will be six million barrels.

Here, is a much larger compound though, again, closed by high steel fences and includes a population of about 2500 people. They have a hospital of 150 beds and most of these doctors are Americans in contrast to the doctors at Tapline who are all Lebanese. They, again, have a tremendous outpatient clinic and have a very well trained staff in all the major specialties.

An interesting sidelight is that Saudi Arabia is an entirely dry area, including alcohol. We were, however, invited to some very nice dinner parties at which time we were served drinks and later learned that this is accomplished by each family having their own still. As a matter of fact, one of the girls had learned how to make wine, which was very creditable.

Again, we flew back to Beirut under the wire as Syria was about to close the air corridor, which would have left us stranded

in a very unstrategic spot.

Thereafter we proceeded to Cyprus and then to Istanbul and met Dr. Gokay, a former resident of Paul Bucy's, who is a delightful person and also has a very lovely wife. Istanbul is a very interesting city and there are many remarkable things to be seen by the sightseer.

Thereafter we proceeded to Vienna and then on to Salzburg where we rented a car for a period of ten days and saw some of the most beautiful country I have ever seen throughout Austria.

We have just returned to San Francisco and after two months living out of suitcases it is good to be home again.

See you all at Key Biscayne.

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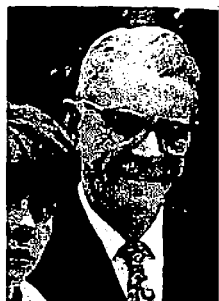
" I have a tendency, against which, perhaps, I should be on my guard, to swim against the stream."

- Sir Winston Churchill

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Mary and Aidan A. Raney  
June 23, 1967



Now that I have procrastinated through several months and another war, I must delay no longer in writing a few notes. I enjoy THE NEUROSURGEON so much that I am glad everyone else is not as slow in responding as I am.

The fascinating challenges of neurosurgery continue to preclude any trace of boredom. Three gliomas in a row have been somewhat depressing, though all survived to date. One of the previous ones was parathalamic and the third, a huge midline superior cerebellar



lesion in a 14 year old boy, make it a pleasant diversion to venture outside the dura and remove a ruptured disc.

Golf has provided some distressing, though less important problems. On our fairways my erratic driver has provided such problems that I am in the process of developing a driver along the same pattern as the between-the-legs putter. It certainly prevents hooks and slices but there are still a few disadvantages to be overcome before it will be popular. Aside from down hill sand shots, my only other golfing problem is coming up short on putts. Yesterday on the final green I stroked a most crucial putt so delicately it came up far short of the hole. As if I weren't distressed enough already, one of my opponents commented, "Mary, I understand your husband is taking up golf." Sure makes it a pleasure to get back to some gliomas.

Had an interesting experience yesterday in doing a fractional trigeminal root section. When I elevated the dura propria, the patient's pulse slowed from 90 to 60 and the blood pressure dropped from 180 to 120, but on release of the retractor both pulse and blood pressure quickly returned to previous levels. It seemed inconceivable that I had compressed or distorted the brain or other intracranial structures sufficiently to produce such an effect. Repeating the procedure with the small band retractor following the contour of the floor of the middle fossa convinced me that the critical factor was traction on the mandibular dura propria. On one occasion the pulse dropped below 50.

The response was not due to pain. The patient was well anesthetized under Fluothane anesthesia. Further, after receiving Atropine 0.02 mgm. the patient showed no such response during the completion of the operative procedure. Although I suspected an opening in the bony partition between the carotid and the trigeminal, I could feel no soft spot or pulsation to verify it. This carotid sinus type response did not occur in two previous cases in which I found the carotid pulsating against the inferior aspect of the gasserian ganglion.

Today the patient is in excellent condition with anesthesia of the mandibular distribution, but no other neurologic deficit, not even any weakness of the ipsilateral muscles of mastication. Gentle massage of the carotid sinus readily causes a typical carotid sinus reflex.

I must write and ask the two other neurosurgeons who did four alcohol blocks on this 81 year old woman to determine if the blocks caused any such reaction.

Would like to hear from all the members who have had one or many similar experiences.

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Aiden presents an interesting case. Dr. Semmes does not recall having seen this problem in his experience.



Vivian and John F.  
Mullan  
June 26, 1967



A learned University administrator shocked me recently by observing that about the only field of medicine that has not shown a significant advance within a generation, has been neurology. Although he hastened to exclude neurological surgery, or surgical neurology, as he termed it, and although I recognize that his comparative evaluation was not accurate (for many other branches of medicine are in a similar static state), the amount of absolute truth which it contained was disturbing. Furthermore, it is true that surgical neurology, the most progressive division of the neurological sciences, is reaching the end of its technological evolution and within another generation will probably have arrived at that point where general surgery has been for many years. There is still, perhaps, another 20 or 30 years development in stereotactic surgery, in microsurgery and in vascular surgery, but after that we have no organ transplant phase to fall back on. Will the field then become a sterile one which will no longer attract imaginative young men or can the vigor, which has characterized surgical neurology from its beginnings, overflow into the wider field of the neurological sciences? Were our successes due only to the fact that we tackled rather simple problems capable of simple solution?

In a tentative way many neurosurgical problems are reaching out beyond surgical technology into the challenging field of the therapeutically unsolved. There are investigations of epilepsy,

of vascular disease of the brain and of brain swelling. Might we not also reach out into the wider aspects of cell biology? Might we not tackle the neoplastic cell as successful as Charles Huggins (a urological surgeon) has done? Have we anything to contribute to the myelin sheath or its lack or the problems of degeneration?

There are changes going on throughout medical education. Students are now coming into college from the better high schools with as much scientific knowledge as previous students had when they left college. Insistence by the medical schools upon excellence in the college science grades have diluted the liberal education which previously had been a primary objective of the colleges. If the pre-medical courses do not specialize in a liberal education and if the student already has much of the necessary scientific information, it is not so surprising as it may at first appear that Northwestern University now accepts its better students after only two years of college. If we cut off two college years and add the intern year and the year in general surgery, what might be done with this valuable educational time? Could these four years produce a generation of neurosurgeons who, in addition to being master surgeons, were also fundamental scholars in the basic sciences capable both of applying a well developed healing art and of making exciting new discoveries? Might not the neurosurgeon also be a cell biologist, a geneticist or a biochemist?

It may be that we are moving inexorably along the predetermined path of technical evolution or it may be that the future neurosurgeon will train and practice in a type of medicine which none of us can clearly foresee. Undoubtedly it will be a type that, in large measure, will be moulded by the opinions and wisdom of the members of the Academy. Can the long years of medical training be more efficiently utilized? Should neurosurgeons, neurologists, and organic psychiatrists have a common background period of basic postgraduate training? Should centers be developed for this purpose? Will the Academy be as vital and creative in 30 years as it is now?

I had wondered if the pool-side philosophers at Key Biscayne have the answers to all of these questions.

Looking forward to the 1967 meeting.

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The pool-side philosopher may not have all the answers - but the question will certainly be discussed.



Mary Jo and Jess D.  
Herrmann  
July 2, 1967



I have received your repeated request for a letter for the Round Robin. As you know, Mary Jo and I retired from the practice of neurological surgery on the first of January, 1967, and moved to our farm in Arkansas. Although I had assumed that I would have all the time in the world to write letters, etc., it seems that I have less time than ever. I am sure that another reason that I put off writing is that I no longer have a secretary. After many years of depending on such a person to spell, punctuate, etc. I find it difficult to write a letter, and no doubt you will find it difficult to read!

After six months of this life I have begun to relax. The length of our work day is now determined by the rising and setting of the sun. We are occasionally awakened at night, not by the telephone, but by the coon dogs on the chase. I am sure that our old friend, Rupe Raney, would have appreciated it more than I, but I am trying to get music out of it. We are about 12 miles from Hot Springs and just over a mile from Lake Ouachita. We are listed in the Hot Springs telephone directory. Anyone coming this way, please call us and we will direct you to the farm as it is hard to find otherwise.

I think that it is too early to give you an evaluation on the "new life" of retirement. I have almost finished my cabinet shop. Have obtained the equipment to keep up the pasture. Have a vegetable garden and reserve a small time most days to fish.

The University of Oklahoma School of Medicine made an excellent choice for the new Chief of Neurological Surgery in Bob Fisher. May he have every success in this new venture!

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Margaret and Benjamin B.  
Whitcomb  
July 5, 1967



You editors do such a marvelous job in putting together THE NEUROSURGEON that I feel guilty indeed by delaying my meager contribution.

To be chosen vice-president of the Academy is indeed an honor and a most comfortable one in comparison with the duties of the secretary of the erstwhile Cushing Society. It is particularly so during this period of change and expansion triggered off by our fellow member, Frank Mayfield, and energetically carried out by three other fellow members of the Academy who followed him in the presidency - Murphey, Alexander and Schwartz.

In this racket, the plane has replaced the sailboat. Rush replaces relaxation; but, as I look about at the other Academy members, it seems that none of the other grandfathers are letting up or showing much retardation anywhere. It is gratifying indeed to look about at the neurosurgeons in their sixties and seventies and, yes, in their eighties who are still active. I hope it is typical of the breed. (I hasten to add we all urge the editors of THE NEUROSURGEON to continue to use the old photos of the members for morale purposes.)

This year our family will be quite evenly spread out from Los Angeles to Africa; and, if our youngest doesn't develop some interest in his college curriculum, I am sure the distribution will become more global with a representative to the Far East.

The period around the 1st of July is usually a bit trying for residency programs. The residents in whom we have such confidence and pride scoot off to try their new wings - and the new men, so willing and so hopeless, but soon to fulfill their potentials.

This year our exciting news is that Bill Collins is coming home to head up the Yale Program after Bill German retires. We hope he will enjoy the joint program with Hartford as much as all others have these past 20 years.

It was nice to see Bill Robertson and Garber Galbraith come up to the Annual Eisberg Lecture in New York this spring. This

was given by John Gillingham. They were honored along with other Academy members who have graduated from the Training Program of the New York Neurological Institute which used this occasion to celebrate the Medical School's Bicentennial.

Peggie and I are looking forward to a cruise along the Maine Coast with Dottie and Don Matson later this summer.

Till Key Biscayne!

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A GOLFER'S PRAYER as delivered by The Most Reverend John J. Ward at a recent convention:

O God, in the game of life, you know that though most of us are duffers we all aspire to be champions with plenty of birdies or eagles. Help us, we pray, to be grateful for the course, including both the fairways and the rough. Thank you for those who have made it possible for us to tee off. Thank you for the thrill of a solid, soaring drive; the challenge of the dogleg; the trial of the trap; the discipline of the water hazard; the beauty of a cloudless sky; and the exquisite misery of rain and cold.

Thank you, O God, for the master our Pro who shows us how to get the right grip on life; to slow down in our backswing; to correct our crazy hooks and slices; to keep our head down in humility; and to follow through in self-control. May He teach us also to be good sports who will accept to rub of the green; the penalty for being out of bounds; the reality of lost balls; the relevance of par; the dangers of the 19th hole.

And, Lord, when our last putt has dropped into the cup of the last open; the light of our last day has faded into the darkness of death; though our trophies be few, our handicap still too high; and the hole-in-one still only a dream; may we be able to turn in to You, our Tournament Director, at the great clubhouse, an honest score card.

In the name of the Lord, we pray, Amen.



San Francisco



October, 1966





Kate and Edmund J.  
Morrissey  
July 10, 1967



Kate and I were delighted to see so many of the Academy members at The Cushing meeting; especially Dave Reeves, who looked great and is evidently enjoying his retirement. Eben Alexander is certainly to be congratulated on his excellent handling of the meeting.

We just returned a few weeks ago from a delightful vacation in the Hawaiian Islands. One of the group we went with developed an intestinal obstruction; and through the kindness of John Lowrey, he was well cared for at the Straub Clinic. John is looking forward to the meeting at Key Biscayne.

Work has been more or less routine. We had one very interesting case. A young lady developed increased intracranial pressure without localizing signs, and was proved to have a large hemangioma in the region of the pineal, relieved by a Torkildsen procedure. We also had two cases of high cervical cord tumor, one a meningioma and the other a neurinoma, diagnosed and observed for some time as cases of multiple sclerosis.

I was interested in the next to last paper at The Cushing Society, in which cervical discs were operated on with the cervical spine in extreme hyperextension. I, personally, would be very much against this position, for fear of producing a cord lesion in the presence of a dislocated disc. We recently saw a patient, who, on awakening following surgery for a thyroid adenoma (during which the neck was in hyperextension), was found to have a quadriplegia. Byron Pevehouse operated on this patient, and found the cord compressed by a mass of dislocated disc tissue. Fortunately, the patient made an excellent recovery. The only symptom he had previous to surgery was some scapular pain.

I am looking forward to the meeting at Key Biscayne. As Chairman of the Membership Committee, I am delighted to be able to present five excellent young men for your consideration.

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Elizabeth and C. Hunter  
Shelden  
July 20, 1967



Bob Pudenz and I decided last fall that we were allowing the clinical work to interfere with the many things we planned to do in Research. So, in January, Bob took over the investigation program full-time for at least six months and half-time for an indefinite period. Under his direction our Institute is again in full swing and we hope that the program will afford answers to some of the many questions that have interested us for the past few years.

Our major project concerns depolarization of nerves and fiber tracts with particular emphasis on the clinical application. Our interest in this subject began with our clinical studies in the electrical control of pain in three patients with trigeminal neuralgia who have remained pain-free without numbness for over four years. The successful application of the same principle to a patient with facial hemispasm has encouraged us to utilize the same method in investigating efferent pathways. We may not solve the problem but at least we are learning that there are many unanswered questions related to nerve conduction.

The Examination Committee of the American Board met in Durham, where we reviewed the several hundred questions submitted for use in the In-Training Examination to be given again in December. The general response to our request for questions was excellent and it is hoped that, throughout the year, everyone would keep this examination in mind and when an interesting clinical problem is encountered that you formulate a question relative to it and put it in a separate file; also, collect a few brain scans, x-rays, and arteriograms but write a question to go with them.



Recipient of  
THE NEUROSURGEON AWARD  
1966

THE NEUROSURGEON AWARD

THE NEUROSURGEON Award for 1966 has been won by Dave Reeves for his contributions to Neurosurgery and for the outstanding work he has done in making THE NEUROSURGEON the excellent journal which it has been for the past several years. The present Editor has always admired Dave Reeves, but has even more admiration for his patience and foresight now that the many problems associated with publication of THE NEUROSURGEON have been encountered. It is hoped that the present edition will not be judged too harshly as the standards which have been set by Dave are difficult to meet.

Dave was Editor of THE NEUROSURGEON from 1949 to 1966, but still found time for many activities. He served as Secretary-Treasurer of The Harvey Cushing Society, 1952-56; President of The American Academy of Neurological Surgery, 1955-56; Secretary of The Harvey Cushing Society, 1956-57; a member of the Editorial Board of the Journal Neurosurgery, 1957-66; President of the Santa Barbara County Medical Society, 1958-59; President of The Harvey Cushing Society, 1962-63; and a member of the American Board of Neurological Surgery, 1962-64.

Dave was born in Salt Lake City and migrated to California where he graduated from Stanford University. His medical education was completed at Johns Hopkins Medical School and he later received training in neurology and neurosurgery at McGill University and Montreal Neurological Institute. He began practice in Santa Barbara in 1946 and devoted long hours of his practice to treating patients from four counties. He remained active in local and regional medical societies, as well as civic organizations until he joined the "Coronary Club" in 1965.

Perhaps those who know him best appreciate most his sense of humor and understanding of human nature. A confidant of patients and colleagues, he has contributed toward a more harmonious development of relationships within many social structures.

THE GRANDFATHERS' CLUB

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Donald F. Coburn

Dean H. Echols

Joseph P. Evans

James Greenwood, Jr.

Wallace B. Hamby

Hannibal Hamlin

Jess D. Herrmann

William S. Keith

Kristian Kristiansen

George L. Maltby

Frank H. Mayfield

Edmund J. Morrissey

Francis Murphey

John Raaf

Stuart N. Rowe

Samuel R. Snodgrass

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Barnes Woodhall

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1939	Dean Echols	1953	J. Lawrence Pool
1940	Spencer Braden	1954	Rupert B. Raney
1941	Joseph P. Evans	1955	David L. Reeves
1942	Francis Murphey	1956	Stuart N. Rowe
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1944	A. Earl Walker	1958	Jess D. Hermann
1946	Barnes Woodhall	1959	Edwin B. Boldrey
1947	William S. Keith	1960	George S. Baker
1948	Howard Brown	1961-62	C. Hunter Shelden
1949	John Raaf	1963	Samuel R. Snodgrass
1950	E. H. Botterell	1964	Theodore B. Rasmussen
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1946	Arthur R. Elvidge	1958	Samuel R. Snodgrass
1947	John Raaf	1959	C. Hunter Shelden
1948	Arthur R. Elvidge	1960	Edmund J. Morrissey
1949	F. Keith Bradford	1961-62	Donald F. Coburn
1950	David L. Reeves	1963	Eben Alexander, Jr.
1951	Henry G. Schwartz	1964	George L. Maltby
1952	J. Lawrence Pool	1965	Robert H. Pudenz
1953	Rupert B. Raney	1966	Francis A. Echlin

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

THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY  
FOUNDED OCTOBER 28, 1938

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ELECTED

Dr. Percival Bailey 1601 West Taylor Street Chicago, Illinois 60612	1960
Dr. Wilder Penfield Montreal Neurological Institute 3801 University Street Montreal, Quebec, Canada 00100	1960
Dr. R. Eustace Semmes 20 South Dudley Street, Suite 101-B Memphis, Tennessee 38103	1955
Dr. R. Glen Spurling 5301 La Jolla Hermosa La Jolla, California 92037	1942

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Dr. Winchell McK. Craig (Honorary) 2-12-60 Rochester, Minnesota	1942
Dr. Olan R. Hyndman (Senior) 6-23-66 Iowa City, Iowa	1941
Sir Geoffrey Jefferson (Honorary) 3-22-61 Manchester, England	1951
Dr. Kenneth G. McKenzie (Honorary) 2-11-64 Toronto, Ontario, Canada	1960
Dr. John M. Meredith (Active) 12-19-62 Richmond, Virginia	1946
Dr. W. Jason Mixer (Honorary) 3-16-58 Woods Hole, Massachusetts	1951
Dr. Rupert B. Raney (Active) 11-28-59 Los Angeles, California	1939
Dr. O. William Stewart (Corresponding) Montreal, Quebec, Canada	1948

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

ELECTED  
1962

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Oslo Kommune  
Ullval Sykehus  
Oslo, Norway  
Dr. B. Ramamurthi  
2nd Main Road, C. I. T. Colony  
Madras 4, India

1966

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- |                                                                                                           |                                                              |         |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------|
| Dr. E. Harry Botterell<br>Faculty of Medicine<br>Queen's University<br>Kingston, Ontario, Canada          | Margaret<br>2 Lake Shore Blvd.<br>Reddendale, Kingston       | 1938    |
| Dr. Donald F. Coburn<br>6400 Prospect Avenue, Room 204<br>Kansas City, Missouri 64132                     | Ellie                                                        | 1938    |
| Dr. Theodore C. Erickson<br>University Hospitals<br>1300 University Avenue<br>Madison, Wisconsin          | Martha<br>531 N. Pinckney<br>Madison, Wisconsin              | 1940    |
| Dr. Joseph P. Evans<br>Univ. of Chicago Clinics<br>950 East 59th Street<br>Chicago, Illinois 60637        | Hermene<br>1160 East 56th Street<br>Chicago, Illinois        | Founder |
| Dr. Wallace B. Hamby<br>Cleveland Clinic<br>2020 East 93rd Street<br>Cleveland, Ohio                      | Mary Jane<br>13700 Fairhill Road<br>Shaker Heights, Illinois | 1941    |
| Dr. Jess D. Herrmann<br>P. O. Box 135<br>Mountain Pine, Arkansas 71956                                    | Mary Jo                                                      | 1938    |
| Dr. Henry L. Heyl<br>Hitchcock Foundation<br>Hanover, New Hampshire                                       | Kit                                                          | 1951    |
| Dr. J. Lawrence Pool<br>710 West 168th Street<br>New York, New York 10032                                 | Angeline<br>Closter Dock Road<br>Alpine, New Jersey          | 1940    |
| Dr. Stuart N. Rowe<br>302 Iroquois Building<br>3600 Forbes Street                                         | Elva<br>6847 Reynolds Street<br>Pittsburgh, Pennsylvania     | 1938    |
| Dr. A. Earl Walker<br>Johns Hopkins Hospital<br>Div. of Neurological Surgery<br>Baltimore, Maryland 21205 | Terrye<br>6007 Lakehurst Drive<br>Baltimore 10, Maryland     | 1938    |



Dr. Eben Alexander, Jr. Bowman Gray Sch. of Medicine Winston-Salem, North Carolina 27103	Betty 1941 Georgia Avenue Winston-Salem, North Carolina	1950
Dr. George S. Baker 200 First Street, S. W. Rochester, Minnesota 55901	Enid Salem Road, Route 2 Rochester, Minnesota	1940
Dr. H. Thomas Ballantine, Jr. Massachusetts General Hospital Boston, Massachusetts 02114	Elizabeth 30 Embankment Road Boston, Massachusetts	1951
Dr. William F. Beswick 1275 Delaware Avenue Buffalo, New York 14209	Phyllis 59 Ashland Avenue Buffalo, New York	1949
Dr. Edwin B. Boldrey University of Calif. Hospital San Francisco, California 94122	Helen 924 Hayne Road Hillsborough, California	1941
Dr. Spencer Braden 1130 Hanna Building 1422 Euclid Avenue Cleveland, Ohio 44115	Mary 2532 Arlington Road Cleveland Heights, Ohio	Founder
Dr. F. Keith Bradford 435 Hermann Professional Bldg. 6410 Fannin Street Houston, Texas 77025	Byra 3826 Linklea Drive Houston, Texas	1938
Dr. Howard A. Brown 2000 Van Ness Avenue San Francisco, California 94109	Dorothy 2240 Hyde Street San Francisco, California	1939
Dr. Harvey Chenault 2134 Nicholasville Road Lexington, Kentucky 40503	Margaret 667 Tateswood Road Lexington, Kentucky	1949
Dr. William F. Collins, Jr. Medical College of Virginia 1200 East Broad Street Richmond, Virginia 23219	Gwen 5105 W. Gary Street Richmond, Virginia	1963
Dr. James W. Correll Neurological Institute 710 West 168th Street New York, New York 10032	Cynthia	1966
Dr. Edward W. Davis Providence Medical Office Bldg. 545 N. E. 47th Avenue Portland, Oregon 97213	Barbara 1714 N. W. 32nd Avenue Portland, Oregon 97210	1949
Dr. Richard L. DeSaussure Suite 101-B 20 South Dudley Street Memphis, Tennessee 38103	Phyllis 4290 Heatherwood Land Memphis, Tennessee 38117	1962
Dr. Charles G. Drake 111 Waterloo Street, Suite 211 London, Ontario, Canada	Ruth R. R. 3, Medway Heights London, Ontario, Canada	1958

		ELECTED
Dr. Francis A. Echlin	Letitia	1946
164 East 74th Street	164 East 74th Street	
New York, New York 10021	New York, New York 10021	
Dr. Dean H. Echols	Fran	Founder
Ochsner Clinic	1428 First Street	
1514 Jefferson Highway	New Orleans,	
New Orleans, Louisiana 70121	Louisiana 70130	
Dr. George Ehni	Velaire	1964
1531 Hermann Professional Bldg.	16 Sunset	
Houston, Texas 77025	Houston, Texas	
Dr. Arthur Elvidge		1939
Montreal Neurological Institute	1465 Bernard Avenue, West	
3801 University Street	Outremont,	
Montreal 2, Quebec, Canada	Quebec, Canada	
Dr. William H. Feindel	Faith	1959
Montreal Neurological Institute	492 Argyle Avenue	
3801 University Street	Westmount, Province of	
Montreal 2, Quebec, Canada	Quebec, Canada	
Dr. Robert G. Fisher	Constance	1957
Department of Surgery		
University of Oklahoma		
Medical Center		
Oklahoma, Oklahoma		
Dr. Eldon L. Foltz	Catherine	1960
Division of Neurosurgery	3018 E. Laurelhurst Drive	
University Hospital	Seattle, Washington	
Seattle, Washington		
Dr. John D. French	Dorothy	1951
The Medical Center	1809 Via Visalia	
University of California	Palos Verdes Estates,	
Los Angeles, California 90024	California	
Dr. Lyle A. French	Gene	1954
University of Minnesota Hosp.	85 Otis Land	
Minneapolis, Minnesota 55455	St. Paul, Minnesota	
Dr. James G. Galbraith	Peggy	1947
The University of Alabama	4227 Altamont Road	
Medical Center	Birmingham, Alabama 35213	
1919 Seventh Avenue, South		
Birmingham, Alabama 35233		
Dr. Sidney Goldring	Lois	1964
Washington University School		
of Medicine		
Division of Neurological Surgery		
Barnes Hospital Plaza		
St. Louis, Missouri 63110		
Dr. Everett G. Grantham	Mary Carmel	1942
405 Heyburn Building	410 Mockingbird Hill Road	
Louisville, Kentucky 40202	Louisville, Kentucky	

## ELECTED

Dr. John R. Green 302 West Thomas Road Phoenix, Arizona 85013	Georgia 2524 E. Crittendon Lane Phoenix, Arizona 85016	1953
Dr. James Greenwood, Jr. 1117 Hermann Prof. Bldg. 6410 Fannin Street Houston, Texas 77025	Mary 3394 Chevy Chase Blvd. Houston, Texas	1952
Dr. Wesley A. Gustafson First National Bank Bldg. McAllen, Texas 78501	Jennie N. Ware Road, R.R. No.1 Box 296-A, McAllen, Texas	1942
Dr. Hannibal Hamlin 270 Benefit Street Providence, Rhode Island 02903	Margaret 270 Benefit Street Providence, Rhode Island	1948
Dr. John W. Hanbery Division of Neurosurgery Stanford Medical Center Palo Alto, California 94305	Shirley 70 Mercedes Lane Atherton, California	1959
Dr. George J. Hayes Walter Reed Hospital Box 236 Washington, D. C.	Catherine 6932-15th Street, N. W. Washington, D. C.	1962
Dr. William S. Keith Toronto Western Medical Bldg. Suite 207 25 Leonard Avenue Toronto, Ontario, Q. B.	Eleanor 55 St. Leonardi Crescent Toronto, Ontario, Canada	Founder
Dr. Robert B. King University Hospital Upstate Medical Center	Molly 2 Clara Road Fayetteville, New York	1958
Dr. Robert S. Knighton Henry Ford Hospital 2799 West Grand Boulevard Detroit, Michigan 48202	Louise	1966
Dr. Raeburn C. Llewellyn Tulane University 1430 Tulane Avenue New Orleans, Louisiana 70112	Seleta 15 Colonial Club Drive New Orleans, Louisiana	1963
Dr. William M. Loughheed The Medical Arts Building Suite 430 170 St. George Street Toronto 5, Ontario, Canada	Grace Eleanor 67 Ridge Drive Toronto, Ontario, Canada	1962
Dr. Herbert Lourie 750 East Adams Street Syracuse, New York 13210	Betty 101 Thomas Road DeWitt, New York	1965
Dr. John J. Lowrey Straub Clinic 888 South King Street Honolulu, Hawaii	Katherine (Katy) 2299-B Round Top Drive Honolulu, Hawaii 96822	1965

ELECTED		
Dr. Ernest W. Mack 505 South Arlington Avenue Suite 212 Reno, Nevada	Roberta 235 Juniper Hill Road Reno, Nevada	1951
Dr. George L. Maltby 31 Bramhall Street Portland, Maine 04102	Isabella (Sim) Breakwater Farm Cape Elizabeth, Maine	1952
Dr. Donald D. Matson 300 Longwood Avenue Boston, Massachusetts 02115	Dorothy 44 Circuit Road Chestnut Hill, Massachusetts	1955
Dr. Frank H. Mayfield 506 Oak Street Cincinnati, Ohio 45219	Queenee 3519 Principio Avenue Cincinnati, Ohio	Founder
Dr. Augustus McCravey 1010 East Third Street Chattanooga, Tennessee 37403	Helen 130 North Crest Road Chattanooga, Tennessee	1944
Dr. Robert L. McLaurin Division of Neurosurgery Cincinnati General Hospital Cincinnati, Ohio 45229	Kathleen 2461 Grandin Road Cincinnati, Ohio	1955
Dr. William F. Meacham Vanderbilt Hospital Nashville, Tennessee	Alice 3513 Woodmont Boulevard Nashville, Tennessee	1952
Dr. Edmund J. Morrissey 450 Sutter Street, Suite 1504 San Francisco, California 94108	Kate 2700 Vallejo Street San Francisco, California	1941
Dr. Francis Murphey Suite 101-B 20 South Dudley Street Memphis, Tennessee 38103	Roder 1856 Autumn Avenue Memphis, Tennessee	Founder
Dr. Frank E. Nulsen Division of Neurosurgery University Hospitals University Circle Cleveland, Ohio 44106	Ginny 21301 Shaker Boulevard Shaker Heights, Ohio	1956
Dr. Guy L. Odom Duke University School of Medicine Durham, North Carolina 27706	2812 Chelsea Circle Durham, North Carolina	1946
Dr. Byron C. Pevehouse 2000 Van Ness Avenue San Francisco; California 94109	Maxine 135 Mountain Spring Avenue San Francisco, California 94114	1964
Dr. Robert W. Porter 5901 East 7th Street Long Beach, California	5400 The Toledo Long Beach, California 90803	1962
Dr. Robert Pudenz 744 Fairmount Avenue Pasadena, California	Mary Ruth 3110 San Pasqual Pasadena, California	1943

## ELECTED

Dr. John Raaf 1010 Medical Dental Building Portland, Oregon 97205	Lorene 390 S. W. Edgecliff Road Portland, Oregon 97219	Founder	
Dr. Aidan A. Raney 2010 Wilshire Boulevard Suite 203 Los Angeles, California 90057	Mary 125 North Las Palmas Los Angeles, California		1946
Dr. Joseph Ransohoff New York University Medical Center 550 First Avenue New York, New York 10016	Rita 140 Riverside Drive New York, New York		1965
Dr. Theodore B. Rasmussen Montreal Neurological Institute 3801 University Street Montreal 2, Quebec, Canada	Catherine 29 Surrey Drive Montreal 16, Quebec, Canada		1947
Dr. David Reeves 316 West Junipero Street Santa Barbara, California	Virginia 1278 Mesa Road, Montecito Santa Barbara, California 93103		1939
Dr. David Reynolds 1700 Northwest Tenth Avenue Miami, Florida	Marjorie 1701 Espanola Drive Miami, Florida		1964
Dr. R. C. L. Robertson 437 Hermann Professional Bldg. 6410 Fannin Street Houston, Texas	Marjorie 5472 Lynbrook Drive Houston, Texas		1946
Dr. Henry G. Schwartz 600 South Kingshighway St. Louis, Missouri	Reedie 2 Briar Oak, Ladue St. Louis, Missouri		1942
Dr. William B. Scoville 85 Jefferson Street Hartford, Connecticut 06103	Helene 334 North Steele Road West Hartford, Connecticut		1944
Dr. C. Hunter Shelden 744 Fairmount Avenue Pasadena, California	Elizabeth 1345 Bedford Road San Marino, California		1941
Dr. Samuel R. Snodgrass John Sealy Hospital University of Texas Medical Branch Galveston, Texas 77551	Margaret 1405 Harbor View Drive Galveston, Texas		1939
Dr. Anthony F. Susen 3600 Forbes Avenue Pittsburgh, Pennsylvania	Iria 204 Church Lane Pittsburgh, Pennsylvania		1965
Dr. Hendrik J. Svien 200 First Street, S. W. Rochester, Minnesota 55901	Nancy 827 Eighth Street, S. W. Rochester, Minnesota		1957

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|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------|
| Dr. Homer S. Swanson<br>1938 Peachtree Road, N. W.<br>Atlanta, Georgia 30309                                               | LaMyra<br>1951 Mt. Paran Road, N. W.<br>Atlanta, Georgia          | 1949 |
| Dr. William H. Sweet<br>Massachusetts Gen. Hospital<br>Boston, Massachusetts 02114                                         | Mary<br>35 Chestnut Place<br>Brookline, Massachusetts             | 1950 |
| Dr. Alfred Uihlein<br>200 First Street<br>Rochester, Minnesota 55901                                                       | Ione<br>21 Skyline Drive<br>Rochester, Minnesota                  | 1950 |
| Dr. Exum Walker<br>490 Peachtree Street, N. E.<br>Atlanta, Georgia 30308                                                   | Frances<br>1819 Greystone Rd., N. W.<br>Atlanta, Georgia          | 1938 |
| Dr. Arthur A. Ward, Jr.<br>Dept. of Neurological Surgery<br>University of Washington                                       | Janet<br>3922 Belvoir Place<br>Seattle, Washington                | 1953 |
| Dr. Thomas A. Weaver, Jr.<br>146 Wyoming Street<br>Dayton, Ohio 45409                                                      | Mary<br>868 W. Alexandersville-<br>Bellbrook Road<br>Dayton, Ohio | 1943 |
| Dr. W. Keasley Welch<br>4200 E. Ninth Avenue<br>Denver, Colorado 80220                                                     | Elizabeth<br>744 Dexter Street<br>Denver, Colorado                | 1957 |
| Dr. Benjamin B. Whitcomb<br>85 Jefferson Street<br>Hartford, Connecticut 06103                                             | Margaret<br>38 High Farms Road<br>West Hartford, Connecticut      | 1947 |
| Dr. Charles B. Wilson<br>University of Kentucky<br>Medical Center<br>Division of Neurosurgery<br>Lexington, Kentucky 40506 | Mary                                                              | 1966 |
| Dr. Barnes Woodhall<br>Duke University<br>School of Medicine<br>Medical Center<br>Durham, North Carolina 27706             | Frances<br>4006 Dover Road Hope Valley<br>Durham, North Carolina  | 1941 |

THE ACADEMY AWARD WINNERS

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

THE NEUROSURGEON AWARD WINNERS

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

## PAST MEETINGS OF THE ACADEMY

Hotel Peabody, Memphis, Tennessee (Organizational Meeting)	April 22, 1938
Hotel Netherland Plaza, Cincinnati, Ohio	October 28-29, 1938
Roosevelt Hotel, New Orleans, Louisiana	October 27-29, 1939
Tudor Arms Hotel, Cleveland, Ohio	October 21-22, 1940
Ambassador Hotel, Los Angeles, California	November 11-15, 1941
The Palmer House, Chicago, Illinois	October 16-17, 1942
Percy Jones General Hospital, Battle Creek, Mich.	September 17-18, 1943
Ashford General Hospital, White Sulphur Springs, West Virginia	September 7-9, 1944
The Homestead, Hot Springs, Virginia	September 9-11, 1946
Broadmoor Hotel, Colorado Springs, Colorado	October 9-11, 1947
Windsor Hotel, Montreal, Canada	September 20-28, 1948
Benson Hotel, Portland, Oregon	October 25-27, 1949
Mayo Clinic, Rochester, Minnesota	September 28-30, 1950
Shamrock Hotel, Houston, Texas	October 4-6, 1951
Waldorf Astoria Hotel, New York City	September 29-October 1, 1952
Biltmore Hotel, Santa Barbara, California	October 12-14, 1953
Broadmoor Hotel, Colorado Springs, Colorado	October 21-23, 1954
The Homestead, Hot Springs, Virginia	October 27-29, 1955
Camelback Inn, Phoenix, Arizona	November 8-10, 1956
The Cloister, Sea Island, Georgia	November 11-13, 1957
The York, Toronto, Ontario, Canada	November 6-8, 1958
Del Monte Lodge, Pebble Beach, California	October 19-21, 1959
Sheraton-Plaza Hotel, Boston, Massachusetts	October 6-8, 1960
Larz Anderson House, Washington, D. C.	October 18, 1961
Royal Orleans Hotel, New Orleans, Louisiana	November 7-10, 1962
El Mirador Hotel, Palm Springs, California	October 23-26, 1963
Key Biscayne, Miami, Florida	November 11-14, 1964
Terrace Hilton Hotel, Cincinnati, Ohio	October 14-16, 1965
Fairmont Hotel, San Francisco, California	October 16-19, 1966