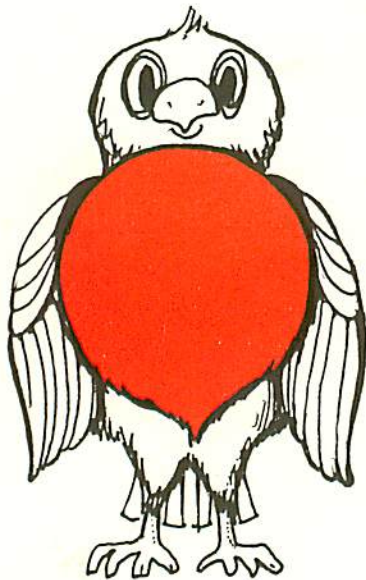
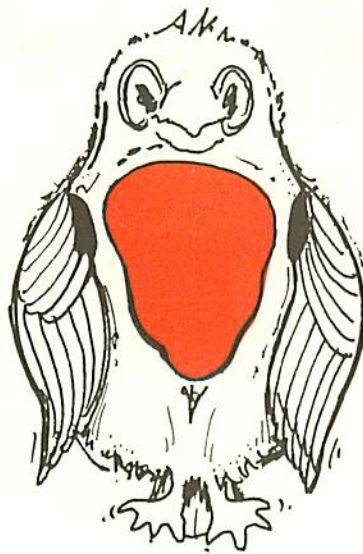
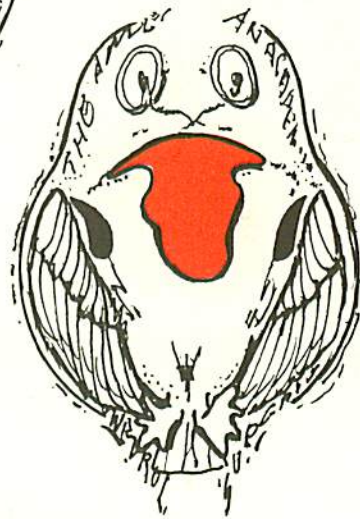


THE NEUROSURGEON



THE ROUND ROBIN LETTER
OF THE AMERICAN ACADEMY
OF NEUROLOGICAL SURGEONS

SEPTEMBER 1981

THE AMERICAN ACADEMY
OF NEUROLOGICAL SURGERY



The contents of this publication are
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VOLUME 41, NO. 2

SEPTEMBER 1981

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BOWMAN GRAY SCHOOL OF MEDICINE

300 South Hawthorne Road • Winston-Salem, North Carolina 27103

Department of Surgery
Section on Neurosurgery

August 3, 1981


Dear Academician:

I am very excited about the design that our artist, George Lynch, did for the new "Round Robin Letter," (The Neurosurgeon), and I am very pleased with the first edition that came out. I look forward to corresponding frequently with this letter and I hope that many of you will do the same.

I am sending out a lot of individual requests to members, on sort of a rotational basis, so we will get some definite answers, but this should not inhibit the rest of you from spontaneously sharing with the fellow members of the Academy your experiences, recent cases, things your families have done, or what is happening in your institutions.

With this letter, I am sending you a copy of a picture taken by one of the Trustees at the AMA while I was discussing a resolution for the Council on Medical Education there. Serving on the Council has turned out to be an extremely busy operation for me and carries with it my appointment to the Liaison Committee on Medical Education. It becomes even busier when one considers the number of site visits we make to the medical schools for accreditation. We are trying our best to keep the standards of American education high, in spite of the great efforts that many state boards are making to admit, at lower levels, persons who will be practicing medicine in this country but who are being graduated by some of the Caribbean schools.

Sincerely yours,


Eben Alexander, Jr., M. D.

EA:jc
Encl.

MEDICAL CENTER

Wake Forest University School of Medicine
Bowman Gray School of Medicine
300 South Hawthorne Road
Winston-Salem, North Carolina 27103



WAKE FOREST UNIVERSITY



BOWMAN GRAY SCHOOL OF MEDICINE

300 South Hawthorne Road • Winston-Salem, North Carolina 27103

Department of Surgery
Section on Neurosurgery


August 27, 1981

Mr. George Lynch, Director
Audio-Visual Resources
Bowman Gray School of Medicine
Winston-Salem, N. C.

Dear George:

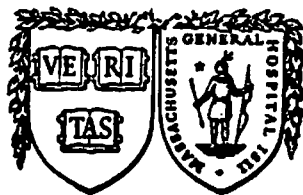
I am so pleased to see that you won second prize for graphic arts at the American Medical Illustrators Meeting last week in Canada. This is a real honor, but you have won so many that perhaps this is not as notable as many of the others; however, we greatly appreciate the ingenuity you showed in making the "Round Robin Letter" cover a unique contribution for us.

Sincerely yours,


Eben Alexander, Jr., M. D.

EA:jc

cc: John Garner, M. D., Secretary
American Academy of Neurological Surgery
744 Fairmount Avenue
Pasadena, California 91105



H. THOMAS BALLANTINE, JR., M.D.
Neurological Surgery

Please reply to:

Massachusetts General Hospital
275 Charles Street
Boston, Massachusetts 02114
Tel. (617) 726-3416

August 26, 1981

TO: Aviarist Primus: Erithacus Rubecula Rotundum
FROM: Henricum Thomam B
SUBJECT: News and Views

I had difficulty with your suggestion that I should address my letter to "Dear Academician", hence the above.

Elizabeth and I have had a busy few months since we were all together at the AANS Meeting here in Boston.

On 26 June we took off on Lufthansa for Stockholm. Do not recommend that airline nor the circuitous route via Frankfurt. The purpose of the trip: attendance at the III World Congress of Biological Psychiatry where I chaired a symposium. The Congress was attended by more than a thousand psychiatrists which augurs well for a return of psychiatry to medicine and a rejection of Freud! The symposium dealt with psychiatric surgery.

From Stockholm to Basel and a visit to old friends for a few days before going to Zurich to attend the International and European Meetings of the Society for Functional and Stereotactic Surgery. While we were there we had a meeting of the Board of Directors of the International Society for Psychiatric Surgery and the decision was made to hold another World Congress of Psychiatric Surgery somewhere in Europe in 1983. It will probably be in conjunction with a World Congress of Psychiatry since it is this latter group that needs to be brought up to date concerning the techniques, risks and benefits of this method of treatment.

Having discharged these professional obligations, we took off for the Swiss Alps and then to Southern France, returning by way of Lago di Como and the Italian Alps! We had leased a Ford Escort and found it an absolutely delightful automobile.

Having spent four weeks in Europe, we were happy to be home and, more particularly, to be on the Cape at Woods Hole with two of our three grandchildren, T and Allison Ballantine. They were joined about two weeks ago, by their parents, Tad and Soon, and the last four days of the visit (which ended only three days ago) by our third grandson James Gardner, and his parents!

To bring you up to date on the next generation: Tad is Associate Professor of Surgery and Chief of the Division of Pediatric Surgery at Hershey Medical School. They have just finished building a solar heated house on nine acres of farm land, a twenty minute drive from the hospital. It seems to us that they have a delightful combination of the academic and bucolic life.

Our daughter, Beth, continues as head of the Department of Biology at Pine Manor College, raising her eight year old son and trying to keep house for her busy lawyer husband, Wil. I forgot to say that the other two grandchildren, T and Allie are aged, eleven and ten respectively. All three of these grandchildren are a delight to have around--this is, of course, an objective assessment with absolutely no bias!

As nearly as I can determine from the rather chaotic records of our office and the Harvard Medical School, I became Clinical Professor of Surgery, Emeritus on June 30, 1981. I had expected that this would lead to a curtailment of some of my clinical work but to my surprise we seem to be busier than ever. A significant percentage of my clinical activities is devoted to psychiatric surgery as you might expect. To date we have performed 531 cingulotomy interruptions on 374 patients. No deaths or permanent disabilities have resulted from the operations but we have had one major complication-- an acute subdural hematoma with transient right hemiparesis. Intellectual function has not been impaired and a significant number of psychiatric patients have shown post-operative improvement in I.Q. During this 19 year period 101 patients have undergone cingulotomy for the treatment of chronic pains; 35 suffered from terminal cancer and 75 from a variety of non-malignant conditions.

In a recent analysis of the series of pain patients we were gratified to find that in 42 patients with the "failed back" syndrome, 14% were completely relieved, 45% had marked pain relief, and 19%, moderate improvement. It is my current impression that this is a better "track record" in treating these distressed (and distressing) patients than almost any other form of therapy.

In defense of the length of this missive, I can only say that it was in response to the peremptory demand of our Aviarist Primus to "write me now, this week, a letter for the "Round Robin". In addition, I raise the defense of George Bernard Shaw contained in the last phrase of a sentence to his mistress, Dame Ellen Terry: "Please forgive the length of this letter but I did not have time to make it shorter".

Always yours,



H. Thomas Ballantine, Jr., M.D.

E. HARRY BOTTERELL
2 LAKESHORE BOULEVARD
KINGSTON, ONTARIO K7M 4J6
(613-389-0469)

September 13, 1981

My Dear Eben,

I have just read with great interest the spring of '81 edition of the Neurosurgeon. Congratulations! The informal informative letters are fine and reminiscent of the early style of the Neurosurgeon which survived for a considerable period. For me it certainly was read with warm interest as I have read this edition. Thank you.

Margaret and I are enjoying good health with no more than average geriatric maintenance.

I have wound up my activities with health care in Ontario and Canadian Visions, and with the system of health care - veterinary and " other" - of food animals in the Province of Ontario.

The health care system in Canadian Visions was rebuilt on the foundation of the recommendations of our committee, so that was a most rewarding effort.

As a one-man inquiry, I don't think our research and visits all over Ontario did much to change the system of health care of food animals. Epidemiology, preventive medicine, nutrition, and much less use of antibiotics by lay people, farmers and their help were the features.

Now I am well and truly retired save for an odd job here and there. We continue to live in Kingston more than half the year, spending the summers at our cottage north of Toronto and the worst winter months at Ormond Beach in N.E. Florida, where my sister lives.

I am delighted that the Academy and the Neurosurgeon clearly contribute so much to the members as indeed they did for Margaret and me.

With warm personal wishes,

Yours ever -

Harry —



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Neurosurgery
Medical School
B590 Mayo Memorial Building
420 Delaware Street S.E.
Minneapolis, Minnesota 55455
(612) 373-8785

August 27, 1981

Dear Academicians:

Several items regarding the Chou family:

Our oldest son, Shelley Jr., got married last February. Jolene and I are "in-laws" for the first time. Our experience has been so new that we still don't quite know what it is.

Our daughter, Dana, spent 18 months in Taiwan. She can speak Chinese fluently, but both she and I have difficulty with the written language. For her, it is a matter of not knowing an adequate number of words or "characters". For me, I have through disuse, forgotten a good many.

Kerry, our number two son, just came back from Tokyo where he stayed for two years. He speaks fluent Japanese. He and Jolene get upset when Dana and I speak Chinese. However, he can write many Chinese words because the classical Japanese language is identical to Chinese, except there is a vast difference in pronunciation.

So we have had fun this summer, playing the language game. All the children are now back to college.

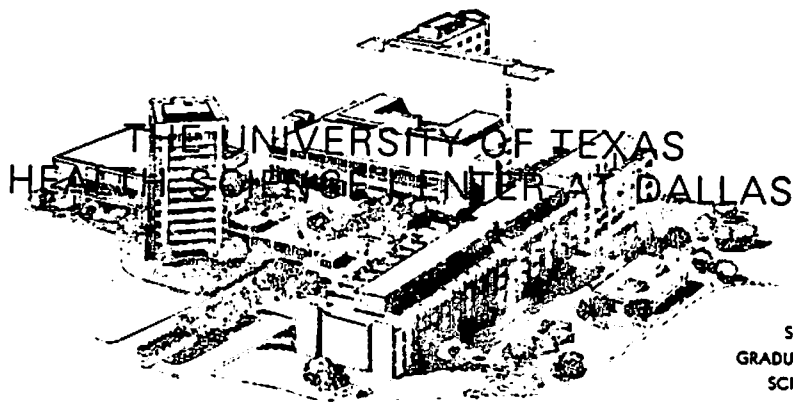
At the University there will be a number of changes on my faculty in the coming year. Dr. Stephen Haines, the current Van Wagenen Fellow, working at Oxford in Great Britain, who trained with Peter Jannetta, will join us in January of 1982. Dr. Dennis Turner, who was trained under Art Ward and is now doing certain investigations on hippocampal neurons under Dr. Per Andersen in Oslo, Norway, will join us in about nine months. We are looking forward to having them both with us. New blood will be healthy for all of us.

We are looking forward to seeing you at the Annual Meeting in Palm Springs. Best regards to you all...

Sincerely yours,

Shelley

SNC:jn



DEPARTMENT OF SURGERY
DIVISION OF NEUROLOGICAL SURGERY

SOUTHWESTERN MEDICAL SCHOOL
GRADUATE SCHOOL OF BIOMEDICAL SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCES

August 10, 1981

Dear Academician:

This has been quite a year for Fern and me. Our second daughter, Sarah, was married to Dr. Gary Jordan. They are living in San Francisco, where she is working for an oil company. The other children are all doing well and are a source of pleasure to us.

We have had a lovely trip to France and Italy this summer with our two boys, including a crossing on the Q.E.2 with my mother, which was a marvelous experience for us all.

The position as President of the AANS has occupied a substantial amount of my time. Fortunately I was preceded in this office by another academician, Dr. Robert King, who thoroughly indoctrinated me into the best way of handling all of the correspondence, difficult questions, and problems, which is to refer them to the President-Elect. This has resulted in a very substantial flow of correspondence between my office and that of distinguished academician, Dr. Frank Wrenn, who will succeed me in this office in Hawaii.

Seriously, it is a great honor and pleasure to be the President of the AANS and to realize what a remarkable group of people neurosurgeons truly are. Our influence is far greater than our numbers.

Hope this finds all the members of the Academy well and happy. I look forward to seeing you in Palm Springs.

With my best regards,

A handwritten signature in dark ink, appearing to read "Kemp Clark", written over a horizontal line.

Kemp Clark, M.D.

hp

George Ehni, M. D.

6560 Fannin St. Houston, Texas 77030
713/797-0703

Neurological Surgery

June 11, 1981

Eben Alexander, Jr., M.D.
Bowman Gray School of Medicine
Winston-Salem, North Carolina 27103

Dear Eben:

My two young associates, Drs. Harper and Aldama, and I are pretty well established in our new Methodist Hospital Professional Building suite, right across from the hospital and connected with it by an over-the-street passageway. Lari and I have been to a number of fine meetings, including one at Pebble Beach and another in Paris, but I think the most interesting recent happening has been the conclusion of a malpractice lawsuit distinguished by the ineptness of the plaintiff's attorneys and witnesses. It seems that most every doctor nowadays has one or more unusual lawsuit stories to tell, but here goes anyway: In 1972, I was called in as a consultant on a woman already diagnosed as having a large left hemisphere brain tumor by a neurologist associated with a multi-specialty clinic. I advised against operation or even biopsy after a few days of Dexamethasone had a spectacular effect, after which she was given 5,000 rads to the entire head. About three months later, she began to deteriorate, and an entirely different group of physicians worked her up, finding evidence of mass still present, though smaller. Two years later, at age 67, she still survived in a nursing home and was restudied by angiography, which this time revealed no evidence of mass but ventriculomegaly, which was shunted without benefit. In 1966, the suit was brought just before the two-year statute of limitations was to expire following the date of purported discovery of the malpractice, which was described as misdiagnosing a stroke and causing it to be treated by irradiation.

The patient has never had a CAT scan, though under the care of a neurologist who sees her in her home monthly. This neurologist testified that he did not say that the woman had never had a tumor or that the X-ray therapy caused irradiation necrosis of the brain, but other testimony indicated that he had done so.

The plaintiff's attorney had three expert witnesses from the New York area, one a Park Avenue neurologist who videotaped his neurological examination of the patient, but declined to give an opinion on her angiograms, saying that he depended entirely on the neuroradiologist, who holds a position in a New Jersey medical school. This neurologist charged the plaintiff \$3,500 per day plus all expenses and gave no testimony pertinent to what the true diagnosis was at the time the X-ray treatment was ordered by the neurologist who had called me in. The neuroradiologist from New Jersey had seen the initial angiograms showing tumor but stated that this had been misread, since it really represented the swelling of a stroke. He had not examined the subsequent angiograms made three months and two and a half years after the X-ray treatment was given before sitting in the witness chair, and in a very few minutes looking at the films on a single viewbox, decided that posterior

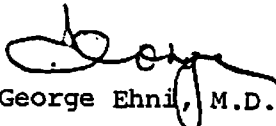
cerebral artery was obstructed and that this was the cause of the patient's dysphasia, hemianopsia and other severe impairments. He was totally confounded when a defense attorney asked him to look at some films that he had neglected to examine showing the posterior cerebral artery to fill from the vertebral system.

The third expensive New York witness was a man boarded by both neurology and neuropathology, holding a neuropathology position in one of the New York medical schools. This man testified that the patient's history of illness, occupying some seven to ten days of progressive neurologic loss and impairment, was characteristic of a stroke, that tumor was highly improbable and that I was derelict in not making a spinal fluid examination to measure the pressure, the protein and see the kind of cells that were in the fluid. (This had not been done because of certain evidence of increased intracranial pressure and lack of sufficient indication.) After this man had testified confidently that the woman had had a stroke and that we were entirely wrong in treating her for tumor, and after he and all other witnesses had acknowledged the primary importance of the angiographic study, he had to admit that he had never actually seen the angiograms and that the attorney had called him all the way down to Houston to testify on his interpretation of what was written in the clinical chart, without ever giving him the opportunity to see the films. He claimed that this was of no particular significance because he was not a film interpreter anyway, and was guided by what the New Jersey neuroradiologist said.

After the matter was given to the jury, they elected to go to lunch, and twenty minutes after returning, decided that neither I nor Methodist Hospital neuro-radiologists nor the radiotherapist were guilty of anything. My attorneys estimate that the plaintiffs spent upwards of \$200,000 prosecuting this matter, and thought that they would have good reason to sue their own attorney for legal malpractice.

That's about it for now.

Yours very truly,


George Ehni, M.D.

GE:b1

UNIVERSITY OF CALIFORNIA, LOS ANGELES

BERKELEY · DAVIS · IRVINE · LOS ANGELES · RIVERSIDE · SAN DIEGO · SAN FRANCISCO



SANTA BARBARA · SANTA CRUZ

BRAIN RESEARCH INSTITUTE
THE CENTER FOR THE HEALTH SCIENCES
LOS ANGELES, CALIFORNIA 90024

13 August 1981

Eben Alexander, Jr., M.D.
Wake Forest University
Bowman Gray School of Medicine
300 South Hawthorne Road
Winston-Salem, North Carolina 27103

Dear Academician:

For a man in retirement status I have "more" to do now than I had as director of the Institute. I have organized a group of faculty members into an Endowment Committee with the encouragement of my successor as director Dr. Carmine D. Clemente of the Brain Research Institute. My second step was to assemble a BRI Board of Counselors from the private sector of the community. They were exposed to occasional demonstrations which they found informative and our Board became our fund raising arm.

Aside from that I am collaborating with Tid Magoun in writing the history of the BRI which is about half complete at this juncture.

Dorothy has also been busy having just completed writing her memoirs, a documentary of her profession: the manuscript is in press and is scheduled by Doubleday for publication in May. Now she's back to painting and golf with time out for a concert in Laguna in early September.

As it happens, the only photograph we have together was taken at our twenty-fifth Wedding Anniversary Party, July 18, 1980.

We send our warmest best wishes to you all.

Cordially,

Jack and Dorothy

John and Dorothy French

JDF:gm



July 18, 1980 - 25th Anniversary



The University of Alabama in Birmingham
Department of Surgery/Division of Neurosurgery
J. Garber Galbraith, M.D.
205/934-4654

August 10, 1981

Dear Academician,

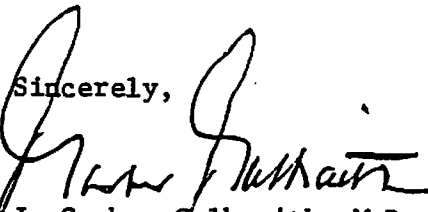
Having been remiss in the past in regard to this publication, I hasten to respond to Eben's gentle reminder.

This has been a busy season for us. Griff Harsh is busily preparing to host the American Board of Neurological Surgery meeting here in September. And a fifth man will join our program in October, Dr. Evan Zieger, who trained with Sid Goldring and is currently at Charlie Drake's program.

I have just returned from Hilton Head Island where John Tew and Ned Downing put on a very impressive program for their 6th Annual Symposium. The combination of a stimulating scientific program and a very attractive environment for family vacation activities seems to appeal to a considerable number of neurosurgeons.

It is a distinct honor and no small task to follow Eben as Honored Guest for the Congress of Neurological Surgeons meeting in Los Angeles in October, and I am now busy preparing for that event. And I am also looking forward to a visit to Ann Arbor in September for the annual event honoring Eddie Kahn.

With best wishes to all.

Sincerely,

J. Garber Galbraith, M.D.

JG:bbj

BARROW
NEUROLOGICAL
INSTITUTE



ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER • 350 West Thomas Road, Phoenix, Arizona 85013 • (602) 241-3000

July 8, 1981

Eben Alexander, Jr., M.D.
Editor, The Neurosurgeon
Bowman Gray School of Medicine
Winston-Salem, North Carolina 27103

Dear Eben:

Since becoming a member of the Academy in 1953, I have felt that the Round Robin Letter and The Neurosurgeon were, and are, among the most interesting and informative publications that come my way. I am delighted that you have assumed the responsibility of seeing that this tradition will be continued and will look forward to seeing the new format.

The past year has been very eventful for us. I lost nearly four months of it due to a kidney stone that wouldn't pass due to adhesions from previous surgery. This led to removal by retroperitoneal approach and later re-implantation of the ureter into the bladder. I have fully recovered and am back to doing three to four major procedures weekly and continuing to serve as Director of the Barrow Neurological Institute. We had planned, for over a year prior to my illness, to have Robert M. Crowell assume my responsibilities as Chairman of the BNI Division of Neurological Surgery and Director of the Neurosurgical Residency Training Program, commencing September 1, 1980. The transition has been made very successfully. Bob was able to bring his Stroke Research Laboratory from Massachusetts General Hospital. He has also become a member of Neurology-Neurosurgery Associates, Ltd., our corporate group. I will continue in my current capacity as Director of the Institute, resource person for Dr. Crowell, teaching residents, practicing neurosurgery, and raising money for our programs as long as I am healthy and elected to do so by our staff. This may involve another five or six years, depending on circumstances. Our research endowment funds now exceed three million dollars. I would like to help double this before I retire from active participation.

We completed our James R. Atkinson Memorial Pain Fellowship this year—an endowment fund of \$279,000, to defray the salary of an outstanding Fellow to work with Andrew Shetter who succeeded Jim in directing this Laboratory. Dan Kenshalo, Ph.D., has been working with Andy for over a year in this capacity and is doing

Neuroanaesthesiology
Neurobiology
Neurology
Neurological Surgery
Neuropathology
Neuroradiology
Neurological Rehabilitation

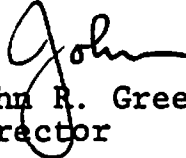
July 8, 1981

excellent work. I mentioned in the last issue of The Neurosurgeon that I planned to bring Andy and Kim Shetter to the New York meeting. They attended without Georgia and me because of my illness, and he presented some fine work on operative monitoring with visual and brain stem auditory evoked potentials. These procedures and somatosensory evoked potential monitoring have become almost routine in all of our appropriate procedures. Andy and one of our neuroanesthetists, Peter Raudzens, have developed considerable expertise in this area and have much to contribute. Andy was the Academy Award winner in 1975 and is an outstanding candidate for membership, in my opinion. We will be bringing the Shettters to the Palm Springs meeting and I hope that he can be elected. I have applied for Senior membership so as to provide an opening for a younger man and would like to see Andy represent our city as an Active member.

During 1981, we enjoyed having several Academy members with us as Visiting Professors. Sean Mullan, Russel Patterson, Jim Robertson, and John Tew came as faculty members for our annual symposium on Controversies. Raven Press will publish the proceedings as soon as all manuscripts have been received. Nick Zervas served as our Sally Harrington Goldwater Visiting Professor in 1981. Kemp Clark and Bob Ojemann will do likewise in 1982. Bob McLaurin will be coming to cover the subject of prevention and treatment of shunt infections for the 1982 Barrow Symposium which will be held March 11-13, 1982 at the La Posada Resort Hotel. This will be a very good meeting and I hope many Academy members and their wives will join us for the scientific and social events. The golf is great here in March.

Georgia is continuing to paint more beautifully with each year. She is now playing more golf than tennis but finds that golf is a tough challenge. Our children are grown and are no longer in Phoenix, but both are happy and well. Georgia and I are looking forward to the next meeting of the Academy with pleasure.

Sincerely,


John R. Green, M.D.
Director

JRG:sz

JAMES GREENWOOD, JR., M.D.
830 SCURLOCK TOWER
6560 FANNIN STREET
HOUSTON, TEXAS 77030

July 22, 1981

Eben Alexander, Jr., M.D.
The Bowman-Gray School of Medicine
Wake Forest University
Winston Salem, North Carolina 27103

Dear Eben:

The New Neurosurgeon was delightful, and I think it's a step in the right direction. I am sorry that Mary and I did not have a chance to get in our information in time to be included. So many things have happened since the last year that I have fallen behind on some of the things that need to be done.

As senior consultant, I have moved up the street to the new Scurlock Tower to share offices with Bob Grossman and his group. We are in the Total Health Care Center of the Methodist Hospital across the street from the hospital itself. It is a very lovely setup for their "senior consultant." I am trying to complete five papers at the moment, am attending most of the conferences for residents and staff in neurosurgery and am quite happy with everything except my golf game which shows only slight improvement.

As you know, Mary is my only secretary, and she comes in three days a week and we continue to get along nicely. Last September Mary and I went to Edinburgh, Scotland, for their 50 year celebration, coinciding with the retirement of John Gillingham who succeeded Norman Dott. John has done a terrific job, and he and Judy seemed happy with the retirement, particularly since he will travel and represent the Royal College of Surgeons of Edinburgh, and Judy will go with him on all of the trips. Douglas Miller succeeds him as Chairman of the service at the Western Hospital and University of Edinburgh. This was a very impressive meeting, and there were 98 guests including trainees from foreign countries, totaling 37. The scientific program was ~~excellent~~ over a three day period, and it all gave evidence to the impact this service has had on neurosurgery over the world. Mary and I were there for eight days and spent one day going up to St. Andrews, Scotland, the birth place of golf and enjoyed the beauty and tradition even more although we did not play this time. In the trip to Scotland, I represented Bob Grossman, the Chairman at Methodist Hospital and Baylor College of Medicine.

I mentioned in the last report that the youngsters at St. John's Episcopal Church had me re-elected as vestryman. I had not mentioned that I was made Chairman of the Committee on Evangelism and am employing work along similar lines this year. It is about time I did something really worthwhile in the church, but I can't really compete with Mary.

We hope to see you in Palm Springs in October, and Mary and I send our love to all of you.

Sincerely,


James Greenwood, Jr., M.D.

JG:ew

I have just returned from the Munich meetings for all too short a time. It was a multi-ring circus with more information than could easily be absorbed. Nevertheless, such exchanges are fascinating and valuable as much for the personal and social interaction as they are for scientific content of the program. Someone once said that the most valuable function of the United Nations was to teach people how we "log-roll" in a democracy. The usefulness of Robert's Rules of Order is once again evident. We need rules to go by to resolve difference of opinion with as little conflict as possible.

Met Charlotte in Edinburgh, took the train to Inverness, then drove down the Great Glen, and by way of two ferries, to Tobermory on the island of Mull. The Western Isles Hotel on that thinly populated island is a delightful enclave of comfort, sitting high on a cliff over Tobermory (Well of Mary) Bay, then home by way of the Marine Hotel on the famous golf course at Troon, just adjacent to Prestwick. We looked for but did not see the Loch Ness monster. The locals insist that "there is something out there, all right". The country side is beautiful and reeks of history, much of it bloody. The Scots are a great people and an American feels completely comfortable with them. One ignores the weather.

Back at the Big Farm, as Ohio State is known to some of us who love it, the problems remain a variation on old themes. We have to adapt to new federal policies and it begins to look as though service income is the closest thing there is to "hard money". We begin another three year renewal of the Spinal Cord Injury Research Center in September which will run us out to the eleventh year. We have certainly not solved the problem of salvaging the contused spinal cord. Certainly, in some instances, we are never going to solve it but there is still hope that there is a range of contusion without disruption in which the delayed autolysis could be prevented. Some wise man has suggested that there should be a Society for the Prevention of Spinal Cord Injury and that this might do more for paraplegia and tetraplegia than anything else we could attempt. It is a worthy thought, however impractical it may be. Perhaps the most valuable thing that has come out of this Spinal Cord Injury Center is the development of strong personal and professional relationships with the basic scientists in the Medical School. We have worked together long enough now that we all have a much better appreciation of each other's problems and the importance of mutual support. It seems obvious, but such a focus of endeavor creates not only enrichment of the environment through exchange of ideas but builds up respect and trust among people of radically different temperaments. It is a great pleasure.

Joe Goodman is coming along as an Assistant Professor and has some useful new ideas in stereotaxis and in trauma. Carole Miller is in her second year as Associate Professor and continues to show the steadiness and flashes of original thinking that have characterized her performance up to date. Stephen A. Hill has just joined us as Instructor. He has some special competence in chemistry and is a very promising clinician.

Will is now a struggling young lawyer, David is a struggling resident under Ransohoff and Virginia is running her own small business. Charlotte is as busy as ever taking the pulse of the world; she has one of the few jobs that I envy, since current affairs are my principle spectator sport these days.

We are looking forward to the meeting in Palm Springs.

Sincerely,



Bill and Charlotte Hunt

WEH/djf

ATLANTA NEUROSURGICAL ASSOCIATES, P.A.
NEUROLOGICAL SURGERY

ELLIS B. KEENER, M. D.
ROY W. VANDIVER, M. D.
ERNEST C. FOKES, M. D.
W. KNOX KINLAW, JR., M. D.

NEURODIAGNOSTIC CENTER
370 WINN WAY, SUITE 201
DECATUR, GEORGIA 30030
404/292-4612

August 6, 1981

Dear Academician:

On a professional level, I have been very busy serving as Chairman of the Medical Association of Georgia, Interspecialty Council and Vice-Chairman of the Medical Association of Georgia, Peer Review Committee. I've just completed a three-year term as the Peer Review Committee Chairman for Neurosurgery for the State of Georgia. Other professional activities include that of Joint Socio-Economic Committee Representative from the Georgia Neurosurgical Society with a term to expire in 1984. I have served as the President of the Atlanta Neurological Society, 1980-1981. I have also served as Chief of Neurosurgery at DeKalb General Hospital since 1970.

As President of the Atlanta Neurosurgical Associates, P.A., I have been busy in private practice. We have three offices; one in Decatur, one in Snellville (a suburb of the Atlanta, Georgia area), and a third office in Gainesville, Georgia. Recently I have been working primarily in the Gainesville office while living in our cabin on Lake Lanier.

On the personal level, Ann and I have been quite busy with our six children. Jane Ann, our daughter, graduated with a degree in Archeology from Georgia State University and was married this past March to Malcolm Mackenzie, III. He was formerly a writer for BROWN'S GUIDE to GEORGIA and is now entering the freshman law class at Mercer University in Macon, Georgia. Our five sons are scattered about the South. Barr, our oldest son, has graduated from the University of the South at Sewanee and is presently in Raleigh, North Carolina contemplating going to law school. Our second son, John, lives in Charleston, South Carolina and is a restaurant manager there, enjoying the singles life. Jere, our third son, is working at Muse's, a clothing store at Lenox Square in Atlanta, Georgia. Bill, our fourth son, will be a junior at the University of the South at Sewanee and Jim, our youngest son, recently graduated from Woodward Academy in Atlanta and will be attending Wake Forest University this fall as a freshman.

This fall, Ann and I plan an extended Western tour in our van and will be driving out to the Grand Tetons, Salt Lake City, San Francisco, Los Angeles and San Diego and thn up to the Academy Meeting in Palm Springs around the first of November. By the time this is published, we hope to have seen you all in Palm Springs.

Our best to everyone in the Academy,

Ellis
Ellis B. Keener, M.D.

EBK:db

KRISTIAN KRISTIANSEN
PROFESSOR DR. MED.
NEVROKIRURGI

TÅRNVEIEN 8. OSLO 3

Oslo July 28.1931

Dear Eben.

The life of a retired corresponding member may not be of great interest to the new membership. But Brit and I are still swimming with the tide and would be glad to take any Academy friend under our wings if a visit to Norway should be included in a European tour. Four years as a consultant in hospital administration have been a rewarding experience, with the possibility of seeing the speciality of neurosurgery in a wider context.

Our travelling since the 1980 report has included memorable days in Edinburgh last fall to attend the 50th anniversary of the Department of Surgical Neurology, combined with the retirement festivities for John Gillingham. Later a week in Paris without any responsibilities, and in February we made our third trip to India. Prakash and Leela Tandon were the most graceful hosts on the occasion of the First Sarveshwari Memorial Oration. This was erected through a donation by the family of the late Mrs. Sarveshwari, a young and outstanding patient of Dr. Tandon's. She died of a malignant glioma.

A month ago we received the sad news that Dr. Bendt Broager had died in Copenhagen. Dr. Broager had served as secretary-general of the Scandinavian Neurosurgical Society for many years and had many close friends among the members of the Academy.

Brit joins me in sending kind regards to all our friends.

Yours sincerely

Kristian
Kristian Kristiansen.



Before the lecture in All India Institute
of Medical Sciences, New Delhi.

Dear Academician:

The past year has been an eventful one for us at the University of Pennsylvania. A new president, Dr. Sheldon Hackney, took office in February. He had been President of Tulane. A new provost, Dr. Thomas Ehrlich, began his duties in August. Because of additional personnel shuffling, for the past several months I have been Acting Vice President for Finance and Administration of the University in addition to my other duties - challenging and interesting in many ways, but not for me!

At the level of the health science center, I have been active in our national group of vice presidents, the Association of Academic Health Centers. This fall I will begin a three-year stint as Chairman-Elect, Chairman, and Past Chairman of the Association. I am also beginning my membership in the Institute of Medicine of the National Academy of Sciences and look forward to participation in their affairs.

I believe we are making good progress in our neurosurgical program. We have been pleased with what appears to be a sustained increase in the quality of the applicant pool in neurosurgery, including some truly outstanding young women. The research program is also progressing well. As some of you have learned, I have difficulty containing my enthusiasm for the potential of brain imaging in neurosurgery in the years ahead.

Now that the children have left the roost, or nearly so, Carolyn has taken up carpentry and furniture making with a vengeance. David, our oldest son, graduated from the University of Pennsylvania and then the London School of Economics. He is now painting at the Art Students League in New York and is planning to go to law school. John just graduated from Yale having spent more time singing with the Whiffenpoofs than in class. Frank enters college next year.

I have learned at least one thing in my eight years of university administrative duties - I enjoy the company of neurosurgeons more than any other professional group.

Sincerely yours,

Thomas W. Langfitt, M.D.

TWL/sf



THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

The University of North Carolina at Chapel Hill
Burnett-Womack Clinical Sciences Building 229 H
Chapel Hill, N.C. 27514

School of Medicine
Division of Neurological Surgery
(919) 966-1374

M.S. Mahaley, Jr., M.D., Ph.D.

Professor and Chief

Stephen C. Boone, M.D., Ph.D.

Associate Professor

Ronald E. Woosley, M.D.

Assistant Professor

George W. Tyson, M.D.

Assistant Professor

G. Yancey Gillespie, III, Ph.D.

Research Assistant Professor

Lynn F. Dudka, R.N.

Oncology Nurse Clinician

Peggy Wilds, R.N.

Oncology Nurse Clinician

Linda Bertsch, R.N., CNRN

Nurse Clinician

Gordon S. Dugger, M.D.

Professor, Emeritus (1921-1980)

August 10, 1981

Dear Academician:

This has been a busy summer thus far for those of us here at the University of North Carolina. With the change of housestaff around the first of July, I suppose it's that way everywhere within the different institutions. Our graduating resident, Dr. Ritchie Gillespie, was recipient of the resident's research paper award this year for the Southern Neurosurgical Society and we are very proud of him in that regard. He also was recognized as the outstanding surgical resident here at UNC this year by being appointed the Womack Scholar by the Department of Surgery. He now has a commitment with the Air Force and has begun a tour of duty in the Phillipines. New housestaff, as usual, are very promising and we look forward to beginning our teaching and clinical relationships with the new men this summer.

Our newest faculty member, Dr. George Tyson, has set up a beautiful neurophysiology laboratory for the study of regional cerebral circulation in experimental animals and has been doing some extremely interesting work with quantitative autoradiography. Our lab resident this year is working with him and they are very busy with some extremely interesting techniques and studies. Construction work on a new neurosurgical unit including ICU began this month and renovations for the OR are scheduled to begin shortly with all of these new areas opening up we hope for surely next year. The institution has made a significant commitment for installation of what we consider to be the best of technology for auditory, visual, and sensory evoked potential studies in the operating room and that should evolve during the next 12 months as well. Meanwhile, each of us is trying to get a little time off for vacation this year. I had the unique opportunity to spend two weeks on the road with the entire family and to include that the opportunity to participate in the Colby College Symposium this year in Maine. This trip provided us the opportunity also to see some of the beautiful mountainous areas of West Virginia on the way up and to commune with nature a bit on Mount Desert Island in Maine.

Academician

August 10, 1981

Key concerns and areas of evolution in the months ahead include the neurosurgery training matching program, the quality assurance study of the Long Range Planning Committee of the AANS, concern about funding for basic scientist in research on the nervous system, and our interaction as faculty in the attraction of the very best qualified undergraduates into the field of Neurosurgery.

Yours very truly,

M. S. Mahaley, Jr., M.D., Ph.D.
Professor and Chief
Division of Neurological Surgery

MSM:lrt

DRS. MEACHAM, COBB, HESTER, HOWELL, ALLEN AND ALLEN

NEUROLOGICAL SURGERY

WILLIAM F. MEACHAM, M.D.
GUYLYN A. COBB, JR., M.D.
JOE M. CAPPS, M.D. 1925-1973
RAY W. HESTER, M.D.
EVERETTE I. HOWELL, JR., M.D., P.C.
VAUGHAN A. ALLEN, M.D., P.C.
LORNE E. ALLEN, M.D., P.C.

VANDERBILT HOSPITAL
NASHVILLE, TENNESSEE 37202
615-322-3343

August 11, 1981

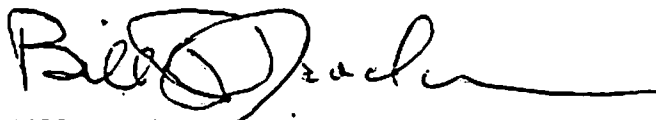
Dear Academician:

I am pleased to report that I have survived my first experience as a patient undergoing surgery. Last week I underwent a transurethral prostatectomy under spinal anesthesia. I confess that it is a great difference between wielding the scalpel and having it used on you! Now, I'm back at work and hope to be fully recovered, and hopefully rejuvenated soon.

We are excited about the recent installation of our new digital angiographic equipment which may produce very good angiograms of the cerebral vessels with only a small bolus of dye via the intravenous route. This will be a very reliable screening method for many patients and further arterial injections by catheter can be made if more definitive views are required. Our initial use of this equipment is impressive enough to justify our feeling that it may further revolutionize neurodiagnosis into a completely noninvasive discipline.

A month ago, Alice and I enjoyed a meeting in Paris with the French Academy of Surgery and the American College of Surgeons. Paris was the same interesting city we had remembered from our previous visit, but it had changed somewhat into a bustling metropolis with one skyscraper (frowned upon by the traditional Parisian!) Following the meeting, we had a lovely trip to Monaco by train from Paris through the Rhone Valley, Marseilles, the French Riviera, Nice and Monaco. We went to the palace, but didn't see Princess Grace, although she had a lovely cocktail reception for the surgeons, but was unable to attend. (Sorry about that!)

We are looking forward to the next meeting and will see you then.



Bill Meacham

WFM/jb

WASHINGTON UNIVERSITY



SCHOOL OF MEDICINE
DEPARTMENT OF NEUROLOGY AND NEUROLOGICAL SURGERY

NEUROLOGICAL SURGERY
HENRY G. SCHWARTZ, M.D.
AUGUST A. BUSCH, JR., PROFESSOR

PLEASE ADDRESS REPLY TO:
BARNES HOSPITAL PLAZA
ST. LOUIS, MISSOURI 63110
PHONE: 314-454-3274

August 21, 1981

Dear Academician:

The new format of the Round Robin is impressive in its simplicity and is a tribute to Eben's industry and imagination. I think it behooves all of us who have procrastinated and not taken the time to send a message, to search our consciences and do something about it.

As you know, for several years I have tried to combine neurosurgical activities with the task of editing the Journal of Neurosurgery. I cannot be the judge of my own performance but, thus far, neither the Editorial Board nor Sid Goldring have sent me a pink slip.

The work on the Journal has been stimulating and for the most part gratifying. I don't think I've made too many enemies among the multitude of contributors who have sent papers in for consideration. The remarkable interest and dedication of the members of the Editorial Board continues to amaze me.

Sid Goldring is doing a perfectly magnificent job as Head of the Department. I rely upon him as always.

So far as my clinical activities go, for the past several years, I have found a good deal of my time involved with craniofacial problems. We have an excellent Plastic Surgeon here, Jeff Marsh, with whom it is a pleasure to work on these cases. I think that the reason he and I have hit it off so well is because my legs are still up to standing at the table during all of these terribly long but fascinating procedures. In this era of "cost effectiveness", some may question the tying up of so much personnel doing craniofacial surgery. However, the end results are for the most part extremely gratifying. To see the positive effect on a miserably deformed youngster after completion of surgical alterations at times makes me think that this is more worthwhile than operating upon glioblastomas.

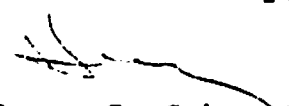
Reedie continues to be a stalwart. This past Spring, we had an opportunity of a trip to Taiwan and Japan, as the guest of the Taiwan Neurological Society. The trip was very enjoyable even though the hospitality was overwhelming at times. The presence of the Odoms gave the journey an added fillip. I don't know whether the enclosed picture will reproduce but it is meant to show our senior host and hostess standing behind us at a farewell party.

I was very much impressed with the strides which have been made in medical science in Taiwan. The handful of responsible neurosurgeons there are doing a first-rate job including undertaking the training of young men in both clinical and basic neuroscience. They are not up to the excellence already achieved by our Japanese colleagues, but I believe that another decade will find them to be excellent competitors.

As I look back upon the early days of the Academy and reflect upon the role which its members have played in neurosurgery in this country, I cannot avoid having faith in what the young men of the future will achieve. We were fortunate indeed to be able to share in the adventures of neurosurgery with the closest of friends. Those ties have persisted through the years and for this we should be grateful.

Reedie and I send our very best.

Yours sincerely,


Henry G. Schwartz, M.D.



August 20, 1981

Dear Academician:

We are pleased to report that our growth and development in the Department of Neurosurgery at the Mayo Clinic appears to be better than one might expect for our departmental age (+60 years). It appears that both our short and long-term memory is functioning normally. We have added new men to the Department and have tried to keep abreast of our "competition".

We did have a change in Chairmanship of the Department a while back but as you know, we do that sort of thing rather quietly here and fortunately the change occurred without undue effect on any of us. Enclosed is a recent Departmental picture taken just prior to Collie's retirement here last year.

Our resident applications are up sharply from previous years and the new crop appears to be the best we have had in a good many years. We are very encouraged about this aspect of our training program and believe that our efforts are now finally being recognized in terms of the major effort we are giving to the training of these young people.

Sincerely,



Thoralf M. Sundt, Jr., M.D.



UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

School of Medicine
Department of Neurological Surgery

July 10, 1981

Eben Alexander, Jr., M.D.
Bowman Gray School of Medicine
Winston-Salem, NC 27103

Dear Eben:

I hope the new format for the "Round Robin" works out well.

The big news from my personal standpoint has been that I have asked to be relieved of the burdens of the chairmanship of the Department effective July 1, 1981. It will be a great relief to unload the administrative burdens and hopefully have the time to get back to having some professional fun again. Bill Kelly has been asked to assume the position of Acting Chairman during the interim while the Search Committee is deliberating. After I told the Dean that I was resigning my administrative responsibilities, he had the good sense to see the wisdom of this and shortly thereafter announced his own resignation. I can only conclude that he felt it would be most difficult for him to run the Medical School without his most senior chariman on board!

The only unfortunate feature of my immediate future is that it appears I will still be carrying a much larger administrative load than I would like. There are a variety of roles within the Department which I cannot immediately unload, including such things as director of our fairly large Comprehensive Epilepsy Center and some similar activities. Nevertheless, it is going to be a great relief, and both Janet and I look forward to it with great anticipation.

Using the justification that it would be useful to the Department if I can get out of everybody's hair as much as possible in the immediate future, Janet and I are, of course, going to Munich. Thereafter we are going to Yugoslavia and do some bare boating in the kornati archipelago off the Dalmatian coast in the Adriatic. Then in September, I have to go to a meeting in Kyoto, Japan, and following that Janet and I are going to spend three weeks as tourists in India and Ceylon. Some may recall, that is my birthplace; I was born in Ceylon where my father was, among other things,

Eben Alexander, Jr., M.D.

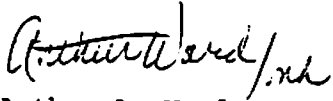
July 10, 1981

Page 2

president of the Union College there. So it will be a great thrill for us to go back to see my old haunts. Hopefully this can be accomplished without having them make too much of a fuss. If we plan things right, we should get home just in time to be able to go to Palm Springs!

Warmest personal regards.

Sincerely yours,

A handwritten signature in cursive script that reads "Arthur A. Ward, Jr." followed by a small flourish.

Arthur A. Ward, Jr., M.D.
Professor and Chairman Emeritus
Department of Neurological Surgery

AAWjr/c

Dictated 7/9/81

Signed in Dr. Ward's absence



UNIVERSITY OF MISSOURI-COLUMBIA

Medical Center

Division of Neurological Surgery

N522 Medical Center
Columbia, Missouri 65212
Telephone (314) 882-4908

August 10, 1981

Dear Academician:

I am taking this opportunity to reflect upon the past five years since coming to the University of Missouri-Columbia as Chief, Division of Neurological Surgery. Although parochial in content I believe this note will make reference to issues which affect us all.

I am convinced the next twenty years will see a public interest and need in neuroscience education and research which will parallel, if not exceed, that noted for diseases of the heart and vascular system witnessed over the past twenty years. In that light I have been very pleased to see the efforts of myself and other University of Missouri neuroscience faculty crystalized into changes in the Medical School curriculum consistent with that belief. In 1976 there was no formal neuroscience program in the University of Missouri-Columbia Medical School. We now have a required separate course in Neuroanatomy/Neurophysiology (the subjects were previously incorporated loosely into Anatomy and Physiology). This is for the freshmen. The sophomores now take a required course, Pathophysiology of the Central Nervous System, which is to be taught primarily by neuroscience clinicians with appropriate basic science support. The seniors take a required four-week clerkship in Medical/Surgical Diseases of the Nervous System, which is an integrated effort of Neurology and Neurosurgery. Therefore, all medical students will receive in their freshman, sophomore, and senior years significant input by Neurosurgery into their education. Since most of the graduates of this medical school enter one of the primary care specialties, particularly Family Practice, I think this development is extremely important in light of the issues concerning neurosurgery manpower which I will touch on below.

It pleases me to report that I have witnessed a steady increase in numbers and quality of candidates for our Neurosurgery Residency Program. While this may not have been noticed by some programs with long traditions of excellence, I believe most program directors have noticed the same. I am sure this will please some and alarm others. Obviously, everyone wants to see the specialty of Neurosurgery practiced by the most capable physicians in the medical profession. However, because of the concern that there are too many neurosurgeons and that the rate at which they are entering practice is excessive, any discussion of increased numbers of quality applicants is certain to be viewed with concern. I frankly believe we are putting the cart before the horse. Our debates have centered around numbers of neurosurgeons (and their density and distribution). I feel the debate should shift to the issue of quality of care and patient access to that care.

Let me elaborate. We pride ourselves on reducing the operative mortality for intracranial aneurysms and yet Charles Drake tells us we have not significantly altered the overall mortality for the disease. Evidence exists to suggest this is because the condition is not recognized soon enough; some patients reach the neurosurgeon only after the second and third hemorrhage. At a time when the average neurosurgeon is operating on fewer brain tumors per year, Frank Wrenn tells us increasing numbers of non-neurosurgeons are treating patients with neurosurgical disease, e.g. head injuries, spine injuries, peripheral nerve disorders, cervical and lumbar disc disease. I think neurosurgery must address itself to why these dichotomies exist. The scope of neurosurgery must be defined. Issues related to the optimization of the delivery of quality care, including patient access to that care, must be addressed. Only then can we realistically and objectively look at numbers of neurosurgeons for the defined scope.

If numbers are small the major concern will be insuring adequate patient access. Since this will depend to a large degree on the astuteness of the referring physician for neurological disease, increased educational efforts (both pre-graduate and post-graduate) by neurosurgical educators will be necessary. If the numbers are expanded in order to insure direct patient access, depending less on the referring physician, questions relating to adequate volume per neurosurgeon and sub specialization must be addressed.

Richard Bergland among others has expressed the opinion that not enough research is being performed by neurosurgeons and that without the clinical advances produced by research the speciality may wither. A satisfactory research effort has two components. First, there must exist a well trained and well motivated investigator. Secondly, there must be funds and facilities (including other supporting scientists). Over the past few years, sitting at the annual meetings of the various national neurosurgical organizations, especially that of the Society of Neurological Surgeons, I have been impressed with the feeling that both these elements are declining in neurosurgery. Perhaps our approach to this problem should be altered.

As I understand it the usual situation is to take a bright young individual entering a neurosurgery residency program and place that person in the lab for one to two years. He may have had no special preparation for research beyond the general scientific education all physicians receive. Depending upon the influence of senior researchers this young investigator-to-be is associated with, he may or may not acquire a special interest and set of research skills. He then enters the exciting clinical years to which he has been looking forward to for many years and all visions of obtaining the Nobel Prize vanishes. Or he may complete his residency and find an academic position only to discover there is little institutional funding for his work and no laboratory available to him. He struggles for a few years, all the time continuing his clinical effort. Finally, as a result of minimal research productivity and maximal enjoyment in the clinical arena he throws up hands, leaves the institution and settles in practice.

It seems academic faculty are increasingly requested to expand their clinical work load in order to generate funds to pay for faculty salaries and the other expenses of supporting a clinical department. Perhaps it is too much to ask these young clinician-investigators to expand their clinical load and at the same time be competitive in the acquisition of research dollars. At least I personally have found this to be the case. Therefore, I have taken a somewhat different approach. I have prioritized my research interests and searched for basic and clinical scientists, who

have active, well funded laboratories with which to collaborate. For relatively modest sums of money, raised by my clinical practice and private donations, several medical students, graduate students, post-doctoral fellows, and residents have been encouraged to enter research programs of interest to my faculty and me directed by experienced investigators. At last count there were fourteen separate projects involving significant collaboration with neurophysiologists, biochemists, neurologists, pathologists, mechanical engineers, fluid physicists, veterinarians, and others.

The coming years will tell whether this effort will be fruitful. Dividends, however, are already coming in. As a result of pilot data obtained through this multi-disciplinary approach, increased funding from sources outside the institution, including federal and private funding agencies, has taken place. But, perhaps more important in the long run, is the association of my faculty and residents with scientists outside of neurosurgery and even medicine, which has led to a much broader understanding of the scientific method. Equally important, others are seeing for the first time the importance of research in neurosurgery. They seem to be excited about it. Some even appear to be developing primary interests in neurosurgical research, and I can concentrate more on my clinical practice and teaching with the satisfaction of knowing quality research in neurosurgery is continuing.

Sincerely,

A handwritten signature in cursive script that reads "CWatts". The letters are fluid and connected, with a prominent "W" and "a".

Clark Watts, M.D.

CW/ll

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF NEUROLOGICAL SURGERY

SAN FRANCISCO, CALIFORNIA 94143

August 27, 1981

Dear Academician:

We have stayed at home over this past summer, our first summer living in the city. Tiburon, where we lived until last September, had warm and sunny summers, and both of us were deeply tanned by mid-July. From June to October, most of San Francisco is under a blanket of cool fog, and living fairly close to the ocean, we are in the fog most of the time. On many of my morning runs I need a stocking cap and gloves, and once I overcame the psychological barrier of taking off in damp, cool darkness, I have come to prefer fog over sunshine.

The availability of bromocriptine has had no noticeable effect on referrals of pituitary adenomas. Patterns of practice vary according to the attitudes and prejudices of endocrinologists and gynecologists, and in some regions, particularly on the East coast, bromocriptine is being used as the primary therapy for prolactin-secreting tumors, small and large. In Northern California, I see little evidence that bromocriptine is being used very much at all. I prescribe it for two purposes; first, to treat symptomatic hyperprolactinemia in patients with post-operative residual tumor; and second, to reduce the bulk of a large or invasive prolactin-secreting tumor. I see no advantage in its pre-operative administration to patients with small tumors.

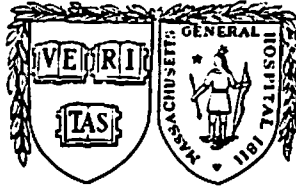
In the fall, we will spend a week in Sicily. I'm giving a talk at a Brain Tumor Symposium, and afterwards we will drive around the island. The travel guidebooks depict a most interesting range of sights. We're enthusiastic about the prospects of exploring the several places recommended by the Consul General of Italy, whom we met earlier in the year when I treated a 7'3" basketball player referred from Northern Italy by a former endocrine fellow from here.

The Palm Springs meeting should be outstanding, and it will be nice to have the Academy back on the West Coast. Threats of the medfly and a major earthquake are greatly exaggerated by the press, so come prepared to enjoy a beautiful resort. Today I learned that the NCI selected November 2 & 3 for the site visit on our Brain Tumor Research Center grant, so we must miss the meeting in Palm Springs, greatly to our regret and disappointment.

Roberta & Charlie Wilson

HARVARD MEDICAL SCHOOL == MASSACHUSETTS GENERAL HOSPITAL

NICHOLAS T. ZERVAS, M. D.
Professor of Surgery



Chief of the Neurosurgical Service
Massachusetts General Hospital
Boston Massachusetts 02114
617-726-8581

August 5, 1981

Dear Academician:

The major goal during the past 4 years has been the strengthening of academic neurosurgery at the Massachusetts General Hospital. A superb background for the Neurosurgical Service was laid by Drs. James White and William Sweet. For the requirements of clinical surgery we have taken advantage of the wealth of clinical management problems that are referred to our Service every year. This has allowed, in fact, demanded super specialization so that not only high quality surgery be rendered but that the great expertise that can come with experience is not lost. Thus the major clinical areas are assigned to the different members of the Staff although each one continues to perform occasional special cases outside of his own area. While some may criticize this concept because it may detract from the well-rounded capabilities of individual neurosurgeons, we have in fact found this not to be true. Moreover, the knowledge that we have experts in the various fields has gradually diffused throughout the neighboring states so that the volume of major cases has grown in the past 3 or 4 years. Our residents have benefited from this. As they approach senior status they are allowed to participate more fully in operative procedures where they were previously assistants and, or observers. Another clinical interest of mine has been to see a neurological intensive care unit with full-time physicians directing care. This policy was instituted a year and a half ago and has been a source of great local interest, witness 150 registrants at a recent course we gave on Intensive Care, and Funding of several grants devoted to critical care management of various neurological disorders.

Our residency program has been extended to 6 years to permit more time for research training either in clinical, applied or basic research. These activities have been funded in part by a training award from the National Institutes of Health which we share with the Neurology Service. To help sustain our research effort and to expose our trainees to the discipline of established serious neuroscientists the Service now includes 5 neuroscientists each with his own laboratory and devoted to basic or applied topics in neurobiology, neurophysiology, neuroanatomy and vascular research.

While our residents may train in these laboratories they also have at their disposal the ability to work with basic scientists on the Neurology Service or in the basic science departments of the Harvard Medical School or the Massachusetts Institutes of Technology.

These opportunities and the 6-year program tend to attract resident applicants with interest in academic neurosurgery and discourages those who are better suited for strictly clinical and non-academic careers. Since our residents must be surgeons first above all else the program is geared in the last two years to allow them to act at the senior resident level performing a substantial number of cases whether under direct supervision or in consultation with the Staff in the last year.

The system seems to be working well since all eight trainees in the past 4 years have obtained academic positions elsewhere and in the past year 114 articles were published by members of the Staff.

I am sure our residency program as we have it today will continue to evolve under the pressures of government medicine and regulatory forces not under our control. Already we have begun to witness the destruction of ward services around the country and the toll this has taken on residency training. While we do not have this problem here yet I believe all of us must plan for that eventuality for the decades to come.

In the next few years I believe that our service will be involved quite heavily with investigations concerning management of current neurosurgical problems by unconventional techniques and expect that much time will be spent evaluating transvascular management of both malformations and tumors, greater involvement with functional and stereotactic surgery for the management disorders of pain, mood and movement and a greater emphasis on non-surgical treatment of malignant tumors.

If any of this activity allows for the refinement of one's tennis game I wish some of you would let me know how to work that in.

Rich Jones
by Paul Handley