

THE ROUND ROBIN LETTER
OF THE AMERICAN ACADEMY
OF NEUROLOGICAL SURGERY

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The Santa Barbara Biltmore

The American Academy of Neurological Surgery



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Santa Barbara County's Courthouse in the tradition of old Spain.

The ROUND ROBIN LETTER of
THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

"Oh, wind, if winter comes, can spring be far behind?"

- Shelly

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The SPRING EDITION of the ROUND ROBIN LETTER finally rolls off the press. Three months runs by much more rapidly than is realized. One of the earlier covers for the Round Robin Letter is being used as requested by one of our members.

The photograph on the opposite page represents a portion of the picturesque Santa Barbara County Court House. Those of you who follow the advice of Horace Greeley this autumn will see some Spanish architecture reminiscent possibly of that in Madrid. We have been able to advance the date of the Academy Meeting here in Santa Barbara one week so those attending the American College of Surgeons Meeting in Chicago will still have time to hop on a train or plane and come West.

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The date of the meeting will be October 12, 13, and 14 with arrival on Sunday, October 11.

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Already a number of meetings have been held. These neurosurgical conferences are perhaps a life-saver to the tired neurosurgeon who can thus escape the phone and the grim reaper for a breather with his friends. Perhaps one of the best features about most societies is that you have to go or would be thrown out. How else would some of you get away? Unfortunately many are reaching an age of prominence and/or belong to so many organizations it is hardly possible to attend them all and have either any practice left or any papers written.

During the latter part of February the combined meeting of the neurosurgical and neurological societies of Los Angeles and San Francisco, as well as points farther north, was held and proved very stimulating. It is surprising how many good and young neurosurgeons there now are in various communities of the country and equally refreshing the caliber of the papers presented. Most of the western Academy members were at the Del Monte meeting. Rupert put in a lot of time on the horse getting ready, my agents tell me, for a little lion hunting in Arizona. Hunt Shelden and Aiden were banging the little white ball around.

Last December some of us were in Houston, Texas. Fortunately the weather was much more enjoyable than it was during that of the Academy meeting. Hunt Shelden gave a very interesting paper and movie on his approach to the pituitary gland. You will probably see it here in October. I would like to steal his spotlight-movie-camera set-up as the hottest thing I've seen in a long time. The Texas Medical Center was most impressive. We had a chat with Robbie.

During February your correspondent discussed Howard Brown's paper at Harrison Hot Springs, British Columbia; and there, partner, as some people say, is a spot -- a beautiful lake surrounded by the Alps, and with great accommodations. Howard picked up the flu, but being a tough character threw it off in a couple of days. Lorene and John Raaf were also there.

By the time this reaches the membership most of us will be at the Harvey Cushing Society way down in the southeastern tip of the rival state of Florida. Taking care of the bills and the correspondence for that organization, I can assure you, is not such a simple matter even though your editor is cognizant of the honor bestowed upon a suburban neurosurgeon.

If the members have not had the opportunity of reading Olan Hyndman's book, "The Origin of Life and the Evolution of Living Things, an Environmental Theory," they have missed a masterpiece of writing and in your editor's opinion a thoroughly brilliant piece of work.

Your editor thought it timely to include a few paragraphs from the history of the American Academy of Neurological Surgery written for the Montreal meeting when Howard Brown was president.

"In April of 1938 there were two national associations of neurosurgeons, the older Society of Neurological Surgeons and the seven year old Harvey Cushing Society. Both had limited memberships, no retirement age and both had elected not to increase their enrollments. At that time there were estimated to be at least twenty-five neurosurgeons without society affiliations. Certain members of the two societies, including Doctors Eustace Semmes, Edgar Kahn, Glen Spurling, Louise Eisenhardt and Temple Fay suggested to seven guests at the seventh annual meeting of the Harvey Cushing Society, that they organize another society for the younger neurosurgeons. As a result, on April 22, 1938, at The Hotel Peabody in Memphis, an informal meeting was attended by:

- Dr. Spencer Braden, Ann Arbor, Michigan
- Dr. Dean H. Echols, New Orleans, Louisiana
- Dr. Joseph Evans, Cincinnati, Ohio
- Dr. Frank H. Mayfield, Cincinnati, Ohio
- Dr. Francis Murphey, Memphis, Tennessee
- Dr. John Raaf, Portland, Oregon
- Dr. William S. Keith, Toronto, Ontario

"They decided that a new society of neurological surgeons should be formed. At least one meeting should be held annually, the first to be in the fall of 1938 at Cincinnati with Doctors Mayfield and Evans as hosts. Doctor Dean Echols was elected President and Doctor Francis Murphey, Secretary. It was decided that emphasis should be placed on social aspects of the Society and that compatibility, as well as scientific attainments, should be considered in the selection of new members. New members were to be selected annually from among the guests. Guests were to be invited by the Secretary at the request of two members, the request including information as to the training and professional status of the proposed guests. All meetings were to be informal, entertainment simple and the cost to be divided among those attending. There was some sentiment expressed for retirement of members after ten years to make room for younger men, insuring the perpetuation of the Society and avoiding the necessity of a fourth society, but this idea was not formally adopted.

THE FIRST MEETING:

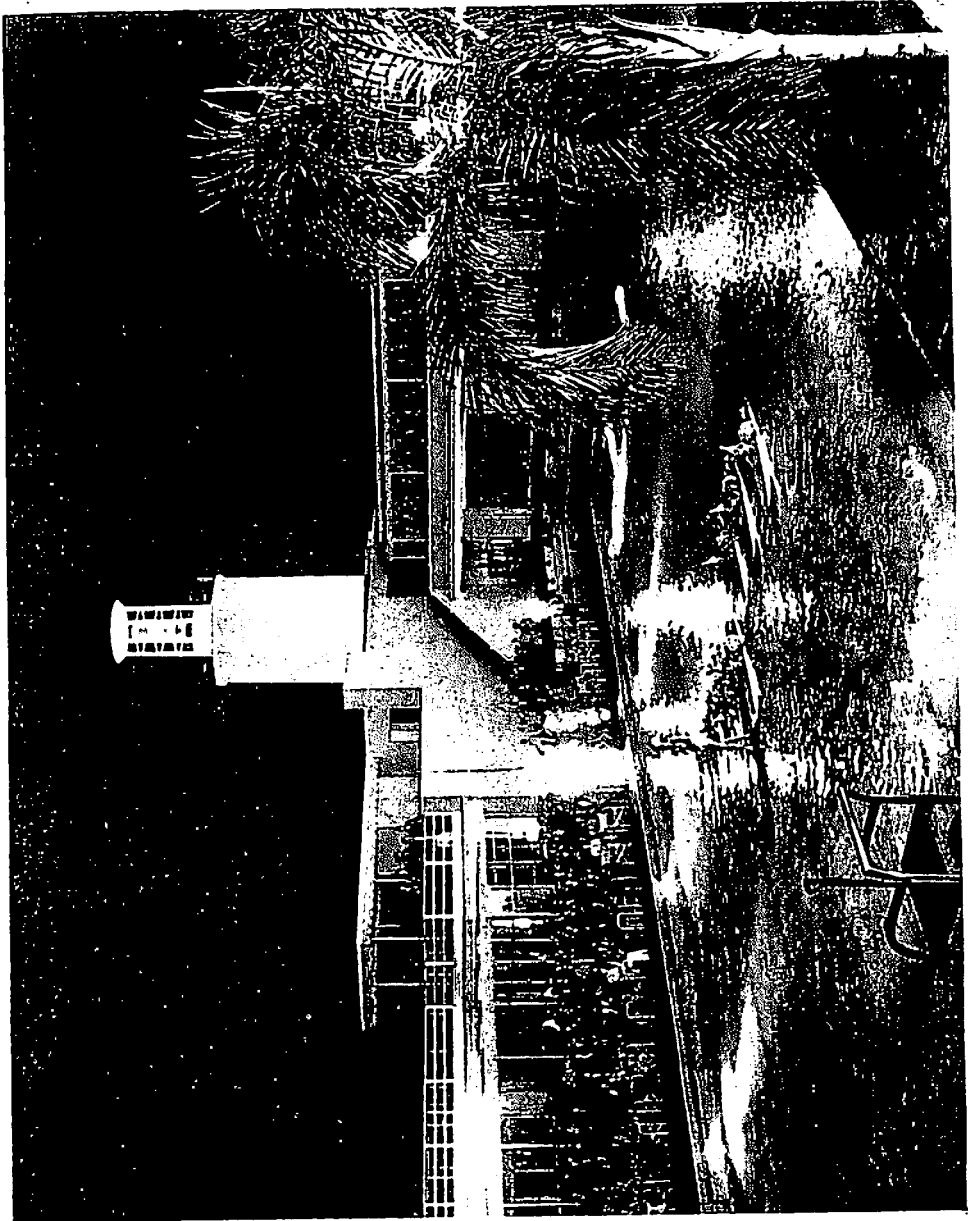
"On October 28, 1938, the third Neurosurgical Society met at The Hotel Netherland Plaza in Cincinnati. An ambitious scientific program was presented at the Good Samaritan Hospital with Doctor Frank Mayfield as Host.

"As the first business of the meeting the Society was named 'The Academy of Neurosurgery,' rejected proposals being: 'The Third Neurosurgical Society' and 'The Neurosurgical Club.' A tentative Constitution was presented by Doctor Echols. New members then were elected, Doctors Keith Bradford of Louisville, Harry Botterell of Toronto, Jesse Herrmann of Oklahoma City, Donald Coburn of Kansas City, Earl Walker of Chicago, Exum Walker of Atlanta and Stewart Rowe of Pittsburgh.

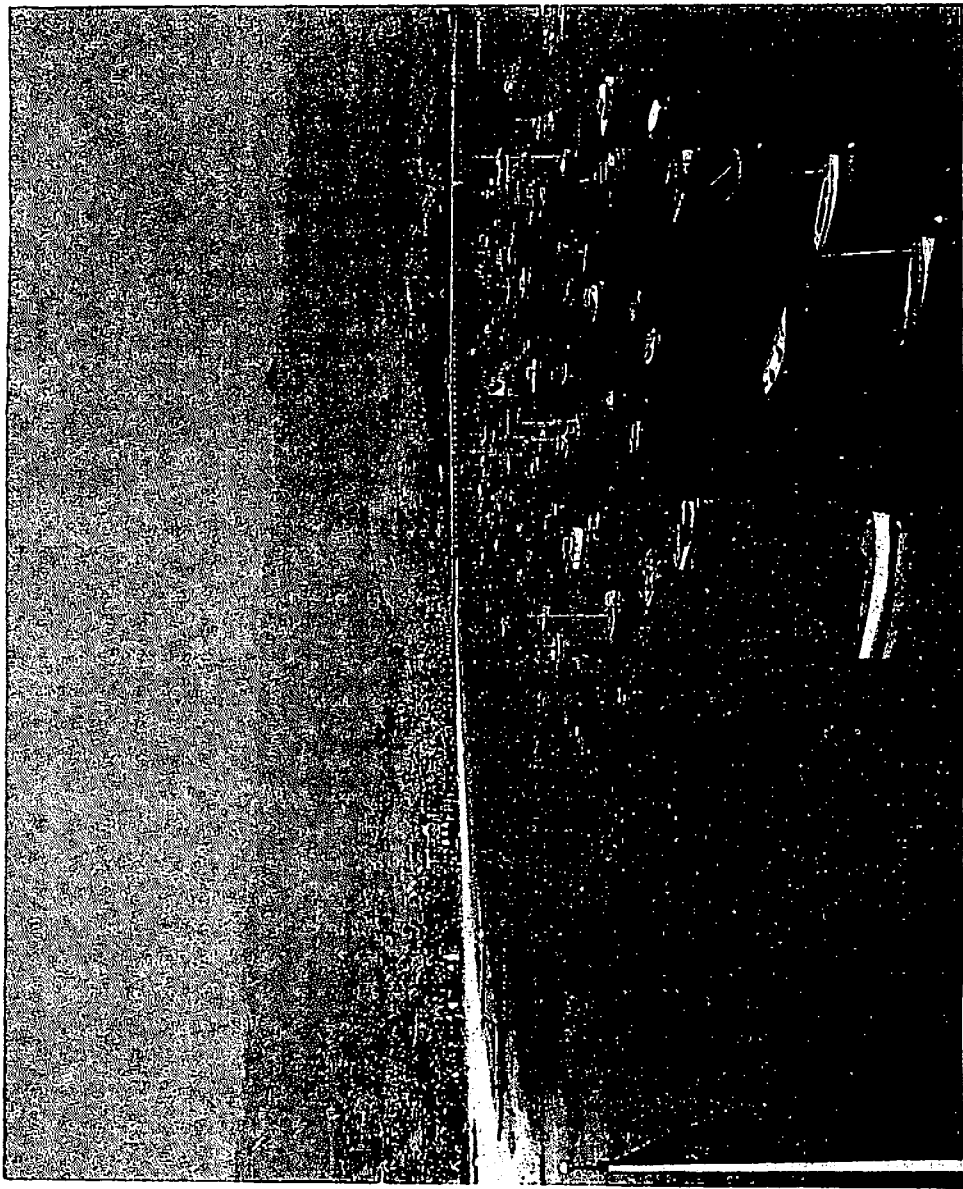
"On the following day, another business meeting was held, the newly elected members attending. The names of other prospective members were proposed and men were designated to obtain their credentials. The new Constitution was presented, but its adoption was deferred until the next meeting. It was decided to meet next in Toronto. The original officers were retained and an Executive Committee was appointed consisting of the present officers, Doctors Evans and Keith. The meeting then adjourned.

THE SECOND MEETING:

"The second annual meeting of the Academy was opened with a scientific session at the New Charity Hospital, New Orleans, Louisiana, on October 27, 1939. Fourteen members and ten official guests attended. A cocktail party was given for the group by the New Orleans Society of Neurologists and Psychiatrists after a football game between Tulane and 'Ole Miss.' on Saturday evening. This was followed by a Stag Banquet and then by an executive session. Doctors Howard Brown of San Francisco, Arthur Elvidge of Montreal, Rupert Raney and David Reeves of Los Angeles and Sam Snodgrass of Galveston were elected to membership. The invitations were ordered withheld until two weeks after the meeting. Dissatisfaction was expressed over the method of inviting guests and it was decided finally that any member might invite as many guests as he pleased, but only through the Secretary. Unfortunately, no distinction was made between ordinary guests and proposed members. Dissatisfaction was expressed over the name of the Society, but no change was made. The Secretary was instructed to express to Mrs. Harvey Cushing the sympathy of the group over the recent (October 7th) death of Doctor Cushing. Doctor Braden was elected President and Doctor Murphey, Secretary for the ensuing year and Cleveland was selected as the next meeting place."



Coral Casino



Yacht Harbor

PHOTO BY PUBLICITY DEPARTMENT
SANTA BARBARA CHAMBER OF COMMERCE

This past history of the Academy may be of particular interest to those unfamiliar with the early days, as well as with the pamphlet for the Montreal meeting. Additional excerpts will appear in subsequent numbers of "The Neurosurgeon."

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What started out to be a SPRING EDITION has slipped into SUMMER - thanks to the time consumed for The Harvey Cushing Society. Perhaps one should include Osler's bit: "One swallow doesn't make a summer, but one tophus makes gout."

And now, here are those interesting letters. We have included those which failed to arrive in time for the Christmas Edition.

Benjamin B. Whitcomb - Nov. 22, 1952

Sorry you were unable to make the New York meeting because it was most enjoyable and instructive.

I think our two new members are excellent additions to the Academy.

I was quite pleased in the interest of the members of the Academy in sailing. Of course, the experiences of our new president in this line can never be attained by those of us currently showing active interest, but I would like to use this Round Robin Letter as a means of twisting the arm of some of the nautical members to join me for a few weeks of sailing around the Bahamas in April while waiting for the Cushing meetings to start. The trip will be stag.

Editorial Comment:

Your correspondent hopes Ben will have some time to do some sailing here in the Santa Barbara Channel this fall. It was pleasant visiting for a brief moment with him at Hollywood, Florida.

* * *

"Wise and good men are, in my opinion, the strength of a state far more so than riches or arms."

- Benjamin Franklin, 1750

Exum Walker - Dec. 6, 1952

I am sure this will just miss the Christmas edition, but I am right proud of myself in getting in any letter at all.

I have just lost Bill Moore to the Navy for two years, and Kristoff has been out sick. For those of you who know Kris, you may be interested to know that he had a subarachnoid hemorrhage as a complication of hypertension. He was critically ill for a while but has now recovered almost completely and is taking the rice treatment at Duke.

This has left us considerably shorthanded, leaving Simpson, Miles and myself holding the bag. We are on the lookout for one or two men to help us out, so if any of you have any well-trained and exceptionally promising young men who are looking for a place to go, we would be very interested in having them contact us.

We have been rather busy recently, still doing tics by the posterior approach, and since the procedure is so simple and the resulting numbness so much less than that which results from the temporal approach, we are wondering why more people don't take it up. We are having fun working out the problem of internal stabilization for fractured dislocations of the cervical spine with increasingly good results. We are playing with the insertion of plastic screws and plugs into the lumbar disc space in an attempt to simplify Cloward's procedure, and the initial results are encouraging, though we feel that the present technique is only a stepping-stone to something better. We are getting interested in the headache problem but are far from having any worthwhile contribution to add. We are discouraged with the intracranial aneurysm problem and wish someone else would offer a simple solution for these.

We have recently relieved the pain of phantom limb in the third patient by dissection of the cortical sensory area, and we are wondering if this procedure will continue to work. Yesterday we had another nasal encephalocele, in which we sealed off the fistulous tract intracranially. I reported another case and reviewed the literature sometime last year in *The Journal of Neurosurgery*.

I should like to report further that married life is agreeing with me.

Editorial Comment:

Exum's letter missed the Christmas edition so we are including it here. Your editor is impressed with the increasing number of members of The Neuroclinic. He wonders how Ex keeps his colleagues happy and at the same time gray hair out of his head. Your journalist personally wonders why anyone would use the more hazardous suboccipital approach for tic douloureux when the results with the subtemporal route are so satisfactory.

* * *

"Anyone who thinks courtesy costs nothing never invited a salesman in."

* * *

BOOK REVIEWS (One that was never published)

By John J. Meegan -- Buffalo Courier-Express

INTRACRANIAL ANEURYSMS. By Dr. Wallace B. Hamby, Charles C Thomas, Publisher. Pp. 524.

Buffalo's well and favorably known brain surgeon has recently completed this technical work and as this office is woefully lacking brain surgeons among the many talented persons of the staff, these few lines can hardly be considered a review. In addition to calling attention to the paucity of competent critics in this office, we can develop the further fact that both a quick look and a labored reading reveal the simple truth we do not know, even now, "what-the-hell-it-is-all-about".

Let the mail boy dump almost any kind of volume on a desk in this department and somewhere between the group of editorial writers, reporters, society scavengers and the staff of the engine room, we could not fail in a search for someone to write a review of almost anything. Love, crime, romance, adventure, travel, etc., etc., become just grist for the mill, wheat for the hopper and cookies in the oven----until the Hamby creative effort "hit the deck".

In the working organization of this newspaper, we have guys who have been sailors, mechanics, playwrights and a hetro-

geneous group who have served humanity in many fields but this day's canvass of the house compels the admission that none has ever embraced that upper world of opening the skull to take a peek at the contents therein.

The very title of this tome frightens the "Be Yarus" out of the writer of this salute to a great physician. Of course, our salute is a prideful one because the good doctor is a Buffalo resident and in addition to being held in fine regard by his fellows of medicine, he has the respect and esteem of the hundreds whom he has met since he adopted Buffalo as the field for his high talent.

Physicians and surgeons will get much out of the Hamby writing but we safely predict two things; the book will not compel members of the laity to tear off their outer garments in a frenzy of buying at the open counter. Nor will it be banned in Boston.

Editorial Comment:

This refreshing review of our Past President's excellent monograph on that ever absorbing subject, "Intracranial Aneurysms" has been written by his good friend and Treasurer of the Buffalo Courier-Express. Wally was told he could keep the above among his "Book Reviews that were Never Published". Hellyn and Wally took in the Hollywood meeting in a pleasantly leisurely fashion. It is good to learn they will be with us in Santa Barbara this fall.

* * *

On April 21, 1782, two hundred and forty years after Cabrillo's discovery of the Bay, Father Junipero Serra and fifty men, including Captain Jose Ortega and Governor Neve arrived from Mexico and founded the Presidio of Santa Barbara. Santa Barbara came under the direct rule of Mexico when that nation cast off the yoke of Spain in 1821.

* * *

Barnes Woodhall - Jan. 29, 1953

The jonquils and crocuses are appearing here and Spring is not far away. I realize that you have no such difficulty with the seasons and Fanny and I really want to see that. We plan to visit your rival city since I want to show her the place on the Presidio where I was arrested as a spy. I trust

that you will not mind such conduct on the part of your guests.

Things are better here - we were forced to move our laboratory in order to find more space - a perennial problem in this medical school. We are working on some physiological problems having to do with penidiomide and its induced cerebral hypotension, and at last are going along rapidly. It represents a wonderful adjuvant but there is a very dangerous critical area and that is what we are exploring.

Most of my time has been and will be in the near future devoted to the nerve regeneration studies - all manuscripts are due on August 1 and I hope so. The President of the Society for Never Seeing a Peripheral Nerve Again - the famous Cleveland character Braden, will be invited to write the preface.

No other troubles except I can't find a girls school for Betsy - they will accept her but always turn down the horse.

Editorial Comment:

Great to get a word from that fabulous Woodhall - formerly an excellent truck driver among the many other abilities he enjoys. We look forward to their coming out here this fall. The Montecito School for Girls here will take Betsy and her horse.

* * *

"Of course, money isn't everything. It isn't even what it used to be."

* * *

William H. Sweet - Jan.30, 1953

We are all looking forward to enjoying your hospitality this fall. One is naturally delighted that your secretary is opposed to any "anticlimatic" conduct at our coming meeting. We are hoping that no amount of supercilious comment from neo-New Englanders or any others will adversely affect the California climate and we know it won't interfere with any other amenity of the occasion. If I can avoid any serious broken bones at the coming "ski" meeting of the New England Neuro-surgical Society, I expect that session will leave me especially eager for the trip to Santa Barbara.

Editorial Comment:

We always seem to have unusual weather when distinguished guests arrive. Our former Westerner and now New Englander gave one of the really fine papers at the Cushing Meeting.

* * *

"Any list of wild animals should include husbands whose wives clean out their dens."

* * *

R. Glen Spurling - Feb. 2, 1953

I resolved after reading the last interesting issue of the Round Robin Letter to insert a personal note in the next one.

First of all let me compliment you upon making this Round Robin Letter a gem of personal, professional and social information.

My comments for the next edition will be purely social.

I helped initiate Barnes Woodhall into the wonders of bone fishing on the Florida Keys in December, and I should like to "tout" the fishing members of our Society on the possibility of combining business with pleasure when they attend the Cushing meeting at Hollywood, Florida in April.

The season for bone and tarpan fishing on the Keys will be at its height at about that time. If you have never played a bone fish on light tackle you have never really fished. I haven't had the personal experience with John Raaf's steelheads but I have had plenty of experience with all other types of fishing. Nothing has ever given me quite the thrill of landing an eight or nine pound bone fish on an eight pound test spinning line with a wet fly. These "jet propelled" creatures of the sea are beyond description as far as their fighting ability is concerned. They are no good to eat but boy what fun they are to catch!

I am sorry that I won't be able to come to the California meeting this fall. I take all of my holiday during the winter

months and will stay at home and let Grantham or Segerberg make the trip west. After all some of us have to stay here to try to make a living!

With my cordial regards to you and all of the membership.

Editorial Comment:

Your correspondent was delighted to hear from our Honorary Member and friend of many years, to realize what pleasure he is taking out of life again following his illness. We are particularly sorry he will not be able to come out West with us this fall.

* * *

"Nothing increases the size of fish so much as fishing alone."

* * *



Alfred Uihlein - Feb. 4, 1953

There is nothing of special interest to report at this time as I have not had the good fortune of running across anything exceedingly exciting or of interest to the membership at large. The holiday season was most enjoyable, and I am enclosing our Christmas card which is ample evidence that Ione

and I have plenty at home to keep us busy.

Ione and I have just returned from a week's visit to Tucson and stayed at the Hacienda del Sol. It is an enjoyable small ranch-type hotel at the foothills of the Catalina Mountains. It used to be a girls' school but has been converted admirably with riding and swimming available to all with a heated pool in the winter months. The food is excellent and company most enjoyable. It was mighty good to get away from the influenza and Minnesota cold for even a week.

When should we start making reservations at the hotel for the meeting in the fall? If you feel it should be done now, I will do so.

Editorial Comment:

A charming picture of the six Uihleins: Judy, Billy, Pam, Bill, Charlie, and Sarah. Agreed; enough to keep the most placid person jumping.

By all means make your reservation soon. Your reporter suggests a nice cottage for the Uihleins and that they come out ahead of time, get a car, and see and enjoy the surrounding scenery.

* * *

"All the average mother of a family needs to get a good night's sleep is two nights."

* * *

Dean H. Echols - February 1953

I must take issue with Hannibal Hamlin regarding certain statements in his article in the December 1952 issue of Annals of Surgery. Under the title "Interspinous fusion for the treatment of herniated intervertebral discs: utilizing a lumbar spinous process as a bone graft" Hannibal and Dr. Samuel Spadea report on the results in their first 100 of 200 disks treated in this manner. In this operation the 3rd lumbar spine is placed between the spines of L 5 and S1 or L 4 and L 5 in such a way as to obtain a firm fusion between the neural arches.

First of all, let me say that if a surgeon is determined to fuse the garden variety of ruptured disk, I would rather he did Hannibal's operation than any of the other existing types of fusion.

My face got a little red on reading the following: "The operative treatment (standard disk operation) for this condition (ruptured disk) does not, in the long run benefit more than one half to three-quarters of the patients". To back up this opinion he irrelevantly refers to J. R. Armstrong's article in Journal of Bone and Joint Surgery, 33-B:31, 1951. The facts are that most American surgeons and Londoners J. R. Armstrong and J. E. O'Connell report good results in the neighborhood of 90% of cases. Incidentally neither Armstrong nor O'Connell fuse their patients.

Then this: "Repeated changes in operative procedure by the various surgeons would indicate that the operation has not become standardized." It seems to me that most of the neurosurgeons in this country are performing the operation in almost exactly the same manner that it was done 15 years ago.

I also disagree with the following statements: 1) "Damage to the posterior articular facets is a very important feature and probably many poor results following operation are due primarily to this cause." 2) "It is our opinion that fusion is an important factor in all patients who are operated upon for a ruptured intervertebral disk." 3) "Complete removal of the degenerated intervertebral disk is performed in a routine manner." The latter is probably a misstatement as it is both undesirable and almost impossible to completely remove a disk.

Finally, the authors conclude that some of their poor results are attributable to a prolonged interval of time between the onset of symptoms and the operation. How soon after the onset of symptoms do they recommend operation?

To get back to J. E. O'Connell, 65% of his patients had symptoms for more than a year. Also, he operates on less than 20% of the disk cases seen in his Clinic (St. Barts). Of a series of 500 operated patients, 92% were either completely free from symptoms or very greatly improved after operation.

Incidentally, the same issue of the Annals of Surgery contains an article by Ralph Cloward in which he describes a bone bank as the source for the 4 grafts which he inserts between the vertebral bodies after subtotal removal of a disk. Banked bone has been used in the 67 of 300 vertebral body fusions. Although I am an opponent of spinal fusion, I must compliment Ralph on perfecting a difficult operation. Did any of our members perform this operation in 1952?

While on the subject I might as well compile some statistics for the next Round Robin - if all readers will cooperate. Please answer in code the following on postcard or in letter. For example: A2, B3, C2, D1, etc.

- A - I prefer 1) spinal, 2) local, 3) general anesthesia.
- B - I prefer to have patient 1) prone, 2) on his side, 3) sitting.
- C - I prefer 1) hemilaminectomy, 2) interlaminar approach.
- D - I use myelography 1) extensively, 2) infrequently, 3) almost never.
- E - I 1) avoid, 2) frequently use fusion.
- F - I 1) advocate, 2) advise against early postoperative exercise.
- G - I 1) frequently, 2) occasionally, 3) rarely use corset postoperatively.
- H - I remove central portion of the disk 1) thoroughly, 2) conservatively.

Editorial Comment:

Dean's letter should stimulate much comment on this problem. Your editor has not been sold on any of the fusion procedures.

"No man is really happy or safe without a hobby, and it makes precious little difference what the outside interest may be - botany, beetles or butterflies, roses, tulips or irises; fishing, mountaineering or antiquities - anything will do so long as he straddles a hobby and rides it hard. "

- Sir William Osler

* * *

Homer S. Swanson - Feb. 9, 1953

. I think this (Cushing Society Membership certificate) is a splendid idea and I have for some time thought seriously of discussing the possibility with the members of the Academy of getting a similar certificate for the Academy of Neurological Surgery. I wonder what has been the feeling of the other members of the Academy with reference to this possibility? I personally would like very much to have a certificate and I believe that if this idea was presented to the other members there would be a wholehearted approval. Perhaps you might be interested in presenting this suggestion to the group in the Round Robin Letter and sound the other members out as to this possibility. Personally, my membership in the Academy means more to me than any other society to which I belong and a certificate indicating membership in the Academy, I believe, would be appreciated by all of the members.

Editorial Comment:

Your correspondent welcomes an expression of opinion about an Academy membership certificate. Certainly a thought for consideration.

* * *

Man, refusing a drink, to host: "No more for me, thanks! My wife might have to drive home and you know how dangerous that is!"

* * *

Winchell McK. Craig - Feb. 12, 1953

I have been rather negligent in contributing to the Round Robin Letter in view of the fact that other members

usually give the news from this part of the country. However, last November I was elected President of The Association of Military Surgeons of the United States representing the reserves of the Army, Navy and Air Force. As you know, the Association of Military Surgeons was founded in 1891 by Nicholas Senn, a National Guard medical officer who wished to learn something about military medicine. It was incorporated by an act of Congress in 1903. The organization has grown until now it represents every branch of the armed forces, and the presidency is rotated through the services, the reserves coming up once every seven years. Dr. Irvin Abell of Louisville preceded me as the reserve president and selected me to come up through the ranks, serving as vice-president for six years. We are planning a big meeting in November in Washington, D. C. and hope to have a program of interest to all reserve officers.

By the time this letter reaches you I shall be on my way to Honolulu where Mrs. Craig and I are spending our twenty-fifth wedding anniversary, going out by air and coming back on the S. S. Lurline. Unfortunately my schedule will be so tight that I will be unable to contact you and my other California friends which I regret very much.

Editorial Comment:

We are happy one of the reservists was elected President of the Association of Military Surgeons of the United States, and more particularly that it was our distinguished Honorary Member. Congratulations on the 25th wedding anniversary. The sojourn to Honolulu must have been a welcome change and rest from the busy schedule at Rochester.

* * *

"Maybe they call it take-home pay because there is no other place you can afford to go with it."

* * *

J. Lawrence Pool - Feb. 16, 1953

In reply to your letter of January 23rd, may I agree with your suggestion that papers the day following the banquet is a poor policy. I feel this would be an especially poor policy in Santa Barbara!

I agree that comments concerning the type of papers desired by the members for our next meeting is most appropriate at this time, and hope that everyone will write Ed Boldry within the next few weeks as to their preferences.

For the treatment of painful phantom limb syndrome in the arm and shoulder, I have resorted to a more extensive procedure than simple resection of primary sensory cortex. The left arm of a right-handed patient was amputated following massive lymphedema due to an improperly carried out radical mastectomy for carcinoma of the breast. In addition, she had painful metastatic lymph nodes in the left side of the neck heavily treated with x-ray therapy. A high cervical cordotomy at another hospital had failed to provide a high enough level. The patient had become heavily addicted to morphine and was not only suffering pain from the neck lesions but painful phantom limb symptoms. She and her family did not wish further spinal cord surgery and did not want a lobotomy lest her personality be adversely affected.

It seemed to me that if the sensory association area be isolated widely enough she would lose awareness of the painful extremity. I therefore undercut the bulk of the right cortex from the occipito-parietal junction forward to the primary sensory cortex, the latter having been determined by electrical stimulation. This procedure was carried out a year ago and the patient has been relieved of her morphine addiction and has been free of phantom limb pain as well as pain in the neck. Her personality has not been affected and her family state that she is as keen and interested as ever in books, friends, and her usual social activities. She has not had a convulsive seizure. At the present time she is beginning to have spread of metastases to other parts of the body.

I mention this type of procedure because I think it offers a good physiological approach to such a problem for phantom limb pain in the upper extremity when the non-dominant hemisphere can be operated upon. This has been tried with success in Holland and France. I would be interested to know if anyone else has tried this more extensive procedure in this country and would be pleased to hear the reports of any cases that are carried out by members of the Academy.

With best regards to all.

Editorial Comment:

Larry's case should provoke many comments relative to this difficult problem. Your editor enjoyed Larry's excellent paper at Hollywood, Florida.

* * *

"How beautiful it is to do nothing, then to rest afterward."
- Spanish Proverb

* * *

George L. Maltby - Feb. 19, 1953

It hardly seems possible that our Spring edition of The Round Robin Letter is coming due so soon. It seems to me that it was almost the other day that we received the Christmas edition which was so complete and delightful. It certainly is a very important cog in the total usefulness of the Academy.

Because it is so soon, I am afraid that there is not much that I can give you for news. I am hoping some day to include my four children in one picture so that I can send it to you. This Winter I have been trying to protect my limbs and still, more or less, keep up with my two oldest daughters, thirteen and ten, in their skiing efforts. They are already far ahead of me, but I continue to follow them in the proverbial snow-plow.

I feel that the New England Neurosurgical Society has been having some interesting Meetings and seems to have become a sectional society that is here to stay. Our Winter Meeting was in Boston and we were fortunate to have Professor Olivecrona with us for the evening. Our next meeting will be on the 27th and 28th of February in Burlington, Vermont under the direction of Doctor Pete Donaghy, who is Professor of Neurosurgery at the University of Vermont. Doctor Penfield will be our visiting guest and will talk on the "Cause and Radical Treatment of Temporal Lobe Epilepsy" in the afternoon with a more philosophical talk in the evening entitled "Men, Manners and Medicine at the Dawn of History". The Saturday following will be a ski-outing in Stowe, Vermont, all of which I hope will go off as previous meetings. Tom Ballantine is secretary and treasurer and does all the work and I am president this year with nothing to do as Bill Scoville launched the society as its first president.

By the way, I feel that Doctor Donaghy might well be a very important addition to the Academy. He is in academic work and in a professorial rank in neurosurgery. He is extremely pleasant socially and a very competent man. I am sure that there are not too many members in any neurosurgical society from the rock-ribbed State of Vermont. I plan to get the usual forms and papers filled out for him so that we may have him at least as a guest in the near future. I cannot remember whether he has been a guest in the past or not but I rather doubt it.

I am looking forward to seeing many of the members of the Academy at the April Meeting of the Harvey Cushing Society.

Editorial Comment:

Your correspondent is impressed by the excellence of the New England Neurosurgical Society and wishes to add his congratulations to George as its president. He hopes Doctor Donaghy will be invited to the Santa Barbara meeting. In some way there seemed only time enough to say hello to George at the Hollywood meeting and to urge him to come West this fall.

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Each August the City of Santa Barbara holds its Old Spanish Days Fiesta. Gayly costumed early California families mingle with more recent residents and thousands of visitors in a highly colorful pageant that turns back the pages of time.

* * *

Donald D. Matson - Feb. 20, 1953

John Meredith's note in the last Round Robin about a metastatic lesion removed from the cerebral hemisphere a number of years after removal of a primary in the muscles of the arm has interested me because of a recent experience with a young doctor's wife of 33. Some eight years ago she had a mass removed from the popliteal region, three years ago she was found during a pregnancy to have multiple lesions in one lung, two years ago she had a pathological fracture of one femur, and I have just removed a tangerine-sized metastasis from the left parietal lobe. All this while, the patient



PHOTO BY PUBLICITY DEPARTMENT - SANTA BARBARA CHAMBER OF COMMERCE

A sweep of palm fringed beach.

has lived quite well with her tumors until the onset of headache and hemiparesis. The histology of the cerebral lesion is identical with that of the leg lesion and is considered to be non-chromaffin paraganglioma. In addition to the carotid sinus, aortic arch and glomus jugulare, there apparently is non-chromaffin paraganglion tissue along some of the major vessels in the extremities as well as in the retroperitoneal tissues. The vascularity of the lesion as seen by arteriography and at surgical exposure is startling! Dr. Smetana at the Army Institute of Pathology has reviewed our sections and considers this the same tumor as the 14 he collected two years ago. Seven of those arose in the leg primarily and three of the 14 metastasized to brain.

I can hardly wait to come to Santa Barbara.

Editorial Comment:

There seems to be no end to interesting and unusual cases. Your editor is looking forward to the Matsons' visit to Santa Barbara. Don gave his usual excellent paper at Hollywood.

* * *

"When Juan Rodriguez Cabrillo discovered Santa Barbara Channel on October 15, 1542 - more than 400 years ago - he was greeted by a ban of Canalino Indians who paddled out to his ship in great canoes. The great navigator was fatally injured in a perilous landing and he lies buried in an unmarked grave on one of the Channel Islands.

"On St. Barbara's Day, December 4th, 1603, another explorer, Sebastian Viscaino, entered the Channel and named the region Santa Barbara. "

* * *

George S. Baker - Feb. 20, 1953

Your letters coming regarding the Spring Edition of the Round Robin Letter with longhand written at the top, such as "Second notice", "Third notice", and the like, reminds me of those outstanding bills which one receives with some pleading reminder to reciprocate funds at hand. I therefore would look upon myself as being rather delinquent, and will try to

write a short resume of what the winter and spring have had to offer us here in Rochester.

Our professional interests have included a subdural hematoma that developed while the patient was a postoperative case following removal of a large ependymoma which had entirely filled the lumbar area from the conus to the sacrum, and the space formerly occupied by a firm mass filled up as a reservoir thus tearing a cerebral vessel and producing a subdural under our eyes in the hospital. The lesion was treated surgically and the patient made an uneventful recovery, but it is the only one of its kind I am able to find. Such happenings follow spinal punctures, and I feel that the answer is perhaps to elevate the foot of the bed when you have a large mass removed in the lumbar area of the spinal canal.

We have also had a run on third ventricle tumors, which for my money can be handled very poorly unless they are pedunculated or cystic.

Regarding the coming meeting in California, with the dates now being October 5, 6 and 7 I note that they conflict with the meeting of the College of Surgeons in Chicago, which is from October 5 to 9. I suppose, however, that not too many of the members of the Academy are obliged to attend the College, but I have found in past years that the College of Surgeons has developed a very active neurosurgical section with the forum presenting new work by younger staff men or assistants, and interesting symposia being arranged for one or two days of the meeting, which to me has been one of the more profitable meetings of the year as far as neurosurgery is concerned. I suppose though the dates will have to be maintained, as it is often very hard to arrange things so that everything will be satisfactory without some conflict.

Enid and I are planning to come out to California this fall, and will be looking forward to visiting with you as host in Santa Barbara.

Editorial Comment:

Fortunately the conflict of the Academy meeting with the College of Surgeons meeting has been resolved and, as emphasized previously, the Academy meeting is the week following.

"Every time a woman leaves off something she looks better, but every time a man leaves off something he looks worse."

* * *

Henry L. Heyl - Feb. 20, 1953

I am glad to be writing you from my own office where I am getting back into the groove of activity. Certainly the most stimulating experience of my winter has been a visit to Harry Botterell's paraplegic center in Toronto. I wonder how many members of the Academy are familiar with the outstanding work which Harry is carrying on in his quiet way. I was particularly interested in his use of multiple neuromyotomies for the relief of intractable spasm. He brought together 8 or 10 cases of this sort for me to see. He has been connected with paraplegic problems ever since the war and his rapport with these patients is a heart-warming thing to see. He has concerned himself not only with their physical well-being but with the whole program which brings them back to a point of pride and usefulness. I gather that it was largely through his wisdom that Canada obtained a system which comprehends not only veterans but any person of any sex or age in Canada with any paraplegic problem. Harry is using a number of methods for treating spasms, some of them original and some of them created by others. This broad point of view was not only convincingly sound but very refreshing in a field where dogmatism and tolerance relative to the field of paraplegia, for some reason, have acquired unusual intensity.

I would like to pass on, for what it is worth, my strong feeling, born of certain intimate experiences, relative to the importance of maintaining adequate hydration during the giving of million-volt x-ray therapy. Because much of this therapy is now being given on an out-patient basis, the danger of low fluid intake, especially during the last half of the treatment, is a very real one. I think it might be helpful to realize the need for parenteral fluids during the terminal portion of the treatment. In patients where the neck or upper mediastinum are being treated, esophagitis and generalized anorexia lead to varying degrees of refusal to eat or drink. I believe that there is a real connection between depletion of body fluids and the development of abnormal vascular states created by x-ray therapy that might otherwise have been innocuous to the tissues

in question. I believe, for instance, that the depletion of the volume of spinal fluid through this means could very readily lead to a more easily damaged spinal cord. I hope to prove this on an experimental basis in the near future.

My very best wishes to you all.

Editorial Comment:

Congratulations to Harry for his outstanding contributions in this difficult field. All of us are grateful to hear from Henry.

* * *

"A bargain, today, is anything you can buy at yesterday's prices."

* * *

S. R. Snodgrass - Feb. 24, 1953

Thank you for your reminder about the Spring number of the Round Robin Letter. It came some time during the 12 day period of absence from which I have just returned and it may already be too late for publication.

I enjoyed the Christmas edition and was sorry not to have made any contribution to it. I really have nothing at this time and am merely writing to express my admiration for the job you are doing with the Round Robin Letters and to offer you sympathy for the loss of your infant son.

I have just returned from Indiana where I went for the burial of my mother who had been a widow since I was ten days old and who had no other children. She had been here visiting since shortly before Christmas and was due to go to Florida with her older sister for a month there leaving here early in February. On account of the fact that she had had no physical examination for some years we got her off to one of the local internists and she was in fine shape for 73 with the exception of the fact that she had a primary carcinoma in the peripheral part of the upper lobe of the left lung. This had given no symptoms of any kind and I was rather in doubt as to whether she should be told about the trouble at her age or to go on to Florida ignorant of it. After some discussion, pneumonectomy

was done February fifth and she did well for two days, then developed intestinal obstruction in the sigmoid where there had been some diverticulitis. Colostomy was done two and a half days after the pneumonectomy and the following day she had a cerebral thrombosis and was comatose for two days until death. Although I had known she could not live always, it was so unexpected that it has been hard to adjust to and my position in making the real decisions as to what should have been done and was done has made me very sad and depressed. I also hate to see my Indiana connections dwindling.

Editorial Comment:

The distress Sam has been through and the decisions required obviously would try one's soul. There seems no doubt to your correspondent the decision was the only logical one.

* * *

Of all Southland cities, Santa Barbara more than any other retains the flavor of the past in its historic landmarks and motif of dominantly Spanish Moorish architecture.

* * *

Theodore Rasmussen - Feb. 25, 1953

The primary item of interest here is the opening of our new wing for research in radioactive isotopes. We hope this admission to our facilities will be fruitful.

It is time once again to remind everyone that plans should be made in the near future for inviting guests to the Santa Barbara meeting.

Time is also getting short for submission of possible candidates to be considered for election to membership.

We are currently enjoying the company of Earl Walker who is spending an enforced vacation on the Orthopedic Service here. This resulted from a slight case of fracture of the femur which occurred when he made a mistake and removed his skis and attempted to walk on the snow and ice instead of skiing there as one should. All is going well, however, although he will be somewhat immobile for a time.

I hope everyone has survived this flu-ridden winter, without too much great loss of time and discomfort.

Editorial Comment:

The importance of inviting guests and prospective members to the Santa Barbara meeting soon is obvious. Also obvious is the importance of submitting papers to the program committee. We all hope Earl has recovered from his crack-up.

* * *

"Conversation is defined as an interchange of thoughts but some people talk any way."

* * *

Spencer Braden - March 2, 1953

Your entreaties relative to the Round Robin Letter have not been purposely ignored. Frankly, for the past several months I have had too much work and too little play, and, in an effort to correct that, I am leaving tomorrow for two weeks in Florida in the hopes of a few fish, some sunshine, and rest for my weary tail.

I have continued to keep busy on carotid pressure studies, such as were reported at the last Cushing Meeting, and hope sometime in the future to supplement those already done.

I recently had a case of an all-time, all-American meningioma being parasagittal but bilateral, and approximately the size of a man's fist on both sides. This patient was extremely asymptomatic, except for recent diminution in vision, which was caused by about six diopters of choking. His headache had not been a conspicuous part of his picture, despite a spinal fluid pressure of some 500 mm. of water. It was of considerable interest from a ventriculographic standpoint that the studies showed a marked bilateral depression of both the frontal horns on the anterior portions of the bodies, which made me think that it was a saddle affair of a cranio-pharyngioma, spreading itself on each side of the falx. I had the extreme satisfaction of being able to take the thing out in its entirety in one piece, including a large section of the falx, and having to resect about three inches of the anterior portion

of the superior sagittal sinus. The patient has done exceedingly well and has promise of being a most satisfactory result.

I felt badly in not being able to attend the New York session and have heard from all reports that it was a huge success. I am looking forward with considerable pleasure to personally satisfying myself relative to the Chamber of Commerce claims in Santa Barbara.

With kind regards and best wishes to all, I remain as ever

Editorial Comment:

That's the type of case that keeps the neurosurgeon going. We don't seem to grow many of them out here. We are happy Spence is going to put in an appearance out here.

* * *

In August of 1846, Commodore Stockton landed in Santa Barbara Bay and ran up the American Flag but his garrison was attacked and fled but during Christmas week of the same year Lt. Col. John C. Fremont reentered the city and held it. Three weeks later California was part of the United States.

* * *

Homer S. Swanson - March 2, 1953

During this past week, we have enjoyed the company of Frank and Queenie Mayfield while Frank attended the sectional meeting of The American College of Surgeons which was held here in Atlanta. Frank spoke to the group of his experiences with the 2nd cervical nerve syndrome and from the attendance I am sure they were much impressed. Unfortunately, their visit was too short for our personal pleasure.

The only surgical problem of interest which we have had during the past three months' time, and this ended in an unfortunate manner, was that of a very large foramen magnum meningioma which Dr. Fincher and I tackled together since the lady had not benefited materially from an earlier simple decompression. The tumor lay anterior to the cervical spinal cord and medulla and although we were finally able to roll the

tumor out from beneath the medulla and to accomplish what appeared to be a total removal, she developed complete cessation of spontaneous respiration and this state persisted for approximately six days while she was maintained with a chest respirator. Throughout this entire period she maintained a normal pulse and blood pressure level, periodically exhibited a blink response on stimulation but for all intents and purposes the picture was that of suspended animation other than for the pulse and blood pressure level. She ultimately developed a hypostatic pneumonia and died on the sixth postoperative day. At autopsy there was little gross evidence of damage to the medulla but I am sure that the ultimate microscopic studies will confirm our suspicions. There existed even more tumor anterior to the dura extending down to the 6th cervical level and upward to the tentorium so that our efforts were obviously for naught. This is the third such tumor that Dr. Fincher and I have had and each case has ended in the same manner in our hands. We plan to refer the next patient to more capable hands since we have certainly been unsuccessful in this group.

Inasmuch as we did not send along pictures of the children for the Christmas edition, I am taking this opportunity of sending the enclosed picture of our two children which is graphic evidence of their fishing ability. The guide, Claxton, was very proud of his pupils as were we. Incidentally, these fish were caught not in the state of Georgia but at Sopchopy, Florida during the Christmas holidays.



Editorial Comment:

We will probably have some comments from others referable to such foramen magnum meningiomas.

The picture revealing the talents of a couple of young fishermen is a far happier subject.

* * *

"The hardest thing about learning to iceskate is the ice."

Joseph P. Evans - March 3, 1953

I always seem to be late in sending a contribution to the Round Robin. My excuse this time is the program planning for the Harvey Cushing meeting. Since we all belong to the Cushing Society, it might not be amiss to say that the final program will soon be in the hands of the members and that it will be made up chiefly of three symposia, one dealing with the physiology of the limbic system, with a very definite clinical orientation, a second dealing with military neurological surgery, which we hope will help to crystalize neurosurgical thinking and planning for both military casualties and potential civilian difficulties. The third will deal with the handling of brain tumors and will report, in the largest part, the experience of the senior members of the Society.

I hope there will be a good turnout for the Cushing meeting in Hollywood, Florida.

Editorial Comment:

An excellent program and a nice bit of work on Joe's part.

* * *

"There is only one thing worse than being talked about and that is not being talked about."

- Oscar Wilde

* * *

Donald F. Coburn - March 3, 1953

I have nothing new to report neurosurgically from here.

The past few months I have been fairly busy attempting to learn some of the intricacies of running a county medical society, which little chore I take over July 1st. Looks like a full time job to me. Already I can sympathize with Ed Morrissey.

At the moment I am intermittently in and out of traction, hoping to whip what is probably a herniated C6-C7 disc, unfortunately on the same side as an ulnar nerve I had operated last year.

We are in the midst of a beautiful snow storm which is certainly stalling traffic and lousing things up in general here. However, the moisture is badly needed.

I plan to attend the Cushing Society meeting in Hollywood, Florida, and hope to make the Academy meeting in Santa Barbara. Having been at the latter spot once before I am keenly cognizant of the beauty of the environment there.

Max joins me in kindest wishes to all you.

Editorial Comment:

We missed Don in Florida but hope he will be hale and hearty and all set to come out here in October.

* * *

"When marriage at last makes a man happy, it may be his daughters."

* * *

John M. Meredith - March 3, 1953

In response to your post card showing a very appealing scene of a Spanish Mission at Santa Barbara, I am very happy to submit the following notes for the next issue of the Round Robin.

We are in the midst of one of our triennial snow storms here in Richmond, there being five inches of snow yesterday and this is most unusual for this latitude (Santa Barbara papers please note). With some difficulty we proceeded to the hospital; everyone was at least a few minutes late on arriving yesterday.

We have had several cases of considerable interest lately and they are outlined briefly below.

One was a child of five months, who had a markedly weak right arm of the flaccid type. X-ray films showed a tiny defect of the lamina of C7 on the right side and otherwise the spinal films were normal. He had, however, a lipoma, quite easily visible beneath the skin at the level of the lower cervical-upper dorsal vertebrae. A spinal puncture was carried out just before operation (in the area of the bone defect) and although

a complete block was not demonstrated by the Queckenstedt test, the fluid was straw-colored in appearance and had 1800 mgs. % of protein. With this information we carried out operation in the lower cervical-upper thoracic region and the dura was opened widely in this area. There was no stalk or extension of the subcutaneous lipoma down to the dura, or beneath the dura, but when the dura was opened the cord presented a remarkable appearance; what we at first thought was an intramedullary glioma (there being no evidence of normal cord anywhere) was encountered but small pieces taken for biopsy have shown on careful study lipoma only. This is then an intramedullary lipoma of the cord in the lower cervical-upper thoracic region. Happily enough, the right arm now moves as well as the left and the lower extremities are moved normally. We feel certain this is an intramedullary lipoma and not the more frequent extradural type that one sees in association with spina bifida, whether occult or with a meningeal sac, and its occurrence in the cord substance itself was quite unusual in our experience.

We had a case here about a week ago, of a 2-year old child who had a spinal air injection carried out because of convulsions. The ventricles were normal, in fact, rather small in size, but a day or two after the spinal air injection had been done the child developed a complete Bell's palsy on the right side. We were somewhat at a loss to explain this as X-ray films of her mastoids were normal and an otolaryngology consultation revealed nothing of significance. Somewhat reluctantly the child was sent home, only to return two weeks later in extremis practically, with much mucus in the throat, unconscious and with a sixth nerve palsy on the right as well as the Bell's palsy and, in fact, multiple cranial nerve involvement. The child was not spastic however, as one would see with a brain stem tumor, and because she was so extremely ill we planned only to tap the ventricles and give x-ray treatment if possible. In making the frontal burr openings, the right frontal lobe was needled and out came what seemed almost to be purulent material but microscopically it is typical of a medulloblastoma, in which sheets of cells typical of this tumor are apparent. We assume that we have, then, a medulloblastoma, probably arising in the cerebellum, which has extended along the base widely, giving multiple cranial nerve involvement and was verified actually from the depths of the right frontal lobe. The child succumbed a few days later and unfortunately we could not obtain a post mortem examination for more complete study of the brain.

We have had a number of cerebrospinal fluid leaks lately from the nose (rhinorrhoea) and we are trying to get the cases together for a brief report. Some of them are from bullet wounds and others from the more common type of basi-frontal fractures, with injuries to the cribriform plate or the posterior plate of the frontal sinus. We have found that the best way to permanently stop these leaks, in our clinic at least, is intradural plugging of the bony opening with muscle, preferably, rather than with fibrin foam, as going through a scarred, old traumatic area extradurally is usually not very effective. In one case of a bullet wound there was a spontaneous ventriculogram carried out by the bullet apparently traversing the right frontal horn of the lateral ventricle. These cases are very interesting but also somewhat troublesome occasionally until the leak is finally stopped, as I am sure all the members are aware.

Finally, we have had an interesting time with the question of vascular hypertension developing in bulbar poliomyelitis. As some of the members doubtless know this is a regional center here at the Medical College of Virginia for poliomyelitis for this part of the country and quite a large number are admitted and treated here in the course of a year. Occasionally it has been noted that definite vascular hypertension will develop and in one child marked choked disks developed with a pressure of 210 systolic which was sustained. Dr. Troland carried out a bilateral thoracolumbar sympathectomy and the pressure now, with the aid of Priscoline, keeps down to within normal limits, although before the operation the use of drugs was not effective at all in reducing the pressure. Poliomyelitis experts tell me that they do not encounter hypertension in the ordinary cord variety of poliomyelitis but only in the bulbar group. I have read however, of Dr. French's work in California, where he has found definite hypertension sometimes accompanied eventually by cerebral vascular accidents, in patients who have had injuries (contusion) of the cervical-upper thoracic cord, so that one is a little puzzled as to just how these traumatic cases of the upper cord or inflammatory (polio) cases of the bulb can be a causative factor, apparently, in the development of vascular hypertension.

* * *

"A budget is a record of what it should have been spent for."

Eben Alexander - March 3, 1953

It has taken me some time to get thoroughly accustomed to the advantages and pleasures of having an associate in this business but I am rapidly appreciating what a great joy it is. We seem to do more work with less effort and each of us has a little more time to do some reading and writing on the side.

Betty and I had a wonderful week at Pinehurst during January where we had grand weather and I fully anticipated reducing my golf score from the usual 110 to the low 80s. However, in spite of playing 36 holes each day, I came back with about the same score. Nevertheless, I had the definite impression that I was making that score a little more skillfully than I had made it before.

We have been particularly interested here recently in the tremendous L-4 disc protrusions, some of them large, transverse, bands that cause complete spinal fluid block without actually rupturing through the posterior longitudinal ligament, and many of them giving practically no neurological signs at all. There have been a few of these with very little, if any, back pain and most of them have had no limitation of straight leg raising. There have been a few, however, who have been paraparetic but visualizing the lesion at operation it is difficult to see why they are not all severely paralyzed. We have had very little evidence to suspect their diagnosis before a myelogram in any of these cases and have been rather astonished to find such a huge defect each time. We are trying to get these cases together now since they do seem to form a very interesting group but I am afraid I do not have it well enough in hand yet to propose talking to Ed Boldrey about putting it on the program just now.

We are looking forward, as everyone is, to the trip out west this fall and hope you will continue to bombard us with as much information about Santa Barbara in particular and California in general as you possibly can.

Editorial Comment:

Here is a little additional note about Santa Barbara for Eben which hopefully also will interest others. We will send more out later.

"Santa Barbara has a colorful history and an even more vivid present. Unique among thriving cities, Santa

Barbara has no offensive factories but does encourage industries suited to maintain the clean ocean washed air and unspoiled beauty of the community.

Distances: From Los Angeles, 98 miles.

From San Francisco 337 miles.

Population: City and environs, 51,000.

* * *

Rupert B. Raney - March 5, 1953

With the passing of the last meeting of the Pacific Coast neurosurgical group, it seemed to me that the program measured up admirably to those of the past. Further, I believe that the members of the American Academy should have their attention called annually to this meeting. Others outside the Pacific Coast area have come in the past. Some are even possibly planning a few days' vacation to the Pacific Coast in the winter time, in which event they might as well take advantage of the meeting.

We are all looking forward to the meeting this fall in Santa Barbara. Possibly a few of our members will be absent because of the meeting in Lisbon. It is unfortunate for those planning on the Lisbon meeting that we are meeting in Santa Barbara this year. All of those who have ever been in Santa Barbara are fully aware of the beauty of the city and surrounding countryside.

I am planning on attending the meeting of the American Neurological Association as well as the AMA this year. Otherwise, I will probably be confined to Los Angeles until the Santa Barbara meeting.

* * *

In a recent copy of the Los Angeles Times, portions of the following description of the Santa Ynez Valley was believed of interest to the members who will be out this way and have an opportunity to see it.

"In 1769 Gaspar de Portola's 'sacred' expedition struggled northward through the uncharted California Wilderness en route to the magical bay of Monterey. Hunger, thirst and often red savages plagued them, but one morning about 20

miles east of the present site of Santa Barbara they reached the crest of a steep, wooded slope and the beauty of the enchanting valley below gave all of them new spirit.

"A beautiful stream ran across the valley like a white thread through a huge green quilt. There were groves of live oaks and lush hills and friendly flatlands. Although Portola's party continued on and eventually rediscovered Monterey Bay, one of the soldiers, Juan Carrillo, was so impressed with the Santa Ynez Valley that years later he petitioned for and was granted a large rancho in the region.

"On Sept. 17, 1804, Mission Santa Ines was founded at the present site of Solvang by Fra Estevan Tapis and became the 19th in the chain of missions which extended civilization through the State. Later four great Spanish ranchos were established and wheat and cattle became important industries.

"It was through this valley in 1846 that Lt. Col. John C. Fremont and his American troops marched over an Indian trail that led across the Santa Ynez Mountains to capture the city of Santa Barbara. Fremont avoided an enemy ambush in Gaviota Pass, took San Marcos Pass into Santa Barbara and captured the town with little opposition. "

* * *

William F. Meacham - March 6, 1953

I was certainly greatly impressed with the Christmas Edition of the Round Robin publication which was sent to me and which I read with great enthusiasm.

Here at Vanderbilt, we are in a very interesting process of having a complete change in the Department of Surgery; since Dr. Brook's death Dr. William Scott has taken over as Chief of Surgery and rather sweeping changes are being made. We are all very interested in the departmental reorganization and I believe that it is going to work out in a very satisfactory manner. Neurosurgery here has kept my nose to the clinical grindstone and out of the laboratory, but I soon hope to have some respite from purely clinical duties and begin some investigation work. I have recently found gliomata in three siblings and in a fourth member of the family, a paternal aunt. At the present time, this one family constitutes practically a full neurosurgical practice.

Alice and I are both looking forward with great anticipation to the Santa Barbara meeting.

* * *

"If you are in a hurry to find a cop, try going seventy miles an hour."

* * *

H. Thomas Ballantine, Jr. - March 6, 1953

As you know, things move rather slowly and conservatively in Boston so that I have very little of personal interest to report since the last Round Robin. I have, however, just returned from a very fascinating week-end in Baltimore at the biennial meeting of the Johns Hopkins Medical and Surgical Association. Earl Walker's group gave those of us in neurosurgery a most stimulating morning, and Eldridge Campbell and Tom Hoen held forth on the subjects of "Aneurysms in the Middle Cerebral Artery" and "Peripheral Nerve Sutures" in the afternoon. I also had an opportunity to spend a fascinating couple of hours with Philip Bard and to see some of the interesting animals which he creates through neurosurgery which is as skilled as any that is done on humans in my opinion. By doing bilateral amygdalectomies, he is able to make wild animals (the rat and monkey) relatively docile and domesticated animals (the cat and dog) definitely antisocial. This unquestionably has some bearing on lobotomy, but I am darned if I know what it is at the present time.

* * *

"Some of the best scores in golf are made with a pencil."

* * *

John Raaf - March 9, 1953

Since you obtained a promise from me when we were in Harrison Hot Springs to send a note for the Round Robin Letter I suppose I should keep my promise even though I have very little to contribute.

We have had a patient on our service this last fall and winter whose course has been very difficult and distressing. In October we successfully removed a hemangioendothelioma of the cerebellum in this young woman. Following

surgery she improved to the point where we allowed her to go home three weeks after operation. At home she did not do as well as she should and she returned to the hospital in December. It became evident that our problem was one of increased intracranial pressure. The cerebellar fossa was twice more explored. The site of the tumor removal was clean and the reason for the increased pressure was that adhesive arachnoiditis prevented cerebrospinal fluid from escaping the fourth ventricle. In spite of every measure that I could think of, including third ventriculostomy, she finally expired about three weeks ago while we were up North. My associates obtained permission for postmortem examination but an undertaker from a town about fifty miles away literally



John on "Tuffy"

stole the body before the examination was done so I do not have the final answer. I recall that I did use a small amount of oxycel cotton to control very persistent oozing and it seems to me that this may have been the cause of the arachnoiditis which was blocking the flow of cerebrospinal fluid out of the fourth ventricle. Have any other members of the Academy had any similar experience with oxycel gauze or cotton?

I am afraid I am going to miss the Harvey Cushing meeting in Florida because of a regional FACS meeting in Calgary on the same dates. While it was nice having the Harvey Cushing meeting in Victoria last June I think you should use your influence as a high official of the H. C. Society to centralize the meeting and avoid the extremes, geographically speaking. Colorado Springs would be a good permanent meeting place for the Harvey Cushing Society.



Betsy Murphey

Your various notices have finally stirred me into action. I was particularly impressed by the Christmas edition of the Round Robin Letter, and I was sorry I did not have a picture of Betsy to send. However, this situation has been corrected, and I am sending a rather recent photograph which might be of interest to Roder's friends.

The Southern Neurosurgical Society and The Society of Neurological Surgeons meetings are at hand, and Henry Schwartz and I are taking off for some relaxation at Roaring River following these meetings.

Scientifically, the only contribution I have to make is to report we have finally been able to cure a second case of severe writer's cramp. For the benefit of Ben "Doubting Thomas" Whitcomb, I shall report the case of a forty-six year old man who developed severe pain in his neck and right arm associated with extreme difficulty in writing and shaving. Examination showed marked limitation of motion of the neck, weakness of the triceps and of all the muscles on the radial side of the arm, diminution of sensation in the index and middle fingers, and reduced triceps jerk. Myelogram showed a defect between C6 and C7, and at operation four fragments of extruded disc popped out when the nerve was retracted upward. Post-operatively, his pain was relieved, and his writing is now approximately normal and he can shave without difficulty. I hope to show movies of this case at some future meeting of the Academy.

Editorial Comment:

We are thrilled to have Betsy's photograph in this edition of the Neurosurgeon.

"It will be a better country when people can afford to live the way they are now living. "

* * *

Francis A. Echlin - March 9, 1953

It is hard to believe that Spring has arrived as noted in your recent letter since we have had no Winter in New York this year. I am sure there will be many Californians coming to our sunny Eastern shores for the Winter in the future!

I have nothing of interest to mention except a recent case which illustrates one of the dangers of surgery under hypotension, namely the development of extensive venous thrombosis. This was a patient with a large olfactory groove meningioma which I operated under endotracheal anesthesia with nitrous oxide and oxygen plus induced hypotension with hexamethonium ("hexameton") to facilitate a rather bloody removal. There was some difficulty in getting a satisfactory drop in blood pressure but this was finally maintained around 70 for about one hour with additional administration of "hexameton". The pressure then became unobtainable for approximately 1/2 hour despite intravenous "Levophed" and intravenous whole blood. Thereafter for about another hour intravenous "Levophed" was administered at intervals and the blood pressure remained around 120 systolic.

The patient was reading the paper two days post-operatively but thereafter showed a fluctuating drowsiness with intervals of clarity and no evidence of any hemiparesis or speech difficulty. This state continued until the twelfth day postoperatively when she became suddenly comatose and died about twelve hours later. Shortly before death the blood sugar was 460 and the urea nitrogen 67. Plasma chlorides were normal.

Postmortem examination revealed extensive thrombosis of the veins of both legs, both iliacs and the entire vena cava with extensive pulmonary embolism.

In addition I have recently become acutely aware that patients with slight seeping hemorrhage from an intracranial aneurysm may masquerade as cases of meningo-encephalitis. The latter diagnosis has been made by some of our best

neurologists. The onset may be only relatively sudden with some headache followed by a fairly high fever and drowsiness. The patients are often treated at home or in other hospitals in the early stages. Focal signs may or may not develop. Lumbar puncture in these patients is often not done until a week or more after the onset and may reveal as many as 70 white blood cells. The clue to the diagnosis is of course some xanthochromia in the spinal fluid but this has been so slight in a number of cases that it was overlooked. Air studies were done and were essentially normal. In a few of the cases correct diagnosis was only made by angiography following subsequent subarachnoid hemorrhage, the development of hemorrhages in the optic discs, or the picking up of a bruit.

I think that in any case diagnosed as meningo-encephalitis angiography should be strongly considered if the spinal fluid shows any xanthochromia.

* * *

"Some people don't carve their careers, they chisel them."

* * *

Arthur R. Elvidge - March 10, 1953

Your picturesque card spurs me on to write. It is a mystery to me how you can accomplish so much living in such beautiful country. The meeting in New York was a great success with Larry Pool, Francis Echlin and President Schwartz, and I look forward to the long awaited visit to Santa Barbara with our genial host and editor.

The new wing of the MNI will be nearly ready in June with more bed space and laboratory space. The place in the meantime is in a bit of a muddle. Now they are considering a new wing on the Royal Victoria, and are constructing a new hospital altogether for the Montreal General Hospital.

I have run into many more strange vascular cases. An interesting one was a hemangioblastoma of the cervical cord at C2 which gave signs of compression of the posterior column one side and severe occipital nerve pain, made

worse on head turning. There was an associated intramedullary cyst extending to a point midway along beneath the floor of the fourth ventricle. The hemangioblastoma nodule was removed and the cyst evacuated. The patient is back at work.

I agree with Eric that gliomas of the brain stem sometimes do well even when they have an extensive base of attachment. I have one patient who works in the Bell Telephone who has a tube running from the third ventricle to the pontine cistern bypassing such a lesion. The operation was done eight years ago, and after sending her home to Prince Edward Island for the final months she insisted on returning to Montreal to find employment, which she did, and seems to be able to hold down a regular job even though she has various cranial nerve palsies. This was an astrocytoma.

I have not yet done a decompression operation for tic though Dr. Cone has done some with success. I have in recent months run into two cases with ten year relief following alcoholic injection, and there, of course, are many who obtain relief for two years. With the decompression operation there seems to be all the more reason to spare the root. What is the explanation for glossopharyngeal neuralgia?

Travel: I have not been away since the New York meeting except for a trip to the local neurological Society meeting in Quebec City, where they showed some eighteen cases of Klippel Feil syndrome at one crack! Has anyone tried the Olivecrona operation for communicating hydrocephalus, of placing a hollow screw into the body of the vertebra? They seemed to have success with one or two cases. There seem to be more and more meetings of all types and at all levels to attend. How to fit them in, apart from preparing anything worthwhile, is a problem in itself. Too many I suppose will eventually detract from rather than aid research. However, jet travel should help, and that reminds me that I drove all over South Africa last July. It is a great thrill to drive through the Game Reserves. Alan Bird, who was a neurological resident at the MNI, is a thriving neurologist in Johannesburg.

* * *

"When you don't find a small boy's clothes scattered on the floor, he's in them."

Benjamin B. Whitcomb - March 10, 1953

The skiing neurosurgeons of New England met in Burlington last week and combined a very enjoyable session in temporal lobe epilepsy as per the Montreal Neurological Group with a session on the slippery boards at Stowe, Vermont.

I am sorry that my last letter did not reach you in time to entice some seafaring neurosurgeons to spend a holiday prior to the Cushing meetings sailing around the Bahamas.

We hope to see many of the Academy group at Hollywood in April, and I am joining the others in looking forward to visiting your bailiwick in the fall.

* * *

"Blessed are those who can give without remembering, and take without forgetting."

* * *

Stuart N. Rowe - March 10, 1953



Elva Rowe, Mary Ann
and the Mascot

My only recent expedition has been the brief week-end in Chicago for the Interurban Neurosurgical Society meeting. We were sorry to learn there of Earl Walker's orthopedic misfortune, and I certainly wish him a rapid recovery. The program was interesting and the time well spent at the meeting, although the group is getting rather large for round-table discussions such as we used to have. The thought occurred to me that possibly an increase in the number of round-table discussions or symposia might be worthwhile at future meetings of the Academy.

James Greenwood, Jr. - March 11, 1953

I am happy to be elected to membership in the Academy.

The Houston group has been quite busy the last several weeks, as we are hosts for the Southern Neuro-surgical Society meeting this week.

Except for an occasional failure, good results are still being obtained with massive doses of B-12 for trigeminal neuralgia.

Editorial Comment:

All of us will be happy to welcome our new members to the Santa Barbara meeting.

* * *

"There is nothing like a dish towel for wiping that contented look off a married man's face."

* * *

E. H. Botterell - March 11, 1953

I do appreciate your reminders about the Round Robin Letter, and in an attempt to make the deadline this is being dispatched by coureur du bois, dog-team, air-mail, and special delivery.

Margaret and I have been working out our plans for the autumn, and it looks as if we shall just manage to get our daughters nicely in school and settled down so that we can take a trip to the Academy meeting and visit with any of our friends who have not gone off to the Congress in Lisbon. We really are looking forward very much indeed to the meeting in Santa Barbara.

A most interesting case has come our way the last week, a Cushing's syndrome due to malignant tumour of the adrenal cortex. Not only did she have Cushing's syndrome, but secondary tumours in her lungs and skeletal system, and probably elsewhere. Her postoperative survival, I think, was a triumph for MacAllister Johnston our endocrinological

colleague, and we are now awaiting time and testing in the hope that we can establish whether or not the pituitary really is totally removed, and hoping for the opportunity of studying what happens to Cushing's syndrome of adrenal origin when the pituitary is removed. I fear she is not out of the woods by a long way, for her pulse rate is consistently extremely fast, though she is fully conscious. I wonder if any of our members have had a similar case and if there are any tips over and above the use of cortisone.

With my very best regards to you and to our members, far and wide.

Editorial Comment:

Your reporter very much enjoyed visiting with Harry at the Hollywood meeting. He is happy Margaret and Harry are going to be on hand here in October, that they are coming early, getting a drive-it-yourself car, and really enjoy the country surrounding us.

* * *

"A new hat has the same effect on a woman that three cocktails have on a man."

* * *

T. C. Erickson - March 13, 1953

The neurosurgical iceboat has not cut much ice in Madison this winter since the weather has been very mild. Even mild weather, however, is converted into an arctic gale on an iceboat when you are travelling four times the speed of wind and trying to watch for cracks, open water, and holes left by the ice fishermen. McDonald Critchley stopped for a lecture on February 20th, and a stimulating one it was too, Tactile Thought In The Blind. I had a chance to show him one of the most intriguing cases I have had recently, a middle aged woman with visual hallucinations of Lilliputian characters, signs of involvement of the chiasm, a suprasellar mass on pneumography, and an EEG focus in the left temporal lobe. I thought it might be classified as a peduncular hallucinosis and was interested in the relationship between these and the temporal lobe hallucinatory seizures.

A very recent patient with a lumbar disc syndrome turned out at operation to have a cyst of the first sacral nerve root such as described by Tarlov. Interestingly enough, this cyst had filled with opaque media during myelography in which respect I believe it differs from those described by Tarlov.

This past week I had occasion to reoperate a woman on whom I had done a right frontal lobectomy of a glioblastoma in 1945. She had been completely free from symptoms over seven years. The tumor still looks like a glioblastoma microscopically, though occasionally surgical treatment is gratifying in these cases.

William B. Scoville - March 15, 1953

I take the liberty of sending a carbon of the abstract of a paper which I tardily sent to the Lisbon Congress. Perhaps you will want to use some of it for your Round Robin Letter.

ABSTRACT

Surgical Technique of Vascular Lesions of the Brain

William B. Scoville, M. D.

Hartford, Connecticut

Vascular lesions of the brain now offer the greatest surgical challenge remaining in neurological surgery. Until recently, the direct attack on angiomas and aneurysms has resulted in a mortality and morbidity too high to permit its universal application. Great strides have been made in recent years, especially by Dandy, Olivecrona and Norlen, and Poppen. Cerebral angiography and hypotensive drugs have finally rendered this attack universally applicable. The writer is in accord with Norlen that the direct approach is now the correct approach for all cases of cerebral vascular lesions.

Those techniques contributing most to the accomplishment of total or subtotal removal are herein described with illustrative slides and case reports. Certain of these have originated in our clinic.

(1) Angiography should include long, transparent, plastic tubing between the syringe and a thin-walled, large-diameter needle. Bilateral angiograms are a necessity for the establishment of collateral circulation and presence of multiple aneurysms. Stereoscopic views are more impor-

tant than serial sections in aneurysms, and an oblique view is necessary for the visualization of anterior communicating aneurysms. A motor-driven, stereoscopic attachment can be purchased for the Fairchild serial camera. A simplified, bilateral, open approach is still used on occasion.

(2) Bilateral supraorbital 1-1/2" trephines are used for the rapid visualization of the entire Circle of Willis circulation and permit strong retraction without resulting postoperative edema. The middle cerebral circulation is also easily visualized by this approach, and the anterior communicating artery can be exposed by quadrantic resection of the orbital cortex through these openings.

(3) Hypotensive drugs are a necessity and should include the quick acting Arfenad in preference to Hexamethonium. In comatose patients, it should not be given until after decompression has been accomplished, and the postural raising of the head should not be used.

(4) Ligation is accomplished with heavy cotton string applied with instruments or by gentle application of pliable, extra-wide, silver clip with special clip applicator.

(5) Rubber band temporary occlusion of the proximal feeding artery is used at the time of ligation to prevent uncontrollable bleeding.

(6) Proximal clipping at a distance from the lesion is used in certain lesions either with permanent large silver clips or temporary removable lead clips.

(7) Various adjunctive measures should include preoperative tracheotomy in comatose patients; postoperative continuous electrolyte studies in midline lesions; parallel beam headlight; upright sitting posture in certain angiomas, and intratracheal Trilene anesthesia.

Editorial Comment:

Bill greatly enlivened the discussion at the Harvey Cushing meeting with his well chosen and sparkling words.

* * *

"The only time that liquor makes a man go straight is when the road curves."

The Strongfort Brothers

Circa 1936

Guess who ? ? ?



* * *

"Bachelors are men who look for the ideal woman
and found her looking for the ideal man."

* * *

Exum Walker -

As usual, this will probably just miss the deadline, but I did want to announce the association of two new members with our group, which we call The Neuroclinic. Bob Sears, who is originally from Grand Rapids but who trained in Boston, Montreal, and Memphis, started in with us shortly after the first of the year. He is doing principally pediatric neurosurgery. Bill Chambers, from Cincinnati and formerly South Bend, has just arrived and is in the process of getting oriented and settled.

We are working hard on plans for the coordination of our varied talents toward the improvement of our service to patients, and we are also working toward improvement in a training program with teaching and research that goes along with this.

Frances and I recently spent a pleasant week in New York. We used as an excuse to go a symposium on facial pain at the New York Neurosurgical Society, which I had the pleasure of participating in.

Editorial Comment:

Exum's letter made it this time for which your correspondent is grateful. Publication delayed by much paper work prior to the Harvey Cushing meeting.

"Let your wife know who's boss right from the start. There is no use kidding yourself."

* * *

Eben Alexander - May 13, 1953

I hope soon to have a new aerial photograph of our hospital-medical school setup here which you might want to put in the Round Robin Letter.

In the meantime, I have just been reading the case reports of the Massachusetts General Hospital, Case 39172, which appears on page 736 of the NEW ENGLAND JOURNAL OF MEDICINE of April 23, 1953. In this case there was a holdup on the pantopaque at the T-12 level similar to the cases that you mentioned when we were talking at lunch one day. I think it might be well to make more of a point of this problem. I still wonder if our own apparatus of hanging the patient actually vertically by his feet is not the answer to this, since that would seem to obviate any possibility of a false block occurring. We have not run into this complication yet, except in one case where the oil was obviously extradural and that was our own technical fault.

Editorial Comment:

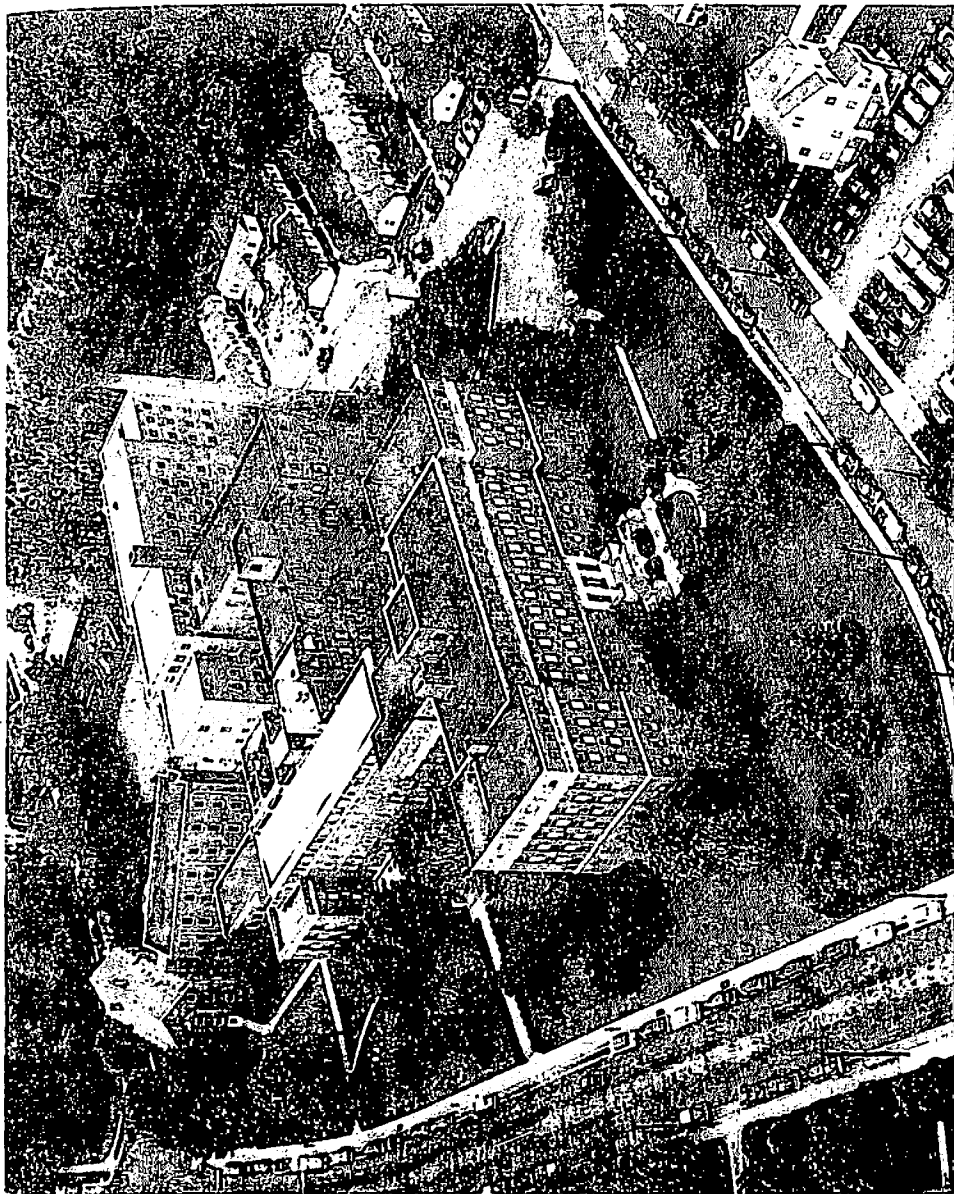
We are pleased to be able to put in this last letter and the aerial photograph of the Bowman Gray School of Medicine. It just got under the delayed wire. I am interested that others have found the same situation on rare occasions with pantopaque as myself. If the question is one of a spinal cord tumor I now use lipiodol instead of pantopaque and believe this solves the problem.

Don't forget 1) to make your reservations at the Biltmore Hotel; 2) to send in a paper for the meeting to Ed Boldrey or one of the other members of the program committee; and 3) don't forget to bring along a promising candidate to the meeting.

* * *

"Gossip is what no one claims to like, but everyone enjoys."

- Joseph Conrad



Bowman Gray School of Medicine