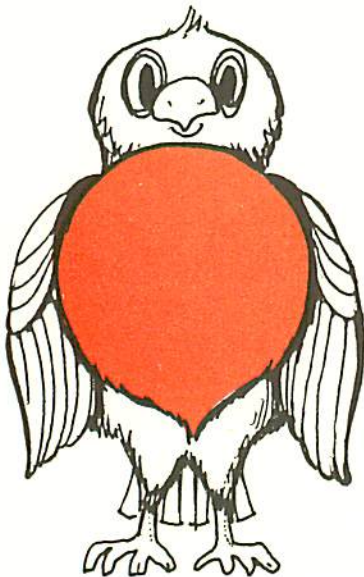
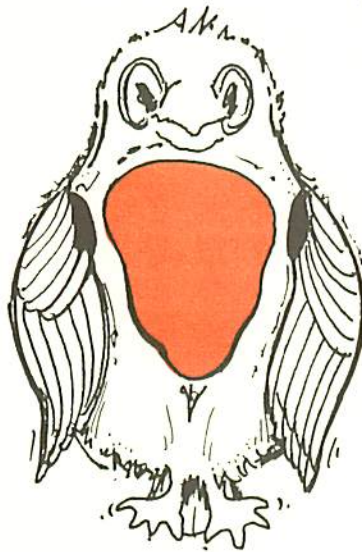
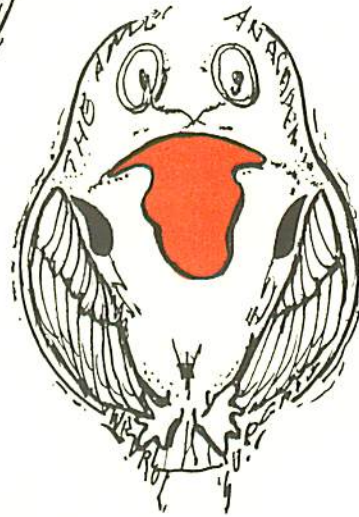


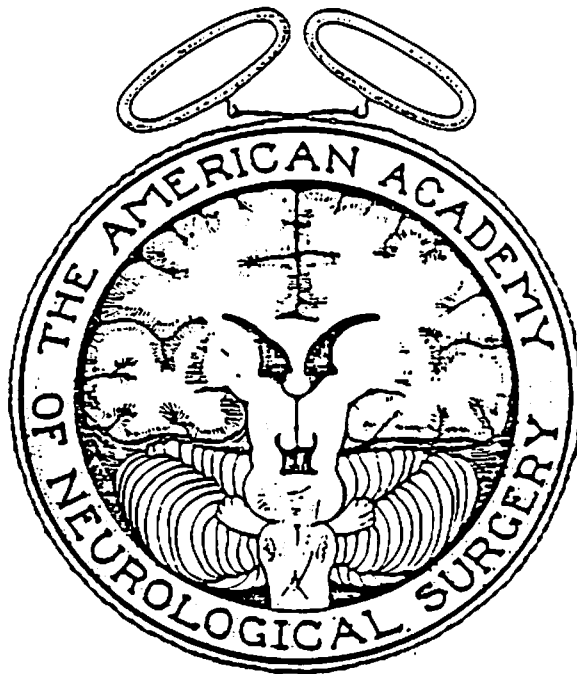
THE NEUROSURGEON



THE ROUND ROBIN LETTER
OF THE AMERICAN ACADEMY
OF NEUROLOGICAL SURGEONS

JUNE 1982

THE AMERICAN ACADEMY
OF NEUROLOGICAL SURGERY



The contents of this publication are
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VOLUME 42, NO. 1

JUNE, 1982

WAKE FOREST UNIVERSITY

BOWMAN GRAY SCHOOL OF MEDICINE



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

April 28, 1982

Department of Surgery
Section on Neurosurgery

Dear Academician:

I am proud of the way the "Round Robin Letter" ("The Neurosurgeon"), has generated, and I am taking the prerogative of writing a letter to all of you again.

I have had relatively little response from people when we send out a general letter, but I am going to start sending out a general letter again asking you to respond, and in addition to this, singling out a number of people who have not responded for a long time, hoping that we will get letters from everyone. If all of you responded every time there is a request, we would not be overburdened by it and it would simply strengthen the Academy so I urge you to write just as often and in as an informative manner as you possibly can.

Sincerely yours,

Eben Alexander, Jr., M. D.

EA:jc

WAKE FOREST UNIVERSITY

BOWMAN GRAY SCHOOL OF MEDICINE



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

May 31, 1982

Department of Surgery
Section on Neurosurgery

Dear Academician:

I am writing this as Chairman of the Membership Committee of the American Academy of Neurological Surgery.

In case you are not familiar with it, I am quoting the qualifications for membership in the Bylaws and the qualifications of the Membership Committee so that this will be clear in everyone's mind.

Article VI

CANDIDATES FOR MEMBERSHIP IN THE ACADEMY

Section 1 - Candidates for membership in the Academy must be (1) Graduates of recognized, accredited medical colleges; (2) Have adequate post-graduate training in neurology, neurological surgery and related fields of medicine acceptable to the Membership Advisory Committee, Executive Committee and the membership at large.

Section 2 - No candidate can be elected to active Membership in the Academy who has not attended at least one prior meeting as a guest.

All of us are anxious to have new members of the highest quality in our organization since that is our future. The main reason for our feeling so is that when we look around at our meeting or read the membership roster, we are pleased with the people with whom we are associated. All these people were elected by our membership rules.

If you have individuals you would like to propose for membership, get a membership application either from me or from John Garner, fill it out, get the letters of co-sponsorship, send us a photograph, and your own letter with the application.

All efforts at bringing people to consideration of the overall membership are done with the idea of getting excellent new members in the Academy; this year we have a number of openings since a lot of the members have asked for senior membership in order to make room.

I am urging you to write to me or call me right away.

Sincerely yours,

Eben Alexander, Jr., M. D.
Chairman, Membership Advisory Committee
American Academy of Neurological Surgery

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF ANATOMY
SCHOOL OF MEDICINE
Telephone (415) 666-1861

SAN FRANCISCO, CALIFORNIA 94143

31 March 1982

Dear Eben,

For The Neurosurgeon - I Am getting awful smart about the vertebral artery - especially the anatomy. The Western Neurosurgical Society met in Sept. in Victoria and I gave a paper on Brain Stem TIAs, another at the Univ. of Nevada in the Ernest Mack Hall on the Vertebral artery; another at the Federation of Western Societies of Neurologic Sciences in San Diego on Vertebral Artery Injuries From Chiropractic Manipulation and one on Blunt Injuries to the Vertebral Artery up at Yosemite. The Yosemite meeting was really special because we made a trip to the Big Sequoia Trees with the Boldreys. There was snow, four deer by the road and we stayed in a baronial lodge. Our neuroanatomy course is sad because very little time is left for the teaching of the gross appearance and relations; but in the first week the first year students learn the Angstrom width of a synaptic gap. Then they learn a lot of neurocytology and histology. We do have demonstrations of looking through an operating scope at the jugular foramen; and when we slice brain specimens now it is in the plane of a CT scan. In spite of all this I am learning a lot.

Marion is doing well and her effort for the White Elephant Sale for the Oakland Museum helped earn over \$327,000 this year. Steve is teaching in Monterrey. Ann works and lives in the Nat. Park on St. Johns in the Virgin Islands. Reed sold his flat in London and is moving his family to headquarters for the United States Lines in New Jersey. It is a very rainy end to March here in the Bay Area.

Gale

Gale Clark, M.D. FACS



Dr. and Mrs. Juan Cardenas

Dr. Juan Cárdenas C.

NEUROLOGO Y NEUROCIRUJANO

AV. INSURGENTES SUR 594
DESPACHO 402

MEXICO 12. D. F.

TELEFONOS:
5-43-10-39 Y 5-43-57-53

April 5, 1982.

Eben Alexander, Jr., M.D.
Wake Forest University.
Bowman Gray School of Medicine.
300 S. Hawthorne Rd.
Winston Salem. N. Carolina 27103.
U. S. A.

Dear Academician:

I just received your letter of March 17th and I am giving it an immediate reply.

Concerning my work I have started to retire: I give consultation from Monday afternoon till Friday. Afterwards we have bought a nice, cozy little house in Cuernavaca where we spend the rest of the week working in the garden where I have grown beautiful bougambilias, roses, Lolita wanted always a white magnolia tree and although it is small it has already two buds. I have worked there as-a mason, carpenter, gardener etc. and believe me I feel happy about it.

Mexico City has become such an enormous city that it is necessary to spend some time in the country and that is exactly we have been doing lately.

We took a beautiful tour too in the Sun Princess at the Caribbean and enjoyed it tremendously.

My oldest son is a Peditrician asq well as his wife and they will move this June to Columbus Ohio. Lolita works right now at El Centro at the University and Kimberley, her daughter is becoming a charming little lady (5 years old). Beti works at El Camino Real in Ixtapa, Zihuatanejo and enjoys her job and our youngest son, Alex, an Economist is doing swell and still single, lives with us.

Devaluation has been hard to us but we get bye.

It has been a pleasure to write a few things fo the "Round Robin Letter" and hope that everyone is fine

Best wishes to all of you,

Yale University

School of Medicine
P.O. Box 3333
New Haven, Conn. 06510



Section of
Neurological Surgery
Area Code 203 436-3234

April 14, 1982

Dear Members of the Academy:

This has been a very busy year for both Gwen and I and, although I thought by this time in my life I would be so organized that I could start and finish at a set time and have my work completed, it seems to become a little worse each year.

The past two years as Chairman of the American Board of Neurological Surgery have been most interesting. As a young neurosurgeon I thought the Chairman of the Board must know a great deal more about all aspects of neurosurgery. I find that being Chairman of the Board does not somehow allow more information, wisdom or knowledge to descend into your brain. Fortunately, my predecessors on the Board have corrected many aspects that were drifting off so that most of the two years have been to hold their advances. I have tried to develop two aspects that I thought should be stronger. The first of these was to be certain that the Board stays in close contact with program directors since it is quite clear after being on the Board for a few years that any examination either written or oral is a poor substitute for knowledge of how a person performs as acquired by his mentor or his or her peers. Closer contact between the Credentials Committee and the program directors, I think, has been accomplished, and progress has been made in obtaining information concerning the practice patterns and behavior of candidates before they come up to the committee for approval to take the oral exam. This should avoid the recurring problem of someone appearing for examination who was not approved by the program director or whose practice pattern in the community indicates that they are not capable of being a certified neurosurgeon in the fullest sense of the word.

The second point that I have been trying to make in this past year is the need for the American Board of Neurological Surgery to stay in close contact with the Residency Review Committee so that the performance of the graduates of the program who the RRC is surveying is well-known to the members of the RRC. Many of the program directors are well-known to the Board members and have been associate examiners on the Board, and the longer I am in neurosurgery and particularly with my experience on the Board either as an associate examiner or member, it becomes more and more apparent how a program in neurological surgery functions is directly related to the program director. The Board has finally been able to have two of the criteria for evaluation of programs be the performance of graduates on their exams and the performance of the program

William F. Collins, Jr., M.D. Section Chief
Franklin C. Wagner, Jr., M.D.
Dennis D. Spencer, M.D.
Charles C. Duncan, M.D.
Joseph M. Piepmeier, M.D.

director from an academic point of view. The changes in the special requirements that allow this to be part of the evaluation of a program have been in the 'works' for many years and the Liaison Committee on Graduate Medical Education and its parent bodies had blocked any changes for so long that finally most of the specialty boards and the residency review committees joined with the American Board of Medical Specialties to change the LCGME to the Accreditation Council on Graduate Medical Education (ACGME) and these changes in the special requirements have occurred.

Being on the Residency Review Committee also has allowed me to receive a number of communications from various neurosurgeons and organizations, some of which are requesting that the RRC and ABNS limit markedly the number of residents in neurosurgery since many of these neurosurgeons feel that there are too many neurosurgeons. Neither the Board nor the Residency Review Committee can by any of their actions change the number of residency positions on the basis that there are either too few or too many neurosurgeons. The RRC can, however, change the special requirements so that those candidates who are in programs and who undertake voluntary certification can have their experience improved to the point where the quality of neurosurgery is improved in this country. These changes would not and will not occur over night and I think the members of the Academy should realize that any information or concepts that they have as to how residency programs can be improved and the review of these programs be improved is welcomed by the RRC and will be considered. The improvement cannot be just change in numbers unless that change indicates that there would be increased quality that would improve the product of the program. Certainly, all program directors find it difficult to have the RRC limiting their options as to what is acceptable in residency programs and to have more and more options limited by the ABNS as to what they will accept for certification training. This must be weighed against the problems that occur in an uncontrolled training environment.

I, personally, hope that we will have a matching program in neurological surgery in the near future although I recognize the problems involved. The overwhelming aspect that I consider to be in its favor is that neurosurgery can find out what is the pool of resident applicants, where they come from, and what are their qualifications. With this information, a more objective evaluation of what is the quality of the candidates going into residency programs can be made since it is obvious on a number of studies that the output of programs is more related to the input than it is to the program itself.

Enough of concern, I believe neurosurgery has almost unlimited horizons and the concerns with numbers and the concerns with anything other than quality are not of paramount importance. Just consider what would happen to neurosurgery if the laboratory came up with a method of stopping autolysis of neurons when blood flow is stopped to an area of the brain. If a simple medication could allow four or five hours of the brain being turned off, a whole segment of neurosurgery would open up that probably would make cardiac bypass look like a minor surgical procedure as far as its numbers. If we keep our quality high,

Members of the Academy

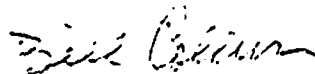
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April 14, 1982

support innovative research, and police ourselves well, we have almost an unlimited future and that future should be an area of medical care which cannot be fulfilled by other than an excellent neurosurgeon.

I look forward to the next meeting of the Academy and to seeing all of you.

Sincerely,



William F. Collins, Jr., M.D.

WFC:jie:nh



STANFORD RESIDENTS' REUNION — November, 1981



STANFORD UNIVERSITY MEDICAL CENTER

300 PASTEUR DRIVE, STANFORD, CALIFORNIA 94305

STANFORD UNIVERSITY SCHOOL OF MEDICINE
Department of Surgery
Division of Neurosurgery
John W. Hanbery, M.D., Professor and Executive Head
(415) 497-5572
Gerald D. Silverberg, M.D., Associate Professor
(415) 497-5574
Frances K. Conley, M.D., Assistant Professor
(415) 497-5575 or 497-5839
Richard H. Britt, M.D., Ph.D., Assistant Professor
(415) 497-5575

April 11, 1982

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

Dear Eben,

I have been remiss in contributing to the round robin letter of the American Academy of Neurological Surgeons and will try to do better in the future.

This past year has been a memorable one for Shirley and me. July 1, 1981 marked the 20th anniversary of the establishment of the Neurosurgical Training Program at Stanford. The opportunity to have a part in organizing a training program at my alma mater fulfilled a life-long dream and aside from my family has been the most rewarding experience of my life.

In November, 1981, all of the past and current residents in the program organized a gala banquet to celebrate the event. All but one of the 18 residents who had completed their training at Stanford were able to attend, some of them coming a far distance. Of the seven residents currently in training, only the young man spending time at Queen Square in London, was unable to attend. At that meeting, the past residents presented to the University, a scholarship in the neurosciences honoring both Shirley and myself.

I am enclosing a photograph of the past and present neurosurgical residents at Stanford who were able to gather together last November.

Our Neurosurgery Service continues to grow and really, for almost the first time, I feel that we have adequate help.

April 11, 1982
Page two

Gerry Silverberg and Richard Britt are based full-time at the Stanford Medical Center where both are engaged in research projects and also help with the clinical load. Frances Conley continues to supervise the Neurosurgery Service at the Palo Alto Veterans Administration Hospital. We now have Stanley Shatsky who works half-time at the VA and half-time at the medical center. Dennis Becker is working full-time supervising the Neurosurgery Service at the Santa Clara Valley Medical Center which is an integral part of our program. We have eleven clinical faculty members spearheaded by Jim Golden who continue to provide support in all three of the hospitals in which our residents work.

Last year both Gerry Silverberg and Fran Conley were away on sabbatical leave and I did not take a vacation. This year the work force is back to normal and Shirley and I will be spending a month in China, making a trip with the Stanford Alumni Association.

We enjoyed the academy meeting very much at Palm Springs last November and will be looking forward to seeing many of our friends again this October in Boston.

Yours sincerely,



JOHN W. HANBERY, M.D.

JWH:gc

WASHINGTON  UNIVERSITY

SCHOOL OF MEDICINE
DEPARTMENT OF NEUROLOGY AND NEUROLOGICAL SURGERY

NEUROLOGICAL SURGERY
SIDNEY GOLDRING, M.D.
PROFESSOR AND HEAD

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

April 2, 1982

Dear Academician,

It was indeed a surprise and an honor to be notified that I was elected President-Elect of The Academy. I look forward to my tenure with enthusiasm.

During the past two years, two major events have had an impact on our program. In June, 1980, the late James S. McDonnell, then Chairman of the Board of McDonnell-Douglas and Chairman of the McDonnell Foundation, gave the School of Medicine a gift of 5 1/2 million dollars to create a Center for Studies of Higher Brain Function. I was appointed Director of the Center. To be sure, it has created an added burden to an already busy schedule. In practice, however, it really does not consume significantly more time than administering a large program project grant. The Center is an interdisciplinary venture and includes neuroscientists from several different departments in the School of Medicine. Some of the specific objectives are: (1) to continue studies which reveal the intricate structure, organization and function of the brain, (2) to take advantage of the revolutionary technology which permits studies of fundamental importance to be carried out safely in man, (3) to provide a small number of McDonnell Fellowships for training neuroscientists who are preparing for careers in brain research, (4) to establish a bi-annual McDonnell Conference on Higher Brain Function. The first conference is planned for September 23-24, 1982. It is on the Biology of Memory and will span studies from molecular genetics to investigation of human memory systems. The Conference will be international in its scope and the keynote speaker will be Dave Hubel, one of the recipients of the Nobel Prize in Medicine in 1981.

The other major development which has occurred is the creation of the James L. O'Leary Division of Experimental Neurology and Neurological Surgery. It will be directed by Dr. Ted Jones, whose elegant studies on the motor and sensory systems of the mammalian brain have established him as one of the leading neuroanatomists in the world. Ted has held the position of Professor in the Department of Anatomy and Neurobiology at Washington University for the past decade. He will be moving over to our area July 1, 1982, when the construction of his laboratories, now in progress, will be completed. We consider the creation of both the McDonnell Center and the Division of Experimental Neurology and Neurological Surgery important resources for the training of our residents, especially those who are preparing for academic careers.

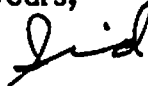
Other important events were the departure of Bob Ratcheson to become the Head of Neurosurgery at Case Western Reserve University, and the establishment of an annual Lectureship honoring Henry Schwartz. It should come as no surprise that the Lectureship was established by Henry Schwartz's past residents. The importance of his continued active participation in our program cannot be overstated. In case he does not mention it, I should tell you that his latest surgical hobby is craniofacial surgery. He collaborates with Jeff Marsh from the Division of Plastic Surgery to attend to these problems at our institution.

Needless to say, Bob Ratcheson's leaving has been acutely felt. At the same time, I am very happy for Bob. The Department developed by Frank Nulsen is excellent and the Chair in Neurosurgery at Case Western Reserve is an important one. I believe Bob will do an excellent job.

On the home front, things are well. Lois and I hope to again get out West next fall. For several years now, we have enjoyed fishing the Spring Creeks south of Livingston, Montana. It is truly one of the most beautiful spots in our country. We look forward to seeing everyone in Boston.

With all best wishes.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Sid", is written over the typed name.

Sidney Goldring, M.D.

College of Physicians & Surgeons of Columbia University | New York, N.Y. 10032

NEUROLOGICAL INSTITUTE OF NEW YORK
DEPARTMENT OF NEUROLOGICAL SURGERY

710 West 168th Street

January 20, 1982

Dr. Eben Alexander Jr.
Bowman Gray School of Medicine
Winston-Salem, N.C. 27103

Dear Eben:

1981 proved to be a busy and interesting year for me and my family. After a brief but wonderful Winter holiday in Mexico, Marion and I traveled to the International Congress in Munich and thoroughly enjoyed our reunion with friends in that delightful city. We also had an opportunity to visit parts of Bavaria which we had never seen. The opportunity to maintain a professional and cultural linkage with friends and colleagues from other countries through participation in the various seminars and committee work of the World Federation is invaluable and one hopes that these exchanges may indirectly, in a small way help stabilize the world.

November found us in India on a partly professional, partly family quest. Through Columbia University and the State Department I visited and lectured at the All India Institute of Medical Sciences in New Delhi where I was impressed by the professionalism and cordiality of colleagues. I was also privileged to meet the Dean and some of the faculty of the medical school at Amritsar and to spend several days as Visiting Professor at the Postgraduate Institute of Medical Education and Research in Chandigarh. Dr. H.R. Gulati, the Professor of Neurological Surgery is also the Dean of the Institute. The central core of the Institution is the Nehru Hospital which is part of a beautiful campus in this unusual city in Northern India. The city was planned by the famous French architect Courboisier and is itself worth seeing. The Institution boasts not only a modern hospital with excellent facilities but an attractive and large medical library with over 600 current periodicals.

Marion and I had an opportunity to drive extensively from one end of Northern India to the other, from Corbett National Park near the Nepalese border where on elephant back we looked for tiger, to the west side of India bordering Pakistan. We were privileged to visit rural farms as well as some of the larger cities in the Punjab. One of the main purposes of the trip was to find traces of Marion's ancestral home. Her great grandfather migrated from Vermont to Ambala in 1850 after graduating from Amherst. His children were educated in the United States and then returned to give service to the Presbyterian Mission in India where her grandfather, became medical superintendent of the Leper Hospital in Subathu,

Continued

Dr. Eben Alexander, Jr.

near Simla. We also visited the Philadelphia Hospital in Ambala which was founded by Marion's great aunt, Jessica Carlton, M. D., as a hospital for women after she graduated from Women's Medical College in Philadelphia in 1884. It was moving to see these thriving Institutions and also to find the house her mother lived in as a child and to find the family furniture which was still in use in this hill station in Subathu.

With Ben Stein's leadership, our Department is struggling to overcome problems created by institutional fiscal hardships, as well as, by the reduction in nursing replacements which has led to the closure of one third of the beds at the Neurological Institute. This has on the other hand allowed for much needed renovation and hopefully in the foreseeable future these beds will be re-opened in modernized facilities including a new operating room. Our Department continues to have diversified interests in management of a variety of tumors of the nervous system as well as developing new methods for diagnosis and management of vascular disease and is experimenting with surgical applications of the Laser.

One of my pleasant duties as President of the New York Society of Neurosurgery was to invite Collie MacCarty to be our annual Charles A. Elsberg lecturer last May.

Finally, we are delighted to have all of our children nearby. Two out of three are still in college and one plans to begin medical school in the Fall. We look forward eagerly to seeing all of our friends in the Academy this November in Boston.

With warm regards.

Most sincerely,



Edgar M. Housepian, M. D.

EMH:ez

Duke University Medical Center

DURHAM NORTH CAROLINA 27710

DEPARTMENT OF SURGERY
DIVISION OF NEUROSURGERY

TELEPHONE (919) 684-5004

May 14, 1982

Dr. Eben Alexander, Jr.
Bowman Gray School of Medicine
Winston-Salem, N. C. 27103

Dear Eben:

This has indeed been a memorable and poignant year for neurosurgery at Duke, as it marked the occasion of Dr. Guy Odom's retirement from the faculty after 38 years of extraordinary service to the Duke University Medical Center and to our specialty.

Guy Odom's professional accomplishments are well-known to the Academy, and surely need not be enumerated here. On the other hand, this does seem an appropriate opportunity to chronicle, if only for the younger members, the profound loyalty and devotion which he has inspired among his patients, his colleagues, and particularly among his residents. The biennial meeting of the former residents, known as the OWL (for Odom-Woodhall Lesion) Reunion was held on the Duke campus in early October, and provided an opportunity for us to express our gratitude and affection for Dr. Odom.

We (secretly?) invited Guy and Mataline's families to be with us for this special occasion, and virtually all attended, some traveling from as far away as New Orleans and even Panama; it was the first time his entire family had ever been together, Guy later told us.

Also unbeknownst to Dr. Odom, a dozen of his distinguished professional colleagues, dear friends of many years, were invited to join the OWLs for the festivities (and were promptly dubbed "The Eagles"). Some of these friendships dated back to the years of Dr. Odom's own training at Montreal, including Eben Alexander, Ed Boldrey, Kemp Clark, Dick Dessasure, Ernie Mack, Frank Mayfield, Bob Pudenz, Dick Schneider, Henry Schwartz, and Hunter Sheldon. It was truly exciting to watch Dr. Odom's surprise and delight at the welcoming cocktail party as he greeted old friends and family. When, several hours later, his daughter Carolyn finally arrived on a delayed flight from Panama, the reunion was complete.

The OWLs turned out in force, flying in from 23 of the 50 states, including Hawaii, California, Oregon, Texas, Florida, Connecticut, and everywhere in between. Only four of the 44 former residents were unable to attend, either as a consequence of illness or last-minute emergency. For nearly three days of parties, scientific sessions, luncheons, and banquets, a festive spirit prevailed.

Dr. Eben Alexander, Jr.
Page 2
May 14, 1982

Surely the most moving moment of the weekend came at the OWL banquet when it fell to Kemp Clark to announce that earlier that week the Board of Trustees had created a new distinguished professorship, the Guy Leary Odom Professorship of Neurological Surgery. Duke University can confer no higher honor, and it may interest you to know that this is the first professorship created to honor a member of the faculty in the 50-year history of the Department of Surgery at Duke.

Happily, Dr. Odom will continue to work among us as a consultant, and hopefully will find time to informally support the resident training program in both clinical neurosurgery and, of course, neuropathology. We are inordinately proud of our current group of residents, which include several names familiar to members of the Academy: Eben Alexander III and John Moosy promise to distinguish themselves as outstanding academic neurosurgeons.

We will soon be welcoming Dr. Dennis Bullard to the Duke faculty. Dennis is currently completing his chief residency here, and has proved himself to be a highly-skilled clinician and very productive investigator. Indeed, his name should be familiar to many members of the Academy as a consequence of his studies of the immunobiology of gliomas.

I am presently embroiled in attempting to summarize in writing some very exciting results of three year's work concerning a totally unexpected phenomenon exhibited by mitochondria at physiologic oxygen tensions, work which may have considerable bearing on the pathophysiology of hypoxia/ischemia and cellular regulation in general. I hope to present some of this material at the meeting in Boston.

Robin and I are beginning to feel the pangs of desertion: our eldest, Laurie, is a rising senior at Duke and will be spending four months in the fall in Nairobi as part of an exchange program. Our son Mark finishes high school this year, having distinguished himself as all-state goalkeeper for the State Championship Soccer Team. He plans to go to the University of South Carolina next year, where I am sure he looks forward to playing (in general) soccer (in particular). Only our 10-year old, Leigh, remains, happily the apple of her father's eye.

Robin and I will certainly look forward to seeing you and Betty in Boston in October.

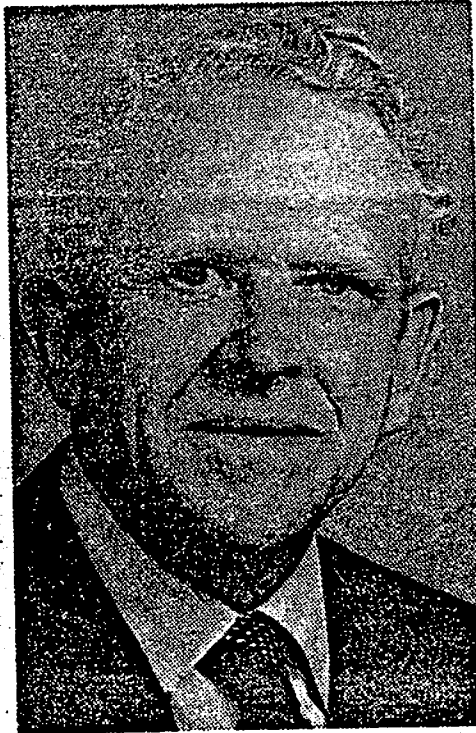
With very best wishes.

Yours sincerely,



Richard S. Kramer, M. D.

RSK:fs



ODOM

Distinguished chair honors Odom

A distinguished professorship has been established at the medical center to honor a recently retired neurosurgeon, Dr. Guy Leary Odom. Odom, a James B. Duke Professor of Neurosurgery, retired from active faculty status Aug. 31 after 38 years at Duke.

The distinguished chair, formally created by the Duke University Board of Trustees, will support a full professor in neurosurgery.

"The Odom Chair is extremely important to Duke because it will perpetually honor a contributor who has risen to the very top of his field, nationally and internationally, as a teacher, investigator and clinical neurosurgeon," said Dr. David C. Sabiston Jr., James B. Duke Professor of Surgery and chairman of the

department. "Moreover, it will establish an unusually high standard of excellence far into the future for those who follow him in neurosurgery at Duke.

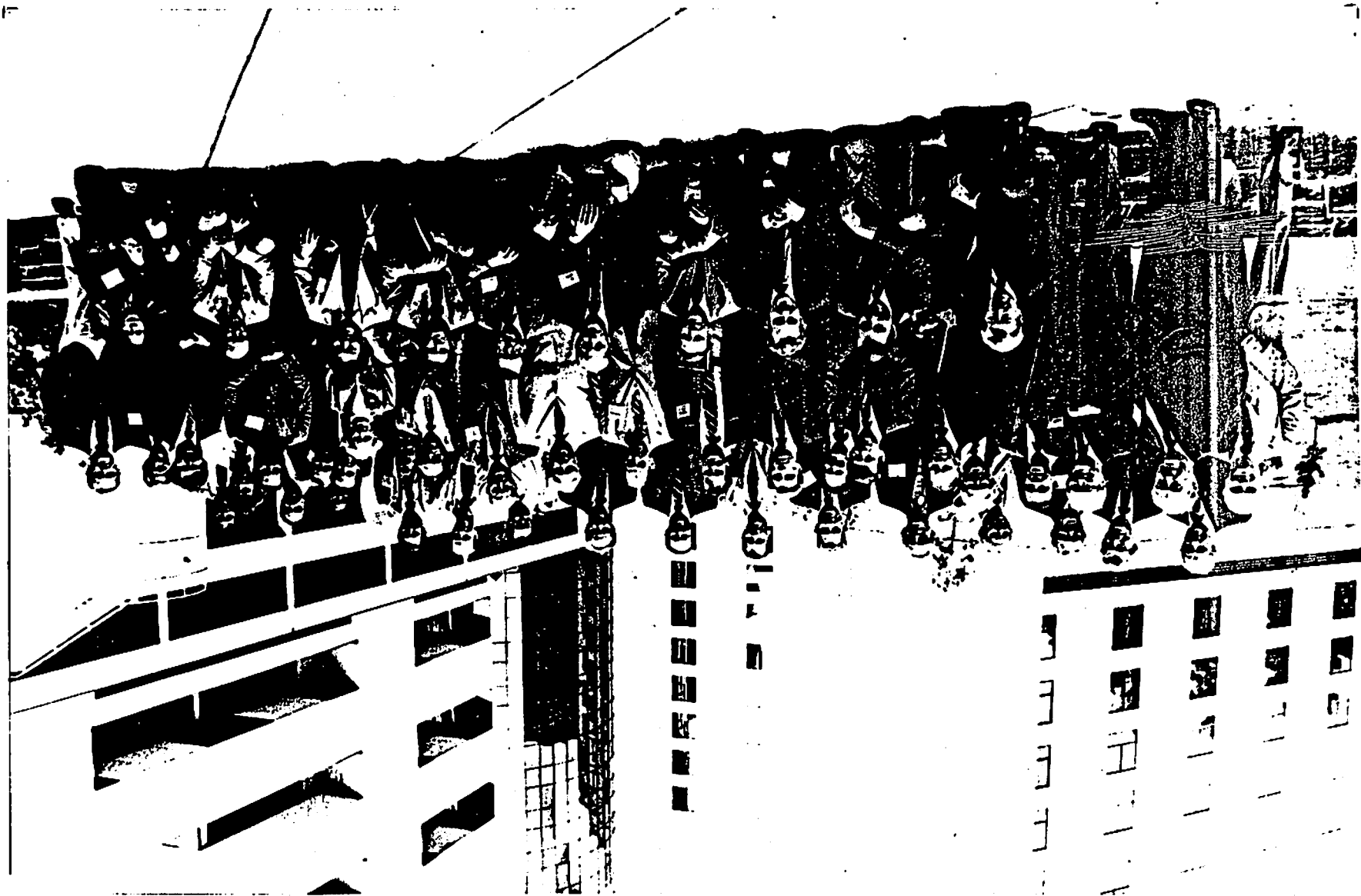
"To quote a highly recognized neurosurgeon in North America, Dr. Charles G. Drake, the Richard Ivey Professor of Surgery at the University of Western Ontario in Canada, 'Guy Odom is one of the few in our surgical science who can look back on real accomplishment and established neurosurgical excellence at Duke which is now a tradition. It is an outstanding school of neurosurgery since nearly half of the neurosurgeons emerging from the Duke School during his tenure have academic appointments, a remarkable legacy few can leave.'"

Odom joined Duke as an associate

in 1943. He served as chief of the division from 1960-1976 and was appointed James B. Duke Professor of Neurosurgery in 1974. The American Academy of Neurological Surgery honored him with the Neurosurgery Award in 1972. He received the Society of Neurological Surgeons Distinguished Service Award in 1978, and in 1977 he was awarded the Distinguished Teaching Award by the Duke Medical Alumni Association.

He received his medical degree from Tulane Medical School in 1933. He did post-graduate work in neurology at the East Louisiana State Hospital from 1933-1937 and at the Montreal Institute from 1937-1942. Odom is an active member of more than 30 professional committees and societies.

OWL REUNION -- October, 1981



ERNEST W. MACK, M.D., F.A.C.S.
AMERICAN BOARD OF NEUROLOGICAL SURGERY

505 SOUTH ARLINGTON AVENUE, SUITE 212
RENO, NEVADA 89509
Telephone 702-322-6979

March 29, 1982

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

Dear Academation:

Another year has raced by and I must say the speed with which they pass in the autumn of a career is nothing short of awe inspiring. I am currently spending most of my time now teaching students and residents, conducting rounds, directing a service at the Veteran's Hospital, and actually doing very little private practice. In many ways this is a very delightful way in which to finally terminate one's career, and I must say I am getting a great deal of pleasure out of these day to day activities.

I had a rather interesting private case which was gratifying to see, even though it was a remote complication. The patient was a delightful lady who presented to me in 1947 with a brain tumor which fortunately was found to be a parasagittal meningioma and which was removed successfully. Because of involvement of the bone in the tumor at that time we removed a portion of frontal cranium and this was replaced with a tantalum plate. She has been followed through the years and has done well, having as a problem only a very rare seizure. However, with the past year she had developed some rather severe headaches and swelling about the site of her old incision. On recent review I found evidences of infection and found indeed that she had developed some osteo some thirty odd years following the initial surgery. Because of this we eventually elected to open the scalp and remove the tantalum plate which we did, including the screws. We were happy to discover that most of the defect had been eliminated by bony growth and that following the removal of the plate that the infection promptly cleared and the patient healed promptly. I think it is a rare opportunity to have had a patient under care this long with a successful outcome and with such an unusual complication occuring thirty odd years following her primary surgery.

I am currently involved in trying to support a research program which is being carried forward by my colleagues at the VA Hospital in neurology; Doctor's John Peacock and Charles Walker, on cell cultures and the study of their characteristics, the cultures being made from fetal brain areas in animals. This has been interesting and exciting work, and as many other have experienced, I am having a difficult time securing funds to support the program.

I have spent a lot of time recently considering the problem of disc surgery in this country. As you know, our rate of operation in the United States far exceeds that experienced in most countries, with the exception of a few Centers in the United States. In particular, the group at Ohio State continues to publish a suggested rate of operation which would be in the range of 5% which I had difficulty in accepting when first noted. As time passes I am commencing to feel that they are far more likely to be right than the current accepted percentage of cases operated upon in this country. I am not certain that the high rate of surgery in intervertebral disc disease is not a disservice to the patients.

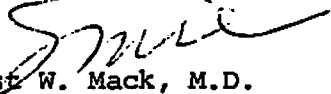
I think I should report to the group about the great fishing trip that took place following the AMA meeting in Las Vegas. The Neurosurgical Section, as is customary following the winter meeting of the AMA meeting, had a brief fishing trip. This year arrangements were made to undertake a house boat excursion on Lake Mead where we would fish for striped bass. Accordingly, following the AMA meeting Doctor's Buckheit, Rizzoli, Patterson and I with our delightful guide, Tom Wrenn, probably a distant cousin of Frank Wrenn since he hails from South Carolina, embarked on our house boat for a two day fishing trip. Our departure on Wednesday afternoon was successful and we had been enroute to the fishing grounds, an expected trip of about five hours, when we had a break down in the steering mechanism of our house boat. Thereafter the house boat would turn in tight circles only and despite our best efforts we were never able to repair or rectify the situation. We managed to put out a sea anchor and spent the first night drifting from one part of the lake to another under the influence of the weather. When morning came we discovered we were in the part of the lake which is not used by fisherman with motors and not near any settlements. During the course of that day despite the fact that we were flying a distress flag, and making efforts in this direction, we were ignored and spent the entire day just floating around, engaged in some fishing and some neurosurgical conversation. Fortunately, we had aboard adequate amounts of food and drink so that we were not wanting on that score. On Lake Mead there is a daily airplane survey carried out by the Park Service to detect distressed vessels; however, on that particular day the patrol plane did not fly over the lake as there had been a disaster in the Grand Canyon area and they had gone there to help out. Accordingly, the next night was spent drifting around at the will of the winds and fortunately, the following morning we found ourselves in a part of the lake in which there was likely to be some traffic, and as a matter of fact, by about 9:30 in the morning we were able to sight a passing sailing vessel/~~Nov 28~~ to and agreed to get word to the authorities that we were indeed in distress. As might be anticipated, the patrol plane appeared at this time and recognized our status, reported it to the base camp and we were then met by a tow vessel in about an hour and returned to camp. Unfortunately we never did get into the portion of the lake where the good fishing was. We were, in essence, ship wrecked in the Nevada desert for forty hours. I must say we had a measurable amount of fun and pleasure with the whole thing and on Friday we managed to get everybody back to their airplanes to return to the direction of home base. It has to go down as one of the great experiences of my fishing career, to have been ship wrecked in the middle of the Nevada desert for forty hours.

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Eben Alexander, Jr., M.D.

Bobbie is feeling somewhat better now and we will be joining the group in Boston this fall and are looking forward to this with great expectation.

Sincerely yours,



Ernest W. Mack, M.D.

EWM/cp

Duke University Medical Center

DURHAM NORTH CAROLINA 27710

DEPARTMENT OF SURGERY
DIVISION OF NEUROSURGERY

March 22, 1982

TELEPHONE (919) 684-2937

Dear Friends of the Academy:

Another busy year, and we were sorry to miss the last meeting of the Academy. Hope to do better the next time.

Last year was a time of being away from Duke, settling the final term of my Presidency of the World Society of Stereotactic and Functional Neurosurgery. Although I have not been involved in the neuro-politics in the United States, if it's any more complicated than we have had with the worldwide society trying to deal with all the various nationalities and their various biases presents a lot of interesting challenges. Stereotaxis has been alive and well, but I think in the next few years we will see a marked increase in interest and use of this technique in neurosurgery, particularly now with the application of the CT and stereotactic units together. We are very fortunate here at Duke that we are going to be able to use the Hunter Shelden instrument which has been developed in Pasadena with Skip Jacques and the group there. We are hoping that Dennis Bullard will take the lead in this because it's application perhaps in basic research of brain tumors in humans and the ability to recover biopsies safely will advance our understanding of this problem. A dozen CT-stereotactic cases have been carried out here at Duke using our own instrument redesigned for use with the CT scan. Any neurosurgeon working with good neuroradiologists could develop this system without too excessive expense, I believe.

Patients with pain still dominate a great deal of my time. Last year we saw 800 patients in the Duke Pain Clinic. Fortunately I have a number of excellent colleagues who really do most of the work.

Our basic interest over the last few years has been the development of the DREZ procedure, and we have now expanded it into paraplegia, herpes. More recently we have placed lesions in the caudalis nucleus of the trigeminal nerve for first division trigeminal pain related to herpes. The results look encouraging, but there are some built in risks that we are still trying to work out.

Over the past three years we have had an active Neurophysiology Laboratory investigating pain models in chronic animal experiments. This is now beginning to show some progress in that we now know that denervating the dorsal root entry zone in an animal will result in the appearance of hyperactive cells in the appropriate layers, probably associated with the pain pathways which persist for several years. A correlary study of this has been a detailed study by Dr. Blumenkopf, one of our residents, on the various polypeptides that occur in the dorsal root entry zone and their demise following denervation.

The most interesting project that we are involved in this year, however, is our planning for the Bermuda trip in late May and early June. This has consisted of two years of rather intense work on the Stormy Petrel to get her ready for a rigorous long sea voyage. One of the most important tasks has been boning up on celestial navigation. It shows that even an old dog can learn some new tricks.

Best wishes to all Academicians.

Sincerely,



Blaine S. Nashold, Jr., M. D.

BSN:fj

Presbyterian Hospital of Pacific Medical Center



BYRON C. PEVEHOUSE, M.D.
Chairman, Department of
Neurological Surgery

May 15, 1982

Dear Academician:

I must apologize for my prolonged procrastination in providing a letter for THE NEUROSURGEON. Eben, you are doing an outstanding job in keeping a wonderful tradition alive and well, and if the reproduction of the photographs can be improved, sending several issues per year will be a great improvement over the earlier format.

This past year and a half has been a most challenging time for me. Lucy and I first met during my trip to Houston in July, 1980 and a turbulent long-distance courtship ensued from then until we were wed on January 30, 1981. During the same time, my eldest daughter, DeAnn, married in October 1981, with various festivities culminating in a fantastic reception at the Olympic Country Club. I caught the garter by careful pre-planning, but few people there realized Lucy & I were already thinking about the proper date and place, finally selecting San Francisco over Houston. We had a more sedate but fun gathering in celebration at the St. Francis Yacht Club.

Following the International Congress in Munich, we took on an extensive trip and delayed honeymoon through Germany, Hungary, Yugoslavia, Greece, Turkey, back along the Adriatic coast into Austria and return to Stuttgart. The new 300SD turbodiesel Mercedes never quivered once and I have yet to find a single defect in it (except me). A beautiful vehicle, plenty of power and 27 miles per gallon of fuel.

In September we had a delightful week in Victoria, British Columbia for the annual meeting of the Western Neurosurgical Society, altho the members (and Lucy) had to endure my presidential address. The Empress Hotel in Victoria has been refurbished and the arrangements by our Canadian hosts: Thompson, Le Blanc & Wier were outstanding.

Of course, one of the year's highlights for us was the Academy meeting in Palm Springs in October - the honor of being elected President of the most elite organization in neurosurgery. Dating back to my first meeting at Sea Island in 1957, the Academy has always been most special to me. I hope that all of you can be in Boston for this year's meeting as Nick Zervas and Jim Ausman are planning some top-notch events.

With all my travels these recent years, it has been difficult to keep up a clinical practice. Undoubtedly, I have accepted too many responsibilities at the same time for a neurosurgeon in private practice, but some wise sage once said "in a true sense, one does what he wants to do" and I must have wanted to get this heavily involved in organizations so there's no one else to blame for my present commitments. In any event, it has produced some cracks in the ship of state of our office, so I have moved to an academic position at Presbyterian Hospital and Pacific Medical Center. Bart Brown is in solo practice in the city and our two neurologists have their own corporation and practice. There's no question at the overall practice of medicine is changing all over the country, for both primary care doctors and specialists, with a fundamental struggle between hospital administration and physicians for the control of inpatient medical care and related affairs.

The medical liability problem in California remains serious but without significant change in level of premiums unless one has multiple claims. I still feel like the legislative reforms we have achieved so far are similar to re-arranging the deck chairs on the Titanic. More about this in my next letter.

Best regards to all,

Cone

Cone Pevehouse

DR. HOMER S. SWANSON
1951 MOUNT PARAN ROAD, N.W.
ATLANTA, GEORGIA 30327

22 March 1982

THE NEUROSURGEON
% Eben Alexander, M.D.
Bowman Gray School of Medicine
300 South Hawthorne Road
Winston-Salem, North Carolina 27103

Dear Acadamicians:

Since we, Homer and I both, enjoy THE NEUROSURGEON so much, I thought it was time to tell you how much we appreciate Eben's efforts in continuing its publication. Time, too, to add our news.

As some of you may not know, Homer had some eye trouble six years ago in March and immediately stopped operating and closed his office on June 1. A myelogram was done in September which showed nothing of consequence. Starting in August 1977, he had four periods of confusion. A first diagnosis of temporal arteritis was proved incorrect by biopsy. In June 1978, he went to Birmingham where Jim Galbraith and his colleagues made repeat tests and evaluation. Dr. Halsey, there, suggested that Homer might have Creutzfeldt-Jakob's Disease.

Then, in February 1979, Homer had a definite stroke, an infarct in the left occipital lobe which left him with tunnel vision. Additionally, he has had increasing difficulty walking. His seizures are now well controlled with medication. The final diagnosis: Progressive Cerebral Vascular Disease, cause unknown.

He cannot read but we are fortunate to have the Talking Books for the Blind. He is up and around, walks daily, enjoys seeing friends, looks at television, and the days fly by.

Both of our children are still single, so we can't even be nominated as candidates for the Grandparent's Bragging Society. Bea is still pursuing her acting career here in Atlanta after ten years in New York. Eric is concerned about and working for improvement in the environment and maintenance of the ecology. And we feel fortunate to have them near to assist us in our "dotage."

DR. HOMER S. SWANSON
1951 MOUNT PARAN ROAD, N.W.
ATLANTA, GEORGIA 30327

THE NEUROSURGEON
Page 2
22 March 1982

We do miss the Academy meetings; Homer, the scientific sessions; both of us, seeing all our good friends. Hopefully, we can continue to stay in touch through the "Round Robin."

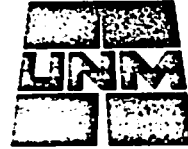
With our best regards,

Sincerely,



LaMyra Swanson

LKS:bis



THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
ALBUQUERQUE, NEW MEXICO 87131

March 30, 1982

Dear Academician:

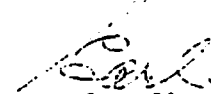
Just a few lines to answer your nice note re the Round Robin.

When you announce your retirement, folks seem to assume you have time on your hands to do all the things someone else wants done. And so this year, for example, we've just gotten out the 24th Edition of Stedman's Dictionary of which I've edited the neurology, neuropathology and neurosurgery sections. Then last week the 700 pages of the second edition of the Schaltenbrand & Walker "Stereotaxy of the Human Brain" appeared.

In the lab, we're pondering whether the rhombencephaléctomized cat whose cortex responds well to photic stimulation and analeptic drugs is dead by the standards of the British Colleges or alive by the criteria of death of the World Federation of EEG Societies.

And now, since I have to go off on a medical junket to the Eastern Ukraine, I trust you'll excuse this brief note.

Best wishes to all,


A. Earl Walker, M. D.
Professor of Neurological Surgery

AEW/sd



PEGGY AND BEN WHITCOMB

BENJAMIN BRADFORD WHITCOMB, M. D.

85 JEFFERSON STREET

HARTFORD, CONNECTICUT 06106

April 26, 1982

Dear Fellow Academy Members:

After forty-seven years with the Hartford Hospital, I am finally surrendering to the "homing urge" or "return to the womb" and hope to move to Maine this fall. Since sailing there is limited to two or three months at most and I am very poor at golf, I do not wish to retire and plan to continue my practice there providing I can earn enough to cover the overhead. For years, I have done a few consultations and surgical procedures there during my summer vacations. Furthermore, one of Shelley Chou's young men is nearby to help with any major problems.

For sometime, Bill Scoville and I have been trying to expand our department at Hartford Hospital with qualified men, with some success, before we leave. However, what we consider as progress, some of our younger men consider as senility.

For some reason, our surgical load does not seem to drop off as we expected. It seems more and more of our contemporary citizens are becoming afflicted with spinal stenosis. It is gratifying that they tolerate the procedure so well under regional anesthesia.

Most of our children and grandchildren converged on Vail, joining us for a ski vacation. Peggie, defying age, bought a new pair of skis and ski boots and skis better than ever. It is particularly enjoyable for us because we have been getting free season tickets for several years in deference to our age.

At Vail, we had a nice visit with Sean Mullen and Buzz Hoff and his lovely daughter, Allison. They were teaching at the annual brain conference. This conference will continue to be good as long as they use members of our Academy on their faculty.

Peggie and I hope any Academy members coming to Eastern Maine by land or by sea will call on us. We have a guest mooring for the boaters.

We will send our new address for the next edition of the NEUROSURGEON.

Sincerely,



Benjamin B. Whitcomb, M.D.

bbw:s

UNIVERSITY of SOUTH ALABAMA
COLLEGE OF MEDICINE

DIVISION OF NEUROSCIENCE
RM. 3124, MSB

April 23, 1982

MOBILE, ALABAMA 36688
(205) 460-7078

Academician

C/O Eben Alexander, Jr., M.D.
Bowman Gray School of Medicine
300 South Hawthorne Rd.
Winston-Salem, NC 27103

Dear Academician:


I am impressed by the zeal with which you solicit remarks from our membership and the new format of the Neurosurgeon. I am one of the ones who have not responded regularly, but that's because nothing special has been happening as far as the development of Neuroscience and its relationship to Neurological Surgery at the University of South Alabama.

A new experience for both Margie and myself has been the appearance on the scene of a granddaughter, Erika-britt. We both went to Seattle for this event and I was able to spend three weeks with the group there observing the activity at the University of Washington. I believe it is safe to say the seizure program there at the University of Washington has continued to grow and certainly appears to me to be a program of excellence.

We continue our basic neuroscience inquiries at South Alabama concentrating primarily on the nucleus accumbens in the morphological laboratory, and its relationship to histamine metabolism and other receptor sites in this part of the striatum. Whether some of the preliminary information incriminating this portion of the striatum with schizophrenia will prove to be true can only remain to be seen. However, it is certainly an exciting area of inquiry.

It has been difficult for me personally because of funding problems at the University to attend many of the recent meetings, but I hope I will be able to be with you when the Academy meets at Green Brier. Looking forward to that time and renewing old acquaintances, we remain,

Sincerely,


Lowell and Margie White