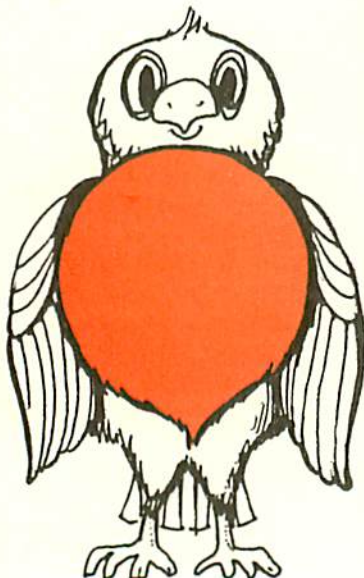
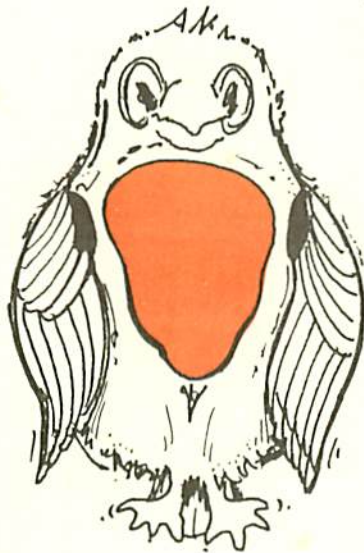


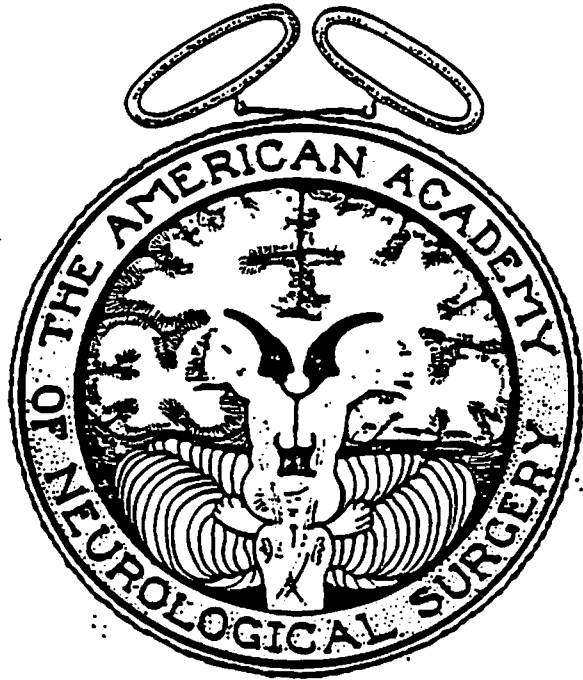
THE NEUROSURGEON



THE ROUND ROBIN LETTER
OF THE AMERICAN ACADEMY
OF NEUROLOGICAL SURGEONS

MARCH 1985

THE AMERICAN ACADEMY
OF NEUROLOGICAL SURGERY



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VOLUME 44 NO.3

MARCH 1985

Ebenezer Bowman Gray

School of Medicine

Department of Surgery
Section on Neurosurgery

December 27, 1984

Dear Academician:

I was privileged to be the Botterell Lecturer in Toronto at the University and at the Royal College of Physicians and Surgeons. There was a formal dinner in honor of Harry and a photograph was taken of all of us there who are members of the Academy. I will put this in the "Round Robin Letter" since it does seem to be a good black and white photo that will be well reproduced by our methods, and as you will see, it includes from left to right, A. R. Hudson, Harry Botterell, Bill Lougheed, myself, Bill Keith and Ron Tasker.

It was a great experience which I enjoyed very much and I gave an address called "The Academic Epidemic" which I hope to refine and eventually publish.

Sincerely yours,


Eben Alexander, Jr., M. D.

EA/rss

The Bowman Gray

School of Medicine

Department of Surgery
Section on Neurosurgery

December 27, 1984

Dear Academician:

We will have a fine "Round Robin Letter" for January, 1985, one each from our new members, and some other excellent letters also.

I thought many of the new members might be interested in something that was published sometime ago and I am going to publish this in this letter since it has been ten years following publication in "Surgical Neurology."

As you see, there is a photograph published by The Schering Corporation, which many of you have, and I tried very hard in 1974 to identify all the people in the picture, which is also going to be included in the "Round Robin Letter." We really did not get any volunteers to identify those beyond whom I did identify, but I thought the last paragraph was interesting in that Dr. Cushing had predicted that there would be new societies formed and he predicted it accurately concerning the formation of the Academy only six years later.

Sincerely yours,


Eben Alexander, Jr., M. D.

EA/rss

Harvey Cushing Operating

IN May 1932 a group of young neurological surgeons met with Dr. Harvey Cushing in Boston to form a new neurosurgical society. With his blessing the organization was named the Harvey Cushing Society (the name was changed later to the American Association of Neurological Surgeons). The neurosurgeons present were Bucy, Davidoff, Fay, German, Ingraham, Jelsma, Kahn, Klemme, Lysterly, Oldberg, Putnam, Semmes, Spurling and Teachnor. In addition W. Edward Chamberlain, Louise Eisenhardt, Frank Fremont-Smith, John F. Fulton, Merrill C. Sosman and Stafford Warren, representing areas closely related to neurological surgery, were present.

On May 6th, 1932, Dr. Cushing performed a craniotomy for a tumor of the 3rd ventricle before this group of visitors to his clinic. Dr. Cushing's drawing of this operation has been reproduced on page 617 of Fulton's biography of Cushing. Several photographs were made of the visitors in the stands of Dr. Cushing's operating room on this occasion. From these photographs, which are now in the Yale Medical Library, the artist, Paul Calle, made a drawing of this operation and the visitors. The Schering Laboratories Division of the Schering Corporation of Kenilworth, New Jersey has very kindly made copies of this drawing available to *SURGICAL NEUROLOGY* and it is reproduced here with their permission in this issue dedicated to the memory of Harvey Cushing.

The likenesses in the drawing are not necessarily exact and as a result the individuals represented in the drawing are not all clearly identifiable. I sent copies of the drawing and the photographs to many of those present at this first meeting of the Harvey Cushing Society to see if they could help with this problem. At least two or three times, individuals who are apparently in one or all of the pictures identified other individuals differently in different photographs, and one, at least, failed to recognize himself. Such confusion is, of course, understandable, since almost everyone in the pictures has a mask on and all are looking down at the operation rather than at the camera. As for the individuals in the drawing itself, Dr. Cushing and, across from him, Dr. Horrax, are clearly identifiable. The scrub nurse is apparently

Helen German, the wife of Dr. William German.

Everyone seems to agree that those identifiable the front row are, from left to right: John Fulton, William Van Wagenen, Eric Oldberg, Leo Davidoff and Glenn Spurling (leaning far forward). Directly behind Dr. Spurling is Dr. Klemme and at the other end of the second row, standing with a notebook in her hand, is Millie Coddington. Beyond that, identification is very difficult. Once this reproduction is published, those who see it may be challenged to identify others present.

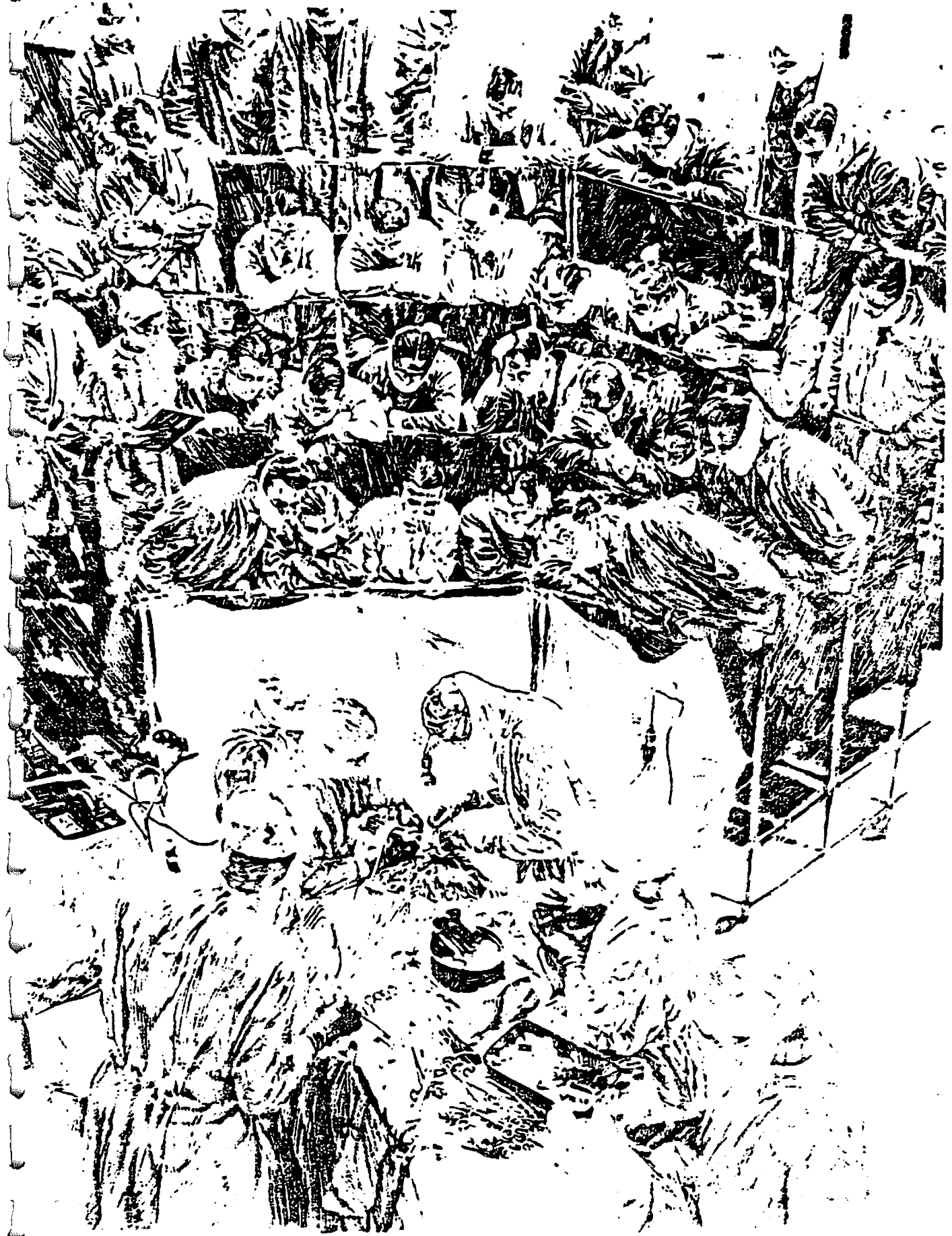
A photograph taken of the first scientific meeting of the Harvey Cushing Society shows 21 people (p. 612 of Fulton's *Biography of Harvey Cushing*). However, some of those in the drawing may not have been neurosurgeons but instead individuals who were at Peter Bent Brigham Hospital and wished to be present during that historic operation.

It is interesting to quote from page 618 of Fulton's *Biography of Cushing*, a diary note from one of the members of the Cushing Society in which it was said: "He (Dr. Cushing) welcomed them warmly, nevertheless, asking them only to remember that in a few years' time another group would be coming along which would look upon the present one as senile and antiquated. His remarks were in the happiest vein and I wish they could have been recorded in full. He then operated in the large amphitheater before the entire group, exposing a third-ventricle tumor through a transcortical incision and removing a large part of it. I have never seen him operate with greater ease and sureness."

Dr. Cushing's prescience is demonstrated by his prediction that within ten years another society would be formed. Only six years later, in 1938, the American Academy of Neurological Surgery was begun. In 1944 the Neurosurgical Society of America was formed, and shortly thereafter the Congress of Neurological Surgeons, which is now the largest of the national groups.

This reproduction of Paul Calle's drawing by the Schering Corporation is an excellent one, and one that many neurosurgeons will want to frame and preserve.

Eben Alexander, Jr. M.D.
Winston-Salem, North Carolina



Robert G. Grossman, M.D.

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November 28, 1984

Dear Academician:

It was with feelings of appreciation to the Academy that Ellin and I learned of my election to the Academy. We had attended the meeting at Monterey and had thoroughly enjoyed the company of the members, many of whom we have known as friends. We are looking forward to participating in the Academy's activities.

It is traditional for new members to tell a bit about their life and work. Ellin and I have been in Texas for the past 20 years -- since I was given the opportunity by Kemp Clark of joining him at Southwestern Medical School and Parkland Hospital in 1963. I was just out of training at Columbia. This was a formative influence for me. Since then, we have come to know many people in Texas, and it has become our home.

I have been Chairman of the Department of Neurosurgery at Baylor College of Medicine and Methodist Hospital for the past five years and have been fortunate to have had the friendship and support of Jim Greenwood and George Ehin in carrying on the development of neurosurgery at these two institutions. Due to their efforts, Methodist and Baylor are known for their excellent patient care and outstanding clinical opportunities for residency training. To continue to build, we have to work within clinical, scientific and social environments that are rapidly changing. The opportunities for progress are great but depend upon making exactly the right choices as the manpower and resources of neurosurgery departments are limited. Members of the Academy have had difficult problems to face in each generation in meeting the clinical, teaching and research goals of Academicians.

Some of the research activities that have gotten started by new faculty in the Department are studies on opioid receptors, antigenic properties and protein composition of brain tumors, and cerebral metabolism after head injury. We must teach our residents who are interested in academics the newer techniques of cell and molecular biology to enable them to make progress in research.

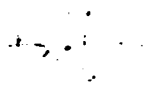
A particular clinical interest that I have been developing is epilepsy surgery, which has been very gratifying in providing a new life for many of the patients.

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On a personal note, Ellin continues to teach art education at The University of Houston where she is an associate professor. Our oldest daughter, Amy, is finishing medical school; Kate has just finished college, and Ruth is a sophomore at The University of Texas. I would like to get back to sailing and racing on Galveston Bay someday, perhaps after all the problems are solved, but more likely, much sooner.

We are looking forward to seeing you in Houston at the next meeting of the Academy.

Sincerely yours,


Robert G. Grossman, M.D.
Professor and Chairman
Department of Neurosurgery

RGG:mhm



Robert G. Grossman, M.D.



THE DIVISION OF NEUROSURGERY

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November 22, 1984

Members of the Academy
c/o Dr. Eben Alexander
Department of Surgery
Section on Neurosurgery
Wake Forest University
300 South Hawthorne Road
Winston-Salem, North Carolina 27103
U.S.A.

Dear Academician,

It was a particular pleasure for me to learn of my election to the Academy. This honor was due more to the strenuous efforts of friends than to any attributes of my own.

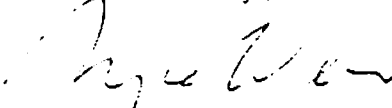
I am settling into my second year as Director of the program here at the University of Alberta. Within a very few months, we will have fully occupied our magnificent new facilities in the Walter Mackenzie Health Sciences Centre. We have recently had the appointment of a new Dean and a new hospital President, so there is a general air of expectation and optimism. My major preoccupation right now is trying to persuade the administration to achieve a level of equipment which will match the general opulence of the surroundings.

We are very pleased that our last Chief Resident will be joining our partnership to bring it to a complement of five. Up until last year, five of us in the city have been looking after the neurosurgical needs of approximately 1.5 million Northern Albertans and residents of the Western Canadian Arctic. It has frequently been too hectic to permit us to spend as much time as we would have liked in academic pursuits. This situation should definitely improve. Our group is somewhat unique in that we are in private practice although we also perform all of the full-time faculty functions.

One of the most pleasant features of life in our Division is that we have a "mini-sabbatical" agreement whereby approximately every two years on regular income, we spend three months or so at another centre. Personally, I have had the good fortune to spend such intervals with Charlie Wilson at UCSF and Ken Sugita at Shinshu in Japan. My two little children are in what we call "French Immersion" at school so that is one reason I am considering going to France when my turn comes around again.

Mary Lou and I are looking forward to seeing all of you in Houston.

Yours sincerely,



Bryce Weir, M.D.

Clinical Staff

Bryce Weir, M.D.C.M.
M.Sc., F.R.C.S.(C), F.A.C.S.
Director
Peter Allen, M.D.
F.R.C.S.(C), F.A.C.S.
Kenneth Petruk, M.D.
Ph.D., F.R.C.S.(C)
John McKean, M.B.Ch.B.,
F.R.C.S.(C)
William J. O'Callaghan, M.D.
M.Sc. (Surg.), F.R.C.S.(C)
Robert Broad, B.A.
M.D., F.R.C.S.(C)

Research Associates

Donald Boisvert, M.D., Ph.D.
David Cook, M.A., D.Phil.
Michael Grace, Ph.D., P.Eng.
Thomas Overton, Ph.D.
John Tulp, Ph.D.



Bryce Weir, M.D.



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Medical School
Department of Surgery
Division of Neurosurgery

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December 1984

Dear Academicians:

Without question, the highlight of my 1984 calendar year occurred when I received word of my election to The American Academy of Neurological Surgery. The Academy is a marvelous group and I am absolutely delighted to be included in its membership. My wife, Ann, and I have had the pleasure of attending several Academy meetings as the guest of Dr. Jim Story, and we have come to know many of the members. We look forward with great pleasure to future personal and professional associations in the Academy.

I gather that a few biographical notes are in order. I was born in Ann Arbor, where my father trained in Obstetrics and Gynecology at The University of Michigan. I lived in Omaha and Iowa City. I "grew up" in Little Rock and attended the College of Arts and Science and the Medical School at Vanderbilt University. In Medical School I reaffirmed my longstanding desire to pursue academic medicine, and, under the inspiring influence of Dr. Bill Meacham, I developed a keen interest in Neurosurgery. I was fortunate that the requirements for Military Service for doctors in the middle 1960's allowed me an appointment in the Public Health Service and an assignment to the Surgery Branch of the National Cancer Institute in Bethesda, where I had experience in Head and Neck Surgery and Surgical Oncology which continues to be useful.

It was a privilege and pleasure to train in Neurosurgery at the University of Minnesota under three members of the Academy - Doctors Lyle French, Shelley Chou, and Don Long. I began as an Instructor in Neurosurgery at the University of Minnesota, and subsequently I accepted Dr. Jim Story's invitation to join him in Neurosurgery at The University of Texas Health Science Center in San Antonio, where I remain as Associate Professor and a member of the Full-Time Faculty.

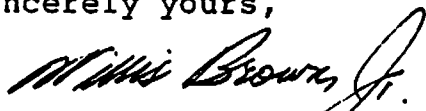
The Division of Neurosurgery in San Antonio is strong and growing. We have a full compliment of excellent residents and a very impressive list of applicants seeking training. Our interest in cerebrovascular disease continues and I have occasion, with our ENT colleagues, to pursue some challenges in the combined resection of craniofacial tumors.

Our whole family enjoys San Antonio. It is a delightful city and it has a very warm social and climatic ambiance. Ann and I participate to the extent we can in community affairs. This year I am President-Elect of the Alamo Heights Rotary Club and Ann is Grants Officer of the Texas Bach Choir and a Board Member of the Junior League Funding Information Center. Our son, Willis, III, is a Junior Student at Southwestern University in Georgetown, Texas, and our daughter, Lisa, is a Sophomore in High School.

Let me close by saying that I hold election to the Academy to be a very special honor and that I look forward to the forthcoming meetings and friendships with great enthusiasm.

Best regards to all of you.

Sincerely yours,



Willis E. Brown, Jr., M. D.

WEB/mlc

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Willis E. Brown, Jr., M.D.



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Albert L. Rhoton, Jr., M.D.
R. D. Keene Family Professor and
Chairman of Neurological Surgery

December 12, 1984

Dr. Eben Alexander, Jr.
Editor, The Neurosurgeon
Bowman Gray School of Medicine
300 South Hawthorne Road
Winston-Salem, NC 27103

Dear Dr. Alexander:

It was a source of immense pleasure to learn that I had been elected to membership in the American Academy of Neurological Surgery and to receive the first copy of "The Neurosurgeon". I was deeply honored by the election because I hold all of the members of the Academy in the greatest esteem. Joyce and I look forward to participating in future meetings.

Cone, in informing me of my election, had asked me to send you some thoughts about our specialty. I am more excited about the future prospects for our specialty than I was when selecting the specialty 25 years ago. I wanted to be a neurosurgeon before entering medical school and my expectations of the profession have been more than fulfilled. I also perceive that there is a quiet consensus building throughout our society that understanding and preserving the brain has become the greatest scientific frontier of man.

Medical students are exhibiting a renewed enthusiasm and interest in our specialty, and this is manifested by an increase in the quality and number of applicants to the specialty. The recent search within our department to fill two Chairs in nervous system transplantation and regeneration have broadened my horizons about the future, and has left me deeply convinced that transplantation of neural tissues and neural pathways, will some day, be among the most commonly performed neurosurgical operations.

Our move into the computer age has also given us marvelous new tools for sorting out minute facets of neural activity. We have made a significant investment in computers for our residents in order to acquaint them with the great data banks of the world, and to facilitate their mastery of word processing and data analysis so that they might contribute more to the specialty in the future.

Page Two

I could "bubble over" for hours about the prospects for the future of our specialty. It was a great thrill for me to learn that our oldest son, Eric, one of our four children, all of whom are pursuing medical related careers, will be entering neurosurgery.

In Cone's letter he also asked that I might express any concerns for the future about our specialty. One concern is that in our zeal for fellowship with those of our own specialty we not lose track of the important role which we should play in supporting and leading our local and state medical societies and groups like the AMA and the American College of Surgeons. I sincerely believe that the American Academy of Neurological Surgery can make us better participants in such activities. The Academy possesses a unique membership which can serve as a source of strength, commitment, and new ideas which will improve our service to patients needing neurosurgery.

Sincerely,



Albert L. Rhoton, Jr., M.D.

ALR/rm



December 14, 1984

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

Dear Eben:

Thank you for the call a couple of days ago to remind me to put in writing some of my thoughts and concerns. I do not need to tell you how flattered I am to have been elected to the Academy.

Initially, when I started thinking about a subject, I considered a nostalgic discussion of three physicians who influenced the directions I eventually took in medicine. However, the day you called was also the day that I had to formulate a welcome note to the members of the Pediatric Section of the AANS which met in Salt Lake City this week. When I finished what I thought was a brief statement, I showed it to my wife, Robyn. She effectively reminded me that I was asked to give a welcoming statement not the keynote address. Since it was clear to me that I probably would not have been elected to the Academy or even been able to make a few strides in neurosurgery without the counsel of my very intelligent wife, I immediately returned to the word processor. The welcome was shortened to a pleasant greeting. The part I deleted I am including in this letter as I feel it represents some of my thoughts regarding the state of life in Utah, where I have lived the past 13 years, as well as a perspective about an aspect of neurosurgery.

"Salt Lake City is a growing urban area surrounded by majestic granite mountains that rise abruptly from 4,000 to 11,000 feet at the eastern edge of this valley just a few blocks from the city center.

"Immediately as you look to the west, however, is the sobering reminder we are not an isolated territory here in Utah but are part and parcel of this whole country. This is the land where the construction of the MX missile would have used all of the concrete manufacturing facilities from the Mississippi to the West Coast and a significant amount of the water from the Colorado River Basin, had it not been for the Congressional votes from all over the country. And just last week, a single senator from Tennessee stopped the Pentagon from constructing a new \$300 million dollar biowarfare laboratory just beyond the beautiful mountains you see to the west, the same area where, accidentally, 6,000 sheep on neighboring ranches died in 1968 after exposure to Nerve Agent VX.

Eben Alexander, Jr., M.D.
December 14, 1984
Page 2

"On the subject of neurosurgery, as a neophyte director of a training program, I make these brief observations. It is clear that the field of neurological surgery is a different speciality as we approach the midpoint of this decade than it was at the midpoint of the past decade. Ten years ago the promise of CT scanning was just becoming a reality in a few major medical centers. The image quality of the first EMI scans, which seemed remarkable to us at that time, if used today for diagnostic purposes might be considered a negligent mode. Today the promise of MR imaging and spectroscopy is at the same stage. By the middle of the next decade, it is even possible that the CT scan will be obsolete.

"Yet, as we marvel at the new imaging techniques, we must continue to put them in perspective. For example, are we really any closer in our understanding of the pediatric problems of hydrocephalus or brain tumor than we were in Walter Dandy's day? In the Journal of the American Medical Association in 1913, in a paper entitled 'An Experimental and Clinical Study of Internal Hydrocephalus', Dr. Dandy stated:

Numerous methods have been suggested for the treatment of hydrocephalus, none of which have been productive of satisfactory results. So long as the etiology of this condition remains obscure, the treatment must necessarily be only symptomatic. In the hope of clarifying its etiology and thus affording a rational working basis for its relief, we have undertaken this investigation.

"In this paper, Dandy described the experiment of placing a piece of cotton in a gelatin capsule through the foramen of Magendie into the aqueduct of Sylvius to produce hydrocephalus in animals. This experiment led to conclusions related to CSF production and absorption as well as clinical observations which he described in subsequent papers over the next decades.

"In order to make certain that we do more than just relearn the lessons of Dandy in our quest for new knowledge, we must continue to keep abreast of the extraordinary information coming from our neurobiology colleagues in genetics, embryology, and molecular biology. Such information might include studies to identify a genetic marker that is related to the processes of differentiation and dedifferentiation necessary for neural pore closure. Are such studies feasible? I think it is likely. For example, a cursory browsing of last week's issue of Science (December 7, 1984) reveals the following title and abstract:

Constitutive Fragile Sites and Cancer

Breaks were observed at 51 sites in homologous chromosomes in lymphocytes from ten humans and two great apes when cells were deprived of thymidine. The incidence of breaks was enhanced by caffeine, a substance that inhibits DNA repair in replicating cells. The locations of 20 sites were correlated with breakpoints that have been related to human cancer.

Eben Alexander, Jr., M.D.
December 14, 1984
Page 3

"My hope is that we clinicians try to decipher the language of our basic science colleagues. With the multitude of sophisticated techniques that are available today, the basic sciences can address questions such as genetic markers of defects leading to hydrocephalus. But only if we clinicians join in that search, ask the questions we want answered, give financial support, and, most importantly, send our residents to stimulate and be stimulated by those committed to basic science will we do more than repeat the experiments of the past."

My best holiday wishes to you, your family, and the neurosurgical staff at Bowman Gray.

Regards,

M. Peter Heilbrun, M.D.

MPH/jg



Prof. Dr. med. Ernst H. Grote
 Ärztlicher Direktor
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Prof. Gro./str.

To
 Eben Alexander, Jr., M.D.
 Wake Forest University
 Dept. of Surgery
 Section on Neurosurgery
 300 South Hawthorne Road
 Winston-Salem

North Carolina 27103
 U S A

Dear Academician,

with great respect I received the note by Cone Pevehouse and you, that the American Academy of Neurological Surgery has elected me to corresponding membership.

This is not only a privilege, but a big honour.

I'm very happy about the selection. I owe the initiative to this promotion to Bill Buchheit from Philadelphia, whom I know since many years and whom I am affiliated with both for friendship and scientific reasons.

Inclination to Neurosurgery as my special field started in 1965, when I was running a rotating internship at Lawrence General Hospital in Lawrence/Mass. I was one of the Ventnor boys, who were granted journey and the accommodation payed by this american foundation and had the chance to brush up their medical knowledge and get to know the american way of life and medicine. First, the ECFMG examen for foreigners had to be passed. In this hospital I saw the two neurosurgeons Gillespie and Landry work and I immediately knew, that this had to become my speciality.

Our daughter Andrea was born during this stay in Lawrence, so she is an american citizen.

After a year of neurology in the Neurological University Clinic in Göttingen I joined the staff of Professor Dr. H. W. P i a in Giessen, became his resident and got my boards in 1973. My scientific and operative education was markedly backed and promoted by him as well as by his associates Seeger, Lausberg, Lorenz and Bauer, who now are the heads of the Neurosurgical Clinics in Freiburg, Bochum, Frankfurt and Marburg.

1977 I became member of the International Study of the EC/IC-Bypass and thus got closer and more frequent connection with Skip Peerless and Barnett from London/Ontario.

My University-Clinic Giessen thus became the center contributing to a study most of the cases outside the USA and Canada.

In 1983 I was elected and appointed head and chairman of the Neurosurgical Department of the University Clinic in Tübingen. It may be of interest to you to know, how different a procedure is involved in finding a new head of a university department, which is a life-time position and is bound with the rather high degree of hierarchic power.

After the vacancy has been published in the medical newspapers in Germany, a commission, built by the Medical Faculty, sorts out those who, according to their bibliography and experience, seem to be less qualified. About ten of the applicants are invited to give a talk before the Medical Faculty, then another fore or five are sorted out. Afterwards the commission, consisting of the heads of the Neurological, General Surgical, Anaesthesiological, Ear-Nose- and Throat and Orofacial-maxillary Surgical Departments visited the rest of the five applicants and saw them working, organizing and operating in their respective clinics.

In my case I chose a microsurgical disc-operation, then a trans-sphenoidal Cushing adenoma and afterwards a basilar aneurysm. Everything went fine, and few weeks later the commission had finished a list of three applicants, with me at the first place. This list had to be passed through the Medical Faculty and the Senate of University and was then sent to the Minister of Arts und Sciences of the respective state, which is Baden-Württemberg.

Finally I got his call and started here in May 1983.

Tübingen is a romantic middle-age town of about 70.000 people, whose University is more than 500 years old. Scientific splendour of this University throughout the centuries has always been Philosophy, cath. and prot. Theology and political sciences, - that of medicine still to come. My special interest in Neurosurgery was been brain stem function and its physiological and pathological influence on energy metabolism.

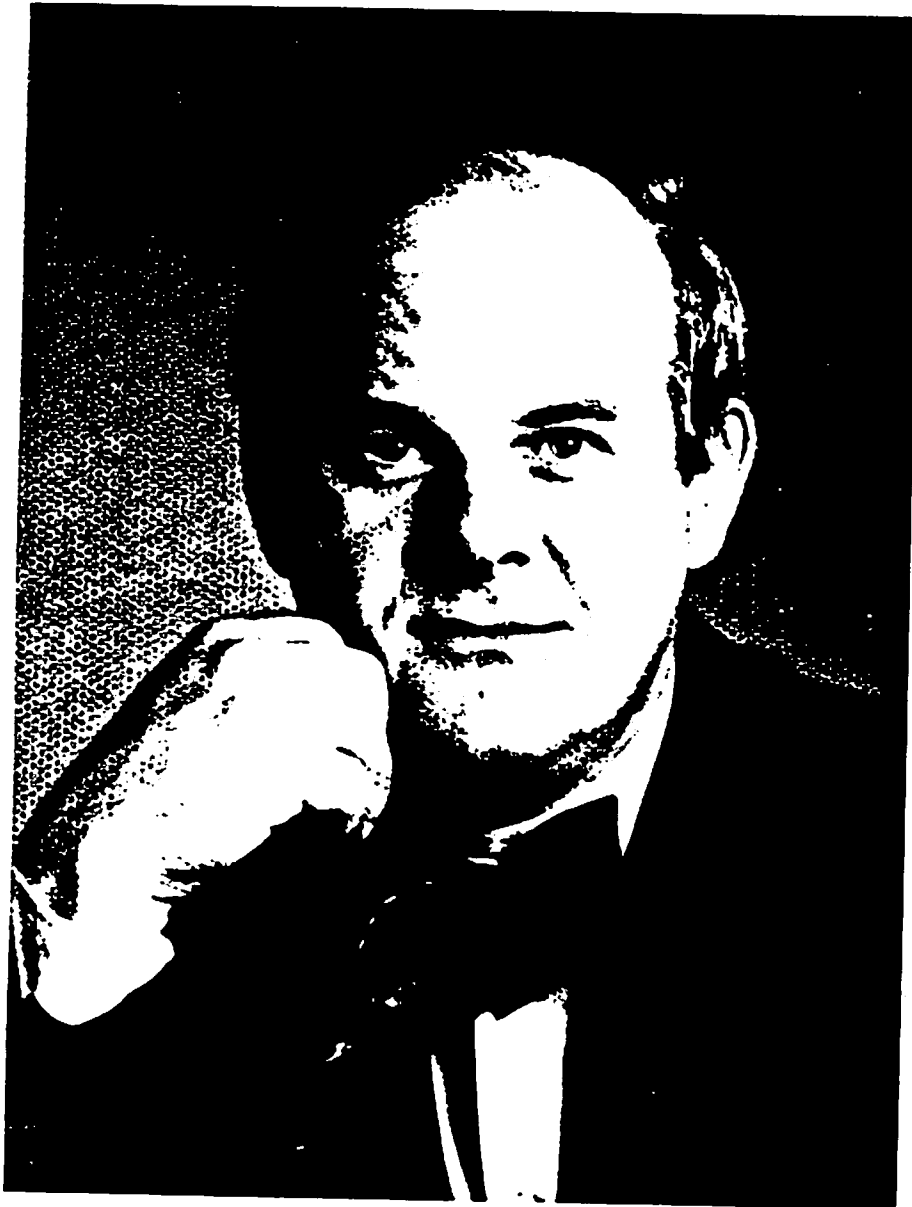
In 1976 I finished this topic with the so-called habilitation, which in Germany is a prerequisite to become an associate or full professor.

Now my special operative and scientific inclinations are cerebrovascular disease and pituitaries. But still, due to the hierarchic system, the head has to know and to be able to do almost any neurosurgical procedure, which approximated in my department 100 cases in 1984.

We all, my wife Julia, daughter Andrea, son Ladislaus (17) and I will be happy to welcome any of you during visit to Germany. In addition to the annual meetings I shall favour frequent and firm connection with the Academy.

With all my personal greetings

Professor Dr. med. Ernst H. Grote.



Professor Dr. med. Ernst H. Grote

DEREK A. BRUCE, M. D.
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January 9, 1984

Eben Alexander, Jr., M. D.
Wake Forest University
The Bowman Gray School of Medicine
100 South Hawthorne Road
Winston-Salem, NC 27103

Dear Eben:

Eleven years ago, I was a last-minute stand in for Dr. Thomas Langfitt at the Academy meetings in Pasadena. As a result, I recall behaving like a gentleman in the face of a hostile, malfunctioning projector and I was informed that if I continued to 'joust' well with projectors, maybe I could aspire to membership in the Society in a decade or so. Being ever a little slow, I have made it at the 'eleventh year.'

The honor of membership in this elite body will, however, be a hollow one if membership is the endpoint. So I question myself as to what I, as a eophyte, will ask of the Academy and what I can do as a member to maintain its status and dignity.

Good immediate results from operative neurosurgery are more generally available to the public as a result of technical achievements and increased basic understanding of the physiology of the brain. The dramatic advances in neurodiagnosis have increased the rate at which surgically-treatable diseases of the nervous system are found. The same advances have led to some of the harder problems that we are faced with as neurosurgical professionals. When a lesion is found that, as yet, is producing minimal or no symptoms and yet is of significant size and in a dangerous area, what is the best course to be advised? This is a problem we were rarely faced with in the past when we were most frequently dealing with very sick people.

There is a dangerous trend in neurosurgery to present an idealized view of how wonderful we all are. Are we making it impossible for the younger members of our profession to be inquisitive and pioneering by inferring that there are no problems left? Is the best we allow them to expect that they become only as good as we are and not better?



jbw

Derek A. Bruce, M. B., Ch. B.

Yours sincerely,

Our residents and junior staff are expected to equal the results of "the best of our profession" and see blossoming technology as a possible way to achieve this end. I would hope that I could aid and abet the Academy to convince our younger colleagues that we are not perfect, that the challenges in neurosurgery are still there, and that their solution will come through thought and effort, and not technology. I appreciate the opportunity to put some thoughts to paper and am highly honored to have been elected a member of the Academy.

Even at this relatively early age I reflect back upon what challenged me as a resident and what made me desire to learn more. The simple answer was to be better than my teachers and to do a better job for my patients across a greater breadth of diseases. That seemed to be easier in 1970 than now because the results of neurosurgery were less good and the obvious dichotomy between the neurosurgeon's ego and the patient's progress was often easier to see.



INSTITUT NEUROLOGIQUE de MONTRÉAL MONTREAL NEUROLOGICAL INSTITUTE

3801 University Montréal Québec Canada H3A 2B4

William Feindel, M.D. Directeur/Director/(514) 284-4655 ⁴⁵¹¹

Unité de recherche en imagerie cérébrale
Brain Imaging Research Unit



22nd January, 1985

Dr. Eben Alexander,
Wake Forest University,
The Bowman Gray School of Medicine,
300 South Hawthorne Road,
Winston-Salem,
North Carolina 27103,
USA

Dear Eben,

We were delighted to have so many Academy members here with their partners for Synapse-50, the celebration of the 50th birthday of the institute. We had five glorious days of events launched with the opening of the new Brain Imaging and Communication Centre, a five storey building with a ground level for a 1.5 Tesla magnetic resonance imaging unit from Phillips International which will be capable also of spectroscopy of phosphorus and sodium. On the same floor, we will have an experimental spectroscopy unit anxiously awaited by two young researchers who have just joined us from George Radda's active lab in Oxford. They will apply NMR to the problems of cerebral and muscle metabolism in animals, brain tissues and patients.

The second level of the Webster Pavillion (named after two brothers and their families who have generously supported our brain imaging research) will be completed this summer to give a new area for our PET research unit next to the baby cyclotron and radiochemistry lab.

A third level has already provided a much needed enlargement for the EEG department, especially the computer centre which is now in great demand for telemetry of our seizure cases. The neurosurgical offices will extend into the fourth level and give our neurological colleagues more room on that same floor.

Finally we have a 330 seat auditorium and lobbies which we will use as a conference area combined with a brain museum. This project will give us a superb chance to compare an MR, both imaging and spectroscopy, with PET, EEG and CT in such major problems as stroke, epilepsy, tumors and cerebral localization. Our core team in this group, about fifteen persons from all disciplines, have brought a most exciting input to the institute's activities in the past five years. An advanced Technicare CT scanner will shortly replace the original EMI scanner that was one of the first three to be installed in North America back in 1973.

In the PET projects we are most excited by the new approach that it offers to brain tumor chemotherapy. Radiolabelled BCNU can now be infused as a small tracer dose in a supracarotid catheter placed near the tumor to map the

drug distribution in the PET image and then carry out focal arterial irrigation of the tumor. In a series of a dozen patients that we have so far studied, our team have produced impressive results in several cases with almost complete disappearance of the tumor on CT scan for several months. More case studies and a trial with some of the more effective drugs are in progress.

We had a splendid series of lectures at Synapse-50, including the first Theodore Rasmussen lecture given by Charlie Drake, most suitably on the subject of the surgeon investigator. The Cone lecture delivered by Gazi Yasergil was a memorable review of his experiences in cerebrovascular surgery. Miller Fisher took up in his Thomas Willis lecture with his inimitable approach an examination of the basis for some loosely accepted cerebrovascular syndromes. Blaine Nashold presented the Fellows' lecture on his experiences in the surgery of root entry zone for the treatment of intractable pain. There were also the McRae, Jasper and McNaughton lectures given respectively by George Radda on NMR, David Prince on epileptic mechanisms and Stanley Appel on neuromuscular problems.

McGill University, at a special convocation, presented honorary doctors of science degrees to Miller Fisher, Donald Tower and myself and asked me to give the Penfield Oration. This allowed me to review the highlights of the institute's activities over the past fifty years and, at the same time, to express my gratitude for the enormous help that so many of the present staff including Ted Rasmussen and Gilles Bertrand have provided during my term as Director. On October 1, I turned over the directorship of the institute to Donald Baxter who is now also Chairman of the McGill department of neurology and neurosurgery, the hospital administration to my former Associate Director, Joy Shannon, a most competent and charming woman, and the medical hospital administrative post to Ivan Woods, one of our able young neurologists.

This leaves me to carry on as Cone Professor, Director of the Cone Laboratory for Neurosurgical Research, as well as Co-ordinator of the Neuro Imaging Research Group. I now have more time for seizure and tumor surgery working with the PET group to elucidate the chemical aspects of both these problems. I plan to tidy up some of my medical and scientific writing, especially the extensive work that Charlie Hodge, Lucas Yamamoto and I have done over the years on fluorescein angiography; to expand the picture history booklet we published for the birthday part into a proper volume of the institute's history; and to explore how we can apply more effectively the enormous communication resources including the Satellite systems for better scientific exchange between brain research institutes, PET units and World Health Organization collaborating centres.

At the official opening of the Synapse-50 we had live Satellite linkage between NINCDS, Bethesda, Dominique Comar's PET unit in Paris and the Neuro. Video tapes sent from Kist Kitamura in Kyushu, from Richard Frackowiack at the Hammersmith PET unit in London, from Professor Ergecenovich's neurological clinic in Belgrade and from the Epilepsy Unit in Santiago, Chile. This was splendidly organized by our Canadian Broadcasting Corporation into an exciting television spectacle in the new auditorium.


Faith and I missed the last Academy meeting because our middle daughter, Janet, an actress was married to an actor this past summer. Later she graduated in theatre arts from the University of Toronto and is now busy in Theatre

Calgary (in the role of a nurse!) Faith continues working part-time in the plastic surgery unit at the Montreal General Hospital. Our eldest son Christopher, his wife Susan and two lively small boys are also in Toronto where he has joined the cardiac surgical unit of the Western Hospital with a Canadian Heart Foundation scholarship to examine a means of protecting the heart's blood supply during acute arterial occlusion. His younger brother, Michael, also in Toronto has returned to graduate studies in English. Alex and his charming wife, Ling, happily for us, stay on in Montreal. Our eldest daughter Pat and youngest, Anna, both live in Vancouver devoting energies to the women's movement that would have pleased a maternal grandmother who was one of the vigorous band who promoted the entry of women into McGill and gained women's voting rights in Quebec.

As I send this off, I have just had news that Arthur Elvidge died on January 17. The last of that great surgical triumvirate who with Penfield and Cone made such a mark as teachers and innovators over the years. Arthur was a pioneer in starting cerebral angiography on this continent, his 1938 paper in the ARMND being one of the first publications on this subject in North America. A modest, highly talented surgeon, he was sound of judgement and devoted to his patients. His long series of statistical reports from tumor follow-up studies will continue to serve as a firm basis for comparison with results for any new treatments. We are pleased to have an Arthur Elvidge neurosurgical scholarship fund to support young men who want to take some time out from their clinical studies to pursue research in the labs. If any of the Academy members feel moved to honour Arthur's distinguished career and friendship, I would be pleased to receive your contributions.

I continue to enjoy immensely the day to day intellectual stimulation with the terrific group of people we have here at the institute and hospital. Ted and Kay, and Gilles and Louise are all active and well. Our annual report which will cover the period up to the end of 1984 is just going through the press, and you no doubt will be receiving a copy of this in a month or so. We look forward to seeing all of you next fall.

Yours sincerely,


William Feindel

MRS. JAMES GREENWOOD, JR.

1839 Kirby Drive, Houston, Texas 77019

Dear Eben,

Here I am with another suggestion for the declining "Neurosurgeon" Round Robin.

Couldn't "we" write to 25 or 30 of the senior wives and ask them for a contribution. The men are so busy or disinterested, but I believe the wives could furnish the homey type news that was fun and interesting to read.

The men can keep up with the progress of neurosurgery through journals and meetings, but the camaraderie, the human everyday interests are still going on, and people who have slowed down and no longer attend meetings, would love to hear about the friends they made through the years and now no longer see.

If you think it's a worthwhile "experiment", I'll be glad to help contact said wives. I would naturally need their names and addresses, but it would be my pleasure to write and send the notes.

So many neurosurgical families have done so many worthwhile things besides surgery and research, I think it would be interesting to "catch up". We have wives here in Houston who have led fascinating lives - Dorothy Caram is a member of the Civil Service Committee here, Marjorie Robertson was state and national president of the AMA auxilliary, ary hni has travelled widely and won acclaim for her needlework, Elin Grossman is professor in the art department at a small college - and on and on.

Well, anyhow, I think it's most unfortunate that the younger "eager beavers" have not learned the value of contacts such as this organization has afforded in the past besides the medical valuable information it has espoused.

Good luck and Happy New Year.

Sincerely
Mary Greenwood

STATE UNIVERSITY OF NEW YORK
UPSTATE MEDICAL CENTER
750 E. ADAMS STREET
SYRACUSE, NEW YORK 13210

COLLEGE OF MEDICINE
DEPARTMENT OF NEUROSURGERY

January 8, 1985

Doctor Eben Alexander, Jr.
Bowman Gray School of Medicine
Section of Neurosurgery
Winston-Salem, NC 27103

Dear "Academician":

Many are aware, if course, that the Liason Committee for Graduate Medical Education came upon hard times with difficulties engendered by a cumbersome and outdated administrative relationship to agencies both of higher authority and reporting to it. It was created essentially to oversee the functions of the residency review committees who had been operating quite independently. Ultimately, many of the problems were resolved. The name was changed to the Accreditation Council for Graduate Medical Education and the veto power of its parent bodies (AMA, AANC, AHA, ABMS and CNSS) was limited to matters of policy, finance and general essentials. This released the special requirements which were generated by each of the RRC's from that veto power so that each specialty group responsible for graduate medical education in their field could generate with the support of their sponsors (usually their board, a specialty society and the American College of Physicians or the American College of Surgeons and the AMA) new and revised special requirements pertinent to the time and circumstance in which they found themselves. In fact for many, many years revisions of these special requirements against which training programs were measured for accreditation were generated by the specialty board in that area. More recently, recommendations for change have come from specialty societies, representatives of the colleges and other members of the Residency Review Committee. Indeed the Residency Review Committees themselves have generated a number of more recent recommendations. These require approval by the ACGME before they can be implemented. It has been increasingly apparent that the "impact statement" or statement of justification which must accompany such revisions is coming under closer and closer scrutiny with respect to cost that may be generated directly or indirectly by revisions of these special requirements. The addition of the extra year of training, the impact of changes in special requirements on other disciplines, the requirement for increased institutional resources and interdependence with other disciplines are all coming under increasingly close scrutiny since in many cases, for indirect reasons as a rule, these special requirements are tuned to requirements for certification (an entirely separate function and one relegated solely to the Boards).

One hears increasingly the question should the Boards have sole responsibility for unilateral and independent decisions with respect to establishing criteria which lead to certification, or should this responsibility be shared

on a more broadly based input system. There are many reasons why there are strong feelings on both sides of this issues. I am sure it will be hotly debated in the forums in which graduate medical education as a whole considers such matters in the next three to five years. Virtually all national organizations have committees on graudate medical education. In each of these and in joint conferences these matters will be dealt with in forums which must seek salutary resolutions of this question, rather than debate in an acrimonious way as issues which relate primarily to turf rather than enhancing the quality of our graduate medical education programs.

With reasonable concern directed toward containing the extraordinary costs of these programs no issue surpasses the challenge of sustaining the highest possible quality in GME programs. We must not settle for mediocrity, no matter what the costs. Alternative pathways for funding will become critical in the next few years, but I would hope that means can be devised to sustain the pursuit of quality while generating new sources of income with which to maintain that as a priority of the highest nature.

The American Board of Medical Specialties is particularly concerned with the quality of graduate medical education. It is, of course, a confederacy of better than 25 specialty boards. (It is not generally recognized that there are many more organizations in the country that speak of themselves as specialty boards and give certificates though with a wide range of criteria many of which are no acceptable to the general community graduate medical education, nevertheless they can certify at will according to their own set of criteria). To join the ABMS, however, they must be responsible and essentially follow the criteria that have been generally accepted in those boards which we are all most familiar with. As alternative sources of funding become evident, the American Board of Medical Specialities will, I am sure, maintain their vigor and dedication to supporting the activities of all member boards, generating programs of interest and concern and value to each of these boards in the pursuit of sustaining the highest quality of graduate medical education in tune with the times and circumstances and in preparation for certification of our young trainees as they enter an exciting, if challenging, new word.

I hope these brief notes with respect to these two organizations will clarify their relationships, they change from time to time and hence, the confusion which many of us sense as we try to stay abreast of the tides of change. The ACGME and the RRS accredit programs in GME. The ABMS is a confederacy of specialty boards which certify individuals in their respective specialties.

Eben asked that I make brief comments about these two organizations since they have been of great inerest to me in the last half decade. I am sure I have not stated their case as completely or necessarily as well as others might, but each of them in their own way is a major bulwark sustaining what each of us would wish to view as the best of american medical education at the graduate level.

A handwritten signature in black ink, appearing to be 'B. J. ...', located at the bottom right of the page.

Duke University Medical Center

DURHAM NORTH CAROLINA 27710

DEPARTMENT OF SURGERY
DIVISION OF NEUROSURGERY

January 4, 1985

TELEPHONE (919) 684-2937

Dr. Eben Alexander
Division of Neurosurgery
Bowman Gray School of Medicine
Winston-Salem, N. C.

Dear Eben:

Thank you for asking me to write a note about the dorsal root entry zone lesions for pain relief. The eponym DREZ was coined by the Duke residents to save time writing the O. R. Schedule and it seems to have stuck. The work could not have been done without their interest as well as that of Dr. Allan Friedman who has been responsible for developing the surgical treatment using the DREZ for post herpetic pain.

As you know, I have been interested in the problem of central pain for a long time and in the 60's and 70's carried out stereotactic procedures involving brain stem lesions to destroy the ascending spinothalamic and spinothalamic pathways. It seemed obvious from our work as well as from observations in the literature that the importance of these two pathways in central pain was central to the problem and that the spinal cord seemed to be the most logical location to carry out a more specific operation which could involve both of these pathways. We think now probably it is more than just destroying the secondary neurons of the spinothalamic and spinothalamic--there must be some involvement as well probably of the Lissauer's tract and other interneurons down in the dorsal root entry area. There is one post mortem report now available in the recent DREZ Conference in Germany, but it does not answer these questions specifically except that it does show that we are destroying about the first five layers of the dorsal root entry zone which was our original purpose. The first operation was carried out in 1976 in a school teacher who had suffered a brachial plexus avulsion when his bicycle was hit by an automobile. He had suffered from pain for almost 20 years at the time we saw him and got excellent relief of pain following the DREZ which has continued on to the present time. We were encouraged by these results, but we were discouraged by the fact that there were postoperative complications such as the additional sensory loss on the ipsilateral side as well as the ipsilateral leg weakness which needed to be dealt with if the procedure was going to be viable in the regimen of neurosurgical treatments. It was obvious that we would have to improve the method of making the lesion and this has been done over the past five years with the help of

Dr. Eric Cosman of Radionics Corp. who designed a special thermal coagulating electrode which we now use and has reduced the complication rate down to about 5%. In fact, I think Allan Friedman, even making lesions in the thoracic cord, which I consider the most delicate area of the spinal cord, has not had a patient in the last year with a postoperative complication.

As with all new neurosurgical operations, new technology is often applied so that we now have reports of neurosurgeons using the laser to produce the DREZ lesions. I myself am not convinced that the laser is without its problems and have stated this in the Journal of Neurosurgery. The laser certainly is an important advance in certain aspects of neurosurgical treatment and may well replace the thermal lesions as far as the DREZ procedure is concerned, however, I believe there is a need for laboratory experiments in animals on the spinal cord using the laser. These experiments are appearing now in the literature, so it will only be a matter of time until we can evaluate what proper direction to take in this operation.

At the present time we have carried out 250 DREZ operations here at Duke, the majority on patients with brachial plexus avulsion, paraplegic pain and post-herpetic pain involving the extremities and the thorax. I have a few patients now, which I will report soon, with trigeminal nerve pain which have been helped by lesions which destroy the nucleus caudalis of the trigeminal system just at the upper cervical and lower medullary junction. This is a variation on the old medullary tractotomy carried out by some very eminent neurosurgeons in the past, but the principle is somewhat different in that instead of cutting the descending tracts coming down that make connections with the secondary neurons in the nucleus caudalis, we actually make an effort to destroy the secondary neurons themselves which form the ascending pathways from the trigeminal system on to the thalamus. The results in this group of patients are very encouraging. I think it can be safely said now that pains of central origin, such as brachial plexus avulsion, paraplegia, and post-herpetic pains, seem to respond most satisfactorily to the DREZ procedures. About 60% of the patients get good to excellent pain relief for periods now up to five years in the brachial plexus avulsion and paraplegics. Pains of peripheral origin do not seem to respond to this operation. We have really eliminated this from our treatment method.

You will be particularly interested in the paraplegic patients because I know you devoted a considerable amount of time to this problem when I was a resident at Bowman Gray. We are now making a very detailed analysis of the onset of pain and its characteristics in this group of patients. Ten percent of all paraplegics develop intractable pain problems, and there is very little about this in the literature. Certainly there has been

very little in terms of pain relief until the DREZ operation. Sixty percent of the paraplegics in our current series have also been shown to have intraspinal cysts. Although these have been recognized by other neurosurgeons in the past, there is a great deal more to the story than is in the literature, and we will have some more data on this in the near future.

At the present time the DREZ operation is being done worldwide with most of the operations being done in England and Germany. I understand now that they are beginning to do this in Japan and in South America.

We plan to keep updating our clinical experience so they can be a guide to other neurosurgeons interested in the problem. The development of the DREZ operation has emphasized to me the importance that all neurosurgeons should continue to study and analyze the basic neuroanatomical and neurophysiologic data from the laboratory and focus this information on the clinical problem. This is nothing new. We know that Cushing, Dandy, Frazier and MacKenzie, as well as many great European neurosurgeons, emphasized this in the past.

Sincerely,



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

BSN:fj

THE NEUROSURGICAL GROUP OF HOUSTON

6560 FANNIN ST • SUITE 1250 • HOUSTON, TEXAS 77030

GEORGE EHNI, M.D.
RICHARD HARPER, M.D.
ALFONSO E. ALDAMA, M.D.
BRUCE L. EHNI, M.D.

October 22, 1984

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

Dear Eben and the Academy:

The recently received Round Robin Letter of the Academy awakens my guilt at neglecting to write to you despite your heroic efforts to put out a respectable newsletter. I suppose I could make up some plausible excuses, but prefer to seek absolution by writing you a decent letter to make up for past deficiencies.

Approximately six years ago I became fed up with my job as the head of the Division of Neurological Surgery at Baylor College of Medicine, feeling that I was getting little support from the professor of surgery and experiencing what seemed to me to be ignorant harrassment by representatives of regulatory bodies—in particular a fussy budgetary retired pediatrician who was sent down here to examine the neurosurgical training program, some outfit called LOGME with a Ph.D. secretary who said I and my department ought to be doing more research (though there is no research requirement mentioned for approval of a program by the American Board of Neurological Surgery), and a neurosurgeon high in the councils of our heirarchy who spent less than a day talking to over a dozen colleagues in fields of ENT, neurology, eye, general surgery, vascular surgery and peripheral disciplines, and who then departed to write an unfavorable report of my program without ever discussing it with me to get my viewpoint and rebuttal.

I had been in the job for 18 to 20 years, during which we had turned out a really respectable bunch of trainees, practically all of whom are in successful practice and a credit to the profession. I think that none of the men trained at Baylor during my tenure failed to become a diplomate of the American Board of Neurological Surgery. As my 65th birthday approached I thought that would present a proper opportunity to turn in my keys, and wrote a letter of resignation from my position as head of the Division of Neurological Surgery at Baylor, but not from my professorship nor my hospital appointments. I named my date of departure as my 65th birthday, February 18th, but no one took me seriously and it wasn't until just a few weeks before the named date that I was asked who would be a suitable temporary head of the Division. Bill Cheek was chosen and served admirably for several years until Bob Grossman was persuaded to move up to Houston from Galveston. Bob is very active in research on nervous system trauma, as well as participating in investigations of epilepsy. He is also a competent clinical surgeon, gets along well with the other neurosurgeons in the Baylor/Methodist community and has gained more respect than I or my predecessors ever did, testified to by his nomination to the American Board of Neurological Surgery by the Society of Neurological Surgeons, membership in the

Society of University Neurological Surgeons and other national and international groups.

It has seemed to me that a man joining a medical school faculty in a responsible position from clinical practice, no matter how successful and well regarded, carries a considerable handicap in not having the training or interest in laboratory research nor the requisite tolerance for committee work in the medical school and hospital, nor practice in accommodating himself to the sometimes strange-seeming views and practices of career full-timers.

The medical school people assumed I was retiring and arranged for what they called a retirement party to be held at a local club. I obliged them to cancel this party because it had been arranged without my agreement or input and was mislabelled retirement when it should have acknowledged my resignation from an administrative position only. I settled for a subsequent afternoon and early evening cocktail party at the Petroleum Club hosted by the Department of Surgery, at which I made it plain that I was returning to what I knew best, clinical practice and the diagnosis and treatment of nervous system disease having surgical implications. I judged this would be a good opportunity to build a group practice in Houston, where no more than two or three neurosurgeons had ever practiced together. The first man to join me as an associate was Dr. Richard Harper, one of my own trainees, who seemed to me to be one of the most competent neurological surgeons of his generation. We were subsequently joined by a man from a highly regarded western training program who then went out on his own, and then by Dr. Alfonso Aldama, also a superior Baylor medical school graduate and one of my trainees. The last man to join us is my son, Bruce Ehni, who finished his training under David Kline a little over two years ago and who passed his Board examinations the first time he tried, as my other two associates had done.

We now have a corporate organization and scheme for division of the money that seems to be highly satisfactory to all, and practice under the corporate name of The Neurosurgical Group of Houston. Our office on the 12th floor of a Methodist Hospital owned professional building right across from the hospital and connected to it by an overhead walkway has suddenly grown too small to accommodate five secretaries and an office manager. Dr. Harper saw to it that we became computerized (except for clinical records), and we have a splendidly functioning library of clinical records, slides, reprint files and all the rest managed by a librarian who happens to be my daughter, Nicole. Speaking of family, our oldest boy, George, is on a rung of the executive heirarchy of Texas Instruments and comes down from Dallas frequently to participate in certain functions of the Houston and Stafford operations of Texas Instruments. Marco, our oldest daughter, is married to Bill Goodwin, a partner in a financial management firm in Dallas, and they have two children who seem to me to be typical creatures of the Highland Park social environment--perfectly mannerec, good students and always in great control. Bruce, my associate, is our second oldest boy and Nicole is my second girl. Our next youngest boy is Brian, who is a Captain of Infantry at present in San Antonio, but looking forward to a second tour of duty in Germany. Our youngest daughter, Melanie, graduated from the University of Texas Medical School, took her first postgraduate year in pediatrics at the University of Kentucky in Lexington, and is now back here at Hermann Hospital and the University of Texas, Houston in a pediatrics residency.

Our youngest child, Scott, works for Blackburn Engineering, a metal fabricating company, and also has his own manufacturing operation and a construction business on the side. He is just completing a building for the Capitol Flag Company just a short distance toward town on Fannin Street from the medical center.

Since rid of administrative duties at Baylor and since I have quit doing aneurysms, pineal and eighth nerve tumors and transsphenoidal hypophysectomies in favor of my younger associates, I have had increased time in which to write papers on past experiences with transcallosal surgery, reduction of head size in massive hydrocephalus, occipital neuralgia due to upper cervical arthrosis, book chapters on open surgical cordotomy and surgery of third ventricle tumors, as well as a book for Year Book Publishers on cervical motion segment disorders, entitled "Cervical Arthrosis". In the book I attempted to synthesize into a coherent whole what others have discovered significant about developmental shallowness of the cervical spinal canal and foramina, arthrotic pathological encroachments on the canal and its neural contents, biomechanical effects and circulatory factors as they interact to produce the diseases in the cervical myeloradiculopathy category. It has long been my strong bias that most of the bad things that happen to surgeons operating on the neck, and their patients, come about through a too constricted view of etiology, generally in the direction of some singular process like a herniated or bulging disk, without taking into proper account the other factors without which the bulging disk or spur would be of no consequence whatever. In this book I make a reasoned argument for employment of posterior decompression rather than blind faith in anterior interbody operations, and hope that decent attention to the book will result in a vast improvement in surgeons' performance.

Residents and others who have had training elsewhere on coming to Houston and observing what goes on here frequently mention the fact that they don't see many anterior interbody operations going on in Methodist and Baylor institutions. I take credit for this, in large part because many of the people working in this community were my trainees and were indoctrinated early in the virtues of posterior decompression rather than a disk wrecking operation with or without deliberate effort at fusion.

Lari and I go to most of the meetings of organizations to which we belong, and look forward to hosting the meeting of the Academy here in Houston in 1985. Houston is a spectacular city architecturally, is rich culturally, and is economically among the foremost in the country, but it does not blow its horn so much as other Texas cities, nor does it try to mimick New York. Our intencion for the Academy meeting in 1985 is to follow the theme of architecture, culture, artistry, originality and commerce in Houston as we perceive it. The meeting will be held in the I.M. Pei designed Warwick Post Oak Hotel, surrcunded by buildings in The Galleria area designed by Philip Johnson, John Surgee and others of international renown. We intend to have two or three options for every time segment for both members and wives and hope for a very large turnout.

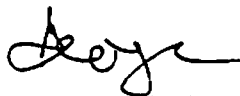
In April Lari and I took delivery on an automobile in Sindelfingen, Germany and spent the next five weeks touring the smaller towns in southwestern Germany, Alsace, Burgundy, central France, the Rhone Valley, Provence, the Mediterranean shore to Spain, the French side of the Pyrenees and then up the Atlantic coast

to surrender the car in Antwerp. I brought home so many Kodachrome transparencies that only a fraction can be shown at any one time, even though those with any kind of imperfection have been discarded.

After we got home I started having epigastric pain with change of bowel habit and periodic increase in peristalsis. My first thought was that I had an obstruction in the transverse colon, and then when other things appeared I thought surely it must be cancer of the pancreas. A gastroenterologist did everything he knew how to do, finding everything normal, and thought perhaps I had picked up a case of Giardia over in the Black Forest or the Vosges Mountains. Before this could be checked out I went to a meeting of our Travel Club up at Collin MacCarty's place in northern Wisconsin, and felt so ill one day that I thought I must have had too much to drink. After getting home things settled down a little bit, and then one day when I had a meningioma scheduled I awakened with some pain that seemed to me to be more in the right lower quadrant. At the conclusion of the operation I had definite right lower quadrant pain with tenderness and rebound tenderness, as well as a low-grade fever and a white count of 16,000. That evening I was operated upon and ended-up with a wound left open with a drain in it and on intravenous Piperacillin and Amikacin because my appendix, which was retroperitoneal and in the root of the mesentery, had turned out to be gangrenous and a substantial mess. I was in the hospital for two weeks and spent about three weeks convalescing at home before returning to practice.

Lari is constantly busy making things in the general category of fiber art. This field has its own organizations and Texas meetings are held in Houston, Dallas and San Antonio. Most people think of fiber art as macrame or weaving, but modern fiber artists are occupied with much more ambitious projects. Hotels and public buildings are showing more and more decorative objects for display on walls made of fiber, as distinguished from application of pigment to some sort of fiber or board surface. The big thing nowadays is "wearable art", which entails the making of a unique garment that has antecedents in other cultures or in impressionism, cubism or some other category of pigment art rather than being derived annually from Paris, Milan and their well-known designers. The Houston fiber artists are planning to present a fashion show of wearable art for the delectation of the ladies of the Academy when we gather here in 1985.

Yours very truly,



George Ehni, M.D.

GE:gs

EDWIN B. BOLDREY, M. D.
UNIVERSITY OF CALIFORNIA
SAN FRANCISCO, CALIFORNIA 94143

NEUROLOGICAL SURGERY

11 September 1984

CONSULTATION BY APPOINTMENT
(415) 664-0810 OR 666-1081

Dear Academicians:

How rapidly time has flown since we had the meeting of the Academy nearer home than is the plan for this fall. I have had occasion to look back over the past files of the Academy and am sure that many of you have done the same. The result of this search - if any of you did carry it out - has revealed that the Ninth Meeting of the Academy was held here at The Homestead in 1946 - just after World War II had ended. I remember that meeting very well. Helen and I, of course, came by train, as was the custom of many of us at that time. Barnes Woodhall was the President and I recall clearly how he handled the business sessions which we all learned eventually to expect from Barnes. (I am told that Barnes will not be able to be at this meeting and it is indeed sad to have that information.)

The meeting then was a particularly joyous one for we had had two sessions during the war, it will be recalled, which could not be attended by many of us - including me. There was some discussion as to whether or not we should pay for the meeting whether we went or not and I think this was eventually resolved to the satisfaction of all. Most of us had never been to any establishment like The Homestead and we marvelled at the shows put on by the waiters as well as the horse and carriage means of transportation about Hot Springs, Virginia. I have the feeling that it was the first time since the meeting here in San Francisco and in Los Angeles in 1941 when the spirit of the Academy revealed itself. Nobody had been black-balled yet. The quality of the papers was even better than we remembered them before the disruptive influence of the war. There were delightful discussions in the halls and rooms of the sort that have made the Academy meetings so pleasant for all of us. Our wives were there with all of their resplendent beauty. No one has ever challenged successfully the position that the wives of the members of the American Academy of Neurosurgery are the most attractive of any organization in the world. May it ever be so, and I strongly suspect that it will ever be so.

All of us have times of excitement in our lives these days. There are times when I wonder just where George Orwell got the message that 1984 was going to be such a messy year. I say that knowing that we still have more than three months yet to go. I will just have to have all of you regard your curiosity as thoroughly piqued in many respects. Among the things I can talk about I will mention a couple.

Finally the Boldrey's continuing problem of the wind-blown tree (or trees if one wants to recognize that this tree had four trunks) seems to have been settled although I would not want anyone to regard this as final for in litigious California there is always someone who knows a lawyer who thinks that you might get a few more thousand dollars if you did this and obviously in the interest of "justice" you have an obligation to pursue the matter as far as possible to your own benefit as well as to that of your attorney - on a fifty-fifty basis. The plaintiff attorneys are not all confined to the medical field although most of them, I suppose are.

As all of you know I believe, I stopped operating about two-and-a-half years ago and since then I have been surprised at the frequency with which I have been called on to search out old records answering some query which has been received in highly legalistic language on highly legalistic stationery. At The Homestead we may have some discussions as to whether or not there is agreement among the members of the Academy that a single identifiable bump is the sole cause of a scalp tumor to increase its rate of growth and that no other bump could have occurred during a period of several years and that the bump could initiate highly complex biochemical, physical and theoretical progressive changes which clearly demanded financial reward on the outside chance that something bad might eventually supervene.

Since there have been some amazing medical situations come to my attention - I will cite one of them only. As many of you know, the major part of my time is spent in consultation relative to situations handled primarily by the resident staff. Such a patient recently was a "mainliner" who used cocaine. He was seen initially because of evidence of disease which turned out to be Staphylococcus meningitis and Staphylococcus endocarditis, both proved by culture. There was a question also as to whether or not he had bumped his head. Within the next week or so this man presented himself with progressive deterioration and CT scan showed a large mass in the frontal region on one side and a moderate sized mass in the temporal region on the opposite side and a smaller still - two or three centimeters in diameter - in the occipital region. It seemed to me that the outlook was pretty poor and that the masses described fitted in with the likely presence of Staphylococcus cerebral involvement. The person with whom I was consulting objected strongly and felt that this was obviously a intracerebral hematoma and that the cultures from the spinal fluid and from the heart with the signs and symptoms of endocarditis were merely "red herrings". I failed to remember that it was 1984 for, as you may have guessed now, the resident was right and this was a subdural hematoma. The Staphylococcus infections were known and were treated, after the hematoma had been identified, by the appropriate antibiotics and the patient left the hospital after a duly appointed time on his own power and expressing wonders as to why we were all concerned about his seeking out another source for a "fix".

I have gone back over some of the old issues of "The Neurosurgeon" and I have never found a report in the old issues even approximating this one. By the way, it is good to keep the old copies of "The Neurosurgeon" for they make excellent and enjoyable reading. It is enjoyable to see what we and some of our colleagues have written for this private journal in times past. I wish that I could have kept the old original round-robin letters that Dean Echols started at the inception of the Academy.

I will include one other note for this personal and private journal of the Academy ~~and~~ the Boldrey domestic activity of the year. We have been invaded by raccoons! I hoped very much that we could have gotten one of Eben Alexander's coon hounds from the Carolinas but that did not seem to be feasible. I think we ought to be brought up to date at The Homestead on the current status of coon hounds and their peculiar arnoid - olfactory anatomy which made them such valuable animals. Let

page 3

me just tell you that if a female caccoon, pregnant, sees in your basement a likely place to start a maternity ward there is very little that is going to stop her. We had a small door with some steel angle bars at the edges and she bent one of these back ninety degrees in her efforts to get this door open. Her effort was successful. We got the SPCA to take her away after we trapped her. They scolded us for not being thoughtful about her young and took the beast and cage away ten minutes. They brought the cage back in five minutes, the animal was back in about fifteen. We were duly humble in the face of the verbal castigation for having such low concern for the safety and welfare of raccoon mothers and offspring.

Helen and I look forward to getting together with all of you at The Homestead in just about a month. I have many more stories to tell at that time.

I will see you soon.



Edwin B. Boldrey, M.D.

EBB:ce

SAN FRANCISCO NEUROSURGICAL
MEDICAL GROUP INC.
2001 UNION STREET
SAN FRANCISCO 94123

(415) 922-4665

Neurological Surgery
BYRON C. PEVEHOUSE, M. D.
THOMAS P. KENEFICK, M. D.

October 24, 1984

Dear

Congratulations on your election to active membership in the American Academy of Neurological Surgery. As you probably know, active membership is limited to one hundred neurosurgeons, thus the selection process is quite rigorous. I trust that you will enjoy the close association and personal relationships which have been a tradition for the Academy over the past forty six years.

Enclosed is a recent copy of the "Round Robin Letter" which encourages members to write one or more times a year about scientific matters, academic affairs, family events or any topic which might be of interest to other members. I invite you to take the time now to write your first letter for the Round Robin, including some personal thoughts about becoming a member of the Academy, your family, hobbies, achievements in other endeavors of life, pet peeves about neurosurgery, or the government, or the Dean, or the insurance companies, or whatever. Address to Dr. Eben Alexander, Jr., Bowman Gray School of Medicine, 300 South Hawthorne Road, Winston-Salem, NC 27103.

Lastly, please mark your calendar now to attend the next meeting of the Academy in Houston, October 27-30, 1985. With all best regards,

Cordially yours,

Byron C. Pevehouse, M. D.
Chairman, Membership Advisory
Committee

REMINISCENCES

In the affairs of the medical profession the international border scarcely exists. Institutions and individuals in the United States have shown the utmost generosity and kindness to Canadian doctors over the years.

Neurosurgery in Canada started with an act of generosity by Harvey Cushing. In 1922 the University of Toronto awarded the Charles Mickle Fellowship to Dr. Cushing who suggested to Professor Clarence Starr that he send someone to Boston to train with him and to whom he would give the \$1,000. award.

Kenneth McKenzie was a resident of Cushing in 1922-23. In 1924 he started a one man neurosurgical service at The Toronto General Hospital. In the late 1920's W.E. Gallie, Ed Gallie to his friends, became Professor of Surgery. For the rest of his life he devoted a great deal of his time and energy to the post graduate education of young surgeons. These trainees naturally became known as "Galley slaves", and they loved it and him. After he retired he organized the McLaughlin Travelling Fellowships available to all post graduate doctors who were to become teachers in Canadian Medical Schools. Drs. Hendrick, Hudson and Hoffman had McLaughlin Travelling Fellowships.

Dr. Gallie wanted a neurosurgeon at The Hospital for Sick Children. In 1929 he arranged for me a Douglas Smith Fellowship under Professor Phemister at The University of Chicago. There I came under the influence and tutelage of Percival Bailey and Roy Grinker. Paul Bucy was Bailey's resident in 1929-30.

I was Kenneth McKenzie's resident; the first he had for a full year in 1930-31. I spent a great deal of 1931-32 at Queen Square where I enjoyed the teaching of Gordon Holmes, Georgie Riddock, Charles Symonds and William Adie.

One of my friends told me I should say something about the economics of the early thirties. I did 6 years in post graduate training from mid 1927 to mid 1933. In 4 of those years I had no income. In 1929-30 in Chicago I was paid \$125. a month as a Douglas Smith Fellow at the University of Chicago. When I went to England in the autumn of 1931 I borrowed \$1500. from the Sick

Children's Hospital at 6%, and as resident surgeon at the Sick Children's Hospital in 1932-33 I was paid \$100. a month. By this time I was married and my wife Eleanor who is a nurse, was not allowed to work because she was married.

As a junior surgeon on the staff of the Sick Children's Hospital I was paid by the Department of Surgery about \$40. a month for the first year. This diminished each year and lasted for about 3 years. The older members of the staff went out of their way to ask me to assist. I did a lot of general surgery, mostly of course without income. However we were allowed to send a bill when there was likely to be a settlement of an accident by a third party.

I wish now to tell very briefly of the founding of the American Academy of Neurosurgery. The Harvey Cushing Society was born in 1932 with 23 charter members. The 7th meeting was held in Memphis in April, 1938. Dr. Eustace Semmes was host. McKenzie invited me to report a case of glossopharyngeal neuralgia at that meeting. As I lined up to register in the hotel I discovered that the man behind me was Frank Mayfield. We shared a room and have been close friends ever since.

It soon became clear that a lot of backroom politicking was going on. Before the meeting was over I was swept into a small group with six others. The founders of the Academy. Spencer Braden, Dean Echols, Joe Evans, Frank Mayfield, Francis Murphey and John Raaf. Conception was April 22 in Memphis. Gestation was for six months. Birth was on October 28, 1938 in Cincinnati. I believe the Academy was formed on the advice of Glen Spurling, a man of great charm, wit and wisdom.

In a letter to me dated November 23, 1983 Frank Mayfield said, "As to the people who encouraged us to organize the Academy, Glen Spurling and Eustace Semmes were the principals; Craig lent support. Indeed, there were several others, but Spurling and Semmes were the moving factors. Dr. Semmes actually gave us a bottle of "Semmes private stock" to keep our spirits up."

By mid 1942 I was in England on the staff of a Canadian Neurological and Plastic Surgery hospital. Loyal Davis*, the father of Mrs. Ronald Reagan was consulting neurosurgeon to ETO (European Theatre of Operations). Some time in 1943 or 44 he returned to the United States and was replaced by Col. Glen Spurling.

In the British and Canadian armies head wounds had a high priority but were usually moved, often considerable distances by ambulance on the good roads of Europe. The British ground forces in Europe were 21 army group - 2nd British and 1st Canadian army. Each army had one mobile neurosurgical unit. As O.C. of #1 Canadian Mobile Neurosurgical Unit I helped to mobilize the unit in March 1944. Because we had two surgeons in the unit I wanted two electro-surgical Bovie machines. Canadian medical stores refused my request for a second machine. At that point I telephoned Glen Spurling in London. I explained the situation and said "Glen may we have a second Bovie Unit? - lease - lend". He replied at once "Why of course Bill". And he then told me where to send the messenger for it.

In November, 1944 in Antwerp I operated on an American soldier who had a penetration of his dura by a fragment of metal. About ten days later an officer of the executive type arrived to complete the paper work. He asked if there was anything we would like in our unit. We were tired of tea and I asked him if we could have some coffee. About three days later we received a large corrugated paper box with about 25 lbs. of fresh ground coffee. It is a wonderful feeling, when you are far from home, to have friends like that.

At this point I showed a photograph of a sign of #1 Canadian Mobile Neurosurgical Unit, which stood outside our operating room all the way from Normandy to Germany. This sign has a permanent place at my summer cottage, and my granddaughter Christina Keith then about 14 going on 15 and I were in the picture. I said Christina was not born until three years after I started to retire, but I did point out the beautiful 21 army group insignia. This was a beautiful blue cross on a crimson background. I remember how proud I was of this crusaders' cross when I sewed them onto the shoulders of my battle dress tunic.

*actually stepfather

In 1928 Wilder Penfield and William Cone opened their laboratory of Neurocytology and pathology and started the practice of neurosurgery at the Royal Victoria Hospital in Montreal. Dr. Penfield was a Rhodes Scholar and was treated by the Oslers almost as a son. Bill Feindel was also a Rhodes Scholar and a devotee of Osler.

On July 12 of 1961 on the 112th anniversary of Osler's birth, the Penfields, the Feindels and the Keiths attended the dedication of the Cairn erected by the Toronto Medical Historical Club at Osler's birth place, Bond Head, Ontario 40 miles north of Toronto. At this point I showed a slide of Drs. Penfield and Feindel standing one on either side of the Osler Cairn.

Featherstone Osler was going to call his son Walter Farquar. However when the noisy Orange Parade passed the parsonage on that 12th of July morning, he held up his new born son and the Orange men hailed him as Prince William. Hence the name William Osler.

Canadians are deeply indebted to our friends in the United States for their help in establishment of Neurosurgery in Canada and Canadians are deeply grateful to W.E. Gallie for his life-long devotion to the education and well being of young Canadian doctors.

Dr. Wm. S. Keith
55 St. Leonards Crescent
Toronto, Ontario
M4N 3A7

Henry Ford Hospital

DETROIT, MICHIGAN 48202

October 31, 1984

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

Dear Academician,

After the tremendous job which Eben has done in trying to keep the NEUROSURGEON circulating, I for one am embarrassed that I did not take the extra little time necessary to make my contribution so I'll do this now.

After returning from our meeting in Hot Springs, Virginia, the matter of the frequency and number of neurosurgical meetings which we have as a group needs consideration. From my own personal point of view the small meetings of the senior society, the NSA and the Academy are outstanding because they allow an opportunity for open communication among a small number of people on any particular group of topics. The larger meetings such as the AANS serve a purpose in having a wide survey of what is transpiring in neurosurgery and the Congress seems to be more didactic for the residents. Add to this the specialty societies which are developing meetings such as the pediatrics, the spine society, all sections of the AANS. For the people interested in vascular surgery there is the stroke meeting; and then there is a special research society of neurosurgery. The real question is, is there a repetition of information in all of these meetings and are they fulfilling a goal in the education of the neurosurgeon who is attending them? Economically the cost of the meetings in terms of time away from the practice and travel time and expenses will continue to escalate. As institutions become more cost conscious, particularly with DRG's and other influences in medical care, closer scrutiny to these meetings will undoubtedly be made. There is certainly a certain amount of neurosurgical politics which occurs at the meetings. It might be of interest for the senior society to survey this issue and make some recommendations so that all of the societies could then benefit from this analysis.

Our hospital continues to be involved in its innovations in health care economics. We are expanding in the coming year from five to nine satellites throughout the Detroit area, five of which will be 24-hour a day full service medical facilities while four of which will be mini satellites with a smaller primary care orientation.

October 31, 1984
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There is more competition now being introduced into our market with other hospitals getting into the satellite idea and other HMO's springing up to compete with the one which we initiated years ago and which seems to be successful as HMO's go. With the government grant we have also initiated a special HMO for senior citizens which will provide them with medical care and any freedom from concern about forms at an extremely competitive price. We are a test system for this kind of health care initiative and should know if this is the way to go. Although the health care market in Detroit is not as competitive as those in other communities, it is obviously heating up and these are some of the responses we have made to them. With over a million outpatient visits a year as seen in our entire system, we need to find a way of abstracting and computerizing the medical record so it can be easily recalled regardless of the patient's location in the system. It costs us \$4 to transfer a chart and that's 4 million dollars a year or 40 million dollars in 10 years which would seem to be enough to buy a sophisticated computer system. Apparently there is none that has been developed for an abstracted medical record and we are trying to develop an approach to do that which might be successful. We were gratified that the institution has selected the neurosciences as one of its centers of excellence to emphasize in the coming years.

Our department continues to grow. This year we will reach some 1200 operations which is 200% larger than the number at which we started. Neurosurgery now has one out of every ten patients in the hospital and is a large and active service. We expect to add two additional staff people in the coming year so that we can handle the increased number of visits, but time continues to be the major problem which is difficult for me personally to apportion and deal with. How to balance administration, patient care, research, and the need to have a balanced family life becomes a challenge for the Gods. As a mere mortal, I've figured that the answer is to add another 12 hours to each day. Perhaps this might be something which we could discuss at a senior society or academy meeting.

Our children continue to be our pride and joy, both of them being at Ann Arbor and having a marvelous time and surpassing their father and mother. We're delighted they are close and can come home and see us frequently. It's now easy to see what it was like for our parents to go through the period when their own children left home to assume more independent lives.

We look forward to visits of Jim Robertson, Bob Wilkins, John VanGilder, Tom Langfitt, Nick Zervas, Dave Klein, Russ Paterson, and other members of the academy throughout the year. Sean Mullan just visited us and it was a real delight to have him as our visiting professor.

I'll close by quoting from a silver-haired mentor of mine from the north who left us with the exhortation "keep it moving."

Best regards to you all.

Sincerely,

James T. Ausman, M.D., Ph.D.
Chairman, Department of
Neurological Surgery

JIA/has

WASHINGTON
UNIVERSITY
SCHOOL OF
MEDICINE
AT WASHINGTON UNIVERSITY MEDICAL CENTER

DEPARTMENT OF NEUROLOGY
AND NEUROLOGICAL SURGERY

Neurological Surgery

Henry G. Schwartz, M.D.
August A. Busch, Jr. Professor

December 26, 1984

Dear Eben and other Brethren of the Academy:

As one of the many who have shirked their fraternal duties, I must apologize and give thanks to Eben for his thankless task of keeping the Round Robin flying. Its wings which used to give comfort and cover to the fledglings of the Academy have withered to some extent but its heart still beats strongly.

The sight of old true friends and meeting new ones at the Homestead was a most comforting experience. Lest I be carried away by sentimental reminiscence, I must say that there was one discordant note. In view of the hard work of the Membership Committee, it was somewhat disappointing that not all of the approved candidates were elected. However, I am sure that errors of omission and commission will be corrected in time. The Academy has recovered from even more gross blunders in the remote past and even the grossest wounds finally heal if the nutrition of the body is maintained.

Having gotten that off my sentimental chest, I have been asked by Eben to relate not all, "but a few" experiences with the Journal of Neurosurgery. Originally appointed to the Editorial Board in 1959, I immediately became familiar with problems faced by the earlier illness of Franc Ingraham, the overwhelming mountain of delayed manuscripts in the office of Louise Eisenhardt, and the intransigence of Charles Thomas. The Cushing Society was fortunate in having Paul Bucy assume the role of the Journal's knight errant in dealing with the critical problems. Not only did we succeed in extricating fiscal control from Thomas' clutches, but publishing and production improved dramatically. Dave Reeves' illness resulted in some distortion of the ordinary rank of accession and Bronson Ray occupied the breach.

I have often alluded to Paul's energy and ability to carry his own practice and teaching along with the day-to-day production of the Journal. After a few years it became obvious that the increasing load of manuscripts required more time and attention. Serendipity came to the rescue with the appointment of Henry Heyl as Editor in 1965. Paul Bucy continued to take care of

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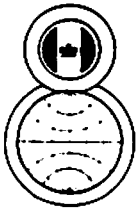
the business side of the publication until 1972 when it was decided to concentrate all aspects in Henry Heyl's capable hands. His death in March 1975 was a blow to the Journal, the Cushing Society, and to neuroscience.

As I reflect upon the past and my own close association with the Journal, I cannot avoid a somewhat chauvinistic commentary in pointing out to our members that, since 1953, the Academy has been responsible for the makeup of the Editorial Board, with the single exception of Bronson Ray. Now, with Bill Collins at the wheel the Academy can cite three Editors out of its ranks. Not bad for a bunch of young birds who were unable to enter the hallowed ranks of the Harvey Cushing Society, let alone the Senior Society, in 1938!

Merry Christmas and Happy New Year to all.

Yours,


Henry G. Schwartz



8th international
congress of
neurological surgery
toronto - july 7-13
1985

September 28, 1984

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

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Dear Eben:

I thought you might like to have a few notes concerning Bill Keith as I doubt that many of you have had the opportunity of seeing him personally over the last few years. The Pediatric Section of the A.A.N.S. met on November 30 - December 2, 1983.

Bill gave an extremely entertaining address in which he related his personal memories of a neurosurgical career. Bill paid particular tribute to Glen Spurling. The almost magical recovery of a child treated with the newly introduced sulfonamides was described with a poignancy which was felt by all in the audience.

This year's Keith Lecturer to the University of Toronto was newly elected Academy Member Don Long and Bill Keith is looking forward to welcoming Professor Derome from France when he comes to Toronto to honor Bill Keith in February 1985.

At a meeting on Spinal Cord Injuries held in Toronto May 31 - June 1, 1984, Bill addressed the audience on the topic of The Second Cervical Nerve Root.

The pediatric tradition which Bill introduced to Toronto continues and Susan and I are just back from Cairo where Harold Hoffman, who is the President of the International Society for Pediatric Neurosurgery, presided over the meeting of that society in the shadow of the pyramids.

From the above, academicians will be delighted to hear that Bill Keith is still very active in Neurosurgical circles in Toronto and I know that he would appreciate hearing from any Academy Members who happen to be passing through Ontario.

Best personal regards.

Sincerely,

A. R. Hudson, M.B.
Professor and Chairman
Division of Neurosurgery, University of Toronto

Yale University

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Telephone:
203 785-2693

February 28, 1985

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

Dear Eben:

I promised you a letter many weeks ago but there are many reasons for the delay. This year is probably best characterized as "the best laid plans of mice and men". As you can tell by the letterhead, I am Acting Chairman of the Department of Surgery. I spend my time doing things for which I have been poorly trained and do not particularly enjoy. I took the job because I am one of the senior professors in the Department and, foolishly or not, most of the full-time and part-time staff trust me. I felt that I could hold the Department together while the University searched for a new Department Chairman, but to the best laid plans.

Although it is hard for me to realize, I and most of my friends are 60 or older. I can still remember when I thought that was ancient but it feels little different. I decided many years ago that when I reached the ancient age of 60 I would step down as director of a program or chief of a section or department of neurosurgery, if I ever was appointed one. I know many of my close friends disagree, since they have not stepped down when they reached that age. Perhaps a controversial aspect of my decision is that it was greeted by some of my friends not as a class action but as a personal decision which reflected my inability to continue. While that is part of it, in that the continuation might be of a different character, it is also I believe a legitimate class action opinion. Without naming any names, as a young neurosurgeon, I saw a very reactionary senior group of neurosurgeons find it difficult to change concepts of clinical investigation, resident teaching and even patient care. I did not want to join them. In addition, I am becoming more reactionary and at times lack of energy reserves influences my decisions. In committees when I hear some of the suggestions that have been discussed so often in the past, I don't even want to think about them. This interferes with the enthusiasm of the younger faculty.

In stepping down I do not want to stop doing neurosurgery but continue active in the field. This past year I was able to renew an NIH grant to continue some work that I have been doing on regeneration in spinal cord. In addition, when I was offered the opportunity, I decided that if I worked about 40 or 50% of the time on research and clinical work, I could become Editor of the Journal of Neurosurgery. Just reading the papers coming out of the field of Neurosurgery is great. I arranged this and announced to the Dean in January:

Eben Alexander, Jr., M.D.
February 28, 1985
Page 2

of 1984 that I wished to step down. In April a committee was appointed to find a successor. I am not certain how far the committee got because at this point problems developed between the Chairman of the Department of Surgery and the University. In the spring it was apparent that unless some major changes were made the Chairman was going to resign and on the 1st of August did so. With the resignation of the Department Chairman the Dean cancelled all decisions on Section Chiefs and asked me to take over the Department. At about the same time, the Editorial Office of The Journal of Neurosurgery moved to New Haven. The Journal is fun and a lot of work. If I go out more than one evening a week I cannot keep up with it. So our social life, which was not very active at best, has been even further curtailed. Fortunately, one of my Ph.D. faculty in Neurosurgery has helped the grant get started and I am hoping, some time in the future, to get to the "dirty hand" stage of joining him. Although I have cut back on my practice and on the number of days of week that I operate, the Department has taken up any slack.

It was not in the script to increase my administrative duties. I find it personally difficult to run a Department about which I know something but about which I have difficulty evaluating information that is given to me. I have always sort of jokingly said about administrators, that all I really want from them is a decision and if they are administrating a good faculty the faculty can work around a decision that is good or bad. But when one is the administrator trying to make the decisions one wishes to make good ones and it is difficult to define a good faculty. Often I find this rather wearing since friends whose judgement I respect give me information 180° at variance. Perhaps after five or six years and multiple mistakes I will more easily evaluate it, but of course that would entail too long a period of time. Also, I find at the end of the day while I have been busy, nothing has been accomplished in the areas I have found satisfying. There is no experimental data completed, no paper that might pull together some thoughts and no patient either doing well or poorly that I have treated. I hope the search for a new chairman will be short and that he will be that God-like figure that all medical schools are looking, a great clinician, a Nobel Prize researcher and a teacher that people sit before, spellbound when he speaks. Since I have none of these attributes, I have convinced the committee that they should look for another person to run this Department.

To return to program directors, I think running a neurosurgical program is a young man's job, for I believe one has to be willing, if anything is wrong with the program, to arrive before the residents in the morning, to stay later than they do at night, and be prepared to continually upgrade the quality of the service and the conferences including preliminary reading and reviews of any subjects that are to be discussed. At the same time, while not necessarily the best surgeon, one should be able to do any surgery that is necessary in the Department. This latter seems less of a problem with sub-specialization and perhaps could be dropped; however, the other aspects require enthusiasm, energy and an adversary role to keep the standards of a program. Probably the only thing, over the age of 60, that may have improved in my

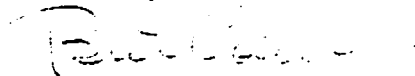
Eben Alexander, Jr., M.D.
February 28, 1985
Page 3

handling of the faculty and residents is that I have more compassion than I did at a younger age and probably would not be so quick to take personal affront. I think, while perhaps more admirable than my previous behavior, it may not be as effective since some of our best program directors have little of either.

Pardon the rambling letter and the second rate philosophy. I hope it doesn't sound like I am suffering too much. In some ways I am not having a good time but in others ways I am. Becoming a Chairman is sort of like going into the Army, I know it is going to end, it has some interesting aspects and when finished one can perhaps say I did my duty.

I look forward to seeing you at the spring meetings. Again, my apologies for being such an infrequent contributor to The Neurosurgeon.

Sincerely,



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

WFC/ku