



THE NEUROSURGEON

THE ROUND ROBIN LETTER
OF THE AMERICAN ACADEMY
OF NEUROLOGICAL SURGERY

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The American Academy of
Neurological Surgery



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1953-1954

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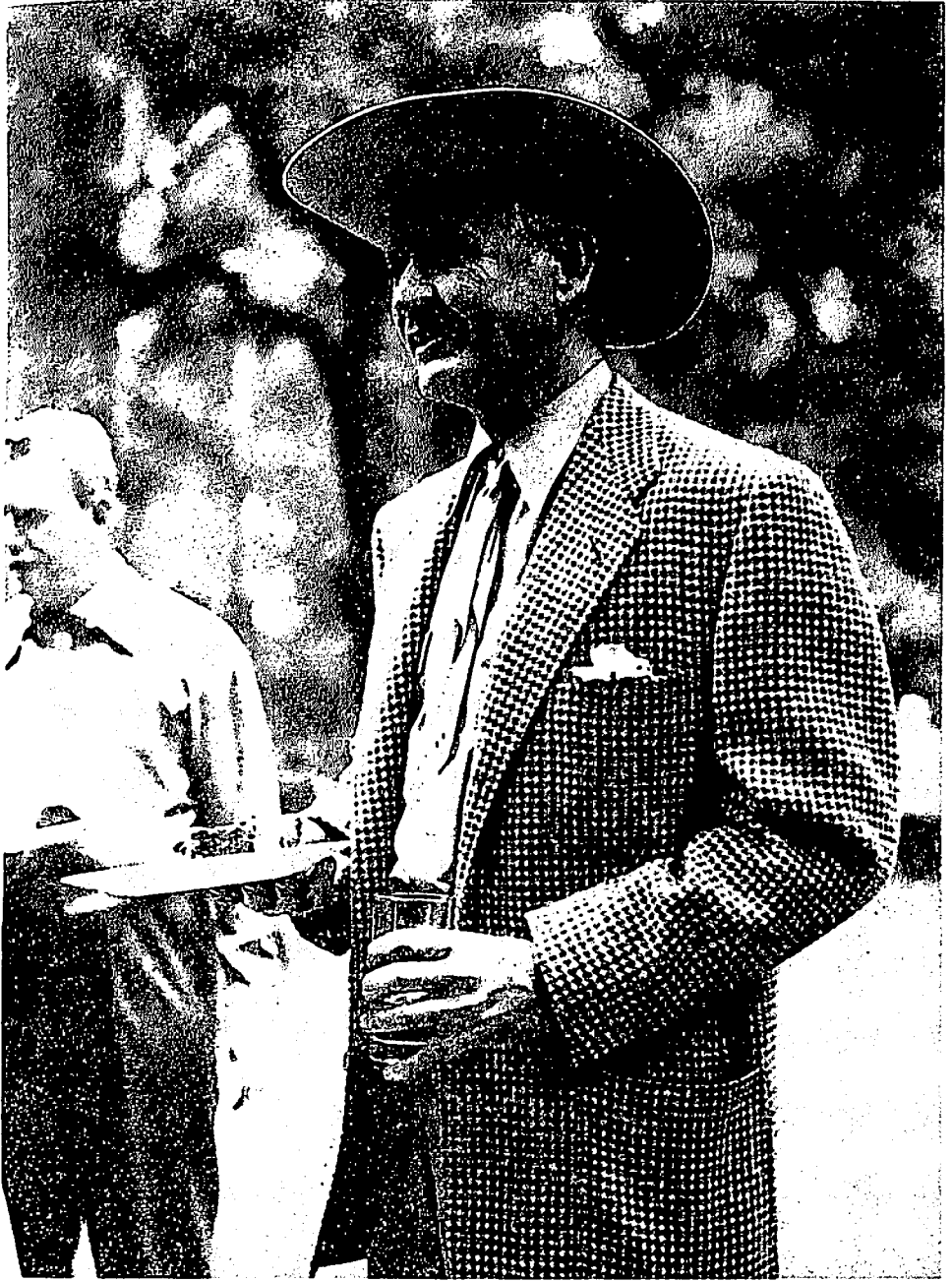
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RUPERT B. RANEY
President, 1953-1954



"The gathering of the clan. "

The ROUND ROBIN LETTER of
THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

The fifteenth annual meeting of the Academy in Santa Barbara has left its memories in our neurosurgical history. Your California hosts have happy recollections of a gay time and an excellent scientific program as well as the genuine pleasure of entertaining our distinguished group on our Western shores.

We congratulate our Rupert in the new honor of President and wish him success in his difficult but nonetheless enjoyable office. Few have the understanding and interests of the Academy more at heart than he.

We are happy to be able to include our Past President's Presidential Address in the Christmas Edition. Your editor employed some coercion to obtain it before he misplaced it on one of the transcontinental airlines en route home.

* * *

NEUROSURGERY AND THE MIND

The choice of my topic, "Neurosurgery and the Mind" has truly been a desperate one, not only because of the great store of knowledge possessed by this august company, but also because of the magnificent range of previous presidential addresses which has left so little else to discuss. Finally, the very span of the subject is so overwhelming that, as you can see, only the most foolhardy would venture it.

Courage to proceed stemmed from the thought that we live in an age devoted more and more to the science of the mind, and might therefore look more closely at what we mean by the mind. This applies in particular to us neurosurgeons, who have both the opportunity and the responsibility for contributing to this science of the mind, as Penfield and his many distinguished colleagues have so clearly shown. Only by a better understanding of the anatomy and physiology of mind for example can we hope to remedy some of the

brain disturbances that lead to mental illness.

Today it is of course easy enough to say that the mind is a product of the brain. But this was not always so. Only five years ago Warren McCulloch, undoubtedly with tongue in cheek, gave a Hixon lecture entitled, "Why the Mind is in the Head." The ancient Greeks, with Hippocrates dissenting, believed that mind and intelligence resided in the diaphragm, whence come the terms phrenetic and frenzy. And as you well know, the heart, spleen, womb and pine gland at various epochs have all been thought to represent the mind or some of its components. Perhaps though it was never the brain at all but actually the thumb that first initiated the development of mind, as suggested by the old jingle:

"Man was as ape in days that were earlier;
Then Centuries passed and his hair grew curlier.
Centuries more and his thumb gave a twist
So that ape became man and a positivist."

As a positivist I recently asked my barber what the brain for for. "Why to make your hair grow, Doc!" Perhaps after all he was not too far behind the times, when one considers that cerebral dominance was not recognized until 75 years ago. To be sure, over 3000 years ago, according to the Smith papyrus, it was known that one side of the brain controlled the opposite extremities, while in 400 B. C. Hippocrates, and in 1492 our first modern neurosurgeon Berengario da Carpi were also aware of this fact. Hippocrates, Celsus, Shakespeare and a few others also knew that a diseased brain meant a diseased mind. Otherwise however practically nothing was known of brain functions until just about a century ago when modern neurology and electrical stimulation began. Up to that time studies of brain and mind were pretty much retarded by the religious and intellectual climates of the times, resulting amongst other things in a rather sterile debate on the nature and location of the soul that lasted nearly 2000 years.

Superstition also played a retarding role. In ancient days for example it was thought that man's mind could govern his actions only to a limited extent, and that by and large, God or the gods intervened.

Supernatural influences on mind and body were of course believed in by primitive tribes. Likewise Homer for the Greeks and Plutarch for the Romans indicated that while divine beings did not literally turn our bodies or direct our hands and feet, they

nevertheless actuated our behavior by images and thoughts they presented to the imagination or mind. Even St. Luke described an epileptic as possessed of the devil, while some of our Pilgrim fathers spent their weekends burning witches.

Yet there were some early efforts to define various attributes of mind beginning with the Old Testament which distinguished between wisdom and knowledge, while Plato was the first to separate knowledge from perception. Emotions however were not generally considered as an integral part of mind or even as related to the brain, but as independent functions stemming from various parts of the body. Hardening of the heart, venting of the spleen, melancholy bile and hysteria are familiar illustrations. Shakespeare was apparently the first to express clearly the idea that while emotions might be independent functions they were nevertheless under the control of the brain.

"I have a heart as little apt as yours" he wrote in Coriolanus III:2, "but yet a brain that leads my use of anger to better vantage". (How fortunate the neurosurgeon possessed of such a brain.)

A few years after Shakespeare died, Spinoza clearly defined the relations between the emotions and the intellect in his treatises "Of Human Bondage or the Strength of the Emotions" and "Of Human Freedom or the Power of Understanding".

Despite such early efforts at clarification of terms an element of confusion still prevails regarding words like heart, mind, knowledge, consciousness and soul. Only four months ago for example a distinguished neurologist publicly referred to psychiatry as "an abstract contemplation of the disembodied soul". Current concepts of consciousness and intelligence, as well as of soul, have also been misty and subject to various interpretations. Thus the philosopher Robinson inaccurately says that consciousness is the same thing as intelligence and knowledge; McCulloch says consciousness is simply the capacity of another person to bear witness to what he, McCulloch, experiences, while Wechsler defines consciousness as a variable state of awareness plus the ability to react. As we shall presently see, it seems preferable to consider consciousness as a state of awareness; and to reserve for intelligence the ability to react by making as Porteus puts it: "planned responses to relevant stimuli."

Consciousness has been ascribed to the corpus striatum

by Dandy, to the diencephalon and cerebral cortex by Penfield and by Gellhorn, and to the reticular substance and cerebral cortex by Magoun and French.

Intelligence or mind has also been variously defined, having been considered a motor phenomenon by Watson and a sensory function by Brickner. While Bailey states that mind is a function of the entire cerebral cortex, Halstead says no definition of mind is agreed upon, and Gerard despairingly remarks that as far as mind is concerned the head might just as well be stuffed with cotton. Lashley has suggested that mind is dependent on mass action of the brain as a whole, Köhler speaks of brain function in terms of electrical fields, and Eccles mentions the possibility that each individual mind functions because of its participation in a world mind. Let us discard these concepts, however, erudite, as being too broad and too vague for purposes of neurosurgical research and therapy, and strive for a more specific idea of the mind.

Several neurosurgeons have supplied definitions of mind pretty much as follows: "Mind is the ability to deal with internal and environmental stimuli and with abstract thoughts". Is this concept sufficiently broad? Those of us here at dinner tonight are all dealing with internal stimuli of a highly pleasant character, while the assembled ladies constitute a most gorgeous array of environmental stimuli. But do these stimuli, together with any resultant abstract thoughts, necessarily signify that our minds are at work? Or can we say more of the mind?

Of the many efforts to define mind I consider Stanley Cobb's the most cogent and comprehensive, wherein he says that mind is the integration or product of four main functions of the brain: consciousness, attention, memory and emotion.

It is of interest to note that 300 years ago Descartes also included both consciousness and emotion or "feeling" in his concept of mind, and that Kant included "animal impulses" (emotion again) along with "traditional knowledge" or memory among his requisites for mind. Freud of course gave special emphasis to the power of emotions in coloring our thinking and supplying drive or motivation. In a word, emotion is now considered an essential ingredient of mind.

Let us now consider Cobb's major attributes of mind in the following order: consciousness, attention, memory and emotion.

1. Consciousness. Physiologically speaking consciousness appears to be a compound of two separate functions: being awake and being aware. That there are degrees of consciousness is illustrated by the fact that while not fully awake Coleridge composed his famous poem Xanadu, and while drowsing Kerkule conceived the carbon ring theory.

In terms of brain function the waking element of consciousness depends primarily on the reticular substance, diencephalic and thalamic relays, and the cerebral cortex.

Awareness is another important element of consciousness. Shaw once wrote that "without a brain you would enjoy yourself without knowing it." One might equally well say that without awareness you could be awake without knowing it. On close scrutiny awareness implies being aware not only of environment but to some extent of self. Environmental awareness is a function of well known sensory pathways and their cortical end stations. Awareness of self on the other hand is more complex for it depends on appreciation of three factors: awareness of body image (parietal cortex); awareness of visceral stimuli (sensory, frontal intermediate, temporal and insular cortex); and awareness of self as a whole (principally but not exclusively a function of prefrontal cortex). In a word, consciousness represents the function of several separate though related neural systems of the brain. As just described moreover it cannot be considered synonymous with mind or intelligence, but rather as an attribute thereof. A man may be aware and awake and hence conscious, without being intelligent.

2. Attention. Our next attribute of mind, attention, is the power of concentration or persistence so well defined by Halstead. Its positive element appears to be a capacity for sustained directed nervous activity, its negative element a capacity for inhibiting or rejecting irrelevant stimuli and memories. As far as inhibition is concerned special parts of the brain are capable of this type of phenomenon under certain conditions. As far as attention is concerned, lateral frontal cortex seems preeminent in importance.

3. Memory. Neurosurgical experience, fortified by the recently elaborated studies of Penfield, indicates that the temporal lobes are intimately concerned with a basic mechanism of memory. Lesions of other parts of the brain such as frontal cortex do not produce actual loss of memories though they may lead to difficulties in memory storage and recall. Nor does stimulation of any part of

the brain other than temporal cortex evoke formed memories.

Although temporal cortex and its related subcortical nuclei therefore appear to be critical parts of the brain serving memory, there is no evidence that this or any other single part of the brain actually stores our memories. Clinical and experimental data suggest that there is a temporal lobe system which makes memory recall possible by means of some special sort of scanning mechanism or "set", while the actual storage of memories has widespread representation throughout the brain.

4. Emotion. Although psychological factors play a vital role, the driving force of the mind derives ultimately from such basic forces as hunger, fear, anger, and of course sex as illustrated by Dr. Kinsey in his latest book that could be called "For Whom the Belles Told." From these basic emotions in the last analysis comes motivation or the power factor that Halstead has also called biological intelligence. Laboratory and clinical efforts directed at "hunting the animal behind the eyes" have shown how these basic emotions are largely represented by neural patterns deep in the primitive parts of the brain (brain stem, diencephalon and limbic system) and how special parts of the brain can modify these patterns in special ways. For example, loss of frontal cortex tends to impair the control of emotions; loss of temporal cortex the extression of emotions.

Before concluding this sketchy history of the mind two points are worthy of mention. First, we must not overlook the role of brain stem participation in most of the functions and nerve systems just discussed, as first indicated so brilliantly by von Economo and more recently by Yakoklev, Hamlin and Sweet, by Meyer and McLardy, by Magoun and French, and perhaps by Scoville's report of psychotic patients who improved after operative intervention upon the midbrain during temporal lobe surgery. In a word, the study of mind and the treatment of its aberrations hinges on a knowledge of nerve systems or neural circuits reaching from brain stem to cortex. This seems a broader and more practical approach to the problem than consideration of the mind solely in terms of mass action of the brain or of restricted pin-point localization of function in a single part of the brain.

Secondly, mind or intelligence seems something more than just a mere product of the brain functions that have been so briefly mentioned. Mind implies a synthesis of something new that enables man to advance beyond the scope of purely reflex

behavior to creative and abstract thinking. This is the most important characteristic of the mind and seems to derive principally from the prefrontal cortex and its subcortical links, that last system of the brain to develop in the long process of evolution.

May I also point out that one of the highest achievements of the human mind, according to Judge Hand, is forbearance. May I now thank you for yours.

* * *

"Santa may distribute the toys but father holds the bag. "

* * *

Your editor would like to congratulate the new members, Arthur Ward of Seattle, Washington and John Green of Phoenix, Arizona on their election to our neurosurgical family. He trusts they will enjoy "The Neurosurgeon" and contribute to it in the coming years.

Congratulations on a difficult job well done over a long period of time goes to Ted Rasmussen, our retired and hard working Secretary-Treasurer. His important position falls to the lot of Eben Alexander of Winston-Salem, N. C., and we are sure he will handle this problem admirably.

Congratulations are in order to Catherine and Ted Rasmussen on the recent birth of a baby girl.

We are also happy to learn of Emmy and Ted Erickson's new baby boy's arrival on September 2nd. We are indeed sorry this prevented them from enjoying the Santa Barbara meeting.

Recently the membership received announcements of the marriage of Byra Mitchell to Keith Bradford. Those of us of the Academy wish them every happiness.

The first letter of the Christmas Edition is from John Raaf which unfortunately did not arrive in sufficient time for the last Neurosurgeon.

John Raaf - Sept. 14, 1953

Life this last summer has been so hectic I have neglected

until the very last moment to write to you. June, July and August have been devoted to madly trying to get one's practice in shape so he could take a few days "vacation." Upon returning the work is all piled up so one starts in to clear it up in order to get away again. At present I'm writing this on the plane to Pendleton. Yesterday one of the cowpokes at the roundup was bulldogging a steer when his horse fell and rolled on him. He has a severe head injury and it is a question whether something can be done.

Our office is loosing Doctor Dow for six months. He received a Fullbright fellowship and is sailing today from New York headed for Italy. The primary purpose of his six months in Italy is to write a book (with Doctor Olaf Larsell and Doctor Guiseppe Moruzzi) on the anatomy, physiology and clinical aspects of the cerebellum. It should be a very much worthwhile endeavor.

Excuse the brevity of this note -- we are coming into Pendleton. I hope to see some of the members of the Academy in New York next Tuesday, more of them in Chicago at the meeting of the American College of Surgeons and all of them at Santa Barbara October 12, 13 and 14.

p. s. - Enroute back to Portland. Dan Poore from Newhall, California broke the roundup all time record for calf roping yesterday (11.4 seconds) just thirty minutes before he met his mishap in bulldogging. Cerebral contusion -- no surgery -- 80% for recovery.



A swell story.

He was a playful middle aged wolf and he seated himself close to a cute little blond on the bus. As the bus swayed around a corner he leaned over on her shoulder and said, "Where have you been all of my life?" She looked at him cooly and replied, "Well for the first half of it I wasn't born. "

* * *

Wm. S. Keith - Sept. 17, 1953

Dean has suggested that I write reasons for using fusion "frequently". I should have indicated that I am using it "more frequently". The organic pain we are trying to treat has two components, root and joint. Lasting relief by removal of disc tissue is sufficiently complete to allow most patients with sciatica to continue to lead their lives in a normal or nearly normal fashion.



I find that men whose occupation involves stooping and lifting are apt to have persistent pain. The nature and location of this pain usually suggests that it comes from one or more of the low lumbar joints, but frequently there is some radicular element also. Radicular pain can be caused by a re-dislocation of disc tissue, or perhaps by adherence of a root to any of the more fixed tissues surrounding it. On theoretical grounds abolition of movement should relieve pain due to movement of the joint or tug on the root. Therefore, if any workman requires re-exploration I think fusion should be done at that time.

That man from New Orleans I

Also, if a patient is limited by education and employment to heavy duty, fusion at the first operation should be considered if his pain crosses the midline or is largely confined to the low back, buttock and hip region.

Editorial Comment:

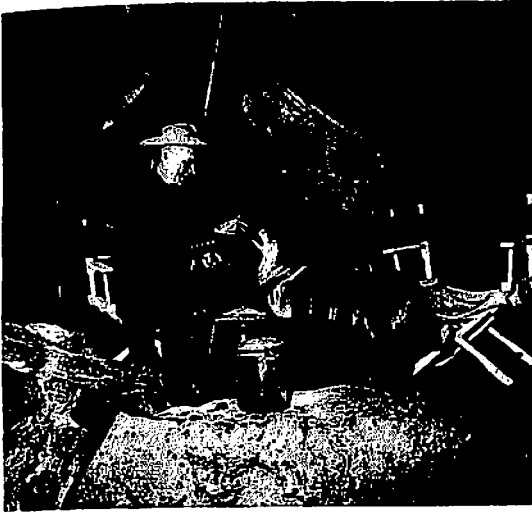
Bill's above letter was not received in time for the last Round Robin Letter and we are therefore including it for the present one.



A hungry bunch under the oak trees.

"Male: A Boy Scout before he is 16 and a Girl Scout thereafter."

* * *



The Raney Lodge - American Plan and principal servant.

Editorial Comment:

This recent photograph of Rupert and his hunting expedition is an excellent illustration of one way a neurosurgeon can get away from the trials and tribulations of his lot.

Rupert B. Raney - Nov. 6, 1953

First, Alta joins me in greetings for the holidays, which are not far off.

I am leaving tomorrow morning on my vacation, which I usually take in the fall, and expect to see Frank Mayfield and Everett Grantham. I am also seriously contemplating joining Francis Murphy and John Raaf for some duck shooting a little later on.



You can say that again.

In recent letters from Eben Alexander it is apparent that he is, like secretaries of the past, a glutton for punishment and is getting the arrangements made for both the '54 meeting in Colorado Springs and the '55 meeting in the southeastern sector of these United States.

We are still in the market for a new associate in our office. Doctor Peterson, who had been with us for the past two years, is now in Ottawa, Canada, and I judge from his last letter that he has found things to his satisfaction and is not going to come back to Los Angeles.

The seasonal outbreak of major trigeminal neuralgia is now now upon us, and I have been giving the decompression procedure a trial. So far so good. As Al Uihlein pointed out, it is a very safe procedure and does not complicate later root section if necessary. It eliminates the bad feature of anesthesia, and, most important, even though the operation might need to be done two or three times, it seems preferable to anesthesia.

* * *

"The ideal vacation is one that is spent before you are."

* * *



Some of the Bay Crowd

* * *

"Pedestrian: A person who thinks fast on his feet."

Howard A. Brown - Nov. 9, 1953

I am certain that all letters to the Round Robin will be filled with compliments regarding the wonderful meeting you and Marjorie arranged for us in Santa Barbara. I am sure that all those who were fortunate enough to be present will agree that this has been one of the finest meetings in the history of the Academy.

I would like to point out that while our good host very graciously listed many of us as "co-hosts" this job was done entirely by the Reeves family. Just to make others envious I might add that some of us will have the good fortune to go back to the same spot in February when the Pacific Coast Surgical meets in Santa Barbara.

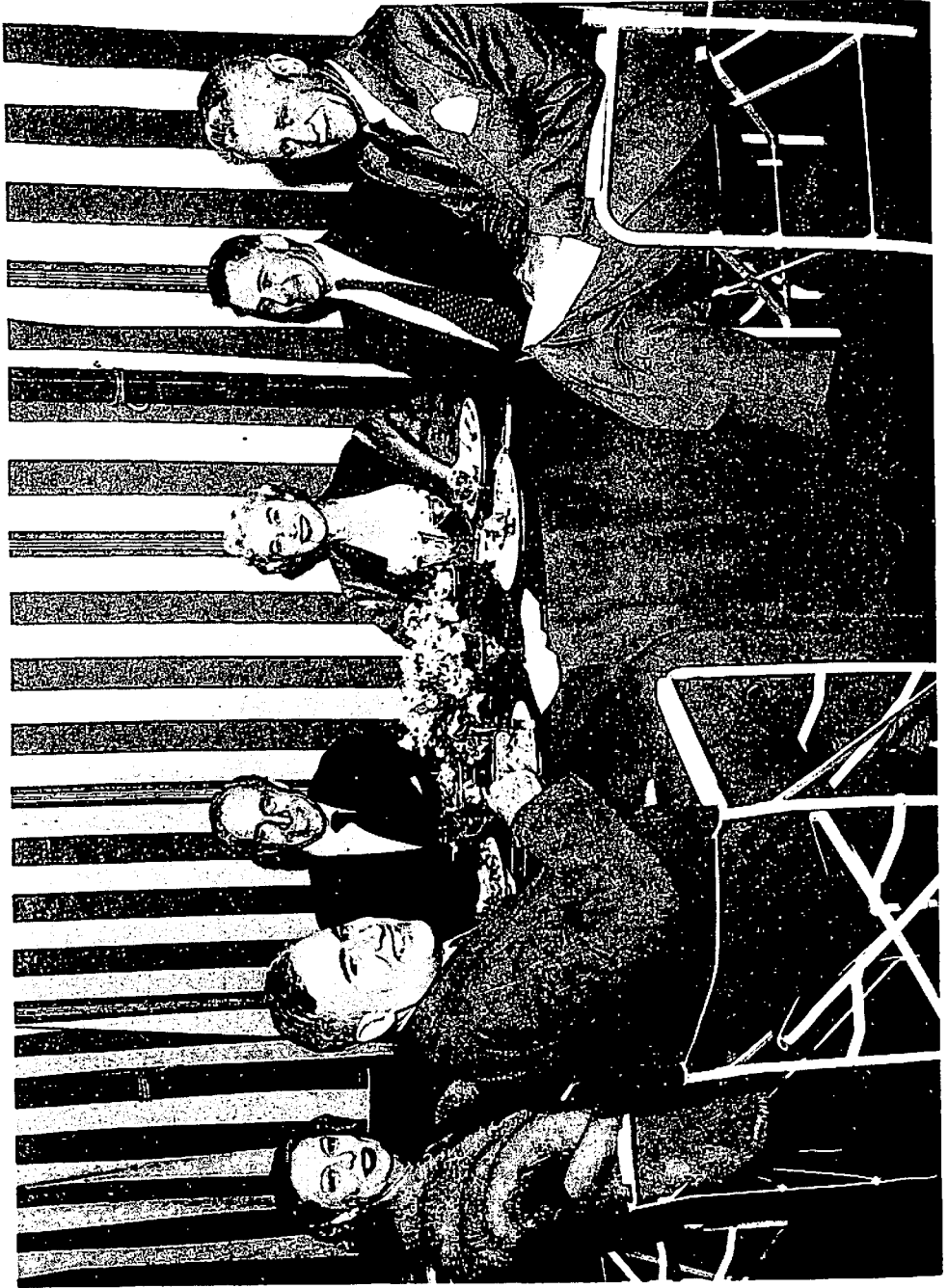
I recently returned from the Board meeting in New Haven and had the good fortune to get up to Hartford long enough to watch Bill Scoville deal with a very nasty looking aneurysm on the middle cerebral artery. Bill exposed this through one of his large low temporal trephine openings with an excellent exposure and very dextrous handling of the aneurysm which he was able to doubly ligate at the base and completely collapse it. I now have a note at hand reporting that the man has started back to his home in South America in good condition. Congratulations, Bill!

Some of you may have seen the scrap book that we took down to the Santa Barbara meeting. Dorothy and I have tried to get together as much material relative to the meetings in the past in the hope that we can have as complete a record of Academy meetings as possible.

There are a number of gaps, however, and we are particularly anxious to get any material that you may have at hand and feel like sending on to us. We are interested in pictures taken at the meetings, newspaper clippings, program details, etc. We are particularly short on some of the earlier meetings and especially that held in Cleveland in 1940. This is a reminder to Spence Braden, who has promised to go through his files for us. We will bring the book and any assembled material on for review and suggestions at Colorado Springs.

* * *

"If brevity is the soul of wit, some women in the latest bathing suits are funnier than ever."



A Happy Bunch.



Some Spanish Music



Atlantic and Pacific



The food is good.

"Family ties are what father buys and his son wears. "

* * *

Theodore Rasmussen - Nov. 11, 1953

I am sure that the Christmas Edition of the NEURO-SURGEON will be filled with laudatory comments about the Reeves' hospitality and Santa Barbara, and I am very happy to add my expression of appreciation for the marvelous time we had out there.

All cases here continue to be complicated, it seems, which tends to make life interesting though far from placid.



The Rasmussens

* * *

"The easiest way to make children obey is to tell them firmly to do whatever they want to do. "

"You have reached middle age when the girl you whistle at thinks you are walking the dog."

* * *

Homer S. Swanson - Nov. 12, 1953

I should like to take this opportunity again to commend you upon your splendid efforts in behalf of the Academy at the recent Santa Barbara meeting. I am sure that all subsequent prospective hosts will approach their duties in arranging future meetings with the Santa Barbara meeting as an example to shoot at and I am certain that they will have difficulty in surpassing this example which you have set. I am enclosing a picture which was taken at the barbecue which might be of interest to the group.

Those members who were present at this outing will recognize the locale of this picture and will be able to appreciate it. The very smug expression on Henry Schwartz's face is, I suspect, accounted for the by fact that he was unaware that I snapped this picture, but it certainly is the face of a very relieved gentleman.



"The pause that refreshes"



Henry takes a walk.

Upon returning home from the meeting I found considerable difficulty in readjusting to the problems of neurosurgery after the three week period of complete relaxation, but the need for financial reimbursement served to stimulate my enthusiasm again. Since returning we have had two rare experiences with reference to pediatric neurosurgery. We have encountered a very rare tumor problem in a six year old female child who presented with a cystic lesion involving almost

the entire left frontal lobe. Our pathological conferee was unable to classify this tumor and sent it to Dr. Orville Bailey who came up with a diagnosis of Microgliomatosis. This was a new one on me but after reviewing Dorothy Russell's article in Volume 71 of Brain on such problems, it appeared that we have now another such instance to add to the limited number in the literature. Thanks to Dr. Bailey. The second problem is just as unusual in my personal experience, namely, the apparent occurrence of two different histological gliomas in the same patient. This child, a four year old male child, was operated upon in June of 1953 at which time the left cerebellar hemisphere itself appeared quite firm but was not cystic, and multiple sections of the hemisphere itself showed an identical microscopic picture to the multiple isolated nodules. The boy did very well for approximately two months and then began to exhibit recurrence of pressure phenomenon and at the time of reoperation on November 1st was found to have a completely circumscribed almost stony hard, lobulated and discrete mass weighing 28 grams in the mesial portion of the left cerebellar hemisphere. This mass proved to be microscopically a rather characteristic ependymoblastoma. The child succumbed three days following reexploration and as yet we have not completed our serial sections of the cerebellar hemisphere and of the hind brain but there seems little doubt that this youngster had two different histological gliomas. In a previous Round Robin Letter, I mentioned the two older individuals who had two different histological brain tumors. In one instance, an astrocytoma - who returned seven years later with a meningioma overlaying the site of his previous cystic astrocytoma and the second an older lady with an occipital lobe glioblastoma and a frontal lobe meningioma. These latter two I can understand but the youngster with the two gliomas is a new experience for me.

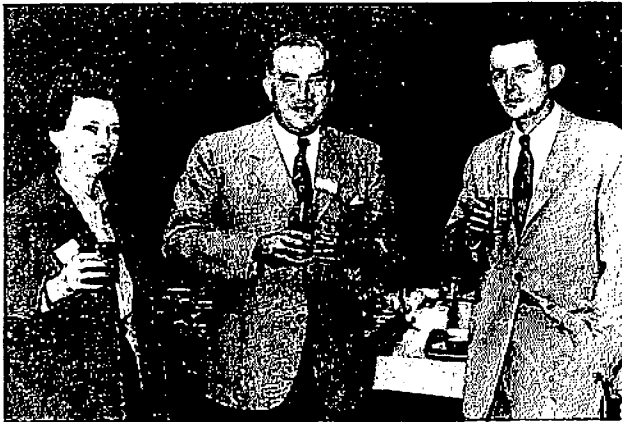
I should like to take this opportunity to wish all the members of the Academy and their families a Very Merry Christmas and A Most Happy New Year.



A bit of
contemplation



Dean gets some of Father John's remedy.



Some more tonic.

* * *

"Nowadays the thing to put aside for ones old age is all thought of retirement."



Cajal Anniversary
Madrid - Toledo
1953

Wm. B. Scoville - Nov. 12, 1953

As I am sure every other member and his wife will do, I wish to add vociferous congratulations and appreciation for the Santa Barbara meeting and its gracious hosts.



"A past master at
throwing the bull."

Aneurysms continue to titillate me, and at present am writing on technical gadgets for use in aneurysm surgery, the most helpful of which have been: (1) Arfenad, much quicker acting than Hexamethonium.

(2) Thin rubber band made of a strip of cigarette drain placed around the artery, proximal to the aneurysm. In case of hemorrhage, the artery is pulled up against a forked prong made from the eyelet end of a long silver probe.

(3) #2 heavy, braided, un-waxed, cotton ligature, in preference to silver clips, for all but aneurysms coming off the carotid artery.

(4) Extra-long and wide silver clips with angled silver clip applicators with a knurled wheel, revolving on a threaded rod connecting the two handles, so that the handles may be approximated under precise and constant pressure. The fractional

closure by this method prevents cutting through the artery in case of slippage.

(5) Approach continues to be through 1-1/2" supraorbital trephine in practically all cases.

(6) Self-retaining de Martel brain retractor is of great help in these lesions as well as in hypophysectomy and pituitary tumors.

As remarked at the meeting, I am also sketching our technical approach to hypophysectomy through bilateral 1-1/2" supraorbital trephines with bilateral self-retaining de Martel brain retractors, plus removal of the tuberculum sellae and anterior wall of the sella turcica with a dental chisel, packing off the mucous membrane of the sphenoid sinus with pledgets of fibrin foam. We have had two most gratifying results, especially in subsidence of metastatic skeletal pain and cachexia.

Again, thanks for your having the taste and discrimination to have settled in Santa Barbara.

* * *

"Mixed company: What you are in when you think of a story you can't tell there."

* * *



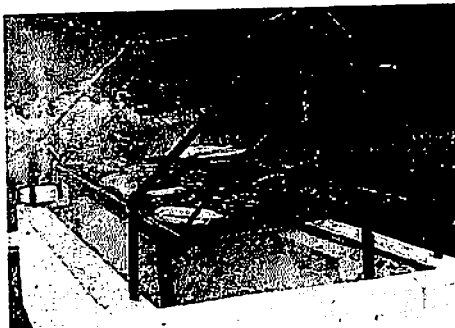
"The Cleveland Indian"

Frank H. Mayfield - Nov. 13, 1953

Please let this personal letter to you be my contribution to the Christmas edition of the Neurosurgeon.

Once when I was in medical school, I attended the New Years Eve celebration on Times Square in New York along with a classmate. When the festivities were over and we were on the way home, my classmate said to me, "Well, if I die tomorrow, it is all right; I have been everywhere and seen everything." Until I got to Santa Barbara, I had thought that was true. However, now I have been everywhere and seen everything. The pleasant associations and delightful hospitality, along with the fine scientific meeting, will make the meeting in Santa Barbara the outstanding event in the history of the Academy of Neurosurgery. Thank you and Marjorie for many nice things.

After departing Santa Barbara along with the Uihleins, we stopped and surveyed the new Schlitz plant in Los Angeles and then were able to change our reservations so that we came back with them on the City of San Francisco to Chicago. That made even the return trip home delightful.



The steaks are getting the full treatment.

One of the things that will stand out in my memory is those small bits of beef that were being barbecued or broiled out at San Marcos.

The Ohio Society of Neurosurgery will meet in Cincinnati on December 6th, and all of the men here serving as hosts are looking forward to it with very pleasant anticipation.

My enthusiasm for the Grantham procedure as a technique for lobotomy increases with further experience. I am satisfied that this technique of introducing the lesion desired will be adopted universally before very long.

I am forwarding under separate cover a photograph of a building which Doctor Lotspeich, Doctor Hunter, Doctor McBride and I will use as offices as soon as the remodelling can be com-

pleted. We hope to move in about January first. We have outgrown the building that we now share with Howard Fabing and his group, so that we were forced to either build, move or bust.

Notes back and forth with Homer Swanson include plans for some quail and duck shooting in Georgia and north Florida. I hope also to get down to Matemoskeet, North Carolina the first of December for two or three days for the same purpose.

Queenee will forward to you some photographs of the children, from which you may select one that pleases your taste. Also in the near future I will send to you mimeographed illustrations of the Grantham technique as we now use it.

* * *

"Night club: A place where they take the rest out of restaurant and put the din in dinner."

* * *



Who says it wasn't fun?

* * *

"Luxury: Any bare necessity - with the taxes added."

"Bridegroom: A wolf who paid too much for his whistle."

"When your escort is a perfect gentleman there may be something wrong with you too."

Donald F. Coburn - Nov. 14, 1953

The meeting was delightful in all of its many facets, and excelled only by the charm of the Reeves' hospitality. Really, it's fun to attend a meeting sans all the bickering and bitterness that was so prevalent but a few years back!



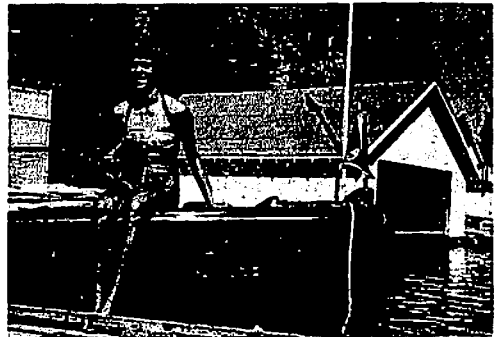
Am enclosing two shots - one of Shari and Butch with some walleyes they caught this summer, and another of Shari on the bow of the boat bearing her name. Butch is 8 and she is still 11, but not for long.

Santa Barbara is a beautiful spot, and the Chamber of Commerce is not to be criticized.

We shall be looking forward to seeing you and Marjorie next year, along with the rest of the delightful people.

Max joins me in the best of wishes.

* * *



"The size of fish a man catches usually depends upon the length of his arms."

* * *

Eben Alexander, Jr. - Nov. 16, 1953

There will never be another meeting like the Santa Barbara meeting of '53 and it seems a shame that we now have to begin to plan not only for the 1954 meeting but for the location of the '55 meeting as well.

We have recently had an experience with a hydrocephalic

which might counteract to some extent the rather discouraging comments that came out of the meeting in Santa Barbara about the treatment of hydrocephalus. This was a little girl we did a uretero-arachnoid anastomosis on for communicating hydrocephalus about four years ago. She has had two or three episodes of what have been called meningitis and a couple of episodes of salt loss, but with Gantrisin by mouth for a year and added salt she has not had any trouble for the past year. Now she has come back with recurrence of increased pressure and her intraventricular was 600 millimeters of water. We re-explored her tube and found that the ureteral end of the polyethylene tube was well in place. We injected diodrast through the tube which had become dislocated from the spinal end and it went into the bladder and ureter very readily. We therefore re-implanted it into the dural side from which it had almost completely pulled out. The surrounding nerve roots and subarachnoid space seemed perfectly normal in spite of the history of her having had "meningitis".

We have all, I think, had the feeling that if a patient with communicating hydrocephalus could be carried perhaps the second year, there would be relatively little need for any sort of drainage of this type. However, this little girl certainly controverts that.

She seems to be doing well now since we re-established her drainage and she has been seen by a number of pediatricians throughout the state, all of whom consider her normal both physically and mentally.



More contemplation

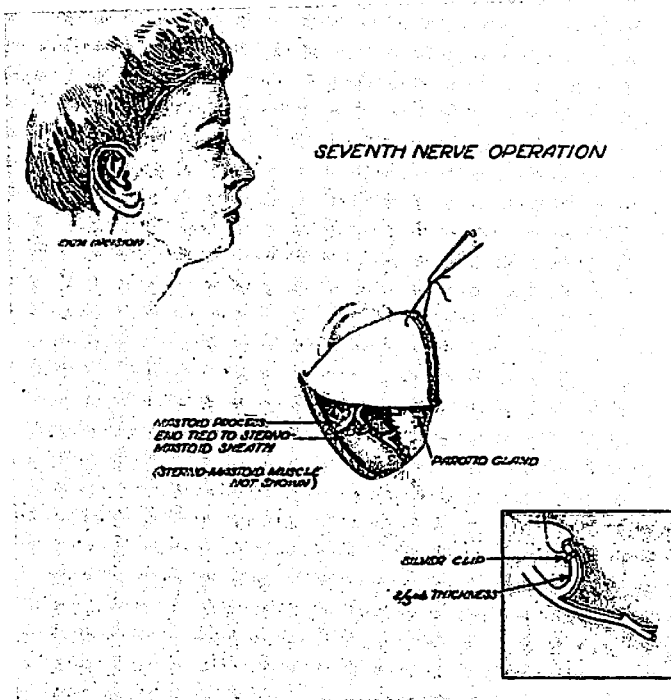
Editorial Comment: Following are abstracts of two of the papers given at the Santa Barbara meeting; one by Bill Scoville and the other by Al Uihlein.

DIFFERENTIAL SECTION OF PROXIMAL EXTRACRANIAL PORTION
OF SEVENTH NERVE FOR FACIAL TIC

William Beecher Scoville, M. D., Hartford, Conn.

1. A method of differential section of the main trunk of the seventh cranial nerve just proximal to its primary branching and distal to its exit from the sternomastoid foramen is described for the treatment of facial tic.

2. Approximately three-fourths of the thickness of the nerve is sectioned, and the sectioned portion then stripped back, clipped and ligated in the reverse direction against the edge of the sternomastoid muscle. The operation is carried out under local



anesthesia, observing the facial muscles in the process, with sufficient cutting to appreciably weaken these muscles. The full strength of the facial muscles then returns within approximately three months' time. There is an immediate cessation of the tic, which is either permanent; or partial return, not serious enough to warrant reoperation, may occur in one to three years' time.

3. There are certain technical advantages over the method described by German, who carried out a differential section of the distal branches of the facial nerve anterior to the parotid gland, especially in the realms of facility, less likelihood of regeneration, and much greater ease in reoperation if such proves necessary.

4. This operation has been carried out in six patients, followed from seven months to five and one-half years. Recurrence severe enough to be considered unsatisfactory has occurred in only one case because of insufficient depth of the section. There have been no complications or permanent weaknesses.

* * *

"Statesman - a politician away from home. "

* * *

Alfred Uihlein - Nov. 17, 1953

Since returning here business has been as usual but because of meeting commitments, have not enjoyed any hunting so far. However, it has not been too good so have not missed it too seriously. Maybe I can get some in before December 25.

I am still having my problem with anterior communicating artery aneurysms. I wish someone could tell me why they don't do better. Whether you pack them or whether you clip them, the result seems to be about the same and I cannot see how ligation of the carotid artery on one side will reduce the blood supply to the aneurysm in that position. Maybe the common carotid artery should be tied on both sides to reduce the amount of blood flow to these lesions.

I hope to get a photograph of my whole gang before the Christmas edition goes to print. If not, it will have to come in a later edition, I guess.

TRIGEMINAL NERVE ROOT DECOMPRESSION:

A ONE YEAR FOLLOW-UP

Alfred Uihlein, M. D., Rochester, Minn.

In 1952, I briefly commented upon the trigeminal nerve decompression operation of Taarnhøj and suggested that the extradural rather than the intradural approach was safer. During the period from July, 1952 to July, 1953, a total of 54 patients had a decompression of the fifth cranial nerve root for trigeminal neuralgia without a mortality. There seemed to be no contraindication as to age, as the oldest patient was 79 years of age, the youngest, 25. In a review of all the cases operated upon, by questionnaire or re-examination, approximately 25 to 30 per cent of patients operated upon had some type of face pain following surgery and were not completely relieved. Seventy to seventy-five per cent of the patients were completely relieved of all face pain and there was no objective sensory deficit. Of the 54 patients operated upon, 2 subsequently had root section, 4 and 8 days respectively, after the trigeminal nerve root decompression. One patient had an alcohol injection subsequently. The three were completely relieved of their pain. In the 25 to 30 per cent of patients that were not relieved of their face pain entirely, there were 12 patients who had such associated systemic neurologic disorders as multiple sclerosis, central nervous system lues; so that one could not be certain whether the face pain was true trigeminal neuralgia. It would seem from analysis so far that patients in the younger age group with or without associated neurologic disorders might not obtain a good result.

There was no paralysis of the ocular muscles in any of the 54 surgical procedures. However, in seven patients there was a temporary peripheral facial paralysis which cleared in three to six weeks' time. This can be avoided by cutting the greater superficial petrosal nerve before it is stretched by carrying out the dissection of the dura over the petrous ridge. No patient had a keratitis. About 15 patients had minor herpetic eruptions about the upper lip and nares. This seemed to be a common sequela if the arachnoid over the ganglion was torn in stripping the dura away from the ganglion. The incisional pain is more noticeable with this operation than with root section as there is no anesthesia. Technically, the operation is more difficult than the Frazer post-ganglion section. The operation, if successful, is exceedingly

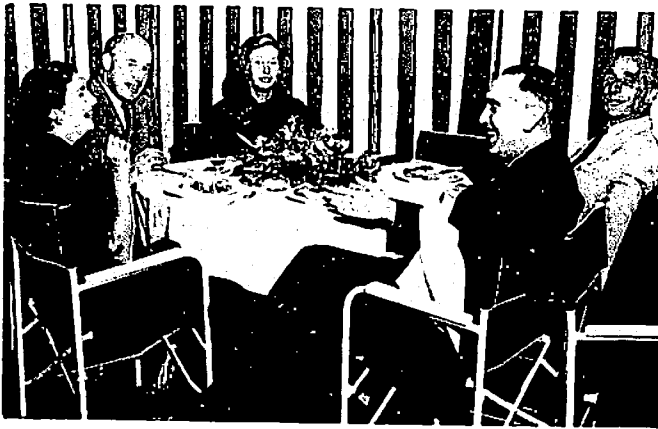
useful in patients with bilateral trigeminal neuralgia or unilateral neuralgia, where the vision in the contralateral eye is already absent. It is recognized that the postoperative follow-up is still too short to determine whether or not the good postoperative results will persist for several years to justify the adoption of this technique in favor of the conventional ones.

A colored movie prepared by Dr. J. Grafton Love along with lantern slides was shown to demonstrate the operative technique.

* * *

"It isn't true that a woman has the last word - she always has another."

* * *



A funny story

* * *

"It's hard for a mother and father to lose a beautiful daughter in marriage, but it's harder to lose the homely ones."

* * *

Francis A. Echlin - Nov. 17, 1953

Again thanks so much for the wonderful meeting in Santa Barbara. Both scientifically and socially, I am sure all will agree the meeting was one of our very best.

I have really nothing at the moment to offer of scientific interest but would like to make a suggestion for consideration by the members. Do you believe it would be feasible to publish the annual presidential address in the Round Robin? Could a special edition of the Round Robin be devoted to the addresses of past presidents?

With all good wishes to the members and auxiliary members of the Academy for Christmas from Letitia and me.

* * *



Arthur explains



Prexy

H. T. Ballantine, Jr. - Nov. 17, 1953

I have your notice concerning the approach once again of the "Round Robin". I am sure that the vast majority of the letters will have as their theme an appreciation of our visit to Santa Barbara. It might be well to run a contest for the most original expression of that appreciation or another thought would be for the members of the Society who were privileged to be your guests to circulate a Round Robin of their own for you and Marjorie. In any event, it was a superb meeting and an experience that Elizabeth and I will never forget.

I never saw so many cameras clicking as I did during the barbecue, and it might be fun if those members who felt they had real works of art as a result would send the pictures to you so that we could have an album to supplement our memories.

I have recently carried out a two stage bilateral glosso-pharyngeal neurectomy for pain in the throat from cancer of the esophagus. We are now in the process of studying this patient, but I can report at this juncture that there has been no interference in her ability to swallow except that which exists as a result of her carcinoma. I find only two other cases in the literature, one reported by Fay and the other by Wycis. If any of the members have had experience with bilateral glossopharyngeal neurectomy, I would appreciate hearing about it from them.

* * *



Mr. and Mrs.

A young lady enjoys the party.



* * *

"A bore is somebody who goes on talking while you are interrupting."

* * *

Guy L. Odom - Nov. 18, 1953

I am extremely sorry that we were unable to attend the Santa Barbara meeting. I understand that it was excellent and

that you left no stone or bottle unturned when it came to seeing that everyone had a wonderful time.

We have had very few unusual problems during the past month, with the exception of an alarming number of severe reactions to 35% diodrast which we have been unable to definitely explain. During August, September, and October we had six cases of hemiparesis following the injections. The majority of these have been left with some residual neurological involvement. The injections were all by the percutaneous method which were done without difficulty, using the same amount and technique that we have used in the past. The only possible explanation that we can think of is that we have gotten ahold of a bad batch of diodrast and, therefore, we are checking with the company at this time. We had had very little difficulty until the present group which has really been nerve-racking. Several of the cases were found to have a thrombosis of the internal carotid artery when the vessel was exposed for pressure readings. We have discontinued using diodrast until we can obtain more information. If anyone has had a similar experience lately, we would appreciate hearing from you.

Congratulations to our new officers and members.

Best wishes for a Merry Christmas and a Happy New Year.

* * *



A couple of
New Englanders

George L. Maltby - Nov. 18, 1953

I have your notice of the Christmas edition. I am afraid I am still lacking in any photographs and also extremely lacking in any very important information, having passed it all out in small, quiet gatherings in dark corners in Santa Barbara. However, I did want to take this opportunity to tell you how much Sim and I enjoyed the meeting. I think it was really great a experience. We both want to wish all members and their families a very Merry Christmas and a very Happy New Year.

"A boy of 18 just can't believe that someday he will be as dumb as his father."

* * *

William F. Meacham - Nov. 23, 1953

After two trips to the West Coast in three weeks, I find that it was very difficult to settle down and go to work once again. It is difficult to describe the wonderful time that I had in Santa Barbara at the last Academy meeting and I regretted very much being unable to remain on the last day for the annual dinner and presidential address. However, my plane connections were such that it was impossible for me to remain any longer without having to hitchhike home. Everyone had a wonderful time and the barbecue at the ranch was something long to be remembered.

We had a very pleasant visit here last week from Al Uihlein, who was here as a guest speaker at one of our medical meetings. Al and Ione stayed all too short a time. Sorry, I did not have a trigeminal neuralgia on hand for Al to perform one of his decompressing operations. I have tried it only four times and have been very pleased with it in these four cases. I am still searching for a suitable candidate to try the anterior choroidal occlusion on, but the Parkinson's people in Tennessee seem to be in the old arteriosclerotic group.

An additional member of the family that I reported at Santa Barbara with the multiple malignancies has expired since I returned home. This was from adenocarcinoma of the breast and it seems as though the remaining members of this family are doomed to extinction by malignancy.

Best wishes for a Merry Christmas and a Happy New Year from Alice and me.

* * *

W. A. Gustafson - Nov. 23, 1953

I am a very poor letter writer as you already know, but after that grand meeting we had out at Santa Barbara I would feel very neglectful if I did not at least return thanks for the good time we had at the meeting you so skillfully planned. Other than the above there has been constant work since returning and not much new.



The children enjoyed it too.

"Women would be less alike if they weren't all trying to be different."

* * *

Joseph P. Evans - Nov. 23, 1953

I have your note of November 6 about the Christmas edition of the Neurosurgeon and I am catching up with it as I am about to set out for Montreal. I do hope you will be on hand. In any event, I am sure there will be several of us to report the opening of the new wing. I am due back on the 25th and shall get word off to you directly thereafter. I think there might even be a family picture this year!

I continue to hear glowing reports of the Santa Barbara meeting and continue to be sorry that I could not attend.

* * *



More music

* * *

"The last word in automobiles is usually a woman's."

"Not all wives nag; some have their husbands completely trained."

"When doctors can't discover what ails you maybe they should examine your wife."

* * *

B. B. Whitcomb - Nov. 25, 1953

It was with great regret that I missed the Academy meeting at Santa Barbara which I understand was the best ever. It is so frustrating to have to bow to the lowly Salmonella.

I should like to offer my congratulations on the excellent job on these Round Robin letters. The punchy quips and bon mots are wonderful.

We have recently had several cases of sudden hemiplegia or hemiparesis in young people in their teens and twenties, and a few of these are vascular occlusions which have been demonstrated by angiography. However, we have found no satisfactory cause for these; and, since I am sure that other members have had similar cases, I am anxious to learn, perhaps through the letter, if any underlying cause of these thromboses has ever been consistently found.

* * *

"Wives are unpredictable. You never know just what they are going to spend too much money for."

"If you want to know what your wife is going to ask you to do next, try sitting down."

* * *

John M. Meredith - Nov. 25, 1953

We have had a number of unusual cord tumors lately, particularly from the standpoint of peculiar symptomatology not at all suggestive of a tumor. For instance, one patient, a colored woman, looked precisely like a patient with multiple sclerosis, with no pain at all and no sensory change but with marked spasticity of the lower extremities particularly, who turned out to have a large

cervical disk at C6-7 pressing on the cord anteriorly. She could scarcely walk when she first came into the office. There was no history of trauma and it was a surprise indeed when we did a spinal puncture and found a subarachnoid block with the oil not going above the sixth cervical vertebra when the patient was placed in the Trendelenburg position, the oil having been introduced into the lumbar sac. The dura was left widely open as the cord was rather markedly protruding posteriorly when it was opened and the patient made a very gratifying improvement and is now back at work with little or no residual spasticity several months after operation.

We also had a woman a few days ago who had low backache only, as one sees in innumerable cases of "low back strain" and there was no peripheral sciatica and no sphincteric trouble or any other disability found. She was about to be fused by an orthopedist for an "unstable back condition" when it was thought, not very enthusiastically, that before this was done a spinal puncture might be performed and this revealed an elevated spinal fluid protein and an oil study showed a mass lesion of the cauda equina. She was found to have an enormous ependymoma in the cauda equina arising, perhaps, from the filum terminale.

There were three other unusual cases all illustrating the fact that one can have no set rules at all for diagnosis of mass lesions of the cord because one will certainly be fooled and embarrassed if he tries to be too stereotyped about it. I am sure that, with these experiences, we must have seen a number of other patients harboring cord tumors who were sent home after an office visit with admonition to wear a back support, or take diathermy and so forth. It almost makes one feel that every patient with pain in the vertebrae or symptoms of cord involvement at all should have dynamic CSF studies at least, and even pantopaque study before discharging them from your care. This seems a rather radical thought and would result in a lot of "negative" procedures but, certainly, with these experiences that we have had in the present year one becomes extremely sceptical about any definite syndrome for any mass lesion of the spine or cord.

We had, several months ago, a colored boy, with an enormous suprasellar calcified mass who we thought probably had a Rathke's pouch tumor, who proved at operation to have a calcified astrocytoma in that area which was attacked transventricularly through the right lateral ventricle which was very dilated. This mass of calcium was half as big as one's hand, in the mid-line above the sella, the sella being of normal size. It is remarkable that this

patient could be ambulatory with such a large calcified tumor in the suprasellar area of glial origin. It was far more calcium, at least, than I have ever seen due to a Rathke's pouch tumor.

We have been interested in the problem of idiopathic cerebral abscess for which we can find no cause whatever, such as the usual ones of sinus or ear infection, bronchiectasis, osteomyelitis, old head trauma and so forth. We have had two of these cases fairly recently and prolonged questioning of the patient and his relatives, and sources of other information, revealed no infection of any kind months or years preceding the operation which revealed a cerebral abscess. In one instance we thought the patient almost certainly had a tumor because of the absence of trauma or infection in the history; a ventriculogram showed a marked shift of the ventricles to the right and craniotomy over the appropriate site in the left parietal-occipital region revealed an enormous encapsulated abscess which was sterile for some reason as he had received no antibiotics at all, there being no indication for them preoperatively, and he made an uneventful recovery. We are wondering what the experience has been with the other members with these very puzzling types of abscesses, at least from the etiological standpoint.

Concerning orbital tumors, we had an experience recently with an elderly woman who had a lymphosarcoma of the orbit which was very difficult indeed to localize and was almost missed at the time of surgery as it did not present at all in back or above, or to the left or right of the globe, as one usually finds them, the eye protruding directly forward in this case, but by the palpating finger it was detected along the floor of the orbit just in front of the level of the sphenoid ridge and was bound down to the floor by the taut optic nerve overlying it. It was a firm, purplish tumor of lymphosarcomatous origin, not related to any nerve at all. I make this point because this particular tumor could very easily have been missed, there was no great tension in the orbit when the capsule was opened and it was almost decided to close up when the tumor could be felt with the palpating finger along the floor very definitely, long before it could be seen by separation of the muscles. It was the most inferior type of orbital tumor that we have seen here in our clinic and it is difficult to explain even now why the globe in such a case was protruding directly forward and not upward or to either side.

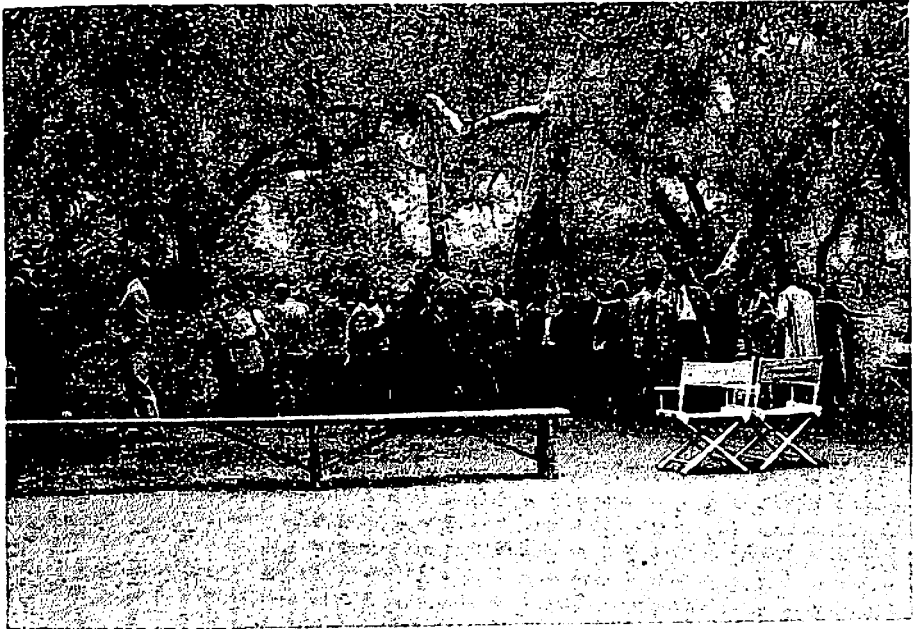
We have had gratifying experience with sections at the sacral foraminae of the sacral roots of S2, 3 and 4 bilaterally, or S2 and 4 bilaterally in cases of tonic bladder incident to cord injury or such cases as multiple sclerosis or spastic conditions of the

bladder following severe myeloencephalitis. This reduces the residual urine very nicely in those who have a tonic bladder and reduces the incidence of severe pyelitis in these cases to a minimum. One patient had to be catheterized every morning and this has been eliminated by this procedure. Meirowsky and his associates and John French have certainly made a fine contribution to the problem of bladder dysfunction.

Another case of multiple sclerosis recently had an atonic bladder with XIII ounces of residual urine; bladder neck resection (transurethral) is being planned for him rather than sacral or intradural rhizotomy.

With kindest regards to all for a Happy Holiday Season.

* * *



Many problems are being settled

* * *

"One of the hardest things to understand is how a mosquito can get along without sleep."

"Nothing takes as many years off a woman's age as the woman herself."

* * *

Aidan A. Raney - Nov. 25, 1953

We had a couple of rather interesting cases on the service at the County. One was a child with a very classical picture of lead poisoning, including classic roentgenographic evidence. Another child in the family was also investigated and found to have a lesser degree of lead poisoning. The source of the poisoning was undetermined. It seemed that the case might be closed. However, further investigation disclosed that the brain stem and other signs were in reality due to a large medulloblastoma, and its removal allowed rapid improvement in the clinical picture. Another case was a woman about fifty years of age who was found to have three separate tumors, one being a right frontal astrocytoma. She had an ependymoma in the third ventricle, and in the left temporal lobe was a hemangioblastoma. She was cured of one or two of these tumors, but the remaining one caused her death some forty-eight hours after surgery.

* * *

"Any man who can get a woman to wait for him is a bachelor."

* * *

Wallace B. Hamby - Nov. 25, 1953

Your report on the meeting makes even more acute my unhappiness over missing it. I saw Jerry Grunnagle in Ann Arbor last month and he said that all your earlier claims for Santa Barbara had been entirely too pallid!

During the summer Hellyn and I spent six weeks in Europe preceding the International Neurological Congress. We visited friends in England, France, Switzerland and Spain. I lost two toenails in Estoril, Portugal, from playing golf in tennis shoes on their rocky course with Olof Sjoqvist! Thanks to a simultaneous translation device, the Congress this year was much more understandable than the last one in Paris. Quite a large delegation turned out from the United States, including several from the Academy. I am sure you have heard all about it.

Dean Echois asked me to comment on our lateral approach for disc protrusions. Actually it is a semilateral, prone position. The patient is anesthetized and put prone on the table with the pelvis on a firm pillow, to keep pressure off the abdomen. Then the patient is rolled with the affected side up, and a long sandbag 6 inches in diameter is put under the pillow, hip and shoulder. This angles the patient about 30 degrees off the horizontal, making it easy for the surgeon to look into the depths of the wound without stretching or bending. This is planned in the hope of increasing the duration of usefulness of the surgeon's back. Then the table is broken with the center high, under the pillow, to stretch the patient's back out flat. The foot of the table is elevated to support the legs at an angle to the thighs. The whole table then is tilted head-up so the back is level for the operation.

George Cohn, who trained with Whitcomb and Scoville, among others, uses their lateral position at the Buffalo General Hospital. He claims as its chief distinction its source of gratification for men who like to work sitting down; my knees always get in the way. Incidentally, I have tried for months on end to learn to like the semicircular bow frame support. Its hucksters claim that the belly falls through the bars and that epidural veins cannot really bleed. They do for me and the frame lifts the patient so high that I have to climb up among the light fixtures to work and the altitude bothers me. So, finally we put the thing back in the "wood-shed" and went back to the position described above.

With our very best Christmas and New Year wishes to the entire Academy.

* * *



Waiting at the Biltmore

"A small town is one where there is no such thing as a rich policeman."

* * *

E. H. Botterell - Nov. 26, 1953

Margaret and I enjoyed ourselves in the fullest possible measure in Santa Barbara. The Scientific Meeting was, to my way of thinking, a smash hit, and you and your wife, with a small assist from the Santa Barbara Biltmore and the California Sunshine, entertained us in truly royal fashion.

November has been an eventful month. I have just been to Montreal where I was a guest of the Montreal Neurological Institute at the opening of their magnificent new McConnell Wing. Ted Rasmussen and Earl Walker were among the distinguished company of speakers. It was a fine show, and a great tribute to Dr. Penfield. We have had Professor Jefferson here for three days with a dreadful cold which he managed to put aside long enough to give a fine account of his experience with some four hundred tumours of the pituitary gland. The collection of cases simply staggered me. Carmichael from Queen's Square arrives today fresh from the Montreal celebration still overcome by his first glimpse of New York City, as he confided to me in Montreal. This series of visitors was headed by Joe Evans who stimulated the local neurological scene immeasurably by an account of his studies of intracranial pressure.

Finally, a very merry Christmas to one and all.

* * *

"There are many reasons why women dress as they do and nearly every one is a man."

* * *

Olan R. Hyndman - Nov. 27, 1953

Dr. Van Allen and I have now been with the Veterans Hospital in Iowa City for over a year and have been confronted with enough fascinating problems to keep one busy for life. The atmosphere is most congenial, the working conditions superb, and the opportunities for investigation are abundant. Time, as usual is the only factor that is short.

Integration between the Veterans Hospital and the State University medical school and hospital leaves little to be desired. The clinical material for the students is not only greatly increased but close association of the two institutions provokes thought and fires inspiration.

We have seen a number of uncommon neurological entities during the past year -- some so uncommon that we have as yet failed to make a satisfying diagnosis. For example, we have seen three cases of incapacitating gross tremor of the hands. After exhaustive study, we feel sure they are not hysterical or referable to central lesions. We are strongly entertaining the idea that they may represent some disorder of proprioceptive end organs. We are again attempting to seek evidence for this possibility by histological study of the muscle spindle in such cases.

I find the Veterans Hospital to be nicely adapted to the study of peripheral vascular disease and to the effects of sympathectomy thereon. This subject, strangely enough, is still in a sad state of disorder and goes begging for research in fundamental principles and for some just plain down to earth valid clinical indications for sympathectomy. It seems to me that this subject takes the lead in being one about which so much has been written and yet so little has been contributed in respect to what sympathectomy can and cannot be expected to achieve. This holds for unusual pain syndromes as well as for occlusive vascular disease and vasospasm. We feel that one approach to the problem consists of a long term study of a large series of patients who have had unilateral sympathectomies for disorders which are clinically equivalent on the two sides. The patient thus provides his own control.

Among other rarities we have seen well defined cases of palatal myoclonus and myoclonic epilepsy; various neurological disorders associated with chronic alcoholism, e. g. parenchymatous cerebellar degeneration, Korsakow's syndrome, Wernicke's hemorrhagic encephalopathy and others.

I would like to call particular attention to the disease called para-amyloidosis. Dr. Van Allen has been instrumental in uncovering three brothers with the disease, one proved at autopsy. It is clinically characterized by peripheral neuropathy with paraesthesiae especially in the lowers. The disease is chronic with familial tendency, early debility, impotence, and gastro-intestinal symptoms. There was a report in Brain, vol. 75, part 3, 1952 on

unusual cases of amyloidosis with peripheral neuropathy and amyloid deposits in the posterior root ganglia. Few cases have been reported in this country. Many cases may have been overlooked. In any case this is something else to think of when other causes of a chronic peripheral neuropathy cannot be found.

* * *

"The target of too many people who aim to please is themselves."

* * *

Augustus McCravey - Nov. 27, 1953

We have had nothing exciting that might be of special interest as a scientific report.

We are still trying to readjust to this lowly Tennessee existence after seeing the grandeur of California and enjoying your hospitality and the wonderful meeting.

The McCraveys extend greetings and best wishes for the holiday season.

* * *

"The handwriting on the wall usually means somebody is going to get a spanking."

* * *

Thomas A. Weaver, Jr. - Nov. 27, 1953

I hope that this reaches you by November 30, 1953, even though I have little or nothing to contribute at this time. We have one somewhat unusual case since returning from Santa Barbara, a thirty-four year old woman who first came to our office complaining of soreness in the suboccipital and cervical area and tingling of the fingers. No objective neurologic findings were noted on that occasion and no definite studies were carried out. She was seen at the Cleveland Clinic in July and again no objective findings were noted and no definitive studies were carried out.

She returned recently with marked weakness of both upper

extremities, bilateral hyperactive reflexes in all four extremities with absent abdominals, ankle clonus and bilateral long tract signs. She had involvement of all modalities of sensation in the upper extremities with impairment of pain and temperature sensation in the trunk and lower extremities, particularly on the left side and some impairment of proprioception in the lower extremities. Lumbar puncture revealed an incomplete manometric block with a total protein of 60 mgs. per cent. Myelogram suggested an intramedullary cervical lesion above C₆ with a block at C₂. At laminectomy, we were able by splitting the cord to remove an intramedullary tumor extending from the foramen magnum to the level of the 6th cervical vertebra. Pathologically, expecting to find it to be an ependymoma, we were greatly surprised when the pathologist reported neurilemmoma. I am happy to report that eight days post-operatively the patient is moving all four extremities, although not quite up to the pre-operative level as yet.

I want you to know that I regard the recent meeting in Santa Barbara as the finest Academy meeting which I have as yet attended, both scientifically and socially. I am sure that Marjorie and you primarily, and also the Program Committee are due more thanks than I could ever express. My only regret is that Mary was unable to accompany me this time. I was able to bring a part of the meeting home with me through the medium of movies which turned out fairly well.

Mary joins me in wishing you a happy holiday season.



We're having fun, too.



You don't say!

James Greenwood, Jr. - Nov. 27, 1953

For the NEUROSURGEON, I would like to report that I recently was quite impressed with the ease with which it was possible to clip the neck of a moderate size aneurysm arising from the anterior cerebral artery at the junction of the communicating, under hypotensive anesthesia. There was no neurological deficit and post-operative arteriograms showed the neck to be successfully occluded.

The Galveston-Houston group were delighted last week to have a visit from Sir Goeffrey Jefferson, who charmed us all.

* * *

"Some men find their exemptions more taxing than their taxes. "

"Nothing makes a guest towel more useful than mussing it. "

"You are never any older than you feel. You couldn't be. "



The Galbraith Girls

James G. Galbraith - Nov. 27, 1953

Reports of the fabulous meeting in Santa Barbara have spread across the continent to those of us unable to be there. It seems that all the wonderful things we had heard about your lovely city represented a masterpiece of understatement, possibly due to your own charm and lavish hospitality.

Enclosed is a photograph of the Galbraith girls including the baby, whose arrival coincided with the Academy Meeting.

Best wishes to you and all the Academy members for a very Happy Holiday season.

* * *

"Anybody who thinks money grows on trees is going to get caught out on a limb."

* * *

Stuart N. Rowe - Nov. 27, 1953

Jerry and Ruth Grunnagle brought back excellent reports

of the meeting in Santa Barbara. Apparently it was a most successful get-together on both the scientific and the social points of view. I was a little relieved to find that they do not plan to move to Santa Barbara in the immediate future, and I have assumed that possibly the weather was unusual while they were there!

Winter has been very slow as to arriving here, but golf has been gradually deteriorating with the cold (as if it were not deteriorated enough to begin with), and we have had two brief hunting expeditions. I managed to miss a number of grouse with great skill and dexterity, but a few rabbits did blunder into the paths of my shots, and we were able to have meat in the larder for a short time anyway.

With best holiday wishes to all from Elva and myself.

* * *

"Another thing a woman sometimes picks up at a bargain counter is a tired husband."

* * *

John Raaf - Nov. 27, 1953

On the Monday after returning from Santa Barbara I operated upon my first two patients in the Sheldon-Pudenz position. One patient had a craniopharyngioma, the other an aneurysm originating at the juncture of the internal carotid and posterior communicating arteries. In both cases the exposure was good although I still dislike retracting the brain upward. The position was very well tolerated by both individuals and they made rapid recoveries.

Also, since returning home, in spite of the unkind remarks I made about Henry Schwartz' operation for hydrocephalus, I tried the procedure on a female infant nine months of age. It seems to me the major problem is the tiny caliber of the lumen in the Fallopian tube. I wish that Henry would give more detail regarding the technique, for I found that insertion of the polyethylene tube into the tiny lumen was most difficult. Incidentally, why does Henry look so sour in the Academy picture?

I am just beginning to recover from the effects of last week's elk hunt. The elk and the rough weather conspired to give us a rather tough time, and on the last day even my dog looked

disgusted and refused to follow. However, the hunt finally turned out all right and I am sure by next year I will have forgotten all except the less arduous parts of the trip.

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"What most people want for their money these days is more."

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Joseph P. Evans - Nov. 27, 1953

As usual I find myself pushing the deadline pretty heavily. I am sure you will have a number of reports concerning the Lisbon meeting so that I shall say nothing about it except that again I am sorry it was the reason I was unable to attend the Santa Barbara meeting.

Directly after the Lisbon affair, I went up to England for a week and saw Joe Pennybacker at Oxford, F. J. Gillingham at Edinburgh, and Richard Johnson at Manchester. I also spent a most interesting afternoon at Queen Square and attended a clinical demonstration given by Dennis Williams, done in the best Queen Square tradition. I was not able to get to London, but did spend my last afternoon with Douglas Northfield. I saw Sir Geoffrey Jefferson briefly in Manchester, but more of that later. All in all, the visit to the British Isles was most worthwhile.

Early in November, Hermene and I went up to Toronto to visit Margaret and Harry Botterell, the obvious excuse being that I spoke before the neurology-neurosurgical group on a Tuesday morning, at their regular weekly session. It was most gratifying to see how well things are going at Toronto, and it is most stimulating to see clinical work so well done. There is a splendid spirit with excellent cooperation from the men in the basic fields. I was much impressed with the solidity of the groundwork Kenneth Mc Kenzie has laid and the possibilities for further development under Harry's guidance.

I have just returned from a third safari, this time for the opening of the new wing at the Montreal Neurological Institute. That was really a four day meeting, at least for those of us who are old Montreal hands. There was a series of papers on Friday morning outlining the work that is being done currently at the Institute, and at noon the dedication of the new building took place,

including a splendid address by Dr. Alan Gregg on Medical Institutes and Endowment of Medical Research. It was a very thoughtful paper. The Governor General of Canada then unveiled a plaque to open the new wing, and later in the afternoon, Dr. Penfield spoke about the Institute. The University faculty gave a dinner that night, highlighted by Sir Geoffrey Jefferson's presence.

On Saturday morning, there was another series of neurological addresses, including an excellent paper by Ted Rasmussen on Beta Radiation of Neural Tissue, and by Earl Walker on Subcortical Epilepsy. That evening the Fellows of the Institute and their wives gave a dance and put on a skit. On Monday afternoon, Arnold Carmichael, who was out from London, gave a paper summarizing a rather sizeable group of hemispherectomies. I failed to mention that on Friday, Dorothy Russell, who is now Professor of Pathology at the University of London, spoke on Research Methods in Neuropathology.

It was a meeting with a wide range of papers and was very stimulating. Arthur Elvidge made some remarks at the Friday luncheon and you know Arthur!

Everyone was most kind and it was really a fascinating visit. The new wing brings the capacity of the Institute up to 140 beds. The operating rooms, the laboratories and the X-ray equipment are all outstanding and I was again much impressed with the splendid spirit there.

I believe it was last Christmas I promised a family picture and I am forwarding a copy herewith. Mary and the twins, Ed and Nick, all finish college this year. Nick and Ed are due for at least a two year hitch in the Army. Caroline is doing a special year in music and art before setting off for college next fall. Anne, with the braided hair and standing next to Nick is in high school. John and Willi, in the foreground, on the left are both in the grades and Tommy will probably start next fall. Hermene's mother completes the group. The Holbein on the wall between Caroline and Anne is of John Fisher, one time Chancellor of Cambridge and the family's patron saint.

With every best wish for Christmas,

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"Institutions sometimes lower their entrance requirements with an end in view - not to mention promising tackles and backs."



The Evans' Family

J. D. French - Nov. 25, 1953



Prexy gives a toast.

I have two important reasons for writing this note. The first is that it permits me to recall with much pleasure the splendid meeting in Santa Barbara capped by the marvelous hospitality of the Reeves'. Pity the poor "outlanders" who had to leave such surroundings when it was all over!

The second reason is that it gives me the opportunity of sending my best wishes for a happy Holiday Season to all of the members and their families.

"When you can't get to first base with a girl maybe her mother is umpiring."

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Edmund J. Morrissey - Nov. 30, 1953

Since returning from the meeting there has been nothing unusual to report -- just the regular routine, which together with the duties of President of the San Francisco Medical Society keeps me well occupied.



However, I wish to take this opportunity to repeat again the the meeting at Santa Barbara was most successful. The officers and committees are to be congratulated on the excellent program, and to you and Marjorie we owe a special vote of thanks for making the extra-curricular activities so delightful.

Texas is happy.

Wishing you all a very merry Christmas and Happy New Year.

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"A budget is a device that enables two people to go into debt systematically."

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Editorial Comment:

Dorothy Brown was appointed president of the Women's Auxiliary for the coming year. Alta Raney has served in this capacity very admirably during the last few years. The importance of the Women's Auxiliary to our neurosurgical group becomes increasingly evident as the years go by.

The Christmas Edition of the Neurosurgeon and the Round Robin Letter, Volume 13, No. 3, comes to an end. We are all looking forward to the next meeting of the Academy at the Broadmore Hotel in Colorado Springs, October 20-23. Meanwhile your editor wishes all of you a Merry Christmas and a Happy New Year.



And laying a finger aside of his nose,
And giving a nod, up the chimney he rose.

He sprang to his sleigh, to his team gave a whistle,
And away they all flew like the down of a thistle;
But I heard him exclaim, ere he drove out of sight,
"Happy Christmas to all, and to all a goodnight!"

- Clement C. Moore