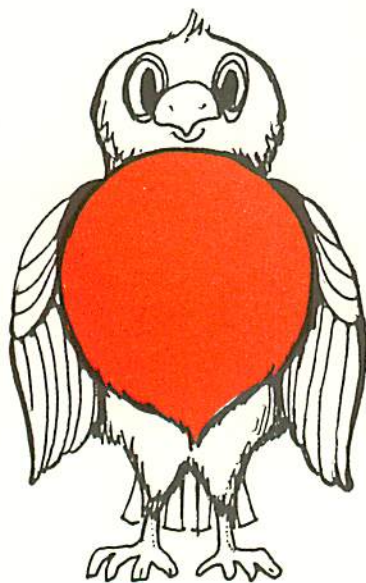
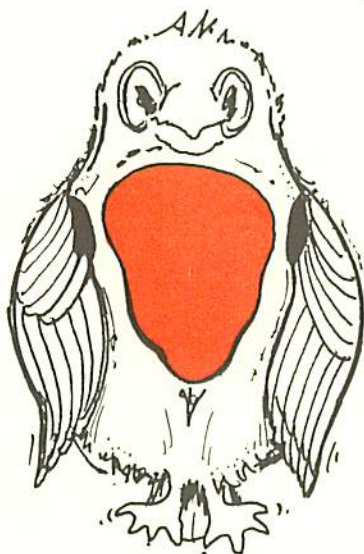
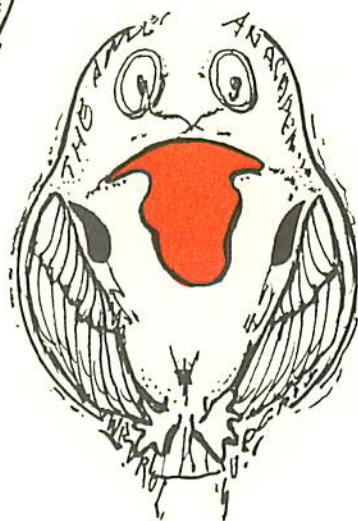


# THE NEUROSURGEON



THE ROUND ROBIN LETTER  
OF THE AMERICAN ACADEMY  
OF NEUROLOGICAL SURGEONS

SEPTEMBER 1982

THE AMERICAN ACADEMY  
OF NEUROLOGICAL SURGERY



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VOLUME 42, NO. 2

SEPTEMBER, 1982

THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY  
OFFICERS AND COMMITTEE APPOINTMENTS FOR 1982

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HISTORIAN: George Ehní, M.D.

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ROUND ROBIN COMMITTEE: Eben Alexander, Jr., M.D.  
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Clark Watts, M.D.  
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DELEGATES TO WORLD FEDERATION OF NEUROLOGICAL SOCIETIES: Russel H. Patterson, Jr., M.D.  
Phanor L. Perot, Jr., M.D.

REPRESENTATIVE TO COUNCIL OF THE NATIONAL SOCIETY FOR MEDICAL RESEARCH: John F. Mullan, M.D.

REPRESENTATIVE TO INTERNAL COMMITTEE ON NEUROSURGICAL IMPLANTS: David G. Kline, M.D..

REPRESENTATIVE TO THE INTER-AGENCY COMMITTEE ON IRREVERSIBLE COMA AND BRAIN DEATH: A. Earl Walker, M.D.

# The American Academy of Neurological Surgery

PRESIDENT  
BYRON C. PEVEHOUSE, M.D.

EXECUTIVE COMMITTEE  
BYRON C. PEVEHOUSE, M.D.  
SIDNEY GOLDRING, M.D.  
JOHN MULLAN, M.D.  
JOHN T. GARNER, M.D.  
JAMES T. ROBERTSON, M.D.  
JOSEPH RANSOHOFF II, M.D.

HISTORIAN  
GEORGE EHNI, M.D.



June 1, 1982

PRESIDENT-ELECT  
SIDNEY GOLDRING, M.D.

VICE-PRESIDENT  
JOHN MULLAN, M.D.

TREASURER  
JAMES T. ROBERTSON, M.D.

SECRETARY  
JOHN T. GARNER, M.D.  
1127 EAST GREEN STREET  
PASADENA, CALIFORNIA 91106

Dear Academy Member:

In the historical sine wave form that seems to characterize election of new members to the Academy, there has been wailing and gnashing of teeth over the two out of eight proposed result in 1981, with younger members asking "why" and disappointed members demanding that the election procedure be changed. I sincerely do not believe that the members would vote 2/3rds affirmatively to change the ByLaws regarding the current written ballot and five negative votes to reject a candidate.

Thus it seems worthwhile (almost imperative) that I review the process and suggest how best to work "within the system", hoping to ensure more satisfaction for everyone, yet preserving the traditions that have served the Academy so well for over 40 years. These suggestions are only my personal perception of what has worked in the past and might be applicable to the future, but do not represent an official policy statement of the Membership Committee or of the officers of the Academy.

(1) You should be alert to the individual who has the personal qualities, professional qualifications, potential for achievement and leadership in neurological surgery, within or outside your own training program, office or community. If you have a small practice group, there is some disadvantage to proposing your own associate until you are ready to retire, as there will be conflict in regular attendance. In a large group, naturally this would not apply.

(2) Invite the potential candidate as your guest to an annual meeting. It is very desirable that he submit a paper for the program. It is important that you attend that meeting, acting as host and being with the candidate and his wife during the social events - making introductions to as many members as possible. If everything seems to go well, then

(3) Request an application blank from the Secretary, complete it with a recent photograph and curriculum vitae and mail to the Secretary with your letter of support. Obtain letters of support from one or more other active members.

(4) When the Membership Committee Chairman informs you that the candidate is on the ballot, be sure you attend the meeting and the first business session, personally talk to other members before the election, and respond to any questions. If you can not attend, it might be wise to ask the chairman to defer voting on your candidate until next year.

Remember that 38 new members have been elected during the past ten years. With a limit of 100 active and currently 86 active members and 53 senior members, this is not significantly out of proportion for any period of the last 20 years. Quality rather than quantity is still the keyword. I hope that these suggestions are of help to you.

Cordially yours,

*Byron C. Pevehouse*

Byron C. Pevehouse, M.D.  
President

# The American Academy of Neurological Surgery

## Proposal for Membership

Date: \_\_\_\_\_

Name in Full: \_\_\_\_\_

Office Address: \_\_\_\_\_  
Street City State Zip

Residence: \_\_\_\_\_  
Street City State Zip

Date and Place of Birth: \_\_\_\_\_

Proposed by: \_\_\_\_\_

Seconded by: (1) \_\_\_\_\_

(2) \_\_\_\_\_

Candidate attended the 19\_\_ Annual Meeting of the Academy as a guest of

\_\_\_\_\_

Society Record:

Date Proposal Received: \_\_\_\_\_

Action of Membership Committee: Approved \_\_\_\_\_ Deferred \_\_\_\_\_ Dropped \_\_\_\_\_

Action of Executive Committee: Approved \_\_\_\_\_ Deferred \_\_\_\_\_ Dropped \_\_\_\_\_

Action of Society: Elected \_\_\_\_\_ Date \_\_\_\_\_

Rejected \_\_\_\_\_ Date \_\_\_\_\_

Held Over: \_\_\_\_\_ Date \_\_\_\_\_

Attach an up-to-date Curriculum Vitae. This should contain the following items:

1. Pre-Medical Education (Institutions and Dates)
2. Medical Education (Institutions and Dates)
3. Internship (Hospitals and Dates)
4. Residency and Other Graduate Training (Dates)
5. Certification (American Board or Royal College of Surgeons, Canada)
6. Military or Government Service (Rank, Dates, Important Positions Held)
7. Teaching Appointments
8. Hospital Appointments
9. Honors Received (Describe their Significance)
10. Membership in other Medical Societies
11. Community and Public Service
12. Hobbies and Other Interests
13. Bibliography

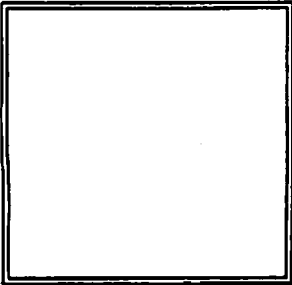
If the above items are not covered in the curriculum vitae then they should be attached as an addendum.

Enclose a recent photograph of the candidate.

Supporting letters must be received by the secretary from the candidate's sponsor and from at least one active or senior member seconding the nomination.

The completed proposal must be received by the secretary at least four (4) months prior to the annual meeting.

Return to: John T. Garner, M.D.  
Secretary  
American Academy of Neurological Surgery  
1127 East Green Street  
Pasadena, CA 91106



July 26, 1982

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

Dear Academician:

Last year was a very busy year, but without question the highlight was the December trip to Japan to take part in the "International Symposium on Fundamentals and Clinical Application of Spinal Cord Monitoring". I moderated one of the sessions and Dennis Kopaniky, (who is now with Phil Gildenberg) and I presented some of our work relating blood flow and nervous conduction in the spinal cord. It was a good meeting and a lot of useful information was exchanged. While most of the non-Japanese were either Neurosurgeons or Physiologists connected with Neurosurgical Departments, the Japanese were represented primarily by Orthopedists and Anesthesiologists with relatively little representation from the Neurosurgeons. This difference, no doubt, reflects the lesser interest of the Japanese Neurosurgeon in spinal cord problems as compared to his American or European counterpart. At the moment, there seem to be many different methods of intraoperative spinal cord monitoring with no one technique showing a clear advantage over the others. It is also frustrating that while there are many suggestive case reports and mini-series, it would be impossible to prove absolutely that this expensive and difficult technique can really improve the overall results of spinal cord surgery. If it does turn out eventually to improve the results of spinal cord surgery, then it is a technique which should be applied widely, and there will have to be developed a group of people who can set up and perform the monitoring on a routine basis without having to involve Physiologists, Researchers or other high-level individuals. Perhaps this is another monitoring function which the Anesthesiologists could take over. In any case, what is now needed is the development of solid electrical criteria for inferring that the spinal cord is faring badly. The development of a consensus about this subject is perhaps the most important business at hand and hopefully, further meetings will continue to address this problem.

The last week of the trip to Japan was spent visiting Dr. Handa and his Neurosurgical Service in Kyoto. This was a unique experience, and one which I will long remember.

Jerald S. Brodkey, M.D.  
Professor  
Phone (216) 444-3004

Division of Neurological Surgery  
University Hospitals of Cleveland  
2074 Abington Road  
Cleveland, Ohio 44106

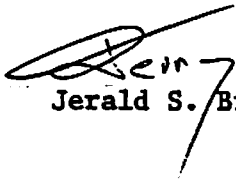


July 26, 1982

Our family is well and everyone is very involved in his and her own activities. Arielle has just completed a new genealogy for the Fourth Dynasty and is hard at work on her forthcoming presentation at the International Congress in Toronto this fall. She is also going to be a guest lecturer on a spring tour to Egypt. Jason graduated University School this spring, and is entering the Biomedical Engineering program here at Case in the fall. He is working this summer in Wen Ko's Department on the intracranial pressure telemetry device. Daniel has two more years of high school. He has an outdoor job this summer as a gardener, which is a big change from his usual overly sedentary life.

Looking forward to the Boston meeting.

Sincerely yours,

  
Jerald S. Brodkey, M.D.

JSB:bt

WILLIAM A. BUCHHEIT, M. D., F.A.C.S.  
TEMPLE UNIVERSITY HEALTH SCIENCES CENTER  
3401 NORTH BROAD STREET  
PHILADELPHIA, PA. 19140  
(215) 221-4068

PROFESSOR AND CHAIRMAN

NEUROLOGICAL SURGERY

August 19, 1982

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

Dear Eben:

The Research Foundation has passed the half way mark in its two year drive to raise the capital fund of two million dollars that will support research training in Neurosurgery. As of August 1, 1982 we have pledges in the amount of one million forty-five thousand dollars.

The campaign committee continues to actively seek funds from the Neurosurgical community. Although the majority of the country has been solicited, there are several areas yet to be covered, and it is anticipated that this will be completed within the next several months.

The cooperation of the Academy is vitally important. Although the Foundation must of necessity be interested primarily in dollars, the participation by everyone of us runs a close second. Major gifts from corporations, foundations and individuals come after they are convinced that the surgeons are 100% behind the project.

So far the response from the Neurosurgeons in general and the Academy members in particular has been good, in spite of our overall poor economy. To further advance toward our final goal, I would like to ask each Academy member to be on the alert for grateful patients, families and local philanthropists who might be helpful. The Foundation is anxious to participate in the solicitation of any of these prospects wherever they turn up. I might further point out that deferred giving from wills and other sources is acceptable, and in fact has been very popular especially among the Neurosurgeons.

The second year of our project will conclude in April, 1983 and by that time we expect to reach our goal with two million dollars.

The Research Foundation appreciates the generosity of the members of the Academy, and looks forward to your continued support.

If there are any specific questions, I'd be happy to receive a phone call.

With many thanks,



William A. Buchheit, M.D.

WAB:jr



UNIVERSITY OF MINNESOTA

Office of the Vice President for the Health Sciences  
A-306 Mayo Memorial Building, Box 501  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455  
373-7615

July 13, 1982

Eben Alexander, M.D.  
Department of Neurological Surgery  
Bowman Gray School of Medicine  
3 Winston  
Salem, North Carolina 27103

Dear Academicians:

August 31st will be the last day of my tenure as Vice President here at the University of Minnesota. After that I will be back in the Department of Neurological Surgery with Shelley Chou as my chief. He has promised not to make me work too hard!

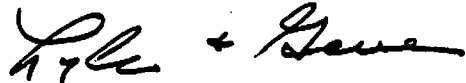
I have been in this all-University administrative position for 12 years. This certainly is long enough in the same administrative job. I believe that one probably should not remain in the same administrative position even as long as I have--perhaps a period of seven years would be better. It is not that I haven't enjoyed it, I truly have, and I have seen many changes come about. When I started the cry was for more doctors, country doctors, general practitioners, family physicians, community physicians. Enrollment soared - curricula changed and most schools responded appropriately and some even over responded. For us, it was necessary to get additional State and Federal funding for most of our programs and for the additional facilities that were required. By 1970 most of our Health Science buildings were at least 50 years old. We did accomplish the additional funding, we made programatic changes and we have renewed our physical facilities. Then came the need to obtain State replacement of funds as the Federal dollars diminished. This was also done so that now at Minnesota we are on a pretty level keel with firm support from the State and from the private sector. I feel as though my job has been accomplished - at least as far as I want to be the leader.

Interesting also, has been the change in general attitude of the private practitioners in this community to the faculties of the Health Science schools and of medicine in particular. We have gained comparatively excellent rapport in that regard. Conversely, the Medical School faculties have developed a willingness to extend themselves outside the University, out into the communities--something that occurred, but rarely, in the 1960's when the "Ivory Tower" was the only home.

Gene and I are going to be relaxing pretty much this next year. I want to write up some of the last 12 years activities, see some patients, go to conferences, but also to get around to see more friends. If you hear me knock at the door, please answer - it may be the French's.

With best regards to all.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lyle + Gene".

Lyle A. French, M.D.

/mm

WALLACE B. HAMBY, M.D.  
3001 N.E. 47 Court  
Fort Lauderdale, Florida 33308  
Phone: 305-771-9104

25 june 1982

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

THE NEUROSURGEON

Dear Eben,

Thank you for the good job you are doing with THE NEUROSURGEON, upon which we retirees depend greatly for keeping up with the activities of our old friends. I regret the financial necessity of changing the earlier format. However, if one strips off the plastic binder and staples to the left of the perforations, the issues can be filed conveniently instead of being discarded. I remain a pack-rat of interesting paper.

The changes made in the technics and practice of our specialty in my fourteen years of retirement have been phenomenal. The inability of having participated constitutes about the only regret I find in my change of status.

May I indicate a disquieting impression that arises from changes of life-style that has developed? In my association with upper middle class citizens, the cost of medical care is the most frequent discussion I hear, with an accompanying disdain of physicians. Soon to-be-retired, especially academic, Neurosurgeons recount spending a large part of their final year in prolonged foreign travel. The bulk of the news in THE NEUROSURGEON relates to such expensive travel and entertainment. Of course, this is beneficial to the hard-working surgeon and to his practice, but ultimately, it is paid for largely by his patients, in fees or thru taxes - and they don't appreciate it.

I wonder if it is worth its cost in public relations and finally, in the future well-being of our profession. I hope these are only dyspeptic ruminations of a has-been, but I submit them to you by one who has been there.

With my most cordial greetings to my old and new colleagues.

Wallace



Charlie Drake, Alan Hudson, Skip Peerless



# university of toronto

division of  
neurosurgery

19 July, 1982

Neurosurgeons

Fleming, J. R.

Gentili, F.

Hendrick, E. B.

Hoffman, H.

Horsay, W.

Hudson, A.

Humphreys, R.

Loughheed, W.

Morley, T.

Muller, P.

Perrin, R.

Rowed, D.

Schaeter, I. B.

Schutz, H.

Schwartz, M.

Smyth, H.

Tesler, R.

Tutor, C.

Tucker, W.

Vanderlinden, G.

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

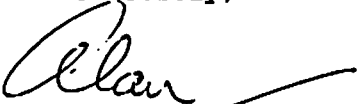
Dear Eben:

I thought the academicians would like to know that Charlie Drake was awarded a degree of laws, honoris causa, at the University of Toronto Convocation on Thursday, June 10. We had hoped to announce this fact on the occasion of the annual Keith Lectureship which takes place every February. Charlie Drake was this year's Keith Lecturer, but the timing of the various University committee meetings resulted in the decision being delayed until this Spring. Professor Drake received much of his basic neurosurgical training at the hands of K.G. McKenzie, who founded Canada's original neurosurgical school in Toronto. The Convocation was an extremely happy affair and gave most of the city's neurosurgeons a chance to dress up in their academic finery in order to honour both Charlie Drake and the entire Drake family, who were guests of the Chancellor of the University at a luncheon prior to the ceremony. Enclosed is a photograph of the graduand, and Skip Peerless who escorted the Drakes from London. Charlie is wearing the gown of the Doctor of Laws, I am wearing the gown of the Royal College of Edinburgh, but Skip is fraudulently wearing a gown of the President of the Royal College of Surgeons of Canada. (He lost his own and borrowed Charlie's at the last moment!)

We continue to face Government cutbacks in Canada. Our response in Toronto will be to institute a system of Fellowships. These will be offered to men who have either completed or are on the verge of completing their training. It is hoped that this manoeuvre will enable us to keep pace with the huge clinical load and also enhance our research capabilities.

Professor Harry Botterell has given us permission to name an annual lectureship in his honour and this will be instituted in the Spring of 1983. We are very pleased to be able to honour the man who gave so much to the direction of Toronto Neurosurgery, as well as influencing the entire Canadian neurosurgical scene.

Sincerely,

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

ARH:ed

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

COLLEGE OF MEDICINE  
DEPARTMENT OF NEUROSURGERY

August 17, 1982

Dear Academy Members:

You are by now aware of the fine response from the community of neurosurgeons concerning the capital fund for the Research Foundation of the AANS. We have moved past the \$1,000,000 mark. It is a remarkable achievement. Major gifts and pledges are still essential to realize the initial goal but we are well along the way. Many Academy members have played very special roles in facilitating the development of the Foundation. Bill Buchheit will fill in more of the details in his letter.

The ACGME is evolving into an effective forum for accreditation. Processes and Special Requirements for the accreditation of more than thirty subspecialties have been implemented. Prerequisites to be met by all Foreign Medical Graduates entering graduate training programs are being developed. Changes in special requirements of each Residency Review Committee can be processed within a reasonable time frame (certainly in months rather than 5-7 years as in the past). The cost of this accreditation process is extraordinary (over \$3 million a year) but at least the finances are now a function of the ACGME. Accreditation fees are expected to offset the costs. "Parental vetoes" have been limited to finances, general essentials and issues declared policy by a parent organization within a limited time frame - procedural matters no longer get quagmired by looping through multiple organizational hierarchies seeking affirmation. There are, as you all know, many remaining matters to be resolved, reworked or introduced into this voluntary accreditation process but substantial improvements have occurred in the last three years. The mood and momentum required to further refine and develop this process are strong. Any questions or concerns you have regarding these programs should be sent directly to the Chairman or I will be happy to see that they are taken to the Executive Committee for you.

The NCA (National Committee for Research in Neurological and Communicative Disorders) has taken another well organized surge forward this year. Bill Landau as Chairman made a concerted attempt to expand the membership. There are now approximately a hundred "lay" and professional organizations supporting its cause. We met with Congressional staff last month in Washington and held a Congressional reception and press conference to introduce the new President, Mr. James Roosevelt, who promises to be most active in this new role. As you know, he was a Congressman from California for 12 years and still has many strong ties on Capital Hill. The Executive Director is Jan Liebman, also well known "on the Hill" to staff and legislators and to HHS and NINCDS. As Secretary this year I have been impressed by the renewed energies and purpose of this body of dedicated people - and would hope the budget and programs in NINCDS might reflect more of their concerns in the near future.

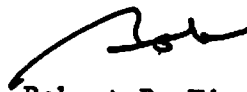


These are busy and exciting times on even more important fronts. Nancy was married in January - a delightful occasion. We all had a ball! In a few days Susan will be married. As yardman, I've had a great time fighting off groundhogs and getting ready for a garden reception at home. Molly has mastered yet another art - the evolution of weddings and expanding family circles. Both new families will be living in Houston so I'm sure we will be heading to Texas more often.

Kim will spend next semester in Rome studying Art History. She can hardly wait to get there - a great opportunity. We all had a great ten days at Martha's Vineyard in June and come the end of August Molly and I may just take off for a spell.

See you all in October.

Sincerely yours,



Robert B. King, M.D.

RBK:wp

**SCHOOL OF  
MEDICINE IN NEW ORLEANS**  
Louisiana State University  
Medical Center  
1542 Tulane Avenue  
New Orleans, LA 70112



**LSUMC**

Department of Neurosurgery

August 25, 1982

Eben Alexander M.D.  
Editor, Academy of Neurologic Surgery Round Robin Letter  
Bowman Gray School of Medicine  
Winston-Salem, North Carolina 27103

Dear Eben:

Thank you for reminding me about a contribution to the Round Robin Letter. One can be remiss at many things and be forgiven but correspondence with family is a must and the Academy is in a unique way a happy family to write to.

Within the Department, there have not been many changes since my last communication. Mike Carey stays very busy with his practice, research on csf production in rats, and a forthcoming book which should be an epic covering military neurosurgery. Rick Miller was recently promoted to Associate Professor and is well entrenched not only within the Medical Center but within the community as a pediatric neurosurgeon. Roger Smith is seeing more and more vascular cases and has begun some interesting collaborative research with ophthalmology on cerebrovascular insufficiency and cerebral blood flow in small primates. There has been an almost steady stream of individuals coming to participate in the nerve work from the states and abroad. Those staying for two or more months this past year included neurosurgeons from Canada, Brazil, and Germany. We hosted the second meeting of the Nerve Study Club now called the Sunderland Society in New Orleans in November of 1981. This group is made up of surgeons and basic scientists concerned with nerve injuries and surgical lesions of nerve and is international in scope although small. The city was at its best at that time of year and the Maison DeVille and Audubon Cottages made for, even by French Quarter standards, a unique setting for the educational and social gatherings. We remain blessed with a great group of residents who do not mind working hard. Charity despite many sociological and political problems remains and provides excellent teaching material although it is strongly weighted towards trauma and cerebrovascular accidents. This is more than made up for by the resident's time spent at Ochsner where Ed Connolly, another faculty member, is full time. We hope to add on a rotation to Southern Baptist during the coming year since that institution has a large microscopic laboratory and teaching program encompassing all aspects of microsurgery.

I have been fortunate to work with the American Board of Neurological Surgery for the past 4 or 5 years. As has been the case in the past those on the Board have been dedicated individuals who have been a joy to work with. We have also been blessed with exceptionally talented help in the full time office. Having passed through some of the early crises associated with recertification and problems with the older LCGME, more recent attention has been devoted to the process of certification itself and ways to streamline the process as well as large issues such as subspecialization which is fact at the certification level in non-surgical specialties.

School of Allied Health Professions  
School of Dentistry

School of Graduate Studies  
School of Medicine in New Orleans

School of Medicine in Shreveport  
School of Nursing

and is beginning to make in-roads in Surgery as well. The Board has a very active committee studying this referable to Neurosurgery even though we are not keen about fragmentation of an already comparatively small specialty such as ours. The neurosurgical RRC continues to look at the Special Requirements for training programs and another committee of Board members hope to come up with strong educational requirements to pass on to the RRC so that decisions regarding programs will hinge somewhat less frequently on the numbers and types of cases which the trainee is exposed to although this of course will remain one of the critical points in any evaluation of a program. Work with our newly acquired office computer is slow but proceeding and over the next year more and more data concerning residents, candidates, training programs, and eventually diplomates should find its way into storage and this should help out in a number of arenas.

Having found living alone possible but not very joyful, I married last June Alicia Jeanette Paddison and hopefully you will have a chance to meet her during the Boston meeting or one of the other national meetings. My own children are grown with Susan working as an accountant here in New Orleans, Robert a junior at Cornell, and Nancy a sophomore at LSU. My wife, Genie, has a child by a former marriage, Heather who is 11 and lives with us. Our little house on Fairway is a veritable menagerie with 3 cats, 2 dogs, 3 hamsters and then near the river, and not at home, Heather's horse a beautiful 5 year old mare who is a jumper. The sailboat is beginning to sustain the ravages of age so requires a little more attention each year but gets out on the lake about every several weeks including a rigorous midwinter cruise of a few days this past February with Academy members, Alan and Susan Hudson. I still enjoy tremendously either being in the water or on it, ...truly "all wet" you might say.

With the hope that all of you have a very happy year and a great meeting in Boston, I remain:

Sincerely,

*David*  
David G. Kline M.D.

# Loma Linda University

A Seventh-day Adventist Institution



School of Medicine  
Department of Surgery  
Section of Neurosurgery

August 18, 1982

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

Dear Eben:

After "retiring" in 1979, it seemed that everything was falling into place to enable me to lead a gentleman's life - commuting to Detroit every month or so to keep up with my surgery, and in the interim, pursuing some of my hobbies of construction, brick laying and landscaping.

One year ago Dr. George Austin resigned from the staff at Loma Linda to enter private practice in Santa Barbara, creating an opening which will take time to fill with the appropriate person. Since I had previously worked in the neuroanatomy laboratory here for several years and was known to the dean and several of the older staff, it seemed logical to them to ask my help in the reorganization of the department. For the past year I have been busy with this task and just recently our program was reviewed by the Liaison Committee on Graduate Medical Education. Fortunately all the paper work was accomplished and ready for Dr. Lewis, the reviewer, because three days before his arrival I had the misfortune of being ejected from a ladder while I was picking cherries, and landed on my right side shattering the neck and trochanters of my femur. With the help of some hardware and surgery I am up on crutches but will do no weight bearing for several months. Perhaps someone can suggest some type of "rigging" that will enable me to stand in the O.R. on one leg and continue operating.

I admire your persistence in extracting this letter from me. You have made the Round Robin a great success and pleasure to read.

With best regards.

Sincerely yours,

Robert S. Knighton, M.D.  
Professor and Chairman

RSK:sr

LOURIE, STEWART AND SHENDE, M.D.'s, P.C.  
SUITE 304, 725 IRVING AVE.  
SYRACUSE, N. Y. 13210

NEUROLOGICAL SURGERY

Herbert Lourie, M.D., F.A.C.S.  
Donald H. Stewart, Jr., M.D., F.A.C.S.  
Michael C. Shende, M.D., F.A.C.S.  
John Krawchenko, M.D.

July 14, 1982

Telephone  
(315) 470-7961

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

Dear Eben:

Thank you for your handwritten note of July 4. I have not been a faithful contributor to the Round Robin, but who could refuse a handwritten note from you?

My family is pretty much grown and gone. Karen teaches English as a second language at the University of Pennsylvania, and some have commented that it might have been better for her to stay home and teach her father English as a first language.

My sons graduated Duke Medical School. Gerald stayed there for his radiology residency, and Gary has moved on to Mount Sinai for an internship and plans to pursue a career in orthopedics.

Suzanne is a senior at the University of Colorado and I am encouraging her to go on to law school so that she can protect her father and brothers,

Betty has a full-time job taking care of me and is active in promoting the professional drama program in Syracuse, SYRACUSE STAGE.

I have three associates in the private practice of neurosurgery. We have a very busy practice and are also much involved with the residency training and student teaching at Upstate Medical Center, State University of New York. My current clinical research activities include the development of a new protocol for the treatment of pseudotumor cerebri, investigating further the pathogenesis of trauma-triggered migraine, and the etiopathogenesis and treatment of neonatal intracranial hemorrhage.

I have spent a great deal of time in the past four or five years in the formation of our captive malpractice insurance company, the Medical Liability Mutual Insurance Co. of New York State. I think physicians in general and neurosurgeons in particular are losing in this battle. I find in New York State that neurosurgeons, by their small number, represent a very limited premium base in which to raise the funds necessary to pay for the huge losses when cases involve damage to the nervous system. I

therefore fear that some other mechanism will need to be evolved if neurosurgeons are to continue to be an insurable risk. This is a very serious problem.

Hope to see you and all our friends in Boston.

With best personal regards, I am,

Sincerely yours,



Herbert Lourie, M. D.

ml

P.S. I enclose a family picture taken at Gary's graduation from medical school. It reads from left to right: Suzanne, Karen, Gerald, The Graduate, myself, and Betty.



# VANDERBILT UNIVERSITY



NASHVILLE, TENNESSEE 37232

TELEPHONE (615) 322-7311

*Department of Neurological Surgery • School of Medicine • Direct phone 322-3343*

August 20, 1982

Dear Eben:

We have had a busy summer at Vanderbilt and in spite of the fact that we now have fifteen neurosurgeons in Nashville, we are all busy and hopefully thriving. I often reflect on my duties in this community in 1949 after Cobb Pilcher died--I was the only neurosurgeon left and I was operating all over town and doing some elective cases at night. I shudder to think about the poor personal attention I was delivering then!

We have a full complement of residents--all nice young men except one lovely, attractive girl who is going to be a fine neurosurgeon in my opinion. She is the first female I will have trained and thus far she is a hard worker, intelligent, and asks no quarter from any of the "men folks."

Currently, we are proceeding with our routine for the premature neonate with ventricular hemorrhage and progressive hydrocephalus. We are doing ventricular taps on these babies on a daily or every other day basis when the fontanel becomes tense and then shunting them when they reach 4 lbs. in weight if the hydrocephalus remains progressive. We do not use the CT scan, but instead rely solely on the ultrasound for ventricular size. This can be done in a few moments and is quite accurate.

We soon will have operational a nuclear magnetic resonance imaging device which may well prove to be superior to the CT scan and perhaps even to eliminate the need for the CT equipment. The potential usefulness of the NMR is awe inspiring and can be used over the entire body.

We look forward to the next Academy meeting and Alice and I plan to attend.

With best wishes, I remain

Yours most sincerely,

William F. Meacham, M.D.

WFM/jb

July 28, 1982  
General Delivery  
Big Sky, Montana 59716

Dr. Eben Alexander  
Bowman Gray School of Medicine  
Winston-Salem  
North Carolina 27103

Dear Eben:

As I write this belated letter to THE NEUROSURGEON, I occasionally look up from my table across the golf course at the magnificent and peaceful Madison range of the Rockies in Southwest Montana with the snow capped "Lone Mountain" towering above the rest of the peaks.

It is ironic that the contents of this letter will probably disturb the peace of many of you in the academy, especially some of my best friends, when I tell you what is happening in the field of cerebrovascular surgery.

As a few of you may remember, I reported to the academy at the Santa Barbara meeting in 1953, the first successful removal of a clot from the carotid artery done in 1949.

At the second Princeton cerebrovascular conference in about 1956, I had just reported on some of our carotid endarterectomies when Dr. Charles Robb, Professor of Surgery at Rochester, N.Y. Medical School, got up and said that brain surgeons should not be doing carotid surgery. I immediately replied "Dr. Robb, this is the easiest operation we do."

I thought this had settled the matter but alas it didn't. To my dismay I find that even in 1982 in many neurosurgical training programs, the resident gets no training in cerebrovascular surgery, even carotid endarterectomies, and the internist or neurologist and the vascular surgeons control the stroke patients.

Not many of you will remember that in my presidential address to the AANS in 1965 (the name had been changed from the Harvey Cushing Society at that meeting), I strongly advised that the professor of neurosurgery make every effort to become a department instead of a division of general surgery under the yoke of the professor of surgery. If this had been accomplished, we would not have the current unpleasant situation.

Ed Wiley, a vascular surgeon at the University of California Medical School at San Francisco is alleged to have persuaded the board of vascular surgery to pass a rule that the candidates for that board must have training in carotid endarterectomies. I think all of the members of the academy will agree that all who operate on the blood supply to the brain should know something about the brain and the pathology thereof. I have been told that these people (vascular surgeons) are doing many unnecessary carotid endarterectomies and



in some cases missing the correct diagnosis. I know for a fact that most vascular surgeons, when they do a carotid arteriogram, never bother about the intracranial circulation. I might add that if Wiley did accomplish this he would never have gotten by with it if my lifelong friend, Bert Dunphey, Professor of Surgery at Cal. hadn't died last Christmas.

Obviously the Board of Neurosurgery and probably the AANS should do something about this to protect the incipient stroke patient and others thought to have carotid disease but had some intracranial pathology.

It is my firm belief that the Board of Neurosurgery should pass a rule that residents have training in all aspects of cerebrovascular surgery before taking the examination for certification. This training should, of course, take place in the parent institution but if this is not possible, the director of the training program must provide for it elsewhere. If this can't be done I believe the program should be disqualified.

This poses a great problem because to my surprise there are not enough cerebrovascular training programs to take care of the residents who get no such training at home. Furthermore, this might be detrimental to the existing programs, but no necessarily so.

There is a precedent for this set by Dr. Cushing, himself, when he was trying to teach a lot of people how to do brain surgery. When I was a surgical student and substitute intern at the Brigham in 1932 three months before Dr. Cushing retired, he had a group of people, sent there from many places, to learn something about brain surgery. They were put to work in the lab and allowed to observe him and Gil Horrax operate. To my knowledge they never assisted him or worked up a patient. That was the laborous job of the Harvard medical student. Bronson Ray was the real resident and always assisted Dr. Cushing. I am sure (although I never asked him) that these people never interfered with his residency. I still feel that all divisions of neurosurgery should become departments in the medical school. If this was suggested by the Board or the AANS, one could hear the screams of the deans and professors of surgery, not to mention those of the professors of neurosurgery caught in the middle -- all the way to Montana.

There is one other comment which should be made relevant to all of this. Some years back I was called to the N.I.H. in Washington along with five other neurosurgeons to discuss whether or not too many neurosurgeons were being trained. Everyone except myself thought too many were being trained. It was and still is my strong opinion that if all neurosurgeons were doing all the things that they should do, namely disc, peripheral nerves, sympathectomies and cerebrovascular problems to name a few, there would not be nearly enough neurosurgeons. This is what we do in Memphis and is the reason that there are more certified neurosurgeons in Memphis than any other city in the country except New York -- and they are all as busy as bird dogs. It is the main reason why the Semmes-Murphey Clinic has done so well and from the standpoint of patient census, ranks with the Cleveland Clinic and Mayo Clinic.

I have no doubt that I'll have a lot of brickbats thrown my way as a result of this triade, but I don't care. I have been dodging them for a long time.

And now a pleasant note. The weather is perfect, the fishing excellent and even my golf is improving. Best of all, I don't have to worry about all the problems you have!

Sincerely,

*Francis Murphey, M.D.*  
Francis Murphey, M.D. *lcf.*

FM/lcf

Signed in Dr. Murphey's absence

## THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF SURGERY  
DIVISION OF NEUROSURGERY

August 20, 1982

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

Dear Eben:

Julie and I are delighted to contribute to another edition of the "Round Robin Letter". The big thing in the Patterson family at the present time is computers. Julie wants to enter her 21,000 school volunteers on a computer, and I am anxious to track our patients by diagnosis and operation, also on a computer. Julie has been taking a course in computers, and we subscribe to several computer journals. In addition, we have visited a large number of vendors of both hardware and software. She is leaning to a Radio Shack computer with a hard disc and a data base program as well as a program for word processing. My own inclination is to hook into the City University computer with a modem, and so we will see which one proves to be the most satisfactory. Of course, there is the problem of which computer to get at home. If anybody has any advice about software for tracking neurosurgical patients, the diagnosis, and the operation, I would be most grateful to learn about it.

The Neurosurgical Division at Cornell is prospering at the moment. Dick Fraser, Mike Lavyne, Frank Gamache and I have been joined by our most recent resident, Rand Voorhies. He is working in the laboratory with Bill Shapiro on the matter of experimental brain tumor. We have a visiting resident from Jim Robertson's program who is teaching us all about the laser, which is interesting.

The children are performing satisfactorily also. Ritchie, our daughter, is working on the high energy storage ring at Cornell, which pleases her greatly. Hugh is in his last year as a physics undergraduate at the University of Chicago, and our youngest, Alexander, is entering his second year at Reed College. He and a friend bought a house in Portland and have been fixing it up all summer to rent to other students. I hope that this is the beginning of a giant real estate empire.

Congratulations to you, Eben, for revitalizing the "Round Robin Letter".

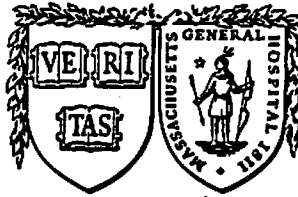
Sincerely,

*Russel & Julie Patterson*  
Russel and Julie Patterson





WILLIAM H. SWEET, M.D., D.Sc.  
*Neurological Surgery*



Please reply to:  
*Ambulatory Care Center 312  
Massachusetts General Hospital  
15 Parkman Street  
Boston, MA 02114  
Phone: (617) 726-3547*

August 9, 1982

Dear Academician,

My wife Elizabeth and I continue to work as well as play together mainly in the Boston area where I pursue my neurosurgical practice largely confined to the appraisal and treatment of patients with chronic pain. The procedures for the neurosurgical relief of such pain being less protracted and technically demanding than many others in our specialty, I find it appropriate for my many decades of interest in this area to become even more concentrated therein. This all happily coincides with a world-wide burgeoning of interest in the field of chronic pain, accompanied by the development of many relevant learned societies. The International Association for the Study of Pain (IASP) held its third Triennial meeting in Edinburgh last September with a vastly greater attendance than expected of over 1500. I finished my 3 year term as Vice President for the United States at that meeting, and at the same time began my one year term as President of the American Pain Society. This organization will be holding its annual scientific meeting at the end of October in Miami, where Hugh Rosomoff is serving as the effective local arrangements chairman. Last autumn I also completed a year as President of the Eastern Pain Association, one of the 3 regional components of the American Pain Society. One hopes that this elaborate hierarchy of societies dedicated to improving knowledge about and treatment of pain will facilitate the desired advances rather than lead to frittering away of the time of the members in administrative minutiae.

An invitation to give a group of talks to the Argentinian Pain Society that I accepted a year and a half ago for the end of November 1981 gave me some direct insights into the problems of this politically and economically burdened nation. About 10 days before we were due to leave for Buenos Aires a cable arrived stating that the business manager of the forthcoming pain society meeting had absconded with the funds and the meeting was cancelled. The wildly fluctuating but declining value of the Argentinian peso varying from 8,000 to 12,000 to the US dollar has apparently led to countless business failures and "irregularities". Elizabeth and I terminated arrangements for visits to other South American neurosurgical services and scenic spots, only to be told

by phone in a few more days that the energetic neurosurgeons of Buenos Aires had persuaded Merck, Sharp and Dohme to pay my expenses. Would I please come after all? So we went and enjoyed extremely gracious hospitality but heard nothing remotely favorable about the way the military officers running every aspect of the government were doing their jobs. The Argentinians are blessed with a huge country abounding in superb agricultural areas and a wide variety of mineral, petroleum and other resources and only 28 million people to feed and provide for. Why they are doing such a frightful job of achieving a stable political and economic system is not clear. I'm glad the British drove these military adventurers out of the Falkland Islands, and hope that this defeat will help the Argentinians move to a government in which the central direction of affairs is largely in the hands of intelligent civilians.

A marked contrast was displayed to us on a trip this spring to Taipei where my lectures were given in English to sizable audiences of medical students, residents and faculty in 3 different marvellously housed medical schools and their accompanying hospitals. The 18 million people on the relatively small island of Taiwan are working with prodigious energy to develop a first class culture. One quantitative comparison with mainland or "Red" China: Its 900 million or more people were able to come up with 1 neurosurgeon willing to present us a scientific paper when 40 of us made a long planned visit to their 4 main neurosurgical centers in 1981. The neurologically oriented doctors of Taiwan gave over 60 papers at their annual meeting this spring!

On this last trip we also visited again that anomalous enclave, the British Crown Colony of Hongkong. Its circa 6 million people, over 98% Chinese, continue to prefer the British to the Communist Chinese system of government even though this means that they are crowded into 404 sq miles of territory with no assurance that nearly the whole area will not revert to Red China in 1997 when the lease to Britain on 370 of those sq miles expires. In the city proper there are up to 400,000 people per sq mile living in clusters of 30 to 50 story skyscrapers that continue to be built tier after tier up the harbor side of the steep mountainous spine of Hongkong Island. The effect created by hundreds of such structures is one of staggering immensity. As seen from the mainland side on the Kowloon peninsula, it is probably the most impressive man-made spectacle I have ever seen! It is as though Manhattan Island instead of being flat were a steeply rising mountain side so that one could see all of the skyscrapers at once. I don't recall ever having had the breathtaking magnitude of this sight specifically emphasized. Those living in Hongkong have understandably become accustomed to it, and I could not find a picture postcard which gave an adequate view of the entire scene. Elizabeth and I first saw this a year and a half ago when we came in from mainland China. The extreme contrast in material achievements within the same ethnic group of people living under different political systems is truly startling.

In July Elizabeth and I moved our office back to the MGH compound into our new "Ambulatory Care Center" and are glad to be back on that lot again. However, we have had to build a second library room in our new condominium in order to house all of my medical books and journals.

This year I had the privilege of being the so-called "Orator" at the meeting of the Massachusetts Medical Society - a role played by Tom Ballantine a few years ago. My topic was "Some Duties of the Medical and Legal Professions". The closing phases of my remarks dealt with the escalating problem, especially for neurosurgeons, of legal actions for medical negligence. The testimony and statements of neurosurgeons are contributing in no small way to the magnitude of this blight on our lives. I think this could well be a subject for a symposium at one of our Academy meetings - on which provocative note I close.

Sincerely,



William H. Sweet, M.D., D.Sc.

WHS:dww

UNIVERSITY OF WASHINGTON  
SEATTLE, WASHINGTON 98195

*School of Medicine*  
*Department of Neurological Surgery*

August 12, 1982

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

Dear Eben:

I have several notes in my correspondence file pleading with me to send something to the Round Robin!

The major news of the past year has been that, as of July 1, 1981, I resigned from the Chairmanship of the department and continue my full-time activities in the clinical program and in research. Pending the appointment of the new Chairman, I continue as Program Director of the residency. Bill Kelly has been appointed Acting Chairman while the search process has been underway. He is doing this exceedingly effectively and smoothly and the department continues to prosper. I think he is getting a little bit tired of the load since the search has taken longer than anticipated. Unfortunately, shortly after I told the Dean that I was going to give up my administrative burdens, the Dean decided that sounded like a good idea and several months later he also resigned. The acquisition of a new permanent Dean has had several unfortunate delays and we do not yet have anybody installed in that office. For these reasons, the search process has been delayed.

I wish I could say that my fond hopes for all of the fun I was going to have in the clinical program and in research have been fulfilled. Unfortunately that has not transpired! It is really very hard for me to identify any significant change in my academic life style. I still seem to be loaded down with a variety of administrative duties. These are somewhat different than they were before but seem to be just as time consuming. Some of these are related to the fact that we do not yet have a permanent Dean and others to the lack of the stability within the department. Hopefully these will be resolved in the not too distant future and I can then start doing some of the things I enjoy as a member of the faculty.

Eben Alexander, Jr., M.D.

August 12, 1982

Page Two

On the personal side, our two daughters are now close to the age of thirty, both still unmarried, and Janet and I see no prospects for any immediate change in that situation. One is in California and the other in Portland, Oregon and we see both of them frequently but occasionally we do express a private wish that it would be nice to occasionally have short visits with grandchildren! Janet and I did manage to squeeze in our usual skiing trip to Europe last winter. Our immediate preoccupation is that we are leaving in several days for London where I have to work for a few days and then we are on our way to East Africa for three weeks of Safari. We are doing it by ourselves and I must say this has been one of the most difficult trips to put together that we have ever taken. However, we are very excited about the game viewing in Tanzania and Kenya with a short break interposed between the two when we will wash the dust out of our hair in the water off the Seychelles Islands, almost midway between Africa and India in the Indian Ocean. We hope to successfully survive both the political unrest in that area as well as the animals!

Warmest personal regards.

Sincerely,



Arthur A. Ward, Jr., M.D.  
Professor and Chairman Emeritus

AAWjr:klc



## NEUROSURGERY

KRASLEY WELCH  
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JOHN SHILLITO, JR.  
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EDWIN G. FISCHER  
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OFFICE  
300 LONGWOOD AVENUE  
BOSTON, MASS. 02115  
(AREA CODE 617)

July 27, 1982

Dr. Eben Alexander, Jr.  
Bowman Gray School of Medicine  
Department of Surgery  
Winston-Salem, NC 27103

Dear Eben,

The paragraphs that follow are for publication in the Round Robin letter. Best wishes to you.

We are of course looking forward to the meeting of the Academy in Boston and the opportunity to see so many friends.


We have just been hosts to the 26th meeting of the Society for Research into Hydrocephalus and Spina Bifida. It was an interesting meeting and went off well. The Society is an international one that includes all disciplines related to the problem. This was the first meeting in North America, the meetings in the recent past having alternated between the British Isles and the Continent. It was pleasant to meet several members of the Academy at that meeting.

Work in the department continues as before with change occurring only very gradually. One change that we are instituting is the replacement of gentamicin by vancomycin in our protocol for the prevention of shunt infections. In our hospital about 1/4 of the Staph. epidermidis are no longer sensitive to the former antibiotic. A few years ago they all were.

In the laboratory under Tony Lorenzo's direction, the emphasis is on studies relating to the cause of intraventricular hemorrhage in premature newborn babies. To this end experiments are being made in prematurely delivered rabbit pups, some of which develop the hemorrhages.

I trust that the Boston meeting of the Academy will be a successful one and that those who attend will have a good time.

Sincerely,

  
Krasley Welch, M.D.

KW/jbc

MASSACHUSETTS GENERAL HOSPITAL == HARVARD MEDICAL SCHOOL

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



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

August 10, 1982

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

Dear Eben:

You are really keeping me working. What follows could be an entry into "Round Robin". As currently organized the Neurosurgical Service at the Massachusetts General Hospital has a number of clinical and basic research activities which are major efforts being directed by a member of the staff. Since our clinical resources are limited by numbers of admissions to the hospital, beds (approximately 70-90) and operating rooms (2.5) we felt that clinical specialization would aide in maintaining the Service's position as a tertiary referral center. This approach appears to have borne fruit. Bob Ojemann is very busy with his practice devoted primarily to basilar tumors especially acoustic neuromas and in addition to his other clinical work operates on 2 or 3 of these lesions a week. Roberto Heros took over neurovascular surgery and has quickly established himself as one of the leading figures in our area and has become a magnet for difficult AVM's and aneurysms, a lot of his practice coming from neurosurgeons in the New England area. Peter Black and myself are taking care of the pituitary problems and Charles Poletti and William Sweet are maintaining our tradition in pain surgery. Robert Martuza, who has recently joined the staff, has a major interest in neurofibromatosis and his Interdisciplinary Clinic with the Departments of Ophthalmology and Dermatology has attracted patients from around the country. Paul Chapman is Director of our Pediatric Neurosurgical Service and has made significant contributions in the two areas of pineal tumors and myelodisplasia. Tom Ballantine is quite active with cingulotomy.

Several separate laboratories directed by the clinical staff are investigating the genetics and hormonal regulation of brain tumors directed by Dr. Robert Martuza, CSF production and hydrocephalus with Dr. Peter Black, and brain ischemia by Dr. Heros and myself. Charles Poletti has an active neurophysiological laboratory that is studying the influence of the limbic system on pain. Drs. Black, Poletti and Martuza all hold Teacher-Investigator Awards from the NINCDS.

Eben Alexander, M.D.  
Page 2

Basic science laboratories on the Neurosurgical Service are supervised by full-time researchers and anyone visiting the Boston area for the meeting in October is invited to visit these facilities. Adelbert Ames, III is continuing his work on the effects on ischemia on brain neurones, on the development of his earlier work with the "no re-flow phenomenon". Richard Masland has an active group working on neuronal function, particularly in the area of synaptic transmission between the neurones and in particular, acetylcholine transmission. John Peterson is a biophysicist who is studying the basic physiology of smooth muscle contraction and Kathleen Sweadner is a biochemist whose main field of interest is sodium potassium ATPase. Michael Moskowitz's basic interest is in the pharmacology of endothelial cells and nerve vessel interactions that are applicable to stroke and migraine.

At the present time we have a six year residency program with two years devoted to basic clinical research training, funded in part by a training grant from the NINCDS.

So far, we have been able to withstand the vagaries of federal funding and have been lucky enough to obtain a professorship and a research floor from a generous patient.

October in Boston ought to be beautiful, and a tour of our Service will be provided for anyone who wishes to come over. The weather in Boston ought to be beautiful but we did have a six month Winter last year so my fingers are crossed.

Sincerely,

  
Nicholas T. Zervas, M.D.

NTZ/jjr