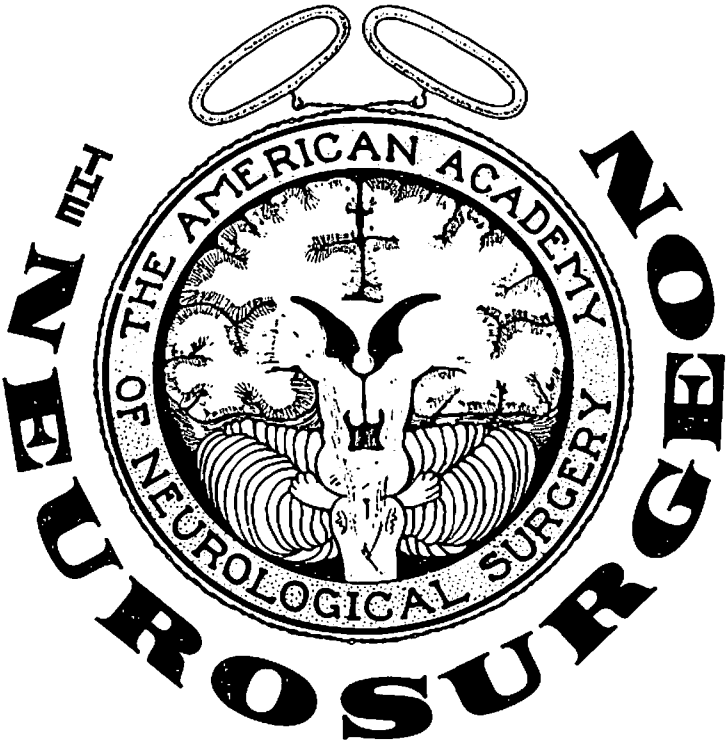
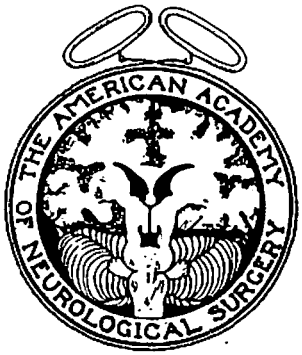


THE PERSONAL JOURNAL
OF THE AMERICAN ACADEMY
OF NEUROLOGICAL SURGERY

VOLUME 29, NUMBER 1 SEPTEMBER, 1969

THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY



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Volume 29, Number 1 September, 1969

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THE NEUROSURGEON

Six new members were elected to membership when The American Academy of Neurological Surgery met in Colorado Springs. All of these men are active in the field of Neurosurgery and have contributed to the literature. These brief biographical sketches are not intended to be complete, but rather to give a brief background of these new members. We congratulate them on becoming members and feel sure that they will help to keep The American Academy of Neurological Surgery in the forefront of American Neurosurgery.

BARTON A. BROWN

Bart Brown was born in San Francisco on the thirteenth of November, 1932. He received his M. D. degree from Harvard in 1958 and took his residency in Neurosurgery at the University of California, completing this in 1963. He is currently an Instructor in Neurosurgery at the University of California. He lists his hobbies as golf, fishing and visiting historical sites. Bart is the first son of a member to become a member of The American Adademy of Neurological Surgery.

DONALD FREDERICK DOHN

Don Dohn was born in Buffalo, New York on the sixteenth of August, 1925. He received an A. B. degree from the University of Buffalo in 1948 and his M. D. degree in 1952. He received his neurosurgical training at the Cleveland Clinic Foundation and spent eight months at the Institute of Neurology, Queen Square, London. He lists his hobbies as camping, sailing and photophotography. He has been active in neurosurgical circles and has been on the Executive Committee of both

the Congress of Neurological Surgeons. He has taken over the duties as head of the Department of Neurosurgery of the Cleveland Clinic Foundation, replacing his former Chief, Dr. Wallace Hamby.

PHILIP DURAND GORDY

Doctor Gordy was born on the fourteenth of October, 1918 in Southampton, Pennsylvania. He received his A. B. degree from the University of Michigan in 1940, and his M. D. degree from the University of Michigan Medical School in 1943. He interned at the New York Hospital, New York City, and received his neurosurgical training at the University of Michigan from 1946 to 1948. He was given a Master of Science degree from the University of Michigan in 1948. He has been interested in aviation and hunting. He was formerly Professor of Neurosurgery at the University of Oregon and is currently Professor and head of the Division of Neurological Surgery at the Jefferson Medical College. He is a Past-President of the Congress of Neurological Surgeons and was a Delegate to the World Federation of Neurosurgical Societies from 1961 to 1964.

EDWARD BRUCE HENDRICK

Doctor Hendrick was born in Toronto, Ontario on the twentieth of January, 1924. He received his M. D. degree from the University of Toronto in 1946. He served as Assistant Resident at the Hospital for Sick Children in Toronto, and completed his residency at the Children's Hospital in Boston. He served in the Royal Canadian Army Medical Corps. He has been active in neurosurgical circles both in Canada and in the United States of America. He is currently Assistant Professor of Surgery at the University of Toronto. Doctor Hendrick lists no hobbies, but it is known that he is interested in photography.

ROBERT GERDES OJEMANN

Doctor Ojemann was born on the fifth of May, 1931 in Iowa City, Iowa. He received his A. B. degree from the State University of Iowa in 1951 and his M. D. degree in 1955 from the College of Medicine, State University of Iowa. He interned at the Cincinnati General Hospital and after a surgical residency at Baylor University in Houston, he was neurosurgical resident at the Massachusetts

General Hospital from 1957 to 1961. He enjoys outdoor activities, including hiking, mountain climbing and swimming. He is currently Instructor in Surgery at the Harvard Medical School and has made many contributions to the literature.

GEORGE TAYLOR TINDALL

Doctor Tindall was born in Magee, Mississippi on the thirteenth of March, 1928. He graduated with an A. B. degree from the University of Mississippi in 1948 and from Johns Hopkins Medical School in 1952. He had his internship at the Johns Hopkins Hospital, and completed his neurosurgical training at Duke University Medical Center. He was Assistant Professor of Neurosurgery at Duke University Medical Center, but is now Professor and head of the Division of Neurosurgery at the John Sealy Hospital, University of Texas Medical Branch, Galveston, Texas. He has been interested in experiments involving the hyperbaric chamber and has made many contributions to the neurosurgical literature.

Recipient of

THE NEUROSURGEON AWARD

This year's NEUROSURGEON AWARD must be bestowed posthumously on Don Matson. It is regretted that he could not have received it personally.

Rather than enumerate his many accomplishments, which are a matter of record, it was thought fitting to recall his dynamic personality through the reminiscences of his friends in The Academy. Unfortunately space did not permit publication of all the contributions.

Dr. Francis Moore, his Associate and friend, has allowed us to publish his remarks, with Dottie's approval.

- Editorial Advisory Committee

In an obit citation to Hugh Cairns, Sir Geoffrey Jefferson mourned the loss of such a gifted man at the very culmination of his labors. A similar farewell thought was in the minds of Don Matson's many friends and patients who listened to his funeral oration pronounced by Francis Moore, Moseley Professor of Surgery at Harvard.

- Hannibal Hamlin

Tuesday, May 13, 1969, 1:00 P. M.

First Parish Church, Brookline, Massachusetts

Remarks of Dr. Francis Moore

We are here with Dorothy and her family to express our affection for Donald Matson, to do him honor, to bear witness to the depth of our loss, and to our privilege in knowing him.

We are a congregation of many who knew and worked with Don; each one of us is connected to him in some special way.

I can speak only as one of many, hoping that some of the things I say might reflect the thoughts in other minds.

In September, 1935, 115 young men from all parts of the country, and previously entirely unknown to each other, gathered to start work in a laboratory at the Harvard Medical School. They not only entered the demanding life of their profession, but began to form friendships, some of which became those special relationships that influence one another's ideals, aspirations, and achievements.

Those whose names began with the same letter often found themselves grouped together around a laboratory bench. In this simple alliterative way, on that very first sunny afternoon I met and began to work with a young man who was known as the "Cornell Californian from Hawaii"; all of us knew that he had a brilliant college record as well as championship swimming mixed in with his tennis and golf, an engaging wit, lots of laughter, a vigorous and untiring physique, and above all a sense of perfection in all things he did.

In the thirty-four years that have followed, the bond of friendship, the affairs of the world, and the life of institutions have brought us together as close colleagues, whether in the struggle to help individual persons, groups of students, or hospital departments.

There are some teachers who work best alone--writing books--or with a single student--or with a half-dozen--or with a whole lecture theater. Don excelled in all: his superb books, his residents, the senior students, or audiences of professional colleagues the world over. But of all these he most enjoyed the special personal task of teaching while he cared for the sick in the operating room. He demonstrated that the essence of skill in surgical teaching is to guide the hand of the young surgeon while still giving perfect care to the patient. Those he taught and those that taught with him, often became his patients. On one celebrated occasion about three dozen Deans,

professors, and colleagues gave him a testimonial dinner to thank him for their own good health!

During all those years there have been many distractions to the main line of Don's work. Some were serious, as the three years at war; some were honorary, as he received every high honor and recognition in American Neurological Surgery, including Presidency of The Harvey Cushing Society in its Centennial Year; and some were just plain happy, such as his travels with Dottie abroad to teach and learn and sight-see with friends, his cruises with Dottie as the honored guests on some great yacht, or with other couples such as ourselves, or even as an harassed sea cook on a rough ocean race.

His life was his family--and his work. As he turned past fifty, the demand for his skillful care became almost unbearable. Yet each day he devoted to each patient and to each tiny step in each operation that same intense concentration and seeking after perfection that characterized his whole career. There was never a slight or an elision or a compromise. And the skill that was his to use was no ordinary handiwork, but the incredible artistry of a highly educated man devoted to one of the most specialized and critical fields of human endeavor.

One year ago this week, because of feelings he could neither welcome nor understand, he cancelled his operating schedule and entered the hospital himself.

Today we are here to celebrate the memory of a remarkable surgeon, father, and friend; and to express our thanks that it was given to us to be inspired by him.

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Your decision to dedicate the forthcoming issue of THE NEUROSURGEON to the memory of our dear friend and colleague, Don Matson, is most gratifying to me. I am sure that it has received the unanimous endorsement of the Academy membership.

My associations with Don throughout the years have been most pleasant and rewarding. Our friendship dates back to the World War II years when we were in military service. In the years since, we shared many common interests in clinical and research problems and participated in many seminars, panel discussions, and symposia. I was always impressed by the brilliance, quickness and organization of his mind, by his dedication to his profession, and his boundless energy. He set standards for all of us that are difficult to emulate.

Neurosurgeons throughout the world owe much to Don's ideas, teachings, and contributions. Thousands of children live happier lives because of him. We hope that they will continue to

thank God that he lived and remember him in their prayers.

Ruth joins me in sending much love to Dottie and the children.

- Robert H. Pudenz

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The tragic death of Don Matson is the only thing I can think of at this time. Looking back over the years at Don's many and great contributions, both scientific and policy-making, leaves one with a sense both of inspiration and humility, two healthy feelings for a great man to have bequeathed. We can be forever proud to have had Don, not only as a member of the Academy, but as such an outstandingly dynamic and distinguished a member. The splendid tribute read at his funeral was so perfect that I hope it can be added to this issue of our Journal.

- J. Lawrence Pool

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All of us, of course, are grieved over the loss of our dear friend, Don Matson, cut down in the midst of a career of accomplishment. We shall miss him and his influence greatly. It was a gracious act of Dottie to come out to Cleveland for the Cushing meeting. It required just the sort of courage that we have come to expect of her.

- Joseph P. Evans

****

I am glad to write a few reminiscences of Don Matson. First, I recall his pleasant, alert, stimulating attitude. His friendliness and thoughtfulness of others were ever present. Of course, his sharp and sensitive mind became readily apparent upon contact with him. His thought was critical, but I can recall no instances of unwarranted criticism. His intellectual superiority is readily seen in his rather abundant and quite outstanding writings.

We all mourn the premature death of our dear friend and beloved colleague.

- F. Keith Bradford

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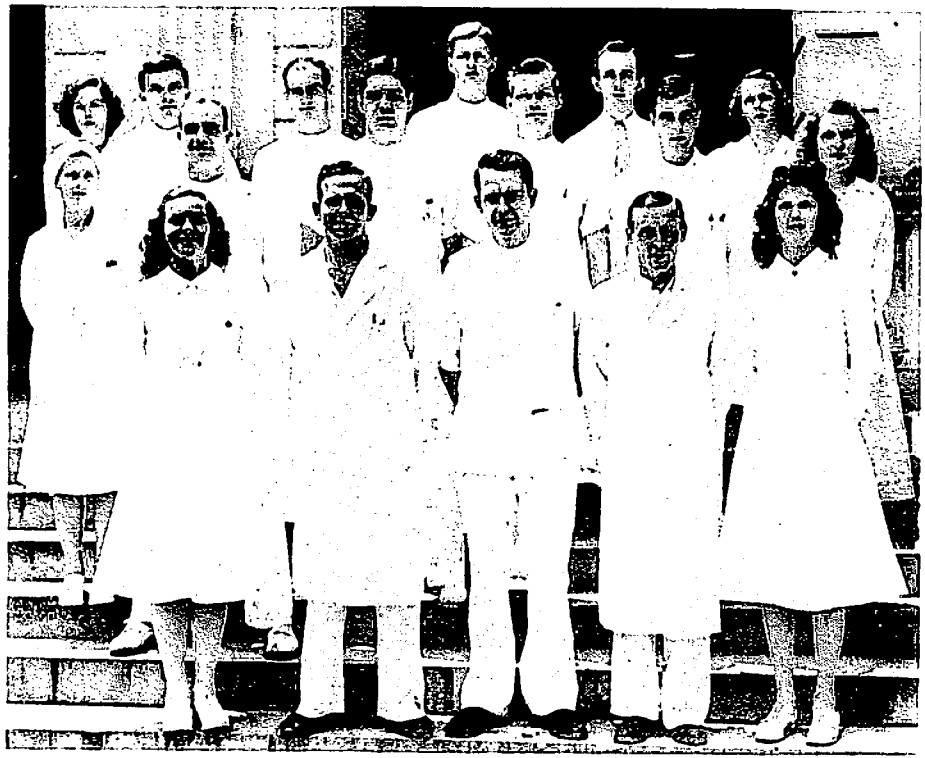
We share the sadness of all who knew him at the premature loss of that great surgeon and splendid friend, Don Matson. It was good to see Dottie at the Broadmoor last October, and again



SENIOR RESIDENT DUKE 1948-1949

in Cleveland, where she was so gracious as to attend the Cushing meeting. Our sympathy goes out to her and to their children.

- Wallace B. Hamby

****

Here at Duke, we have many fond memories of Don and Dottie, because Don was our senior resident for the year 1948-49. I can recall very vividly assisting with his first brain tumor operation. In those days, he was already interested in the problem of hydrocephalus and performed the first lumbar subarachnoid urethral shunt at Duke on a young colored female (Journal of Neurosurgery, May 1949, Volume VI, pages 238-247: " A New Operation for the Treatment of Communicating Hydrocephalus. Report of a Case Secondary to Generalized Meningitis"). Everyone here on the staff always looked forward with a great deal of enthusiasm whenever we knew that Don was returning to Durham. I think that he was always a stimulus and inspiration to everyone with whom he was associated. It will be a long time before we fully realize what a loss his untimely death will mean to our profession. His contributions to pediatric neurosurgery, the American Board of Neurological Surgery and neurosurgical education will be quoted for many years. I am proud that I was associated with him in some small way.

- Guy L. Odom

****

It is deeply moving and inescapably appropriate that this issue of THE NEUROSURGEON be dedicated to Don Matson. Each of us has personal memories of Don; sharing some of them may help us all.

Don was an indispensable member of the Journal's editorial board and it was in this capacity that I knew him best. His comments on manuscripts were always precisely in focus and where the paper work involved one of the many fields in which he had become an authority he spoke out with the same clarion clear positiveness that characterized his comments from the speaker's podium. When Don spoke everyone listened, and when he wrote you can be very sure the Editor of the Journal listened.

And yet there was a modest humility about Don that was equally appealing. I remember so well the thoughtful and unembarrassed tenderness with which he helped me with various personal chores when chance made us roommates in a Bethesda motel; after all, I am not the simplest possible person with whom to share a hotel room. I am sure much of the experience was new to him then, but alas became all too familiar within a few months.

Kit and I went down to see Don and Dottie last December.

Don already had many difficulties and the curtain between him and clear consciousness was dropping fast. Yet practically his last words to me were tinged with the warmth of his humor. A site visit which had recently taken me to Los Angeles fortuitously ended on a Thursday and I had grabbed a long week-end to go steelhead fishing on the Klamath. I didn't realize that Don knew anything about the trip, but suddenly out of the depths of his deepening confusion he asked "Why did you go to California?" Because he was deaf, I wrote in big letters on a piece of paper "Site Visit and Fishing." A flash of the old penetrating perception gleamed for a moment in his tired eyes as he looked at me, and replied quite clearly "Wrong order!"

I hope Dottie knows how much she means to her friends and Don's in the Academy. Her gallantry during the long hard months of Don's illness somehow made us feel prouder of the human race. And it made us love her with a special warmth, the same warmth that now prompts the hope that she will continue to come to the Academy meetings as she did to Cleveland. For it will do us all a world of good.

- Henry L. Heyl

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My first and probably most lasting impression of Don Matson was in the days of the Boards at New Haven when I was a neophyte neurosurgeon taking the Boards. His pleasantness and cheerfulness to all the young candidates was extremely calming. I shall always remember this plus the many other things in later years when we became good acquaintances.

- Blaine S. Nashold

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How wonderfully appropriate to devote this issue of THE NEUROSURGEON to Don Matson. What an outstanding person he was in all ways. Thankfully he lived long enough to achieve in his lifetime the highest honors and the greatest respect one could receive from the neurosurgical world.

What a privilege throughout the turbulent neurosurgical years to have enjoyed and appreciated the great character, the loyal friendship of that magnificent surgeon, Don Matson!

"Where there was darkness, he brought light, where there was despair, he brought hope, where there was doubt, he brought joy."

Small wonder one of Harvard's brightest stars received the highest accolades of his devoted neurosurgical colleagues!

What a splendid heritage for his adoring family and countless saddened friends!

"What will be, will be,
just as what has been
was."
- Artemus Ward

- David L. Reeves

****

Don came down here after leaving his overseas army duties, where he had made a tremendous reputation in the military surgery of acute brain injuries. He said that he had had very little adult experience except for this, and wanted to spend the year in an environment where he might broaden his neurosurgical background. We were, of course, delighted to do this. We had a very warm, productive and worthwhile twelve months with him.

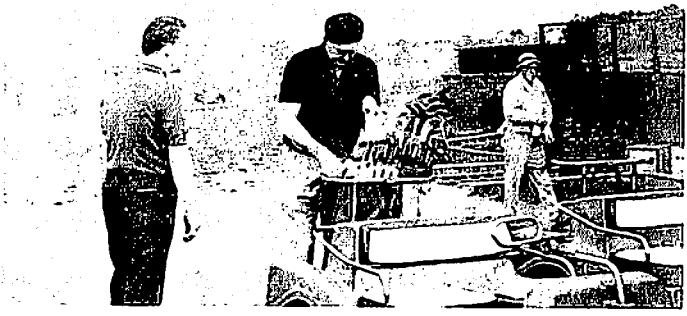
On the first day that he came into the operating room, I was proposing to ligate the common carotid artery for what I thought was a rather large angioma on the left side. I placed the ligature loosely around the vessel. Our operating room nurse was a very busy, housewife type of character, and was far too neat for my personal taste. She said afterwards that she saw this loose string and snatched it up to get it out of our way. This procedure ruptured the common carotid rather handsomely, and a great burst of blood started toward Donald and eventually struck the side wall. He was fast on his feet and looked mildly shocked. I simply pointed out that this was one of the more rapid techniques of a carotid ligation.

Subsequently he did some of his beginning work on spinal-subarachnoid-ureteral-anastamosis for communicating hydrocephalus. He also published a paper with me on trap ligation of the carotid artery. I have a feeling that he enjoyed his time here.

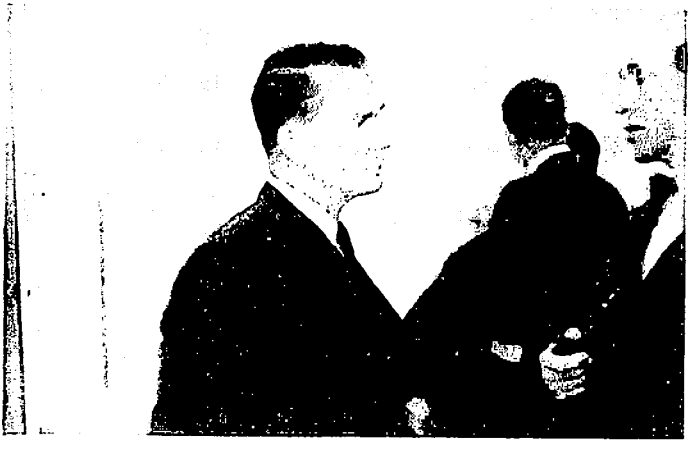
That summer his family stayed in our home. They had a minor problem about developing nothing except females and at that time Deryl Hart had just published his entrancing study on pre-determination of sex in the human. Donald had a quiet interview with Dr. Hart and subsequently his own family reversed its trend in a highly satisfactory manner.

I feel guilty that I did not stay closer to him throughout

Dottie, Don and Martha
Durham, 1948



Don, Hank and Francis
Cincinnati, 1965



Don and Larry
New Orleans, 1962

the ensuing years, but I am not very good at that sort of thing. The last ten years of my own career have been spotty as well, but this is no good excuse. The tragedy of his death certainly accentuated his loss for all of us. He was a great neurosurgeon.

- Barnes Woodhall

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Many tributes will be made to Don and I certainly join all of those who will be sending them. Both Connie and I were extremely impressed with this man's complete devotion to his service and to his patients. In entertaining the New England Neurosurgical Society at Hanover in the past, we used to have our meeting on Friday afternoons and then there would be a get-together on Friday night. Then Saturday and Sunday would be devoted by the families to skiing or other pleasant activities in Hanover. As I recall, it was a rarity for Don to come to these meetings; and, if he did come with Dottie and the children, it always seemed that he was either unable to stay for very long or frankly did not show up for the meeting because of his heavy, pressing activities. Dottie and I were skiing in one of the areas in Hanover on one occasion and spoke lengthily about how much fun it would be to hopefully get Don out on the slopes. But he was never the least bit enthused about this because of his many activities.

When I came back from the Pacific in World War II and was assigned to Cushing Hospital for a period of time before being discharged from the service, one of my great regrets was that I did not get to work closely with Don who had been assigned there for a short period of time before being discharged from the Army. He had accummulated a large number of points, as I recall, from activity in the European theater. He had worked very hard. He was extremely anxious to get going with Dr. Ingraham in his activities at the Brigham and Children's Hospital. I must also say that the cordiality he expressed to me was something I shall never forget. Indeed, a tremendous loss to all of neurosurgery.

- Robert G. Fisher

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It is not possible to adequately express our feeling of sadness at the loss of our dear friend, Don Matson. I know that all members of the Academy share this feeling and express our sincere sympathy to his wonderful wife, Dottie, who has been so loyal and courageous through all these months of Don's tragic illness.

Our memories take us back many years to a wonderful friendship with the Matsons during the early years of his practice of neurosurgery. The years which followed were filled with Don's

many achievements, the growth and development of the Children's Hospital Service; his many contributions to neurosurgical techniques; his constant efforts to improve the diagnosis and treatment of complex neurosurgical problems; his many writings to share his skill and knowledge with neurosurgeons all over the world; his international recognition as an expert in pediatric neurosurgery and an authority of note in all phases of our specialty.

In addition to his superb scientific accomplishments, he was a wonderful host to his friends and to his acquaintances throughout the world.

Don loved his family and gave as much of his time to them as possible. My son, Bart, was fortunate to know the Matson family during his years in Boston and their hospitality made up a wonderful part of his off-duty life during those four years. I am sure that his admiration for Don played a great part in his decision to become a neurosurgeon.

We are all fortunate that we had Don with us for the years he was given, and it is sad to lose him at the peak of his career. To me, he seems irreplaceable.

- Howard A. Brown

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During my medical school days, I was a virtual member of the Matson household and functioned much in the fashion of an Oslerian latch-keyer, as Dr. Cushing described in his book. On one of the first occasions on which I dined with the Matsons, someone had told Dr. Matson that I was a low-handicap golfer and despite my protestations to the contrary, he decided to arrange a match.

I can still readily visualize the grey, early Sunday morning light at The Country Club in Brookline as we assembled on the first tee. Dr. Matson introduced me to the rest of the foursome, and they turned out to be two scratch amateur golfers. Dr. Matson then proceeded to choose me as partner with apparent full confidence. They all graciously let me tee up first, and in a state of moderate shock I drew a bead on the ball and attemped to clear some of the intracranial fumes of a medical student's Saturday night. I took a prodigious swing and was gratified to hear the semi-solid sound of ball and club coming together. I opened my eyes again and with Dr. Matson and our two opponents, gazed studiously down the fairway. As time passed, it became apparent that none of us could see any sign of a ball. Then from out of the blue with a swooshing crescendo, the ball roared back to earth a full three feet in front of the tee. Several sickeningly polite smiles were exchanged and I was awarded a Mulligan. Fortunately, this progressed a little farther,

but unfortunately, the day only got worse. For a number of holes, Dr. Matson shouted encouragement and was an ideal, though losing host. However, by the time we reached the back nine, he had become taciturn and on the last four holes, he refused to speak to me at all. It rained quite hard the last few holes, and I like to think that it was that rather than the 105 that I shot that caused him to never invite me to play golf with him again.

On another occasion, Don and Dottie turned over their spacious home to a large group of us medical students for Thanksgiving dinner while they were out of town. Another great occasion in the Matson home was a spontaneous party which they gave following an Aesculapian Club initiation at the Harvard Club. I am not sure that the physical structure of their home was ever the same after that gang passed through!

My most significant memories of Dr. Matson have to do with my deciding to go into neurosurgery. I wanted to test my congenital predisposition and so took a month on Dr. Matson's service at the Brigham and Children's in my fourth year of medical school. One was given a meal card and a white suit and a room in the hospital in the first hour of the first morning. This was followed by a brief discourse by Dr. Matson on what one should achieve in his month's tour of duty. One arose at 5:00 A. M. and braved the icy pre-dawn January weather to meet for Rounds at 5:30 A. M. at the Brigham. This was followed by Rounds at Children's and by 7:00 o'clock, half the team was eating hurried breakfasts and the other half was starting the first surgical case of the day. By diligent work, one could finish the scut list, work up the admissions and be ready by 10:00 P.M. to go on Consultation Rounds with the Chief Resident. This usually concluded at midnight.

In addition to these strenuous hours, Dr. Matson expected the student to produce a paper during his month to be done in the student's "spare time". However, his own hours were nearly as long. I can remember attempting to leave early one night at about 9:00 P. M. and deciding it would be better to go out through the private offices so that no one would see me walking directly off the Ward and going down the elevators. As I surreptitiously made my way through the offices, I was greeted by Dr. Matson, who was sitting at his desk doing paper work. I slunk guiltily into the night, but the hard work was much more than compensated for by the opportunity to work on Dr. Matson's service. He was an incisive clinician with a great store of knowledge and this was tempered by humane understanding of patient, co-workers and house staff. He expected much, but he was willing to equal or better your measure by his own effort. I shall always count myself fortunate to have had Dr. Matson as a mentor.

- Barton A. Brown

What a wonderful way to commemorate Don Matson. It is certainly fitting that one who contributed so much to Neurological Surgery and left so many pleasant memories with his friends and colleagues should be so honored. I was forever amazed at the productive energy which he exhibited in his writings and work, especially in view of the fact that I have personally become lax in both regards. Don's publications will certainly stand the ravages of time and serve as authoritative works for future neurological surgeons. I am sure that this Journal, with it's many letters of remembrances of Don, will bring much comfort to Dorothy and the family in the months to come.

We have also been saddened by the passing of Dr. Edgar Fincher recently. Having been associated for several years with this thoroughly delightful gentleman, I find it difficult to adjust to his absence and the benefit of his wise counsel.

These two gentlemen, Don and Dr. Fincher, although quite dissimilar in characteristics, had in common the attributes of industry and integrity which will endear them for all times to their many friends and serve as examples to the younger men coming along whose cross it will be to bear the burden of Neurological Surgery at it's current high level of achievement.

- Homer Swanson

****

Don Matson's premature, tragic death at the peak of his professional productivity was a formidable blow to American neurosurgery and a grievous stroke of fate to all of us who admired him so. To have known Don was a privilege for which I shall always be thankful.

Dorothy and I saw far less of the Matsons than we would have liked due largely to the circumstance which placed a continent between us. About our only chance to enjoy Dottie's and Don's company came at meetings, and they were such good fun we loved being with them. Don owned a parcel of ground in Los Angeles, and we hoped they might develop it as a part-time escape from the environmental and professional stresses of New England or, later, as a more permanent base of activities. Our "neighborhood" would have been brightened immeasurably by their presence.

Our closing thoughts are of Dottie. One day, when time has softened memories of the recent past, we hope and expect to see her again as the happy, charming, sincere girl we have known for over twenty years. When she comes this way, as most people do, we would consider it a favor if she would let us know of her presence here.

- John D. French

I have just finished writing the obituary to Don which will appear in the JOURNAL OF NEUROSURGERY, and I've just been to Boston to our 30th class reunion which was pretty trying without Don, but I must say that the classmates all joined in strongly, and Dottie Matson is getting along well.

Don and I were together all through Medical School, and most intimately we were together throughout the internship and residency at the Brigham Children's. We covered for each other on alternate nights, (if we ever had a night off,) and if there was one hallmark of this brilliant man, it was work. He would have found a great deal to do even if there was nothing to do, and, of course, at the Brigham there was always an immense amount of work to do.

I recall when Disney's Fantasia came to town, Don went to the Resident, (J. Englebert Dunphy,) and asked him if he could have a night off. Bert Dunphy turned to Don and said, "Matson, how long is your internship?" "Twenty-nine months, Sir." "Well, O. K., if you want to miss everything, go ahead", Dunphy replied. Don did go and I went with him, but we both went sound asleep, and when the show was over, the clean-up crew had to waken us. I did subsequently see Fantasia another time and I suppose Don did too.

He was a great devotee of the opera, and of the best plays, and of Gilbert and Sullivan. We saw all of these in Boston, and for a person who is seriously devoted to his work, he continued to have an interest in literature, culture, and in everyone about him.

As I thought about the problem, Don has had every single bit of recognition a person of his age could have, but all of it came so naturally to him. He was tooling up to accomplish what he really was able to accomplish through his own efforts, and I think that the next ten years would have been so productive that most of us could scarcely have believed it. This is the great tragedy of his loss to us as his colleagues, in addition to losing him as a friend.

- Eben Alexander

****

I considered myself a close, but not intimate friend of Don's, not having been a member of that magic circle who trained in Boston, including Eben Alexander, John Lowrey and others.

My fondest memories of Don, however, relate to the fight I had with him particularly in reference to the treatment of subdural hematomas in infancy and childhood. The first time I presented the use of subdural shunting in the treatment of large subdurals in infancy with craniocerebral disproportion, I was

assaulted by Matson with a series of pictures and protocols which made me feel quite chastised for my assault on the bastions of Ingraham and Matson relative to the role of retained membranes in the production of mental retardation. I can recall clearly returning to New York licking my wounds and telling Rita, my little wife, what a great guy he was and how much I would enjoy proving to him that he was wrong!

Of course, I never convinced Don that he was wrong, but it was only through this type of exchange that it was possible to measure the depth of this man. His premature death, of course, touched all who knew him and reminded us once again what a serious and dedicated man he was, dedicated to the precept that neurosurgery will survive as long as it is based on honest and viable differences of opinion.

I remember Don most fondly when we met in the men's room in a little town in Mexico. Rita and I were on the way to Yucatan, and Don and Dottie on the way to a yachting trip on the West Coast of Mexico. We were both supposed to be at some meeting, I forget which, he to give a paper and I to discuss another. We met in this impossible situation which gave me great insight into his real sense of values, i. e., that all was not business and careers with Matson. The four of us spent an hour or so at the little local bar and then flew off in opposite directions. This was my first true awareness that Matson was a real man as well as a myth before his time in neurosurgery.

- Joseph Ransohoff

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I am glad we can pay additional honor to Don Matson in the coming issue of THE NEUROSURGEON, for we all would wish to pay this tribute. He was born under a star of great promise, starting in an exceptional class at Harvard, working under exceptional men, most especially Kenneth McKenzie and Franc Ingraham. He always did more than his share, writing two textbooks for the Armed Forces during the war and later a multitude of books, papers, and lectures throughout the world. His capacity for work was astounding. Beyond this, he collected a wonderful family, having the good sense and taste to marry Dottie.

I would say that he crowded more into 50 odd years than any neurosurgeon in history. Because of his inspiration, industry, friendships, and family, the sadness of his death becomes softened by the eternity of such a spirit, and none of us can expect to give so much no matter how long we may live. Our love goes out to Dottie and may she continue to attend our meetings forever.

- William Beecher Scoville

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I know of no one in Neurosurgery who has been more dedicated and has given of himself so completely to our specialty than Don Matson. For the short span of years that he has been in Neurosurgery his contributions and achievements have been unequaled.

It was a joy to hear him present numerous papers and frequent discussions at the Academy meetings. They were always well organized and well presented. Many children over the world have been given a chance of life and to develop into useful, productive individuals because of the development and technique perfected by Don Matson, and this is a living memorial to his genius. The world of Neurosurgery has lost a great leader.

- Augustus McCravey

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I am delighted to add my small voice to the chorus of fond memories which we all have for Don Matson. One of the many privileges of membership in the Academy has been the opportunity for all of us to get to know Don and Dottie so well. Individuals with a high degree of competence who also have the personality to make this competence effectively felt are relatively few in any generation. Don had this happy capability and it is no accident that his impact on American neurosurgery was, therefore, a major one. His ability to cut through to the core of any issue, ranging from purely clinical to a major complex issue of national neurosurgical policy, was one of his great strengths. Although I do not recall that he had much time for the golf course, I can remember playing with him on several occasions where he applied the same talents to a sport that is frustrating for everybody and, as I recall, his game on these occasions must have been particularly frustrating for him! Although he managed to get his ball into the most extra-ordinary situations, I can still recall my admiration of his equanimity which I, for one, have never been able to develop under the same circumstances!

- Arthur A. Ward

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The death of Don Matson came as a shock, although many of us knew it was inevitable, and I particularly since I had close contact with him through early 1968 up until he was to serve on my Panel at the American College of Surgeons and was to talk on Spinal Cord Tumors in Children. Don only gave up at the last minute, but he made provisions for Bruce Hendrick to substitute for him and Bruce did a fine job. Don's total dedication continued until the last, and he will be missed greatly. I have just recently returned from Europe and many of them over there were saddened by his passing.

- James Greenwood

It is most fitting to dedicate an issue of THE NEUROSURGEON to Don Matson. He was an avid reader of this private journal and often quoted from it. I recall that he once labeled it the most useful and informative journal available. Don was impressed, as are most of us, by the particular value of the informal musings and jottings of a closely affiliated group who are willing to share opinions, good and bad experiences, surgical innovations, and family news in a way that could not otherwise be obtained.

Don's death is a grievous blow to world neurosurgery and I know that his scholarly approach to neurosurgical problems, his steady flow of significant contributions, and his leadership qualities combined to create a rare individual, the like of whom will not be seen again soon. Don's friendly spirit, his keen wit, and his love of family and friends was always infectious. Any meeting, social or professional, was invariably sharpened and motivated by his presence and participation.

It was my privilege to have worked with Don on the American Board, to have shared his companionship for thirteen years in a small Travel Club of which he was a faithful member, and to have witnessed his continuing acitvity in all the national societies. It fell to my lot (and my honor) to serve as the secretary of the Cushing Society during his presidential year -- a tragic year that placed me in almost daily communication with him until his mysterious malady left him helpless. His determination to fulfill his responsibilities in the face of ever increasing handicap was monumental and could serve as a model of service to us all.

Without fear of contradiction, it can be said that mankind is better because of Don Matson.

- William F. Meacham

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My first meeting with Don was my freshman year in Vanderbilt Hall at Harvard Medical School. I went to have a tennis racquet restrung. He was earning a few dollars stringing racquets. He told how he had spent part of his boyhood in Hawaii, my home town. His father's career in the Army had taken the family to many areas. From that moment a close friendship developed which lasted over 33 years. I followed a year behind Don through our residencies and was Dr. Ingraham's last temporary associate before Don took over permanently, later to succeed Dr. Ingraham.

Meticulous and proud of his surgical technique, we often kidded Don about a weekend mishap. We had gone to Plymouth in the winter, in freezing weather and decided to chop down a tree. Anxious to display skill with tools, Don attacked the tree with

an axe. Somehow the blade bounced off the frozen bark and imbedded itself in his lower tibia, fortunately only entering slightly the outer cortex of the bone. A competent local surgeon was available and he stitched up the laceration. Don thought he irrigated with only about one-third the saline he would have used at the Brigham and the deep stitches were catgut instead of silk. In spite of the technique, the wound healed cleanly. Many friends remarked that here was a man who should be kept away from sharp instruments.

Don's life was plagued by several serious illnesses, none of which were the run of the mill. While interning at Childrens he developed severe back pain and after some weeks of suffering had a perinephric abscess drained. Many years later it was hepatitis which laid him low temporarily. But he always had a hopeful optimistic attitude, was full of stories and jokes, and always concerned for his friends and patients.

Our last visit was on the roof at the Brigham in the beautiful fall sunshine when he was planning for the Executive Committee of the Cushing meeting. Disabled to the point where most men would have tossed in the sponge, he was still trying. The spirit was still there.

- John J. Lowrey

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I first met Don Matson in 1946 when he had an exhibit at the meeting of the American Medical Association in San Francisco. I talked with him at some length and was greatly impressed with his attractiveness and competence and was sorry to learn that he had plans to go to Durham as I would have liked to have him come here. I, of course, followed his subsequent career with great interest; more than any neurosurgeon he pushed ahead with the knowledge of what to do and how to do it in the neurosurgical conditions affecting infants and children. He was able to effect a good relationship with his colleagues in Pediatrics and Neurology and my son, who is a resident in Neurology at the Children's, enjoyed very much working with the neurosurgeons. It was particularly unfortunate that Don's illness came on at a time when his professional responsibilities and medical society obligations were at their peak and I am sure that his loss has been a great one to Neurosurgery, nationally and internationally, as well as to his many friends.

- Samuel R. Snodgrass

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First things must come first -- Don Matson. Don was everybody's favorite and superlatives, regardless of degree, would fail to express the scope of Don's contributions to neurosurgery

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or the height of our esteem for him as a person. My closest contact with Don was during the period when we were on the Board of Neurosurgery together. At that time the fall meeting of the Board was always in New Haven. I generally went to Boston, frequently had lunch with Dottie, Don, and their delightful children; then we drove to New Haven together, the beautiful color of the turning foliage added to the pleasure of good company. Don was always so full of "bounce". At least in spirit he will be with us forever.

- John Raaf

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Georgia and I join a host of friends and admirers of Don Matson in extending our sympathy and love to Dorothy and her family because of Don's fatal illness. We first became good friends in 1947 when Georgia and I spent a week in Boston visiting people and hospitals. The Alexanders and Matsons, as our contemporaries, were most hospitable, and these friendships have been maintained ever since. Don's career as a neurosurgeon, teacher, investigator, neurosurgical statesman, husband, father, and warm friend was truly remarkable. During the years when we were formulating the Barrow Neurological Institute and its training program in Neurological Surgery, Don was Secretary of the American Board of Neurological Surgery and was most helpful in advising me regarding obtaining approval of the program. He would have been as pleased as I am that our first two trainees to take the oral examinations of the Board passed in a very satisfactory manner this year. Don's time among us will not be forgotten, and the quality of this experience is such that these memories will not allow his Spirit to leave us.

- John R. Green

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I never knew Dr. Matson very well, but I recall vividly a trip to Boston during my last year of residency at Michigan. Dr. Matson had discussed a paper that Eddie Kahn and I presented at the Cushing meeting that year and Dr. Matson thought that I was an endocrinologist. I met him at the Peter Bent Brigham Hospital and he seemed delighted to find that I was, after all, a neurosurgeon and not an endocrinologist. I will never forget the kindness he extended to me during my visit there. As a matter of fact, he took me to his office and spent two hours chatting with me and then took me on rounds with Dr. Ingraham and him. It was a wonderful experience. I should add that ever since then, I would see Dr. Matson from time to time and he always remembered me and seemed most interested in whatever I was doing at the time.

- John S. Tytus

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Like so many of Don's friends and colleagues, I am often and happily reminded of his monumental personal and professional generosity, and kindness, by his pupils. In Canada, as in so many lands, paediatric neurosurgery has enjoyed its contemporary development with a major assist from Donald Matson and his colleagues.

I, myself, remember with great personal pleasure his part in the Academy meeting in Toronto, and one incident he never ceased to remind me of, slightly ruefully. At the annual dinner the special dessert, only created for the Queen and Duke of Edinburgh a few months earlier, was piped in. The Pipe Major, in the best tradition and in the glory of all his regalia, was escorted to Don who was chairing the dinner, so the two of them might stand and drink a toast to the pipes. There they were - the pipes, the Pipe Major and Don. The piper without turning a hair, drained his full glass to the bottom with visible enjoyment and at one swoop. Don followed suit, to discover he had a full glass of "just whiskey" in his hand. He appeared to finish the glass and continued as an admirable chairman. The finger of suspicion was briefly pointed at the Toronto hosts. In truth, the Maitre d'Hotel had got the glasses mixed and it was a disappointed Highlander who marched from the banquet hall.

As a one-time member of the American Board of Neurosurgery, and as colleague and admiring friend, I can not escape expressing my sincere feeling of great loss.

- E. Harry Botterell

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Unlike most of you, I knew Dr. Matson only from a distance. Although I had been introduced to him by Dr. Echols, I had no personal contact with him until I came to Chicago to take the Board examination in the spring of 1963. After taking the examination in the morning I returned early in the afternoon to hear the verdict. After being told that I had passed I gathered the courage to tell Dr. Matson that I was leaving LSU and with the Board examinations behind me, was looking for a job. Thereupon he asked me to visit him at the Children's Hospital. This was my first opportunity to become acquainted with this great man. Shortly thereafter when I was offered the job in Kentucky Dr. Matson urged me to take it. Subsequently, I counted him among the senior neurosurgeons to whom I could look for advice and guidance. Donald Matson was a great man, and few before or aft him will be accorded greater esteem by his colleagues. Althoug his premature death deprived us of much, he has left an indelib imprint in American neurosurgery. His record speaks for itself

- Charles B. Wilson

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It is indeed a fine gesture to dedicate this issue of THE NEUROSURGEON in memory of Don. However, I find this a difficult letter to write. The tragedy of this past year has given me the feeling of one standing apart helplessly watching a disabled plane crash. I am sure everyone shares this grief and frustration - how fragile the brain even the best of them.

For 26 years, I have considered Don one of my very closest friends. Memories of our experiences and happy days together are too long to be recounted here. Whether it be attending a ball game, playing a round of golf, sailing in the fog, or working on a neurosurgical problem, they are precious. He was the stand-in father of the bride when my son was married in his home. I greatly admired his strength and his abilities and loved his foibles and his weaknesses. Dottie has always been one of Don's great assets. Her frankness and wit would frequently keep the man from taking himself too seriously, keep things in proper perspective and "keep the Professor's feet on the ground."

I am sure my experiences with him in the Academy and other national and local societies parallel those of many of our members. We all owe a great debt to him for the benefits from his scientific teachings, from his administrative abilities and high sense of responsibility which he demonstrated in running the American Board and other national societies, including his work on program committees, the Editorial Board of the JOURNAL, workshops, site visits, etc., all representing months and months of non-remunerative work to advance education in neurosurgery in this country and abroad. He received many honors, and all were deserved.

The loss of our mutual friend and the keen personal disappointment of never realizing the fun plans we had made for future vacations are all relatively unimportant in comparison to the loss to the world of a neurosurgeon and teacher of this caliber.

- Benjamin B. Whitcomb

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The passing of Don Matson was one of much sadness to me as I was one of his avid admirers. Over the years, I didn't have too many occasions to see him but each was a memorable one, and, as everyone knows, there was always a crowd around him waiting to chat with him or ask him for advice on some problem which was puzzling to that individual. Such was true with me and he always took time and had time to consider the problem as though it was his very own and to give an honest and extremely helpful opinion. He was a fine gentleman and one I was proud to call a friend. I am sure I express my feelings with the rest when I say that he will be terribly missed in our profession.

- Donald F. Coburn

Needless to say I am very saddened to write a letter in memory of Don Matson. He was truly a gentleman, a scholar, and a master neurosurgeon. His loss to neurosurgery and the benefits which might have come from the many productive years which were ahead of him are incalculable.

I have two very pleasant memories of Don which exemplify his sensitive and gentlemanly characteristics. The first time I attended a national meeting as a neurosurgeon was as a guest of The American Academy of Neurological Surgery held in New Orleans. Perhaps I looked a little lost, for Don made a point of making me feel welcome at the meeting. He went out of his way to be particularly nice to Betty and me. My next personal encounter with Don was the day I took the Neurosurgical Board Examination. Don was then secretary of the Board. He made a point of speaking to each of the applicants in my group, reassuring us, counselling us, and instilling a bit of confidence in each of us.

Don's scientific and clinical contributions to the neurosurgical literature I believe will long stand as an example in clarity. His book and the many articles he wrote have all served as a very reliable source of material for me, and I have used much of his material in structuring the lectures I give to our medical students.

We will all miss Dr. Donald Matson, Neurosurgeon.

- Herbert Lourie

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When I think of Don Matson I think first of hearing him present an early paper on hydrocephalus - I believe at one of the Academy meetings, and I recall the distinct pleasure which his manner of presentation gave me at that time. His deliberate, clear, and precise descriptions of the problems encountered, and the methods they employed to overcome them, was outstanding, even in a meeting of a group where high standards of scientific paper presentation prevailed. To my mind, he never lost his touch, and there were few speakers who could equal him in his crisp discussion of a subject or even another author's paper. Don's tragic loss will certainly be felt greatly by everyone practicing in the field of neurosurgery.

However, it seems to me that Dottie and the other members of his family can take great comfort in the thought that his enormous contributions in his chosen work in pediatric neurosurgery will be long remembered - not only by his fellow workers and friends - but by many, many patients who benefitted as a result of his investigations and his skill as an operator and doctor.

- Stuart N. Rowe

It is a pleasure to add a note about my brief but memorable contacts with Don Matson. I left Walter Reed in May of 1948, as an experienced but untrained neurosurgeon to enter the training program at Duke. Don was completing his residency - there, already a Diplomate of the American Board of Neurological Surgery, the author of two books, and a superb neurosurgeon. He and Dr. Woodhall had just made a major breakthrough in the treatment of hydrocephalus with the subarachnoid-ureteral shunt- a procedure which Don continued to develop in later years. With it all, he remained the warm, friendly, very human person that he was. A few years ago at the last Duke neurosurgery reunion, I made the chance remark to him that he and I were among the oldest surviving residents. Time marches on - to our great loss!

- Courtland H. Davis

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Naturally, everyone is distressed about the death of Don Matson. Don joined me at Halloran General Hospital on Staten Island in the early years of World War II as a very capable young man who had just completed his medical school training and was assigned to the neurosurgical service there. He was soon transferred to other areas where he showed early promise of being an outstanding man in the specialty of neurologic surgery. His association with Franc Ingraham in Boston and his ultimate management of the children's neurosurgical work in Boston, of course we all recognize and this requires very little comment. I would like to stress our loss in a very personable, intelligent, and willing individual and one who put forth his greatest effort in the field to which he devoted himself, primarily pediatric neurologic surgery.

Our sincere condolences to Dorothy and the entire Matson family are included in this note.

- George S. Baker

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Don Matson enjoyed life, and his death leaves a definite void in neurosurgery, and especially will he and Dorothy be greatly missed at the Academy meetings. Don's papers and discussions were always stimulating. His writings on "Neurosurgery in Infancy and Childhood" are classics, and most helpful to all of us.

- Edmund J. Morrissey

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To dedicate this issue of THE NEUROSURGEON to Don Matson is, of course, most appropriate; for me to say something appropriate on this topic at the moment is another matter. What can be said about a friend with whom one has worked closely for many years, for whom one has had affection and tremendous respect and great admiration, and who has now been cut down before he reached his zenith.

To comment on his contributions would be to expound upon the obvious. The same can be said about any expression concerning how much all of us will miss him at our annual meetings- a foretaste of which we had in Colorado Springs. He and Dottie were always such major contributors to the activities of the Academy Meetings.

- Edwin B. Boldrey

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The infant grew in Brooklyn
Hawaii trained the boy.
Deep Valley moulded character
Great talents to employ.
Tellurium's investment
In the training of his mind
Bred unselfish dedication
To the success of mankind.

His steady application
To the principles he knew
In the lab and in committee
Made him peer among the few
At the top of his profession
Where the brilliances of his mind
Gave his teaching and his writing
The bold stamp of pure refined.

The life of Donald Matson
Should inspire one and all
Neurosurgeons of America
To answer to the call
For advance of human knowledge
And to strive to find out more
Of the truth which makes us serve
Our fellow men forever more.

- William S. Keith

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I should like to add my small contribution to THE NEUROSURGEON as a small tribute to Don Matson. Without doubt, Don was a very strong father figure in the area of Pediatric Neurosurgery, and had been such for over a decade. I have shared several patients with Don in the past, some of which had moved from Seattle to Boston and others who had moved in a more advantageous direction of Boston to Seattle! His example of patient-doctor relationships was always superb and in my glimpse of Don's outstanding capabilities in the practice of the art of medicine. He was an able person in handling the psychological aspects of a seriously ill patient. I recall two patients whom I saw in Seattle at outlying hospitals for very brief and unsatisfactory consultations, who later came to Don Matson's attention in Boston. In each instance, Don established the correct diagnosis, treated the posterior fossa tumor by operation, and the patient was returned to the Northwest where I was again asked to see the patient in follow-up consultation. Don had correctly sensed in each case that the patient had not been handled in the most satisfactory neurosurgical manner in the outlying Seattle hospitals, but nevertheless had been able to manipulate the family and the patient so well that in neither case was there any feeling on their part that anything but the best care had been given by the small outlying Seattle hospitals.

Both patients had an astrocytoma of the posterior fossa. In one, the astrocytoma was midline and had compressed and invaginated into the fourth ventricle. He was able to remove this neoplasm from its apparent origin high up on the brain stem near the colliculus. I followed this patient for, a period of four or five years subsequent to operation. The boy did exceedingly well and at last evaluation was still completely cured and stable. Don actually introduced me to the mother and the boy at the Los Angeles meeting of The Harvey Cushing Society several years ago, prior to my seeing them on a follow-up evaluation in Seattle. They had come there a considerable distance especially to see Don.

The other child at five years of age had developed signs of right cerebellar hemisphere neoplasm and Don had removed a cystic astrocytoma. The child had been subjected to a pneumoencephalogram in the Pacific Northwest with rather severe complications of decrebrate rigidity and coma for a number of weeks thereafter. Don operated on the child sometime later and when I saw the child in the follow-up evaluation one year later, he was obviously doing exceedingly well. Don handled the case in a manner in which the family and the patient showed only appreciation for the previously rather bad neurosurgical care (in my opinion) which they had received prior to coming to Don's attention. I remember these two experiences rather vividly. They demonstrate Don's sensitive nature as well as his total commitment to patient care. He practiced the art of medicine as well as the science of medicine superbly.

Though I did not know Don Matson well personally and though

I have never been with him in the operating room, I have always admired his technical competence as demonstrated by the several patients whom I have had the privilege of following subsequent to major operative procedures by Don. He was truly a fine physician and a neurosurgeon of the highest quality. I shall always remember the stimulating tingles I experienced on several occasions, when a medical student from Seattle having visited in Boston, would return with a word of greeting sent by Don Matson. Don has been a very stimulating example of what I consider fine in neurosurgery in the past. He will continue to do so for a long time to come.

- Eldon L. Foltz

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Don's superb skills led many physicians to have their surgery done by him. Dr. Ellison C. Pierce, Jr., anesthesiologist at the Peter Bent Brigham, who himself had his ruptured lumbar disc removed by Don, noted that many other doctors shared his confidence in this surgeon. Aided by a little surreptitious collaboration with Don's secretary, he rounded up thirteen M. D.'s, a D. M. D., and the Chairman of the Board of Trustees of the Peter Bent Brigham Hospital. The latter, Mr. Steinert, and the orthopedic surgeon, Henry Banks, had had cervical discs removed; the operations on the other doctors were for lumbar discs. The whole group conspired with Dottie's essential aid in luring Don to Locke Ober's Restaurant in Boston on the evening of April 26, 1966 for a truly surprise party in his honor. Harvard's recent Dean, George Packer Berry and Charlie Janeway, the Professor and Chairman of the Department of Pediatrics were among the recipients of Don's abilities who were present. When Don walked into the upstairs private dining room to see this group and their spouses, he was at first uncertain as to the common denominator that had brought them together, but this soon became apparent. The most unusual event was memorialized by a leather bound volume containing pictures of the patients in various post-operativ action stances.

- William H. Sweet

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It is difficult and a little sad to be asked as my first contribution to THE NEUROSURGEON to put down on paper some of my personal memories of Don Matson. As the members of the Academy are probably aware, I spent two years in Boston with Don in the early 1950's and Gloria and I both feel that they were amongst the happiest years of our lives.

When I arrived as a rather agressive young Canadian from Kenneth McKenzie's service in Toronto I was just in time to greet a new addition to the Matson family. Don overwhelmed me

within the first week by declaring that he could predict the sex of his children long before their arrival, and while I had some doubts as to the accuracy of his statement concerning young Jed, who had just arrived, there was no doubt that he did call his youngest daughter's sex many months ahead. In spite of all that Donald Matson taught me, this is one secret that he would never divulge. To this day I do not know whether it was true gamesmanship or whether there was some secret that he had learned during his time in the south.

It is easy to discuss Don's ability as a teacher and a surgeon and my approach to neurosurgery has been as a result of what I learned under his guidance. I learned many other things working with Don Matson, one of which is the extra little kindnesses and considerations that one can give one's residents that make for a happier, united service. During our last year in Boston we were expecting our first child when Gloria had to go to the Boston Lying In with severe abdominal pain. I was kept busy at the Children's while the surgery was on and I was more than a little resentful of this fact until I found that Don had spent the whole time in the operating room making sure that Gloria's procedure went smoothly. He was the first again to tell me that we were really and truly expecting an infant and that it would probably be a girl.

Don was very serious and very quiet about his practice and as his resident it came as something of a shock to me to see the sudden reversal which is exhibited the day he took me to a ball game when Ted Williams had just returned from Korea. Upon his first time at bat, Williams hit a home run and my esteemed Chief went absolutely beserk, pounding the head and shoulders of the man in front of him with complete disregard for possible craniocerebral trauma to the individual.

It is little side-lights in a man's life like the above which, rather than his excellence in any particular field, that distinguish him in my opinion as a human being. Donald Matson was a supreme example of this.

- E. Bruce Hendrick

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THE LETTERS

A Glance at Neurosurgery, Past, Present and Future

J. Garber Galbraith, M. D.*

First, I must express my sincere appreciation to the membership for bestowing on me the honor of this office. To be accorded membership in such a distinguished Academy is in itself signal honor, and surely no other organization is graced by such a charming group of lovely ladies. The pleasure of such company is of itself sufficient raison d' etre for this organization. There is just one fly in the ointment, to paraphrase my predecessor, Guy Odom, namely, the Presidential Address.

This, the third visit of our organization to Colorado Springs is truly an historic occasion, for it also marks the 30th Anniversary of this Academy. It therefore seems appropriate to pause for a brief backward glance at our speciality as it was then constituted, before viewing our present status and some of the prospects for the future. The year 1938 saw the first scientific meeting of this Academy, with seven charter members and seven prospective members in attendance. There were then only a hand-ful of neurosurgical centers in North America, these being staffed by a small group of pioneer surgeons. The older membership of this Academy represents the first generation of neurosurgeons trained as such, our mentors having been largely self-trained pioneers who established neurosurgery as a special discipline within the broad fields of Surgery and Neurology. A total of thirteen neurosurgical residency training programs were listed in the educational issue of the AMA Journal that year, with thirteen residents and five assistant residency positions filled. The American Board of Neurological Surgery came into being two years later (1940).

A glimpse of the contemporary scene of neurosurgery in 1938 may be afforded by a few excerpts from a Review of Recent Advances in Neurosurgery published at that time by Cobb Pilcher. He stated that neurosurgery was still a youth among the medical and surgical specialties. Attention had recently been called to the spinal cord and nerve root compression produced by rupture of the inververtebral disc with herniation into the canal, as reported by Peet and Echols, Mixter and Barr, and Love and Adson.

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*Presidential Address - American Academy of Neurological Surgery

The Broadmoor Hotel, Colorado Springs, October 8, 1968

A rather new development in the roentgen diagnosis of spinal canal lesions followed the work of the above named investigators. Hampton and Robinson have demonstrated brilliantly the roentgen findings under these circumstances after the injection of 5 cc of Lipiodol. It was stated that a correct diagnosis of this condition can only be made in this manner.

Pilcher further stated, "A recent innovation is cerebral arteriography, introduced by Moniz of Lisbon. Its present field of usefulness must be considered limited by its potential danger, its difficulty of interpretation, and its restricted visualization of intracranial structures."

Moving forward a decade to 1948, in his Presidential Address before The Harvey Cushing Society, Cobb Pilcher proclaimed that Neurosurgery had come of age as a particular therapeutic discipline constituting a full-grown specialty. And from its origins in the various basic sciences, it had grown to the point where its disciples, the neurosurgeons, could no longer be all things to all men in the broad field of neurology. He called for a return to emphasis on surgical competence, ceasing all pretense to competence in matters which neither time nor training permit him to become proficient. He proclaimed the neurosurgeon's rightful destiny to be the road to finer surgical accomplishment.

At that juncture in time, neurosurgical practice was heavily committed to various methods of psychosurgery or lobotomy, and to surgery of the autonomic nervous system. Both fields were to yield shortly to chemical methods of management. And though one might still find merit in these procedures in selected instances, they have been virtually abandoned in current medical practice.

One of pessimistic view might then, even as now, have viewed the future of neurosurgery with dire misgivings and apprehension, fearing its relegation to a diminishing place in medicine as other fields advanced.

However, the ensuing years have witnessed rapid growth of our discipline in newer areas of endeavor. Surgical interest in cerebrovascular disorders has been the stimulus for widespread clinical and research activity in this field. More recently, microsurgery has enlarged and improved the neurosurgeon's ability to cope with disorders previously considered inoperable. Stereotactic surgery has opened up new fields of neurophysiological exploration and surgical treatment. Its growth has made it a special field within the broad discipline of neurosurgery, virtually a specialty within a specialty.

This, then, is the state of our art today. Let us now consider briefly some of the issues facing us now and for the future. Critics of the medical profession have long accused us of

limiting the intake of new personnel into medicine in order to restrict competition. That there is a shortage of physicians in some areas we all agree, but the only restrictions on training of doctors have been those imposed by limitations of facilities and personnel for the proper education of physicians. As for our specialty, it has been stated that there is no longer any shortage of neurosurgeons in this country. Thirty years ago, it was held that a population area of one million people was needed to provide clinical material for one neurosurgeon. Last year, Guy Odom told us that the ratio is now 1 to 3 neurosurgeons per 500,000 population; and on this basis he raised the question as to whether the field is now in danger of being flooded. It is my belief that a dynamic and progressive field such as ours will attract increasing numbers of well qualified young trainees and this is surely needed to insure continued growth and development. In this regard, a serious hazard is the current trend in undergraduate medical education so well documented by Francis Murphey in his Presidential Address before The American Association of Neurological Surgeons. Clinical disciplines, especially surgical subspecialties, are being excluded from the undergraduate curriculum in many medical schools, thus posing a serious problem in reaching the gifted student so as to motivate him toward the neurological sciences. If neurosurgery is to continue to flourish, it must continue to recruit the best minds entering the study of medicine. We cannot and must not abandon this struggle.

The medical school of the future is likely to be aligned with the schools of physical and social sciences, being divorced from the parent university and the schools of humanities.

However, the curricular trends toward Ph.D. type training must be restrained if they are to fulfill their primary goal, namely, the training of physicians for the practice of medicine. And unless they realize their obligation in this regard to the general public and to the taxpayers contributing to their support, they will be open to intervention by a third party. While their budgets have more than doubled in the last decade, enrollments have shown relatively insignificant increase. Medical schools cannot live by research alone.

Related to numbers of physicians are problems concerning the delivery of health care. It is frequently stated that ours is the best system of medical care in the world. This may well be so, but it will not continue unless changes are made to cope with changing conditions. Some hold that brain tumor victims received better care twenty years ago when they were largely treated in neurosurgical centers than they do today. The young neurosurgeon in private practice today often does not handle enough such cases to develop full competence in their management, while his participation dilutes the clinical material available for residency training centers. The same case can be made for intracranial aneurysms and certain other diagnostic

categories. Who is to pose the solution to this dilemma? Will the neurosurgical community seek answers to these problems or will they go by default to other agencies for action?

The guiding principle obviously is to seek what is best for the patient. However, to this now have been added other considerations such as the most efficient utilization of health personnel, and effective delivery of first rate care to all of our population. Since the cost of this care is being increasingly assumed by the government, it is likely that they will press for changes which appeal to them toward meeting these goals. Thus, if we are to maintain a determining voice in the practice of medicine, we must present compelling medical reasons for our decisions, including socio-economic considerations. If we do not address ourselves to these problems, others stand ready and willing to assume this responsibility for us.

Medical tradition emphasizes giving the best care that is technically possible, the only legitimate limitation being the state of the art. It is a fundamental proposition in economics that decisions involving allocation of scarce resources require weighing of benefits against costs. There is little in the training of a physician to allow him to think in these terms. The increased demand for medical care is only one aspect of the complex health problem. Victor Fuchs of the National Bureau of Economic Research (supported by USPHS and Commonwealth Fund Grants) states:

"The medical care industry is in some respects among the most progressive in the entire economy, but in many others, it is among the most backward. The explanation for this paradox is not difficult. The training of physicians in science and in medical technics inculcates a respect for research, for discovery and for technical change. At the same time, the organization of the industry, with its many shelters from the harsh winds of competition, with its emphasis on the non-profit character of its principal institutions and with its relative freedom from immediate government supervision and control, permits the continuation of practices that could not be long maintained in a less benign environment.

When we try to deal with these problems, when we consider possible changes in the present system, the logical place to begin is with the physician. It is clear that many regard the physician as the principal obstacle to improving the current system of health care. The physician has been cast (or has cast himself) in the role of preserver of the status quo.

Some of the opposition to change can be justified. But it is of vital importance to face realistically the problems of the existing system, and to take the lead in devising ways to improve it." This, then, is the way the economist views us today.

Dr. Dwight Wilbur, President of the AMA, recently pointed out that we are now facing a new era of government commitment to health care. Medicare, Medicaid, regional medical programs and comprehensive planning are all directed toward medical care. Some of the barriers to these goals lie outside our scope, so we must associate ourselves with others having interest in the health field in seeking solutions to these problems.

The new view of health need is involved with broader and more powerful forces than those contained within the field of medicine alone. The reaction to pressures to meet this need will come from many sources within and without the health professions, particularly the public sector and the government. In the past, the medical profession has enjoyed relative immunity from the political and social forces about us. Now, however, it is clearly evident that this detachment or immunity is a thing of the past. Like it or not, we are involved fully in the social and economic pressures of our time. Experiments seeking solution to some of these problems are already under way under titles such as The Regional Medical Programs, The Comprehensive Health Planning Act and The National Center for Health Services Research and Development. These health programs have been originated by the Federal government and, with the possible exception of The Regional Medical Programs, have been announced to the medical profession as accomplished facts. It has been said that these programs were created to meet important existing needs, and that we as a profession have failed to keep pace with the social changes of our time.

Dr. Robert Marston, the Director of the National Institutes of Health, tells us that the essence of the Federal role in health service is not direction but stimulation. He indicates whereas in the past the government has assumed the dominant role in support of biomedical research, it is now assuming a leading role in providing health services for the aged and, with the states, for the indigent. It will require wise and positive action on the part of the medical profession to see that the government role remains one of support and not one of direction.

It has been said that the last two decades belonged to the medical investigator, but that the next two will belong to the consumer - the patient population. We must recognize the fact that the public has a legitimate voice in plans and provisions for programs to meet its health needs.

As neurosurgery and neurosurgeons have matured, there has been a trend toward assumption of responsibility in the broader fields of medicine, both academic and professional. Several of this Academy's members have become Deans of Medical Schools and other Administrative Officers in Universities. Others have filled responsible positions relating to the governmental support of medical research through the National Institutes of Health. Many have taken leading roles in local, regional and

national medical organization. With the increasing role of government in health care, medicine must assume a leading role in planning and organization. Many deplore the past role of the AMA, yet this is the only medical organization capable of representing the entire medical profession at the national level. It, therefore, behooves us to exert every effort to rejuvenate the AMA into a truly representative body. The laudable efforts of neurosurgeons to develop active participation in the AMA both by development of a Section on Neurosurgery and by representation in the House of Delegates, is a most commendable start. We must not let this fail. We should retain our identity and direction but cannot risk isolation from the broad field of medicine.

Stated another way, no longer can we afford the luxury of full-time devotion to our chosen specialty, but must participate actively in medical education at undergraduate as well as graduate levels. We must join with all of our medical colleagues at the national level through the AMA for a more effective role in shaping the future course of medical practice. And a better public relations effort is needed to strengthen our position in dealing with Federal agencies in planning and delivery of health care. In all these areas an excellent beginning has been made, due largely to the efforts of a few industrious and far-sighted individuals. It is our responsibility to support them and assist in these efforts to the full extent of our capabilities. Today's problems represent the opportunities for the future, and I am sure that the next thirty years in the life of the Academy will be even more stimulating and productive than the first thirty years.

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By tradition, The Presidential Address is not open for discussion, but Jim should be complimented on his lucid analysis. Many physicians are reluctant to become actively involved in the problems facing the medical profession, but if we drift with the stream we may find ourselves going over the waterfall.

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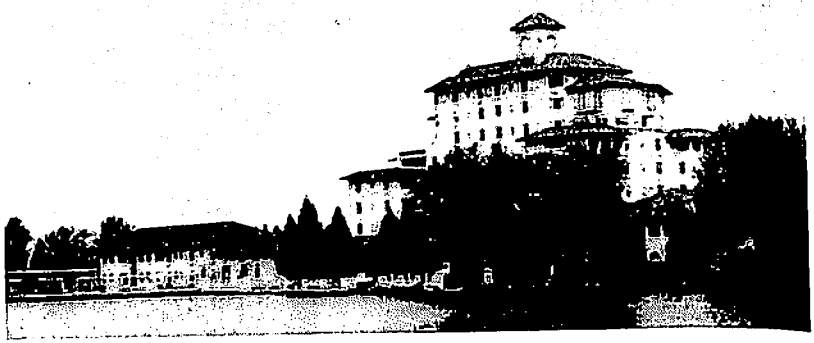


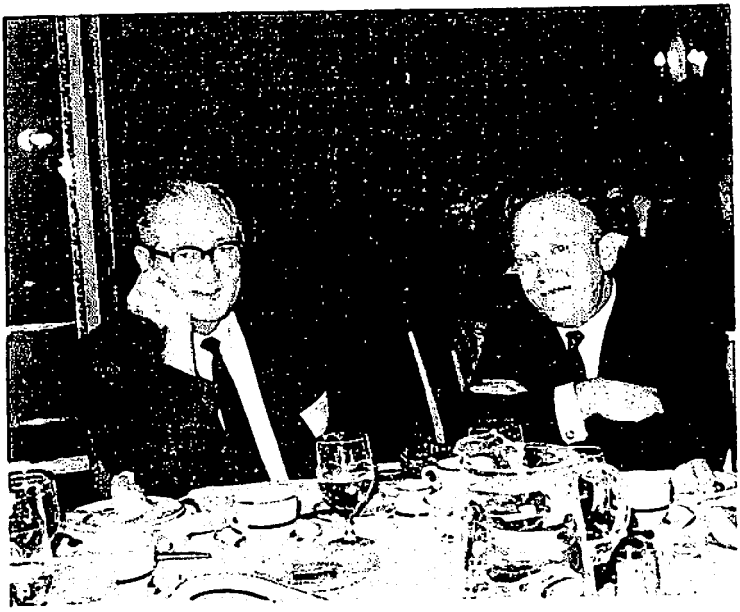
The Broadmoor

Jim Galbraith

Bob Pudenz

During a snow storm, Jim handed the gavel to his successor - Bob Pudenz

The real show at the Golden Bee was when Guy passed the hat



The Chairman of the Board and Secretary are still recovering from their site visit to England

Dr. Kirklin has kindly given
permission to publish his address.

FUNCTION AND STRUCTURE IN A UNIVERSITY DEPARTMENT OF SURGERY

John W. Kirklin, M. D.

Professor and Chairman, Department of Surgery,
University of Alabama Medical Center, Birmingham, Alabama

Mr. President, members of The American Academy of Neurological Surgery, guests: I am honored by being given the opportunity to speak before this distinguished group of neurosurgeons, particularly since your president is also a respected colleague in my own University Medical Center. You gentlemen embrace in your midst several individuals who have been extraordinarily important in shaping my own professional career. Among you are a number of close friends. So I am pleased, of course, to be here.

In some ways I regret the fact that Dr. Galbraith asked me to speak on a general topic regarding departments of surgery rather than a scientific one. I have the suspicion that this invites me to move into a phase of life wherein one philosophizes instead of being productive. Because of my respect for neurosurgery, and my great esteem for Dr. Galbraith, I decided to overcome my personal prejudice against the delivery of philosophical and general talks, and to accept his invitation.

Function and structure of a university department of surgery takes one into complex and controversial grounds. I propose to embark boldly upon such a topic however, knowing that you will realize that I am expressing my own personal feelings and opinions of more knowledgeable and experienced people. You will recognize also that I speak about university departments of surgery after having been a member of one for only 2 years. Yet perhaps this short period of residence in a university department allows me to speak with less suspicion of bias than might otherwise be the case. I should like to make one preliminary statement. There is nothing inherently more or less honorable about a surgeon who is in a university department of surgery than there is about a surgeon in group practice or in private practice or in full time research in a research institute. These are generally different kinds of people, it is true. In my judgement they are all honorable, they are all necessary to the ongoing American medical scene, and they all require men of

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Address delivered at American Academy of Neurological Surgery, October 7, 1968, Colorado Springs, Colorado.

high ability and great integrity. Today, however, we will limit our remarks and attention to university surgery, while recognizing the equal importance of other professional careers in surgery.

The function of a university department of surgery obviously revolves around knowledge. A proper university department of surgery must participate in the generation of new knowledge. It must participate in the application of new knowledge for the improvement of surgical care. The former could be called research and this latter could be called development. It obviously has a clear commitment to the teaching of both old and new knowledge to undergraduate medical students, interns, and residents. It is becoming clear that the university medical center and thus the department of surgery has an ongoing continuing commitment to the education of surgeons and other practitioners within the state and region of the medical center.

University departments of surgery to a variable degree have also had a service function, or a patient care function, if you wish. This exists primarily, in all probability, because in most university medical centers there is a unique concentration of personnel and equipment in an era of rapidly increasing complexity of surgery. There are some non-university medical centers in which similar or even more advanced concentrations of personnel and equipment exist. Looking at the country as a whole, however, the majority of institutions with such concentrations of people, equipment and abilities are university medical centers. Quite naturally, people in the state and in the region of the university medical center have looked to it to provide service to patients requiring special techniques. Quite naturally, the university medical center also attracts some less complex cases, by virtue of the quality of its clinical faculty. Probably the only real disadvantage of this service function is that it makes possible the development of an idea that service is the primary function of a university department of surgery. It is not. That is not to say that service is a secondary function either, but it takes its place along with the generation and application of new knowledge and teaching of knowledge as one of the four primary functions of such a department. This does not mean that the well-being and proper treatment of individual patients need be or can be submerged as secondary considerations. Each and every patient entering a university medical center must receive the finest quality of care, for numerous and mostly self-evident reasons. As a matter of fact, a patient care commitment of high quality is an essential ingredient of a proper university department of surgery. Only in this way can continuing professional competence of the senior surgical faculty be assured. Only in this way can young men, new to the faculty, be allowed to mature surgically and to develop special professional competence. Only in this way can the proper education of undergraduates, interns, and residents be carried out. A high quality patient care activity is the best source of pertinent

unsolved questions to be attacked in the research and development laboratories. The numbers of patients treated in the university medical centers must not, however, become so large relative to the size of the faculty that the effort involved in caring for them eclipses the other essential functions of the university department of surgery.

In the diverse functions of such a department, professional competence must be demanded in all areas. The past twenty years have brought startling new advances to American surgery. I am not certain that University surgery has met the challenge of remaining competent in all these areas. Superior surgical technique and superior surgical judgement require intensive training and continuing nourishment. It cannot be left to chance, or developed as a by-product of an extensive experience in the animal laboratory. Research can no longer be learned by the traditional six months in the laboratory during a four-year surgical residency. We are now in an era where research by surgeons is being viewed with a jaundiced eye by many of our colleagues in other branches of the biological sciences. In my judgement, this skepticism is quite justified. Research by surgeons must be judged by the same standards as research by others, since the truth eludes surgeons as easily and as successfully as it does other investigators. Therefore, research done in the university departments of surgery must be of the highest quality and must be done with the competence of the professional investigator. Young men in our training programs, desiring a career in academic surgery, must have a serious training in research, involving some formal classwork, a period of time with a basic professional investigator, and a serious introduction to clinical research. In my judgement, this requires about two years in addition to the time required to acquire clinical training in surgery. The teaching of undergraduates, interns, and residents can no longer be done by the preceptor technique; neither can it be done by merely giving to those individuals a progressing clinical responsibility. All too often, the resident in surgery acquires his growing responsibility only because the faculty is too few in number or otherwise too occupied to work with him properly. Great care must be taken to identify the general truths and general statements that can be made about surgery and to identify the elements of the decision-making process in diagnosing and treating patients with conditions amenable to surgical therapy. Once these matters have been carefully thought through by the faculty, they must be taught to students, interns and residents in an orderly and painstaking way.

Obviously, the organization of a university department of surgery must take cognizance of the rapid growth of knowledge in surgery and yet of the absolute necessity of being able to generalize with our knowledge for purposes of teaching and for maintenance of broad competence by a very highly specialized faculty. To both of these ends, in our own department of

surgery we include most of surgery. We have divisions of orthopedic surgery, neurosurgery, otolaryngology, urology, gastrointestinal and general surgery, cardiovascular and general surgery, thoracic and general surgery, pediatric and general surgery, plastic and general surgery, traumatic and general surgery, oncologic and general surgery, and transplantation and general surgery.

As neurosurgeons you may resent the inclusion of neurosurgery as a division within the department of surgery, and may feel that it should be a separate department. Actually I feel it is disadvantageous for surgery in general and for neurosurgery as a specialty for it to be a separate department. As a separate department it must report directly to the Dean. Under most circumstances, he is less knowledgeable about problems in a surgical department than is a proper chairman of the department of surgery. Also, it is my opinion that surgeons should together work towards being able to make truly general statements about surgical diagnosis, treatment, pathophysiology, and the like, and this should be fostered by various divisions or specialties in surgery being in a single department. It is my opinion and hope that all the various teaching, research, and service efforts of all divisions and specialties will be facilitated and stimulated by their being in a department of surgery rather than in separate departments. It is also my personal opinion that with the growth of "institutes" within medical centers, which institutes are nearly always categorically oriented, it becomes even more important to maintain the integrity of the department of surgery. There is strength to be gained for surgery, strength which will allow the proper goals of surgeons to be reached, by maintaining a horizontal departmental structure across these various vertical institute organizations and structures. The need for proper expansion of the various divisions will certainly be recognized by a proper chairman, and he will use his office to assist in all ways the development of the various divisions in his department.

My remarks concerning the inclusion of neurosurgery, for example, as a division within the department of surgery contain the phrase "a proper chairman of the department of surgery." Before discussing this, we should say something about general surgery, which as you noted is not represented by a division but is only an appendage in the title of certain divisions such as gastrointestinal and general surgery, cardiovascular and general surgery, and the like. Although it is not popular to admit it and I do not say necessarily that I am pleased that it has occurred, we must admit that general surgery as such has ceased to exist. General surgery originally encompassed, of course, neurosurgery, orthopedic surgery, urology, pediatric surgery, and the like. Every really eminent American surgeon of recent years, who has made significant contributions and advances, has focused his clinical and investigative efforts into one or two relatively circumscribed fields of surgery. There-

fore it seems to me unwise in a university department of surgery to perpetuate the myth that there can be an all encompassing expert in the field of general surgery. Having come to this point, it is apparent that the chairman of the department of surgery is by no means necessarily a so-called general surgeon. The chairman of a department of surgery can be a neurosurgeon or a urologist or a pediatric surgeon or even a cardiovascular surgeon. Yet something far more than professional competence in a special field of surgery is required of a proper departmental chairman. He must, in my judgement, have in his background a broad surgical experience and competence, hopefully not only in the clinical aspects of his work but also in research and science. He must bring an understanding of the role of the various specialties in surgery and a true concern for the growth and well being of all aspects of his department. His broad background and knowledge should make it evident to him that the teaching of surgery at all levels demands the participation of highly competent and therefore specialized surgeons, but demands also the ability to generalize with the evolution and teaching of general rules and truths. I should like to remind you of John Gardner's comments on this in his provocative book "Self-Renewal." "Specialization is a universal feature of biological functioning, observable in the cell structure of any complex organism, in insect societies and in human social organization .... the highest reaches of education will always involve learning one thing in great depth.... Clearly, then, we cannot do away with specialization, nor would we wish to. But in the modern world it has extended far beyond anything we knew in the past .... (yet) the extremely specialized man may lose the adaptibility so essential in a changing world. He may be unable to reorient himself when technological changes make his specialty obsolete. Note that it is not a question of doing away with the specialist. It is a question of retaining some capacity to function as a generalist and the capacity to shift to new specialties as circumstances require. In human societies there is no reason whatever why the specialist should not retain the capacity to function as a generalist. Whether he actually does so depends partly on his motivation, partly on the manner in which he was educated and partly on the nature of the organization or society in which his abililities mature."

Why is the term "and general surgery" retained in some of the divisions within our own department of surgery and not in others? I really regret the fact that most orthopedists, neurosurgeons, otolaryngologists, and urologists in academic departments of surgery do not maintain some participation in surgery outside their own special field. If they did, we would not have to add the phrase "and general surgery" after certain divisions, and we would imply that everyone in the department of surgery has some broad participation outside of his specialty interest. I believe the concept of broad participation in a university department of surgery, while maintaining specialization, is an important one for several reasons. If we do not

accept this concept, we must have a division of inguinal herniorraphy, a division for the removal of sebaceous cysts, and so on to the point of idiocy. Obviously there are many areas of importance in surgery that do not and never will fall neatly into a given category. By maintaining broad competence among the members of a number of the divisions in the department of surgery, one assures that such areas will be effectively covered from a teaching, research, and service point of view. By maintaining this concept, we also emphasize in a very real way that the divisions are in no way restrictive in nature. By that I mean that I have no interest whatsoever in denying to the thoracic surgeon, for example, the privilege of participating in abdominal surgery. Nor do I have any interest in denying to the cardiovascular surgeon the privilege of performing sympathectomy, or indeed in teaching something about peripheral nerve injuries. I certainly have no desire to be restrictive to the neurosurgeon and to suggest that there are procedures that he should not do. It seems evident to me that people should perform the operations that they are capable of doing. They should participate in the research that they are capable of performing. They should participate as broadly in the educational programs of the department of surgery and the university medical center as their interests and ability allow.

Yet the concept of divisions takes cognizance of the fact that there is enormous knowledge and that must be learned, enlarged, taught, and applied to the care of sick people. The members of a given division are the individuals to whom the department of surgery as a whole and the university medical center as a whole depend upon to maintain excellence within that field in all of its academic aspects. It is hoped, however, that the members of the various divisions will take pride in maintaining their interest and to some degree competence in other areas of surgery. Certainly routine clinical problems in many areas of surgery can be satisfactorily handled by individuals from a number of these divisions. The education of residents in basic surgical technique can be done by an individual in any division of the department, providing he has the interest and willingness to generalize from his own special knowledge and ability. Indeed, some meaningful research in special areas of surgery has been done by individuals from different special fields of surgery. We must always retain flexibility while recognizing and strengthening specialization in surgery.

As surgeons, we all recognize the beauty of a properly conceived and executed surgical procedure. I think we all realize too the long years of education and training that are required for most of us to be able reproducibly to produce superb operative procedures. Yet the fact that we can do so, and that we can teach others to do so, is almost by itself a sufficiently stimulating and exciting prospect to make us all proud of our role in the health field as surgeons. These surgical procedures have beauty, of course, not only because of their inherent

manual operational aspects, but because these mechanical manipulations so often result in the return of a sick patient to long standing good health. The excitement of generating new knowledge and of weaving it into present knowledge to evolve a better method of diagnosis or treatment of surgical problems has been experienced by most of you. The synthesis of knowledge into some general rules and statements that properly understood are applicable to the surgical treatment of a wide variety of patients is a separate but real form of exciting and stimulating activity. The participation in the educational programs of a college of medicine, an internship or residency program or a postgraduate program brings great satisfaction. With all of these goals and problems and stimuli before us, it seems to me that we should all find our lives far too busy to engage in bickering among those of us who happen to represent different specialties within the large field of surgery.

I agree that one can, if he wishes, criticize any or all aspects of academic surgery. I am the first to acknowledge that there are many things that are not well done in academic surgery that should be well done. Constructive criticism, given with an eye to improving academic surgery, is essential to its health and development. In fact, one of the illnesses that has afflicted academic surgery in the last 10 to 20 years has been its tendency to avoid self-criticism and to perpetuate its myths and to some extent its personnel when they did not really deserve perpetuation. Constructive criticism, properly used, will bring new vigor and new health to the academic surgical world. At times one senses, however, that the criticism is not constructive. Be that as it may, when criticisms are made of us, we should make every effort to respond in a positive fashion. When it is stated that professors of surgery fail to spend time with their surgical residents, we must take this to heart, and if we do not spend time with our surgical residents, we must promptly begin to do so. When it is stated that university surgeons are not sufficiently skilled clinicians to properly instruct medical students and residents, we must take this to heart and ask whether the members of our departments are indeed competent clinical surgeons. This is, I fear, not always the case, and if so must be changed. When it is stated that our academic surgeons spend too much time in the laboratory and not enough time with their students, we must take this to heart and if true, remedy this. Yet <u>one</u> of our jobs remains the generation of new knowledge. When it is stated that professors of surgery spend too much time away from their workshops at national committee meetings, national scientific meetings such as this one, and the like, we must take this to heart and attempt to remedy it. I believe, indeed, that it is important for the academic surgeon as well as for the surgeon in general to exert considerable restraint in the matter of his time away from his workshop. All of these are legitimate and proper criticisms and we must respond to them in a proper and positive way. At times, however, one suspects that individuals critical

of academic surgery without any experience with it underestimate the magnitude of the job at hand. The various study sections and councils of the National Institues of Health, for example, have taken the time of many of you since World War II. Yet if surgeons do not respond to the invitation and opportunity to participate, decisions will be made at a national level without the knowledge that surgeons could bring to such decisions, and in my judgement, in some areas poor decisions would be reached. Participation by all of us in our various specialty boards of examination seems essential to the maintenance of high standards in surgery in this country. We have already indicated the importance of the participation of academic surgeons in appropriate and highly organized teaching activities, in the generation and application of new knowledge, and in clinical practice. One hopes that those other honorable members of the surgical world who are not in universities will have a tolerance and understanding of the magnitude of the problem facing those in universities trying in their own way to further the field of surgery.

You may retreat into the position occupied by some, namely that no one can possibly do all the things required of academic surgeons and still do them well. The careers of some people such as Alfred Blalock, Harvey Cushing, Dallas Phemister, and others give clear evidence that the job can be done. Its importance to American surgery, to American medicine, to the future health of the American people and the development of new knowledge and concepts in the medical sciences, is so great that I hope many of you as neurosurgeons will continue to participate in and support the university departments of surgery in this country.

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Dr. Edward J. MacNichol, Jr., the new Director of The National Institute of Neurological Diseases and Stroke.

Virginia and David Reeves

I would like to express my great appreciation to the Academy for the dedication of the last number of THE NEUROSURGEON to me. The members who have been my closest and most cherished friends over a space of many years could not have been more embarrassingly complimentary if this had been my eulogistic obituary. It's too bad the deceased cannot like Lazarus arise from the dead long enough to read the nice things published about them, for seldom is anything in an obituary uncomplimentary. It's much better to be alive and to read with astonishment the magnanimous thoughts expressed in such a number dedicated to me. I'm sure no one would recognize the subject, and all the subject has to do when downhearted is to pull out this number of THE NEUROSURGEON to become euphoric. It's now too late, but perhaps all of us might have hoped, as Samuel Clemons said, to have lived our lives so that when we died even the undertaker would be sorry.

My last clinical contribution was that of "The unconscious Patient; Neurosurgical Experiences and Diagnostic Difficulties; Report of 21 Cases", which was presented at our last meeting in Colorado Springs. Since then and in keeping with those of us who have so to speak "hung up our moleskins", I have been working on the History of Medicine in Santa Barbara County, and have discovered it a subject of considerable interest.

In reference to rehabilitation centers for the paraplegic, I'm confident all of us appreciate its necessity. There is little problem for the Veteran, as he is usually eligible for treatment in the many centers for such purposes. For the other patients the situation is difficult since places for such care are limited, and the expense for many is prohibitive. During the last few years in Santa Barbara, a rehabilitation hospital for these patients has been developed, at our own Santa Barbara Hospital, and financed by the accumulation of funds from interested citizens. This has been a useful and needed addition to our community. The center has been under the supervision of a physician interested and trained in such rehabilitation. It would seem to me local communities with state aid might well finance such departments in their general hospitals, and have as well a desirable affiliation with the Veterans Paraplegic Hospital and program.

During the early part of January we flew to New York City, remaining there a few days before taking a Carribean Cruise to the West Indies on the beautiful ship, The Gripsholm. We were fortunate in arriving during good weather. En route to a dinner given us by our friends, the Benjamin Primes, we stopped for cocktails at Francis and Letitia Echlins. They were giving a party for their neighbors in the charming area where they live. It was a pleasure to see them if only briefly.

After stopping for short periods of time at various of the islands, we disembarked for a stay of a week at Montego Bay, where we visited Virginia's London friends. The islands seemed much alike, overpopulated with poor black people, the heat and humidity enervating and depressing. On one island we noticed a sign reading "Planned Parenthood", appropriate under the circumstances, if understood. The towns appeared untidy and unsanitary. Now that the Black People have been given governmental control, the undercurrent against "Whitey" could be felt.

We were happy to fly back to Los Angeles, but were shocked by the flood destruction which had occurred in our absence. This first became apparent to us as we flew over the usually dry bed of the Los Angeles River, which had become a raging torrent. With good luck we were able to drive home to Santa Barbara. To add to the flood devastation, which has repeated itself recently, a fissure developed in the floor of the channel near one of the drilling platforms sending oil all over the beaches, an oil slick which seemingly is out of control. All that is now needed to complete a rather disastrous year is for us to have a jolting earthquake and another fire. In spite of these "Acts of God", Montecito and Santa Barbara remain our Pacific Paradise, and we've "done roaming."

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Dave has been kind enough to let us publish his article on The Development of Neurological Surgery in the United States, which follows. Dave has been a faithful contributor. Perhaps he has developed compassion for the new Editor because of the years during which he served in that capacity.

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THE DEVELOPMENT OF NEUROLOGICAL SURGERY IN THE UNITED STATES*

David L. Reeves, M. D.**
F.I.C.S., F.A.C.S.

The evolution of neurological surgery in the United States has been interestingly elaborated in several publications. (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11.)

That Harvey Cushing was pre-eminently responsible for its inception can hardly be questioned. Further impetus to its growth was stimulated by the brilliant work of Walter Dandy and the vigorous rivalry and animus between these two great men.

Harvey Cushing was William Halsted's fifth resident surgeon. In May of 1900, after having finished a surgical internship at the Massachusetts General Hospital, he completed four years of his training at Johns Hopkins. During his first days in Baltimore, he had looked up some hospital statistics and discovered between 1889 and 1899 the diagnosis of brain tumor had been made only 32 times in approximately 36,000 admissions. Of the 32 only 13 had been transferred to surgery and only two of these had been operated, both with fatal results. These figures presented the challenge of a closed door. He wanted to be the one to open it.

So in July of 1900 he went to Europe for the first time, and visited Sir Victor Horsley, considered the founder of the specialty of neurological surgery. Not only had Sir Victor Horsley become too busy with practice and politics to be interested in his training, but additionally Cushing was horrified with his surgical technique. He then went to Berne, where he worked on a neurophysiological problem suggested to him by Kocher. Subsequently he drifted back to Liverpool to watch Sherrington experimenting with anthropoids. Soon he became immersed in Sherrington's investigations, and was greatly pleased when Sherrington, taking advantage of his surgical skills, asked him to open the skull of a gorilla and an orangoutan. He was surprised to find almost all physiological observations open to dispute or to various interpretations and that experimental neurology was in a most elementary state, offering vast problem

It may have been this challenge added to the interest in the brain already aroused by his experiments with Kocher that turned Cushing definitely to neurology and neurosurgery.

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*Presented at the Pan American Medical Association Meeting, Buenos Aires, Argentina, November 27, 1967.

Because Halsted saw no real future for him in this field he was slow in encouraging Cushing in his determination, and suggested he might take up something useful like orthopedics. Finally he and Halsted worked out an arrangement that gave him the neurological side of the surgical clinic and work in the neurological dispensary under Dr. H. M. Thomas.

In spite of careful study and infinite pains, Cushing's early procedures were seldom successful. Because his efforts so often ended in fatalities, Halsted is rumored to have made the statement that he didn't know whether to say "Poor Cushing's patients or Cushing's poor patients."

As described so well by Ernest Sachs,[3] "it is difficult for the younger men in neurosurgery to realize what a lonely, isolated field this was before the founding of the Society of Neurological Surgeons in 1920." To find any young man who would even consider going into the field was a real problem. Because the results were so discouraging, house officers disliked working in neurosurgery. Indeed, when one now realizes among other subsequent developments, those of anesthesia, localization, electrocoagulation, and antibiotics, the temerity of one entering the specialty of neurological surgery in those days was astonishing.

Early in 1910 Cushing spoke in Cleveland on "The Special Field of Neurological Surgery." There had been encouraging progress. He had had 180 patients with some type of brain tumor. Of the last 100 cases there had been eight operative deaths in the first fifty, and only three in the second.

In 1910 Harvard offered Cushing the senior chair of surgery which he accepted at the age of 41. During 1911 and 1912, the year preceding Cushing's departure to take up his duties as Professor of Surgery at Harvard, Walter Dandy was his assistant at Johns Hopkins.

For several months Doctor Cushing had been inviting certain young men at Hopkins to go with him to Boston. Both Cushing and Dandy were high-strung, temperamental individuals, and their personalities clashed on many occasions. Just before Cushing left for Boston, he told Dandy he had changed his mind and would not take him along. Inasmuch as Dr. Halsted had been told that Dandy was going with Cushing and had filled all positions on his hospital staff, Dandy was left without an appointment. Fortunately Winfred Smith, the director of the hospital, gave him a room in the hospital and with Kenneth D. Blackfan, resident in pediatrics, he began working in the Hunterian Laboratory on the origin, the circulation and the absorption of cerebrospinal fluid, and the cause of hydrocephalus.

Halsted was much impressed by the originality of Dandy's experiments and promptly found a place for him on his surgical

staff. This was distinguished pioneer work, and in discussing it, Halsted commented that Dandy would never do anything again to equal it.

When Cushing moved to Boston in 1912, Doctor Halsted asked Heuer, who had been Cushing's assistant in the hospital for one year, to take on the neurosurgical work of the hospital in addition to his other duties in general surgery.

Dandy's paper in 1918 on "Ventriculography Following the Injection of Air into the Cerebral Ventricles," was one of the greatest single contributions to brain surgery. It was a logical result of his brilliant experimental and clinical studies of the ventricles, the cerebrospinal fluid circulation and hydrocephalus. Ultimately it was the realization that the clear outline on the X-ray films of normal paranasal sinuses and mastoid cells was due to the air they contained. From such observations, it was but a step to the injection of air into the cerebral ventricles, into the spinal canal, or into the peritoneal cavity, all three of these valuable diagnostic procedures being originated by Dandy.

Cushing's contribution in 1917 offered for the first time a relatively safe surgical procedure for the intracapsular removal of acoustic tumors. Characteristically Dandy was not satisfied with this and developed the total removal of the acoustic tumor through a unilateral incision. In a preliminary report he failed to mention he had used the Cushing approach. In a hand-written letter Cushing accused Dandy of bad taste, bad manners and stressed emphatically his disregard of a high plane of professional ethics. Dandy was greatly offended and never forgave Cushing.[4]

In September 1924 Dandy operated his first patient with Meniere's disease and at the time of his death in 1946 had operated 700 patients for the relief of vertigo with only two deaths from meningitis, and facial paralysis in a few of the earlier cases.

In 1929 he reported two cases operated for ruptured intervertebral discs, more clearly delineated by Mixter and Barr in 1934.

After Heuer left in 1922 to become Professor of Surgery in Cincinnati, Dandy became the neurosurgeon to the Johns Hopkins Hospital, and rapidly built up a large neurosurgical clinic.

The Society of Neurological Surgeons was organized in 1920 with eleven members all of whom were experienced general surgeons. In that same year Cushing wrote that the subtemporal decompression was the most useful operation in craniocerebral surgery. Dandy's ventriculography had just been described and was regarded with grave suspicion as a highly dangerous procedure.[8]

Though slow to be developed and to become employed generally, cerebral angiography originated by Egaz Moniz in 1927 gave to neurological surgery a diagnostic technique second in importance only to ventriculography. It opened the way for the diagnosis and treatment of aneurysms and other vascular anomalies.

In September 1931 a new impetus was given to neurological surgery by Cushing's remarkable report of 2,000 cases of verified brain tumors given at the International Congress in Berne. At long last young men began applying for positions in neurosurgical clinics, and because of the greatly increased interest in the field, The Harvey Cushing Society was founded in Boston during the spring of 1932 with twenty charter members.

Subsequently other neurosurgical societies were formed including The American Academy of Neurological Surgery, the Neurosurgical Society of America, and the Congress of Neurological Surgeons. In the mid 1940's The Harvey Cushing Society expanded into a large neurosurgical organization of international scope with presently more than 1,000 members. This same society had established the Journal of Neurosurgery in 1940. More recently it has been re-organized into The American Association of Neurological Surgeons with representation from the above mentioned neurosurgical societies including additionally the Canadian Neurological Society. Regional and local neurosurgical societies have also been formed.

With the spread of neurosurgery and its centers throughout the country, neurosurgery and its training programs were no longer confined to its few original centers and celebrated specialists. With this rapid development, moreover, the need for detailed training and special qualifications for its practice became apparent. The American Board of Ophthalmology had been activated in 1917, otolaryngology in 1924, and by 1938 a total of fourteen specialty boards had been formed. An informal meeting to consider this matter was held on March 27th, 1939 by representatives of both the Society of Neurological Surgeons and The Harvey Cushing Society. Later the group was enlarged by representatives from the Section on Nervous and Mental Diseases of the American Medical Association, the Section on Surgery of the American Medical Association, the American Neurological Association, and the American College of Surgeons. It was unanimously resolved that a separate Board be formed for the Certification in Neurological Surgery.

The incorporators elected twelve initial members, five from the Society of Neurological Surgeons, three neurological surgeons from The Harvey Cushing Society, one from the Section on Nervous and Mental Diseases of the American Medical Association, and one from the section on Surgery of the American Medical Association, one from the American Neurological Association, and one from the American College of Surgeons. With the addition of a represen-

tative in the early '40's from the American Academy of Neurological Surgery, the number of representatives from the Society of Neurological Surgeons was reduced to four, and with expansion of The Harvey Cushing Society into a large neurosurgical organization of national scope in 1961, their representation was increased to four, further reducing the number from the Society of Neurological Surgeons to three.

Among the aims of the Board was that of determining by examination, investigation and otherwise, the fitness and competence of specialists in Neurological Surgery who shall apply for Certificates and to prepare, provide, control and conduct examinations written, oral or otherwise, for such purpose and to determine the results of such examinations. It was also stated that certificates granted or issued by the Corporation shall not confer or purport to confer upon any person any legal qualification, privilege or license to practice Neurological Surgery.

Another objective of the Board was that of evaluating the residency-training programs. Such was necessary so that the young man taking up neurosurgery as a specialty could be certain if he entered a training program approved by the Board, he would obtain good training in neurosurgery.

It was found that a considerable number of men who were appearing for examination were deficient in their knowledge of clinical neurosurgery and the amount of clinical material available as residents had been small. Therefore it was decided that for each resident completing training the program should provide 200 major neurosurgical procedures during the calendar year, and that at least 25 intracranial tumors be included in these 200 procedures.

In 1955 the length of the neurosurgical residency was increased from three to four years. Completion of training in general surgery of not less than one year in a hospital acceptable to The American Board of Neurological Surgery was also required. After this a period of neurosurgical training of not less than four years was requisite. Additionally it was necessary for the candidate to prepare himself to pass examinations in neurological surgery, general surgery, medical neurology, including neuro-ophthalmology and electroencephalography, neuropathology, neuro-anatomy, neuro-physiology and neuro-radiology.

Another important requirement was that of an acceptable two years practice between completion of training and the time of examination.

The Board wisely allowed certain individuals to appear for examination even though their training failed to meet the minimum standards. For such cases the Board at its own discretion might examine a person after he had completed six years of satisfactory independent practice.

In recent years at the time of examination the candidate is required to submit a typewritten chronological list of all hospital patients for whom he has been the responsible surgeon.

Foreign certificates have also been issued. Before such is granted a photostatic copy of the candidate's license to practice must be presented to the Secretary. It is also stipulated that if the candidate returns to his country or remains here, he must surrender his certificate and be re-examined after two years of practice.

That there will continue to be changes and improvements in the activities of The American Board of Neurological Surgery is beyond doubt. Likewise one may anticipate that other countries will continue to devise and improve their own methods of certification in order to elevate the standards and to advance the science of Neurological Surgery.

During World War II traumatic neurological surgery was advanced as was our specialty by the formation of neurosurgical centers and units under the direction of R. Glen Spurling for the Army and Winchell Mc K. Craig for the Navy.

With the development of newer medications, some neurosurgical procedures performed frequently in the past have largely disappeared. Strikingly in this regard are those of sympathectomy for hypertension and lobotomy for nervous and mental disease.

More recent neurosurgical interest has been the evolution of stereotactic methods and other procedures in the treatment of Parkinson's disease and allied disorders. Additionally various shunting operations have been developed in the treatment of hydrocephalus. Great interest and activity has continued in the surgery of aneurysms and other vascular problems. Cryosurgery and more recently the Laser Beam are making their contributions to our specialty. Whatever else may evolve will be without doubt a progressive challenge.

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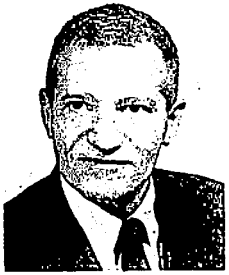
Cone, as the new Secretary, welcomes two new members -- Bruce Hendrick and Bart Brown.

Joseph and Rita Ransohoff

February 27, 1969



The problem of paraplegia and how to upgrade the short-term and long-term follow-up care, both civilian and veteran, remains a serious one. There are, of course, a number of our members who are far better informed on this matter than I, particularly Frank Mayfield and Paul Bucy, who have been struggling to find a solution to this question for a number of years. It would seem that at the moment it has, unfortunately, fallen between the administrative cracks that exist between the NIH, the VRA and the Veterans Administration and I believe this will eventually have to be settled by an administrative order from the highest levels in order that all groups can cooperate in providing and upgrading the needed centers. In view of the fact that the Institute of Rehabilitation Medicine, under the direction of Dr. Howard Rusk, is part of this Center, we do have the opportunity to see what can be done for paraplegics in an exemplary fashion and it is, indeed, tragic that support for other centers of this caliber seems to be difficult to obtain.

In our Research Laboratories, under the direction of Pete Campbell, some very exciting work is going on in relationship to cooling of spinal cord injuries, first promulgated by Bob White in Cleveland. One of my residents, Bob Goodkin, who worked for a year in the lab with Campbell, has done some beautiful work demonstrating the progression of the pathological process which occurs following spinal cord injury; and really has established the basis for the efficacy of cooling in the early hours after injury. Bob has shown that the initial pathological process is almost entirely restricted to the gray matter and the long white tracts do not become involved with edema and hemorrhage until four or five hours after the experimental trauma. It is within this time, therefore, that in the potentially reversible injury, cooling, steroids, or even myelotomy must be carried out. He is now in the process of comparing the efficacy of these various modes of therapy, or combination thereof, and at the same time beginning to cool some patients with spinal cord compression, particularly secondary to metastatic tumors where our operative decompressions have not been very gratifying. This work, of course, is too early to evaluate and if the preliminary results prove to be as gratifying as they appear to be, we will eventually probably have to be subjected to a random study.

I might also take this opportunity to bring our friends up to date as to the status of the Brain Tumor Study Group. This group was organized on an informal basis after the Kentucky Brain Tumor Workshop and the 8 or 10 of us involved have been working on contract money from the National Cancer Institute. We have now submitted a formal proposal to the NCI for funding as a Cooperative Study Group and have our fingers crossed that we will be funded, at least at a sufficiently high level that the collection of information can be made available. We are finishing up the study of Mithramycin which has not proved to have been very effective and probably will move on either to the use of BCNU or BUDR. We heard of exciting reports from one of Sano's men and this technique certainly seems worth a large cooperative study, the main problem being getting clearance for the drug through the FDA. A number of our good friends are interested in joining the Group and we wish to gradually add members who particularly can contribute a significant number of tumors to the study and who would be willing to follow the rather strict protocols which we have of necessity to establish for ourselves.

Ernie Mathews, who is running our Pediatric Neurosurgery Service, is developing a new valve for the treatment of hydrocephalus based on volume control concepts, but it is too early to discuss this more than to simply mention it as a teaser for next year's letter.

From a personal point of view, I spend as much goof off time as possible chasing big fish. I have "little man's disease" as far as fishing is concerned; if they do not weigh more than I do, they don't count.

Rita and I had a fine ten days in Acapulco after the great Denver Workshop and the sailfishing was really magnificent. To see one of those 150-pound Pacific sailfish dancing at the end of a 20-pound spinning rig gets me almost as excited as clipping a basilar aneurysm. I know that a lot of our freshwater trout and salmon experts disdain this kind of crude big muscle work, but for me, it is the very end!

Finally, from a very personal point of view, I am the proud father of an embryo singer who is currently cutting his first album for Metromedia Records. The name of the Group, of all things, is the "Milk Wood Tapestry." The only thing I can sing is Melancholy Baby in the shower and even then everyone in the house puts cotton in their ears, so I do not know where he got it, but I am really pretty pleased with the whole affair.

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Constance and Robert Fisher

March 3, 1969

My first comment is to express delight that Dr. Byron C. Pevehouse has taken over as Secretary-Treasurer of the Academy. I am sure that he'll have this group very well organized. It's too bad that we're not meeting this year. There are several of us who have voiced the fact that we are concerned about there not being a meeting every four years because of the International Meeting. Perhaps in the meeting to be held in Tokyo, we could all stop off at John Lowrey's, if he'll serve us a beer, in Honolulu and have the Academy meeting there.

One of our Residents is doing an exciting piece of work. We are making a series of baboons paraplegic in a method very similar to that of Bob White's with regard to the spinal cord. With a series of these as controls, we then have been taking the same animal with his injury and placing him in a chamber with hyperbaric oxygen. The rationale is that hyperbaric oxygen may be of value in preventing swelling of the cord, since it has been shown that it will alleviate swelling of the brain. Our work is very preliminary at the moment. This is being done at the Research Center of the Federal Aviation Agency, certainly one of the most cooperative and exciting places to conduct research in this area. At the same institution, we are doing a project on cerebral concussion, utilizing flow meter studies of the carotid artery, and trying to evaluate cerebral blood flow at the time of concussion.

This Center is in the process of undergoing growth problems. It has extremely elaborate plans to expand its entire facilities so that there will be a 200 acre medical campus eventually -- I imagine within 10 years' time. Two private hospitals have indicated that they wish to join the University setting on this land. One has great difficulty with being patient until this all transpires.

Connie, the children, and I are delighted with the home in which we now live. It is on a lake, which is not a very large one, but we do go fishing and swimming and have all of this relatively close to the center of the City and to the hospital. We have taken our usual trips for skiing, including Taos, Arapaho and Aspen. We so wish that we were closer to winter activities. 500 - 700 miles is a very long drive.

CHRISTMAS CARDS MAKE WONDERFUL MEMENTOES

ALEXANDERS

NASHOLDS

EHNIS

THE FAMILIES GROW LARGER AND MORE HANDSOME

FISHERS

HANBERYS

LOWERYS

In regard to rehabilitation centers for patients with spinal cord injuries, I have long thought that Guy Odom's thoughts about this were very sensible. That is, any patient with spinal cord injury should be permitted to go to a Veterans' facility. I am well aware of the political implications, but the maintenance of these patients is such a terrible expense that it seems to me that the Federal Government should bear this expense. As to who runs the particular patient, I am sure that this depends on whoever is most interested in these patients in any Veterans' facility. This need not necessarily be a neurosurgeon, neurologist, urologist or psychiatrist. It certainly should be the person most interested in the overall condition. I get the impression more and more that the initial phases of treatment -- i. e., the first 25 - 48 hours -- are by far the most important. Perhaps air evacuation, cooling techniques, and hopefully, our hyperbaric oxygen techniques, will help produce better results.

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Helen and Edwin B. Boldrey

July 14, 1969

We are all looking forward to the meeting in New York in September. The guest list is outstanding. I am sure we will be picking up some valued corresponding members for the Academy as a result of this opportunity to meet distinguished visitors from far away, even in the jet age.

Helen and I shall look forward to seeing all of the members there in New York.

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Elva and Stuart Rowe

March 11, 1969

We have had one problem case recently. A man of forty-nine was seen in September of 1967 with the complaint of headaches, papilledema, poor memory, and red eyes. Neurological examination was essentially negative, with the exception of a mild conjunctivitis, and one or two dioptors of papilledema. Skull x-rays, EEG, brain scan, bilateral carotid angiograms, and a pneumoencephalogram were all normal. The spinal fluid, however, showed 200 cells, chiefly lymphocytes, and an elevated protein. The medical consultant and a neurological consultant agreed on the diagnosis of Behcet's disease, which I understand is basically thought to be a viral infection. The patient's papilledema gradually receded and his headaches cleared. He was discharged. He returned recently, again with minimal headache, no papilledema, but an insecure and somewhat wide-based gait. He was thought to have very mild cerebellar signs in the arms. The spinal fluid on this occasion showed about 17 cells, probably lymphocytes. Further examination for tumor cells revealed atypical large nucleated cells. Pneumoencephalogram showed minimally dilated ventricles and subarachnoid spaces with some air in the posterior fossa. The brain scan aroused some suspicion of an increased uptake in the right side of the posterior fossa. Personally I suspect some type of central nervous system inflammatory process but am not sure what. Our consultants leaned toward cerebellar tumor. The patient really looks extremely healthy to have either one and went through the pneumoencephalogram with very little reaction.

The problem of a rehabilitation center for patients with spinal cord injuries is certainly a real one. We are fortunate here in having two excellent rehabilitation centers in which most of our paraplegic patients are treated. The financing is done largely through the State Bureau of Vocational Rehabilitation. The care is directed in both units by the rehabilitation service, although we are ordinarily asked to see these patients in consultation.

It seems to me the primary goal is to make each paraplegic as self-sufficient as possible, not only as to his own care but presumably self-supporting if this can be managed.

At the moment, I doubt whether a similar rehabilitation

set-up for paraplegics exclusively would have any great advantage over the present programs, which, of course, involve many patients with other deficits - neurological and non-neurological. It seems to me that the general tone and morale of such a unit might well be better with mixed disabilities rather than purely spinal cord injuries.

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Mary and James Greenwood
March 11, 1969

The October meeting at the Broadmoor was great and except for a golf game with Sheldon, Baker, and Mayfield which ended in a snow storm half a mile from the clubhouse, it would have been perfect.

Mary and I drove to Colorado and then cross country to Atlantic City (Mary doing most of the driving) where we attended the meeting of the American College of Surgeons and I moderated a Panel on Spinal Cord Tumors and also presented a movie - a shortened version of the film on Complete Removal of Intramedullary Spinal Cord Tumors. This movie is now available in its full length, with sound track, through the American College of Surgeons' Library.

Mary and I hope to go to England in May for the meeting of the Society of British Neurological Surgeons. I was very happy to have been elected an honorary member in October.

It is remarkable to see the young men here going forward with new procedures and beautiful results, particularly in aneurysm surgery. At the City-County Hospital (Ben Taub), one resident told me that there were nine consecutive aneurysms who were operated upon and left the hospital in good condition. A considerable amount of microsurgery is being done and work also with the new cryosurgery unit, stereotaxic chordotomy, etc.

Some of you know my interest in acute cerebral infarction with high intracranial pressure which seems to be an indication for emergency surgery. There apparently are fewer cases than at one time I supposed there might be, since I particularly asked neurologists to watch for them and to consider them

emergencies. It is essential that the neurosurgeon move quickly with the onset of decerebration and dilated pupils, and it is essential in most of them that the tentorial herniation be aspirated or removed. I have not seen another case in almost a year now, so it may be they are rare.

We recently had a case of aneurysm who developed an epidural hematoma which again revived our interest in sublethal brain stem syndromes, due to injury or pressure, which tend to sleep deeply for three to four weeks with no evidence of paralysis or decerebration, and all but one of our cases have waked up and been normal. Two epidural clots were removed and finally the tip of a swollen temporal lobe and uncal herniation in this last case. He slept very deeply for three and a half to four weeks and is now waking up and talking fairly normally, but, as in the case of most of them, he still appears rather dull.

Andy, our baby, is now married and is an Ensign in the Navy, stationed at Cape Hatteras. He has undergone a complete metamorphosis, from being unhappy with the Service for the first few weeks to being totally enthusiastic, and seems to be doing a good job. Nancy, our No. 5 child, lives in Dallas with her husband who is a television writer. Harris, No. 4, has two lovely daughters and is doing very well in the practice of law, but his golf game has deteriorated. The husband of our Gracie, No. 3, finishes his residency and starts the practice of gynecology and obstetrics this summer. Alex, No. 2, continues to do a fine job at banking. Jimmy, No. 1, is finishing his term as Vice President of the State Junior Bar and is now running for the presidency.

Incidentally, I forgot to mention that on the way home from Atlantic City, we visited Andy and Sheila at Cape Hatteras and the automatic transmission on our car went out at Plymouth, North Carolina, a town of about 6,000. It is full of antiques and old history of the South, and fortunately the only decent place to stay was a motel surrounded by a beautiful nine-hole golf course. It took us a week to get parts by air, which is unbelievable, and Mary and I simply had to do the best we could under the circumstances.

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Ski instructor to difficult student: You just don't seem to get the hang of it, Mr. Smedley. Now you've broken a ski instead of a leg.

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Phyllis and William F.
Beswick

March 18, 1969

We are almost at the end of Buffalo's mildest winter on record. Our suburbs and near-by communities have had many heavy and crippling snow falls. The skiers, however, have had a "Bonanza" and many of our ski resorts are going to get back into the black figures in their ledgers.

In regard to spinal cord injuries, our facilities locally are just those limited programs established at the Veterans Administration Hospital and the Edward J. Meyer Hospital (Erie County). We have to take advantage of the facilities that are present in New York City. The center most in demand, of course, is that established by Dr. Howard A. Rusk. I believe that we should support the program that Henry Heyl is interested in. I should think that we should use efforts in getting political help so that we could have Centers available at expanded Veteran Administration facilities. The financing of such a project would be indeed a large problem in itself, but in addition to Federal and State funds, I feel the patients should be able to obtain some help from their local communities.

My paper on "The Effects of Flexion and Extension of Cervical Spine During Surgical Treatment of Cervical Spondylotic Myelopathy" was finally mailed to the Journal of Neurosurgery late in January. For me, the preparation of the article was very worthwhile.

Early last Spring, a questionnaire was sent to 70 neurosurgeons concerning the posture used for the anterior and the posterior approaches and the total response reached 85+%. This was certainly most gratifying. Several of the replies strengthened my suspicions about the dangers of flexion to such a degree that I was able to incorporate several remarks in the main body of my paper. Among those answering, only 12 mentioned that the neutral positioning of the head on the cervical spine was most desirable. Two encouraged the use of skeletal or halter traction during intubation and operation. One surgeon personally applied the necessary traction, while two others thought (as we formerly did) "full flexion or extension during operative procedure". The degree of extension used was described as slight, moderate or "enough to provide good exposure". This was obtained by the aid of small pads to large sandbags placed at the shoulder or the inter-scapular level; with or without halter

traction. Thus, I am sure the paper is quite a timely one. To pursue the subject further I believe that it would be very worthwhile that a Registry for this form of myelopathy be organized, such as the one the Cushing School organized in order to gather more information about brain tumors 25 or 30 years ago.

The International Conference held two weeks ago on the late effects of head injury was very worthwhile. The conference ran for two days and was preceded by a five day workshop in which the participants of the program arranged their presentations. This resulted in a well organized program that included no repititious discussion. Even the "Critiques" held at the end of every morning and afternoon session were exciting. I believe there were at least 300 in attendance and I noticed, too, that even the participants attended the sessions before and after their contributions.

We hope that Francis Murphey has fully recovered from his recent illness and that we get to see him back in harness soon. We have also been concerned about the bad floods in California and hope that our friends were not bothered by them.

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Fernando Cabieses gets pointers from
the Editor's Assistant and Bob

Grace Eleanor and William Lougheed

March 24, 1969

Grace and I are looking forward to a busy summer as our oldest daughter, Stoney, is getting married on August 23rd. It seems as though the years slip by very quickly and our children grow up faster than we realize.

I just returned from a very pleasant trip to Oklahoma where Connie and Bob Fisher entertained me royally.

Our rehabilitation centre for spinal cord injuries has been run by a devoted and energetic doctor by the name of Al Jousse. Harry Botterell, as you know, was the driving force behind getting some organization for our paraplegics in Toronto. He was wise and quick enough to select Dr. Jousse as an ideal doctor for the patients who had spinal cord injuries. Dr. Jousse himself has a spinal cord lesion and walks with two canes and long leg braces so he is in a very excellent position to talk to these patients with chronic spinal injuries. The centre, which has been set up by the Canadian Paraplegic Association, has been an old house for years. However, the government plans to build a proper centre in the near future and we are all looking forward to this with great anticipation.

There is no doubt in my mind that the care of these patients should be directed initially in the acute phase by the neurosurgeon, but once the acute phase has passed their care should be taken over by someone like Dr. Jousse who will be interested in their continuing care from then on. This man must be a physician and it would be better for him to have had some training in rehabilitation medicine, particularly with emphasis on the re-education and training of paraplegics. Of course, the goal in these centres should be the independence of the individual whether he be bound to a wheel chair or not; and Dr. Jousse tells us that it is not the level of paraplegia or quadriplegia which determines rehabilitation but the educational status of the patient. All those patients with university education will achieve employment.

As to the matter of financing, I believe this is a very difficult question to answer. At one point the veterans hospital helped out in the financial care of the chronic hospital cases whether they were civilians or veterans. This situation looks like it will no longer continue at Sunnybrook Hospital

which was once a veterans hospital and has since been sold to the University of Toronto. I believe in Canada where health care has become a national responsibility that only government financing will be sufficient to maintain the needs of such a programme.

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Molly and Robert B. King
April 9, 1969

Greetings from the North country. The skiing this winter has been superb and prolonged. Keeping the driveway cleared keeps us in reasonably good condition for skiing.

We have had one 3 month old come in recently following an automobile accident in which he had been ejected about 45 feet from the vehicle. Although he has other injuries the preponderant issue which I do not recall having seen before, is an apparent flail and anesthetic leg. There is no evidence of movement about the hip or the distal portions of the extremity with complete anesthesia to T-12. It resembles certainly a severe lumbosacral plexus injury, though there is no retroperitoneal hematoma and the spine films are normal. Whether or not this represents avulsed lumbosacral roots we can only surmise for the moment. I see little reference to such events of this degree in the literature and would be curious to know if others of you have seen similar circumstances following trauma. We have not yet done a myelogram because of other injuries.

Our Acute Care Unit personnel, supported magnificently by Gabor Racz from the Department of Anesthesia, and by Bill Stewart's resources for frequent and excellent analyses of blood gases, expiratory gases, cerebral circulation and spinal fluid pH's, have been struggling valiantly with respiratory complications in comatose patients and the interdependence of cerebral circulation and the respiratory system. The data which they are accumulating is extraordinary. So far we have at least achieved survival in some, if not in all of the patients with pulmonary edema, and in most have been able to at least reverse the pulmonary edema. Some of them, of course, have gone on to die with other problems, but at least the florid, frothing, pulmonary edema we have been able to hold in abeyance on many and repeated occasions. Identifying it early in the course of it's develop-

ment has been critical in this circumstance. The manpower and nursing effort needed for this purpose, of course, is enormous.

If others of you are overcoming this issue on occasion, I would certainly like to know how you are going about it. Although I have indicated success with respect to reversing the pulmonary edema other matters are giving us troubles in the period following the pulmonary edema and I would certainly like to know your experiences in managing these.

I just looked through the recent report on Spinal Cord Centers. How practical these may prove to be in terms of adequate manpower, housing, and establishing dependency states rather than states of independence and rehabilitation on the part of the paraplegic, I am not certain. Our own unit here, I think is an exemplary one though small, with a high incidence of full-time employment of both quadriplegics and paraplegics. It's a long and continued battle. Fortunately, in this state, so far as these folk are concerned, we have excellent support on a state level with which to develop the programs essential to their needs. There is no question but what it's an extraordinarily expensive effort. The goal for these people, I am sure here varies with the individual but in many the absolute goal of full and independent re-employment generating an income equal to that, or better than that, of their pre-morbid state is an appropriate goal for all concerned. If false goals are set, however, they are likely to achieve even less than they might were they aiming at a sub-optimum, though realistic level of performance. I must admit that the program here seems to depend heavily on the impact of it's director who is a most extraordinary internist.

Looking forward to seeing all of you in the near future and for a gala evening in New York. Molly joins me in our best to each of you.

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Avulsion of the lumbosacral plexus must be quite rare. Myelography as a diagnostic procedure for avulsion of the brachial plexus is well established, but there have been few opportunities to use this procedure in the lumbar area.

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Louise and Robert S. Knighton

April 10, 1969

Louise, our youngest son, Tom, and I have just returned from Ceylon where we served for two months on the S. S. Hope. Louise and Tom worked as volunteers on the ship, and I worked as a neurosurgeon on the ship, and also at the Colombo General Hospital.

The two Ceylonese neurosurgeons were adequately trained. They both had their Fellowship in the Royal College of Surgeons and had a very active clinical practice. It was interesting to see the great volume of advanced pathology, as I imagine it must have been in the United States forty or fifty years ago.

I saw an interesting series of extradural hematomas produced by coconut injuries. These occur at the vertex and have a delayed interval of four or five days. In addition there were a large number of brain abscesses which were treated by daily tapping.

Back on the home front we soon got into our old routine. On our service we have become quite interested in the use of RISA subarachnoid uptake studies in patients who do not improve after removal of their subdural hematomas; and those with other conditions which might lead to subarachnoid block, e.g., subarachnoid hemorrhage or meningitis. We are finding this test very useful in delineating this problem and have obtained some rather striking results by shunting some of these patients, who in some instances were thought to have post-injury atrophy rather than hydrocephalus.

In regard to the paraplegic centers in Detroit, we have an excellent Rehabilitation Institute where our paraplegic patients are usually sent for rehabilitation. I am not entirely sure of the financing, but it is partially through the state, partially by insurance, and where applicable, by payment as private patients. It would seem to me that financial backing of this type of institution, either by the federal or state government, would be an excellent way of managing the paraplegic patients, as they would not be able to remain near their home. This is important not only for morale but for vocational rehabilitation as well. The major problem seems to be bed space.

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Bob's comment on RISA is interesting. This test should help delineate the patients who can be helped by shunts and avoid unnecessary shunting procedures on the unfortunate patients with cerebral atrophy.

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Betty and Eben Alexander
April 24, 1969

The Harvey Cushing Society meeting just past in Cleveland was a landmark which most of us will not forget for a long time. The original suggestion made about five years ago by Dr. Leo Davidoff that we hold this meeting in Cleveland to commemorate the centennial of Dr. Cushing's birth in that city was pursued from that point on and, although we had to put up with a hotel which was not quite adequate to our purpose, it seemed to me it all went well.

The meeting would not have gone but for the tremendous skill and effort of Bill Meacham as Secretary of The American Association of Neurological Surgeons. What with the hotel not being quite up to the meeting, the meeting being run by Mike O'Connor (who is good but with us for the first year), and with Don Matson sick, we really needed a stable force -- and that was Bill Meacham. We should be thankful for having such a man and I can all the more appreciate what he did, having been Secretary of that Association at one time.

The Cushing Society has grown to the type of maturity it ought to have reached and I believe it truly does represent Neurosurgery in this country. It must be continually nourished and we must continually make every effort to see that we are representative of Neurosurgery across the country, so that Neurosurgery will have a place of genuine significance in medicine, in education, and in research in this country.

I wonder whether the members of the Academy the country over have noticed any increase in the past year or so of the so-called interspace infection after lumbar disc surgery. By this I'm talking of the syndrome which was described in the JOURNAL

OF NEUROSURGERY so well by Gene Stern some years ago, in which there is severe pain, maybe some purulent material which often is negative on culture if re-exploration is done, an elevated sed rate, and finally a recession of the signs and symptoms, with a good result in the long run.

I write this because my own experience now encompasses three of these in the past year and I can scarcely remember one before. During this year, as a result of going to a meeting and seeing it done, I've been leaving Depo-Medrol in the wound around the nerve root explored, 40 milligrams in 10 cc of Tissu-sol. This, of course, may not be the incriminating factor at all, but if other people have had this experience, it would be worthwhile to very quickly transmit this information to one another so that anything that is bringing these things about could be stopped.

Your questions about rehabilitation centers interest all of us, particularly the members of the Academy who have been so anxious to have the Academy take an active part in the spinal cord injury cases. I believe the rehabilitation center for paraplegics would be practical on a State level in North Carolina. Guy Odom and I have talked about this in the past, as have Courtland Davis, Dave Kelly and I here. It would seem to us that such a center should be in one of the academic centers where it could be covered in association with the care of the other patients.

The financing of this should be a combination of State and Federal, I believe, since the devastation of paraplegia is just as great as the devastation of tuberculosis was a few generations back, in which the State did not seem to mind at all assuming all the care for the patients. Of course, in those instances there was a public health feature with contagion a problem, but even so, the impetus of this was based on financial need as well. It is simply a matter of our getting enough behind all this to bring the need to the minds of the State and Federal governments. I believe that if we did this on our State level and perhaps a few other States, we could set up a pattern which would be a reasonable one. Possibly these things could be brought about through the Regional Medical Programs, which in this State is a program being operated between the three medical schools in conjunction with the State Medical Society and the State Board of Health. The goals, of course, should be the rehabilitation of these patients and their return to as near a normal home situation as is possible, with employment and a return to "tax-paying status." This, of course, would be the ideal of each patient.

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One such case occurred recently in Memphis -- in a doctor's wife naturally, but Depo-Medrol was not used. Fortunately, most of these patients do well with time.

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Brit and Kristian Kristiansen

May 3, 1969

My reply to your request for a letter to THE NEUROSURGEON has been delayed for several reasons, mainly a missing ability to avoid committee appointments and the routine chores in the hospital and the medical faculty.

Your questions about rehabilitation centers for patients with spinal cord injuries are apt to stimulate discussion. It is evident that a "spinal centre" may obtain better results with regard to functional capacity of paraplegics and quadriplegics than a rehabilitation institute in which individuals with all kinds of neurological deficits and perhaps sequelae of other diseases and injuries are admitted for treatment.

In Norway there are relatively few patients suffering from paraplegia. Plans for a spinal rehabilitation centre were considered after the war but were abandoned, as was also the question of a Scandinavian cooperation to establish an institute covering the needs of Denmark, Sweden and Norway together.

I think there are some good reasons not to deal with these patients separated from other neurological disabilities. The possibility of closer contact with family and friends is one reason, and the detrimental psychological effect of being confined to a special group of disabled persons is another.

The rehabilitation of paraplegic and quadriplegic patients is in this country taken care of on a regional basis. We have however a State Vocational Rehabilitation Centre in Oslo with an active interest in the early treatment of young paraplegics. Our own patients with paraplegia, late effects of head injuries, and other neurologic disabilities are transferred to an excel-

lent rehabilitation hospital situated on a peninsula just outside Oslo. This hospital is run privately but with financial support from Oslo City - and the expenses are covered by the sick insurance system which operates for all hospitals in Norway. It may interest you that at present this hospital is treating about 20 south Vietnamese children suffering from paraplegia caused by injuries during the present war.

Technical appliances necessary for ambulation and specially equipped cars for the disabled are financed by the State. Assistance in the homes, rebuilding of houses to serve the particular needs of the paraplegic patient, and nursing equipment are furnished by means of funds established through a special disability bill.

This information concerning a small nation's way of handling this particular issue may perhaps be of interest for some of the other members.

I have just returned from an inter-Scandinavian committee meeting in Copenhagen on the problem of epilepsy and driver's license. There was general agreement on the desirability of a relaxation of the existing rules and the committee report should perhaps be translated into English for a more general distribution.

Brit and I had a very pleasant visit to Washington, D. C. with the Research Group on head injuries in the beginning of March, and we are looking forward to a reunion with our friends at the International Congress in New York in September.

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Sean Mullan and Academy Award Winner Yoshio Hosobuchi

Ellie and Donald Coburn

May 6, 1969

Ellie and I were in New Orleans for a part of the meeting of the Society of Neurological Surgeons and, also, for a visit with our daughter, who was working at that time for a reservationist for Braniff, but who is now a reservationist for Braniff in San Antonio. Her husband is selling air time for a radio station there. From New Orleans we were over in Palm Beach for a short but very delightful visit, although the weather was cool. We didn't get any fishing in this year as we had last.

I plan to go to Minnesota in early June and try and pick up a few lake trout but I understand accommodations and the guide we wanted are booked up so another long time fishing friend of mine and I have scratched it and will probably go up this fall when the trout will be back up again.

At the present time, we are having the pleasure from the oldest girl of our three daughters, Shari, and her husband and three children, who are spending ten days with us. We are finding it most delightful. Her husband, Woody, is with Gibson, Dunn and Crutcher, a law firm in Los Angeles, and seems to be doing quite well and has had several lengthy trips representing his firm.

I am hoping to have someone here with me next year in the office so I can start getting away more and enjoy the Fall of neurosurgical practice. We recently had the urge to sell our house and move into an apartment or some type of a complex, investigated rather thoroughly and decided that our house, although large and old, looked mighty good and we would be a lot happier there even though there are just the two of us most of the time.

Susan, the youngest girl, plans to get married this Fall and will probably live in Wichita and I imagine Nancy will stay in San Antonio with Braniff quite some time, and I have no doubt Shari and Woody will remain in Los Angeles for an indefinite period inasmuch as he is in with a fine corporation law firm.

This should, at least, let you know that we are still alive and missing the entire Academy group.

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"Tact is the unique ability of describing others as they see themselves."

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Irene and Blaine S.
Nashold

May 9, 1969

My interest here at Duke centers mainly on three aspects of neurosurgery, one is the continued studies on the effect of cerebellar lesions for involuntary movements, particularly athetosis and severe spasticity. At the present time we have observations on ten patients. It is too soon to draw final conclusions about the long-term therapeutic effects of these lesions, but there certainly is very definite reduction of tone and athetoid movements which seem to be more striking than with lesions in other areas of the central nervous system. Of course, efforts are being made to study some of the basic physiologic aspects of cerebellar function in the human which information is lacking. We found that stimulating the dentate nucleus, probably the medial portion of it, produces ipsilateral eye movements and lesions in this area produce contralateral eye movements.

We are now reviewing the world literature on spontaneous cerebellar hemorrhages as well as acute cerebellar infarctions and are finding about a 50 to 60% incidence of conjugate eye deviations associated with these conditions. We believe that this probably represents a primary cerebellar sign not necessarily related to compression of the brain stem by enlarging hemorrhage or cerebral edema. It may be a valuable sign for recognizing these cases early although they are quite complex.

Our second great interest is an effort to re-evaluate the effect of hypothermia in head injuries with the use of a hypothermic chamber using the talents of the Duke School of Engineering in designing a cooling chamber which has a special type of feedback both from the patient and from the chamber so that perhaps downdrift and steady hypothermia can be controlled at a more constant rate than has been possible with blankets and other methods. What we hope to do is use this technique to reassess the period of downdrift in hypothermia which has been

poorly understood. We are also looking into the possibility of brain thermistors to actually measure temperatures from various areas of the brain which appear to vary under different hypothermic conditions. Its application in head trauma may be the next step.

Our third interest is a continued interest in evaluation of intractable epilepsy using both cortical and depth electrodes. This method is becoming more and more valuable in selecting patients who in the past would have been turned down for surgery. We are beginning to pick up a few patients in whom we are able to delineate the area of focus. We are still not satisfied that anyone has demonstrated adequate subcortical lesions for relief of epilepsy. We have made extensive recordings in numerous patients and have been impressed with the widespread epileptic affects that occur as far down as the upper midbrain without showing evidence of the same electrographic changes in the cortex.

Lastly our interest continues in the use of midbrain lesions for pain. We have been very satisfied with this approach particularly in the complicated facial pains from carcinoma in and around the mouth and upper neck. We have found that unilateral lesions have been successful in giving significant relief of pain from lesions actually originating in midline structures such as the tonsils. I think that the eye changes and the dangers associated with this operation in terms of hyperesthesia have been over emphasized in the past. It appears to me to be much more satisfactory than multiple cranial nerve rhizotomies. Certainly the operation is much easier on the patient who is often quite sick and debilitated.

Irene is involved with getting children ready to begin college, finding schools, trying to get them in, etc. -- the usual traumatic experiences of middle age.

I hope that Irene will be able to attend the meetings in the future. She is anxious to take an active part in the Women's Auxiliary of The American Academy. Needless to say, I am happy to be a part of this Society and am anxious to contribute.

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Cerebellar hemorrhages have been reported as being associated with polycythemia. Perhaps Blaine will comment as to whether this is a real or imaginary association.

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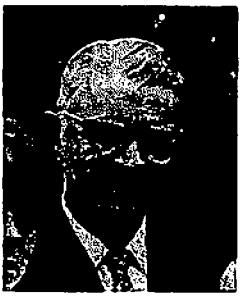
Mary and Aidan A. Raney

May 9, 1969



This is to wish that all of the members and their wives had a very long and pleasant summer vacation. I hope to take a little time off in August, but from the looks of the top of my desk I am not quite sure which August it will be. There never seems to be enough time to attend to everything. I am sure that everyone else has the same problem of trying to budget his time in such a way as to fit in all of the professional and recreational pursuits that are worthy of his attention.

I would welcome any opinions or suggestions on a problem case that came to me several weeks ago. This fifty year old man noticed a little numbness in his lips while shaving in November, 1968. He insists that this numbness has been steadily progressive since then. It has not involved any except the trigeminal distribution. The mandibular distribution is analgesic and there is a loss of light touch and retention of only a very slight degree of deep pressure sensation in this zone. The maxillary division is less involved. The corneal reflex is present, but slightly diminished. There is slight hypalgesia and hyperesthesia in the ophthalmic distribution. The trigeminal motor root is not involved, and he has absolutely no other neurological impairment. A nose and throat man examined him and found a small polyp, which he removed. He explored the left ethmoid cells and found a thickening of the mucosa lining, but no infection, and no neoplastic process. Polytomes and other roentgenographic studies disclosed no anomalies or other bony involvement. There are no otologic abnormalities. I am convinced that the sensory impairment was progressive for at least the first several weeks or few months, but am not absolutely certain that there has been any change in the sensory impairment in the past several weeks.

I will appreciate any opinions as to what might be the pathology causing this strictly unilateral and painless impairment of trigeminal sensory function. I hope that someone will come to my rescue before I am forced to run a little Pantopaque into Meckel's cave.

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A neurilemmoma is a possibility, but if the motor root is not involved, exploration may not demonstrate pathology.

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Margaret and Samuel R. Snodgrass

May 9, 1969

After having had the mildest winter that I can ever recall here, about the first of March we began to have unsuitably cold and rainy weather which has continued up to May. It seems that it regularly rains most of the week-end and everyone is more than ready for something better.

I was very pleased at the election of George Tindall to membership in The Academy, and everyone here is extremely well pleased at his performance as Chief of Neurosurgery. My own clinical activities have diminished although Dr. Samuelson, who is finishing his residency in Chicago, will become a permanent member of our staff on June 1, 1969. We are looking for another man and George feels we have a good prospect to begin work on January 1, 1970. If so, George should be able to get into the lab here some, although I am sure he will probably be heavily committed with our Head Injury Program for another year - longer if our recent site visitors were favorably impressed.

Although the committee meetings are somewhat less numerous than last year, and perhaps do not last as long, I still seem to spend most of my time talking to people, writing letters, and signing papers. I have particularly missed contact with the residents for, although we have over 50 residents and interns in the Department, I have no very direct responsibility for any of them.

Early in February, Margaret and I made a trip to Mexico City to attend the meeting of the Singleton Surgical Society, a group made up of former residents in our various surgical training programs here. The host, a Plastic Surgeon who had been here about 15 years ago, had an excellent program, and as always I enjoyed visiting Mexico and although Mexico City itself has no grown alarmingly large and the traffic, never anything one could

look at with equanimity, is now forbidding. At one time I believed that retirement to Mexico City would be desirable, but it now seems to have a good bit of smog and certainly life must be less complicated in some of the other cities.

In connection with the trip to Mexico City, we proceeded on down to San Salvador where our first neurosurgical resident is in practice although he is also the head of Social Security in that small country. For a time before he assumed his present post, he was Dean of the medical school there and I was surprised to find that there were at least eight or ten men in the city there who had formerly been in residencies here in Galveston. Four of these had been Minister of Health at one time or another and it seems that only two residents who have come here have failed to return home. Virtually all of these men had commitments for posts when they returned home and I believe that it is important if one expects foreign graduates to return home after their training is completed here that only such men be accepted insofar as possible.

The only neurosurgical meeting which I have attended was that of the Southern Neurosurgical Society in Dallas. This was very pleasant and I saw a good many friends, but did not have adequate opportunity to talk with many of them at any length. Paul Bucy presented the second R. Eustace Semmes Lecture which he entitled, "Pappy," and it was a wonderful sympathetic character study of Dr. Semmes which was both enjoyable and moving. I hope that he will see fit to publish it somewhere as it had an excellent literary style in addition to its interest.

Margaret and I have hotel reservations for the meeting in New York in September and we are firmly committed to being there. I am going away for two weeks of fishing at the end of this month with one of our former residents, Charlie Bondurant.

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Sam was President of the Southern Neurosurgical Society in 1968 and invited Dr. Bucy to give the lecture.

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This Tribute to Dr. Semmes was presented at the meeting of the Southern Neurosurgical Society in February of 1969. It is presented because of the insight it gives of Dr. Semmes -- and Dr. Bucy.

"PAPPY"

by

Paul C. Bucy

It is a pleasure indeed, as well as a distinguished honor, to be invited to deliver the Raphael Eustace Semmes Lecture before this organization. I shall devote it to Dr. Semmes himself.

Having now referred to Dr. Semmes in formal terms, I shall not do so again. He is, always has been, and always will be "Pappy". That he is one of the outstanding figures in American Neurological Surgery is known to all of you. Why he is so outstanding and how he achieved this distinction will be referred to later. First I want to talk about the man. Of necessity I must talk about "Pappy" as I know him. Not as his associates, his other friends or his patients know him.

Pappy and I have been friends for almost forty years. Why this confirmed Confederate Rebel and this "damned Yankee" should have become such close friends is a mystery even to them. It would be nice to think that our congenial relationship results from the fact that over three hundred years ago our ancesters, his and mine, accompanied Lord Baltimore from the Old World to found the Roman Catholic colony of Maryland on these shores. But I know of no reason to believe that such is the case. I have never detected any evidence that we shared enough interest in either Maryland or in religion to have drawn us together. Nor were we aware, until very recently, that our ancestors were fellow colonizers, his from Normandy in France and mine from England.

Our first meeting was in Memphis and was almost a chance meeting. On my way to New Orleans I stopped off in Memphis to make the acquaintance of Pappy. This meeting might not have been particularly memorable except for one thing. Back at the University of Chicago Clinics we had a young intern -- a graduate of Harvard University Medical School and son of a druggist (I am sure that they did not call him a pharmacist) in Macon, Mississippi. He was an unusual man, even as an intern. He was intelligent, competent and remarkably determined. These characteristics are still his. Shortly before my departure to New Orleans he had come to me. He wanted to become a neurological surgeon. But he wanted to practice his profession only

in one place -- Memphis, Tennessee. As he was interested only in this location, I sought to discourage him. I told him that there was an outstanding neurological surgeon in Memphis who controlled all of the neurological surgery in Western Tennessee, Mississippi and Arkansas. I saw no future for him in Memphis, but I could not convince him that he should consider any other location. As I said, Francis Murphey was then, as he is now, a determined man.

During the course of my visit with Pappy he told me of his need for an associate. He also told me that he wanted an intelligent, reliable man who had had no training in neurological surgery. He wanted to train him himself. Immediately my talks with Francis Murphey came to mind. I grabbed the telephone, called Francis and told him to get on the first train for Memphis. He did. And the team of Semmes and Murphey has been the result. My part in this very productive association has been a very little one, but there is nothing in which I take greater pride.

As I indicated earlier Pappy Semmes is a confirmed Confederate Rebel, and at the same time one of the most staunch, loyal citizens of the United States that it has ever been my privilege to know. And it is a privilege, for here is a unique and great person. That Pappy is a Rebel is not in itself remarkable. He was born in the South of a family which originated in New Orleans. Pappy's French ancestry is chiseled in his face. Other than Pappy, the most distinguished member of his family was Admiral Raphael Semmes, his great uncle. Admiral Semmes was one of the most colorful and able men that the Confederacy was to produce. He was also one of the most feared and one of the most maligned. During his service in the United States Navy, prior to 1861, he had attracted little attention. He commanded first the Cruiser "Sumter" and later the "Alabama", known as the "Ghost Ship" of the Confederacy as it could never be found although its existence was so constantly obvious and painful to the North. Semmes, more than anyone else, prevented an adequate blockade of the South by the North. Between 1861 and 1864 he alone destroyed 59 of the merchant ships of the North. He was never seriously engaged in a sea-battle which threatened his ship or his crew until in 1864 his crippled ship on its way for repairs was sunk in the English Channel by the U. S. S. Kearsarge.

The North referred to him as a pirate, as inhuman, as a traitor. He was threatened with hanging if captured, which he never was. But all this vituperation was unjustified. His resignation from the U. S. Navy, just prior to the outbreak of hostilities was officially accepted by the U. S. Secretary of the Navy. The crew of his first conquest, the "Golden Rocket", which he burned on July 3, 1861, were all saved by Semmes and his crew. It is true that he destroyed millions of dollars of property of the North but in this regard his efforts to win a

war were no different than those of Sherman who blackened a strip 40 miles wide across Georgia, or of Sheridan who burned over 2,000 barnes filled with wheat and hay, and over 70 mills filled with flour, and who remarked that he had rendered the area so bare that "a crow flying over the Valley of Virginia would have to carry his own rations". No, Semmes was only doing everything he could for a cause he was convinced was just. And in retrospect, in this time in which we at least pay lip service to the self-determination of peoples, perhaps he was right; but, thank God, he did not succeed. As always, time has cooled tempers, and today a ship of the U. N. Navy bearing the name of Admiral Raphael Semmes sails the seas.

There have been other distinguished members of this family, including a Senator from Louisiana, a Mayor of New Orleans, and another Admiral in the Navy. Is it surprising that Pappy is a confirmed Confederate Rebel? There are several streets in the South named "Semmes", including one in Memphis, where there is also a Normal Boulevard. There is a bus connecting these two called "Normal-Semmes". On seeing the bus Pappy remarked, "That's wrong. Ain't nothin' like a Normal Semmes."

Pappy began his "higher" education at the University of Missouri, where he and his classmate, Walter Dandy, fell under the influence of an inspiring professor of biology who was interested in the nervous system. Our profession is deeply indebted to this otherwise unsung professor of biology because his inspiration and direction gave us these two outstanding neurological surgeons. After finishing at Missouri, Pappy and Walter Dandy took off for the Johns Hopkins University School of Medicine. The friendship of these two neurosurgeons always remained close. Pappy was one of the few people who could talk frankly and freely to Walter Dandy and be listened to by him. One story will suffice to illustrate their relationship.

All of you will recall that Walter Dandy developed the posterior or cerebellar approach to the trigeminal nerve. And some of you will be familiar with the problems of this approach and of the complications which may be associated with it. Some time after Dandy had publicized this particular operation, Pappy and Walter met. In the course of their conversation Pappy said, "Walter, if you had just learned how to make the extradural temporal approach to the trigeminal nerve, you would never have thought of that damned fool operation of yours." Unfortunately, so far as I am aware, Dr. Dandy never learned the temporal approach. However, like the rest of us who knew him, Pappy admired Dandy greatly. He recognized Dandy's accomplishments, his innovations, his ideas, his leadership and Pappy respected them. He also, like the rest of us, recognized the shortcomings in Dandy -- his feelings of inferiority, his less than forthrightness, his inability to associate freely with his peers. But Pappy thoroughly understood that these shortcomings in no

way detracted from the truly great contributions of this outstanding figure in neurological surgery.

After graduation from Medical School and completion of an internship and a year of residency in general surgery, the ways of Pappy and Dandy parted. Dandy, of course, remained at Hopkins and Pappy returned to his home in Memphis. In many ways Pappy's route was a rougher one. He did not have the support and the environment of a great medical center. He established himself and developed neurological surgery in a neurological wilderness. Pappy is not only a self-made man and a self-made neurological surgeon, but he has been a pioneer creating neurological surgery at its highest clinical level in an area where it did not exist. This consisted of far more than merely learning the technique of neurological surgery by himself -- without a preceptor and teacher. That in itself was no mean feat. In addition, he had to train the medical profession of this mid-south area in the recognition of neurosurgical disease and teach them what neurological surgery could do for their patients. He had to convince the profession and their patients alike that he could operate without killing a high percentage of his patients and could achieve worth while results. This was no easy task fifty years ago. The profession of those days was poorly educated and almost completely untrained and inexperienced in neurological diseases. They had before them the high mortality of such neurosurgeons as Horsley of England and Fedor Krause of Germany. The latter had an operative mortality of 65% with the brain tumors he treated, and the first ten of the pituitary adenomas upon which Horsley had operated had all died. Furthermore, at the time most neurosurgical operations were performed by general surgeons who knew no neurology and had no facility in this difficult surgical specialty. Naturally their results were far from encouraging and created little confidence in the minds of either physician or patient that neurological surgery was really worth while. Through his persistent efforts, his intelligence, his adaptation of the superb general surgical techniques which he had learned at the hands of that great surgical teacher, William S. Halstead, Pappy achieved an outstanding success.

All of us have our faults, even Pappy. His greatest failure is that he has, for the most part, hidden his light under a bushel. As noted above, Pappy is an outstanding neurosurgeon in the most complete sense. He is a good diagnostician, an able technician, and a physician most attentive to his patients' welfare at all times. He is also a fine and considerate gentleman who always instills the utmost confidence in everyone. But he has not, in sufficient measure, told the rest of the world what he has learned and what he has done. Pappy is not a writer. Not that he can not write and write well. He can. But he has seldom done so. His contributions to the medical literature have been few. In the first 20 volumes of the Journal of Neurosurgery there is only one reference to a paper by him, and that

one only three pages long. Pappy has done most of his teaching first hand. A large number of associates and residents have come to love, admire and respect him. They have learned much from him. But this is a small audience. The world at large would have profited greatly by knowing more about how Pappy handles difficult problems. Pappy, together with Francis Murphey, was one of the first to bring attention to the herniated cervical intervertebral disc, and to demonstrate how it should be dealt with. (Semmes & Murphey, J.A.M.A. 1943, 121: 1209-1214). Pappy has also contributed greatly to our understanding of the lumbar herniated disc. (Semmes, "Ruptures of the Lumbar Intervertebral Disc. Their mechanism, diagnosis and treatment". Springfield, Ill. C. C. Thomas, 1964, 80 pp.), its manifestations, diagnosis and treatment. He has an outstanding record in the treatment of these conditions which few can equal. So great have been his accomplishments with these lesions that he has convinced one of the leading orthopedic clinics in the world, the Campbell Clinic in Memphis, that herniated discs are best handled by the neurological surgeon. Pappy's greatest contribution to neurological surgery has been what I will call his philosophy. This is set forth, in part, in his paper "Simplicity" which appeared in the Journal of Neurosurgery in 1958. If I were to epitomize that philosophy it would be something as follows: "Never do anything with greater difficulty than is required. Never use any technique merely because it is new but only because it is better. Never subject your patients to any unnecessary or unwarranted diagnostic or therapeutic procedures. Always express yourself as clearly, as simply and as briefly as possible." That brief paper of less than three pages is one of the great classics of neurological surgery.

Pappy has never concerned himself with research. This is not to indicate that he is not interested in research, that he is not interested in learning more, or that he is not interested in improvement. On the contrary, he has shown himself to be vitally interested in progress. But he himself has been content to practice neurological surgery and to learn from that practice. He has not conducted any laboratory studies nor has he conducted any extensive clinical investigations, apart from his synthesis of his experience with herniated discs. On the other hand, he has strongly supported the investigations of his associate, Francis Murphey, who has become one of the leaders in the field of cerebrovascular disease and who has created one of the outstanding laboratories to study the structure, functions, and disorders of the cerebrovascular system.

One of the remarkable things about Pappy is that with these limitations -- his location away from the centers of research, teaching and learning, and his failure to write -- he has achieved recognition as one of the most outstanding and most beloved of all the neurological surgeons that this world has ever seen. Early Pappy found himself with another handicap.

He was not a member of the only neurosurgical society then in existence -- the Society of Neurological Surgeons. This organization had been created in 1920 by Harvey Cushing, Ernest Sachs, A. W. Adson, Charles Elsberg, Charles Frazier, and others, at a time when there were only a handful of neurological surgeons in this country. They had placed a rigid restriction on the members of their Society and Pappy found himself on the outside. But neurological surgery was growing and those on the outside would not continue without a forum in which to discuss their problems and present their discoveries. Pappy, together with Glen Spurling, Temple Fay, W. P. Van Wagenen, and a few others founded The Harvey Cushing Society. Pappy was one of the early presidents of this new society. Under the guidance of Pappy and his associates this society was to grow into our present day American Association of Neurological Surgeons, the leading neurosurgical organization in the world and the publishers of the world-leading Journal of Neurosurgery.

Pappy is not as well known outside of these United States as he should be. For a reason never clear to me, he has resisted any feeble urge he might have had to travel abroad. He has not visited the neurosurgical clinics of London, Oxford, Stockholm, Copenhagen, Zurich and Paris. But do not ask me why, for I do not know with certainty, and I refuse to guess. Whatever the reason for his remaining assiduously on these shores, it has resulted in a less wide recognition of his excellence and his accomplishments by the neurological surgeons in other lands.

Let us turn from Pappy's accomplishments as a neurosurgeon to Pappy the man. I find myself handicapped here. I have had only brief glimpses of Pappy over the years through the windows of his life as they have flitted by. True, I have seen him repeatedly at medical meetings. I have walked cross-town in New York with him to join him in partaking of his favorite food -- clams -- at a famous New York oyster bar. I have sat and sipped the excellent Joe Blackburn whiskey first produced by his grandfather in Cairo, Illinois. I have visited in his home. But most important of all I have gone fishing with him. There is no sight to compare with Pappy in his reddish-purple pajamas striding the deck of our sixty-foot fishing boat on the waters of the Gulf of Mexico. These fishing trips were unique and truly delightful. They were times of complete relaxation from the cares of the world -- at least they were until Captain John installed that God-damned radio-telephone on his boat. After that our isolation was invaded by the Coast Guard, the weather man, the news and worst of all, Captain John's noisy friends on the other fishing boats. Usually on a Saturday afternoon I would fly to Memphis and spend the night with Pappy and his family. Early Sunday morning Pappy, I, and a small coterie of his close friends would take off in two or three cars. We would be loaded down with old fishing clothes, rubber soled tennis shoes to help us keep our feet on the deck, the specially

cherished fishing gear of a few of our party, and a collection of hams, cheese and other particular foods. We would drive south through the red clay hills of Mississippi, through Holly Springs, Tupelo, and Francis Murphey's home town of Macon, and on into the southwest corner of Alabama. Every foot of the way was familiar ground to Pappy and his Rebel friends. It was rare that I was not the only "damned Yankee" in the group. This was always an exciting trip for the country boy from central Iowa. The very different countryside, the Kudzu vine which overgrew everything along the roadsides -- the trees, the fences, the telephone poles and lines, even the red clay hills themselves -- the sleepy southern towns with their myriads of colored children, the stores with their overhanging fronts -- arcades -- the cotton fields and cotton gins, the mules, were all new and different. Finally, in mid-afternoon we would arrive in Mobile -- also an exciting experience. This was the real deep South and it looked it. Mobile manages to be an important port city, a host to the shipping of the world, without developing any characteristics of an international metropolis. The vine covered verandas and terraces, the houses with high ceilings and high windows, the tree lined streets, were all outward evidences of Mobile's dedication to the South and to the Confederacy. If one had any doubts of the latter, there was the Admiral Semmes Hotel, named for the long dead but never forgotten great uncle at which we invariably stopped. We might have lunch or a refreshing drink-- we had to wait until we were aboard the boat to have any alcoholic beverages, but there was always Coca Cola. Then on to Bayou le Batre, pronounced "Bayou le battery", never with the proper French pronunciation. Here one could almost imagine the shades of Pirate La Fitte and his French crew. This is a sleepy, hot fishing village built on the upper reaches of the bayou, a backwater of the Mississippi Sound which is a narrow, long stretch of water along the coast cut off from the parent body of water, the Gulf of Mexico, by a string of islands, Bayou le Batre always slept. The only sound was the buzz of the ever present flies and the occasional backfire of an old car or of the engine of a fishing boat. Dogs slept in the dust of the dirt streets. The trees were festooned with Spanish moss which waved languidly in the slight breeze. The shores were white with the shells of millions of oysters. Here and there their accumulation was so great that they were piled high in white hills. There was the refrigerator plant for the receipt of the fresh fish and the production of ice. There was the clapboard store with its attentive owner and his help who soon after our arrival inquired as to our wants and needs and then stocked our galley for the trip. Then there was the boat, the "Silver King", and most important of all, Captain John. His loud, coarse voice, his rough, Rabelaisian, Alabama fisherman's speech carefully hid the heart of gold in this shrewd, intelligent man who knew the waters of the Mississippi Sound and the Gulf of Mexico like the back of his own hand -- a man who had put every one of his children through college by his constant hard efforts as a fisherman, a boat captain, and a superb fishing guide. No time was ever

lost in getting aboard, shedding our city clothes and getting into the old, comfortable, cool shirt and pants which would be our attire for the next few wonderful days. The tennis shoes were often neglected. And as a result our pale, white, tender feet contrasted strikingly with the big, rough, scarred, dark brown feet of Captain John. Those feet were an essential part of Captain John and typified this strong, tough character. They were never covered by shoes on board the boat. Having had our bunks -- or rather mattress space -- parcelled out to us by Pappy, our next responsibility was to have a drink. Regardless of the weather, fishing, time of day or any other consideration, having a drink was our most constant occupation. There was, however, an unwritten, but well recognized rule aboard that boat. No one ever got drunk. On the one occasion that I can remember when an invited guest broke that rule I witnessed one of the strictest, coldest ostracisms of a human being that I have ever seen -- and I might add that that individual was never invited again. After an invariably long wait while Captain John made his final trip home we and the "Silver King" would take off down the bayou. This was a thrilling experience. Captain John maneuvered the boat down the twisting bayou, between the sand bars and banks of oyster shells with a hand that gave ample testimony to years of experience. The sea gulls rose crying as we passed. The lazy, grey pelicans often clung to their solitary posts. Fish jumped on either side. Soon we were out of the bayou "at sea". We always anchored that first night, and every night thereafter, with rare exceptions, in the Mississippi Sound in the lea of one of the islands. In the daytime we wandered where we wished, or better where Captain John thought we could catch some fish. He was seldom wrong. There were few things, other than a drunk, that irritated Captain John. But there was one. He was a fisherman. His boat took to the water to fish. He had no toleration for the guest aboard his boat who slept, who drank, who read, or just sat but didn't fish. That is with one exception -- Pappy. On this boat and these trips Pappy was king. Not a loud, assertive king. Rather a quiet, soft spoken, often silent king, but a king whose wishes, whose decisions were law. The first two days on such a trip were typical for Pappy. Our mattresses were spread on the top of the bunk house, in the open. This area was about 30 inches above the level of the deck and in the middle of the 60-foot boat. Shortly after we arrived on board Pappy would don his red pajamas and go to bed. Except for meals and the calls of nature Pappy usually spent the next two days in bed. This was his way of rewinding his clock every Summer. Thereafter, he and the rest of us spent our time leisurely drinking, talking, eating, reading, sleeping and occasionally fishing. Pappy, who organized these trips, was always careful to take one ardent fisherman along. This was partly to appease Captain John. But it had a more subtle purpose. Often for long stretches the fishing was not very good and this lone fisherman could be depended on to sit on the tail of the boat with his line over the stern. From time to time he would be joined by one of the others, or someone would

bring him a can of beer. His purpose was to let the rest of us know when there were fish to be caught. The boat would silently plow through the waters of the Gulf for hours. Then suddenly a cry would go up from the stern and everyone would awaken, or drop his book, or throw his can of beer over the side and rush for the fishing rods -- except Pappy. Like everything else, he took this in his calm, peaceful stride. He liked to fish. He enjoyed catching a big one as much as anyone else but he never hurried, never got excited. And if he did not want to fish no one, not even Captain John, would urge him to do so. Captain John might swear his best, and his language was colorful and expressive. He would exhort everyone else to get busy and get a line in the water, but never Pappy.

It was on these trips that I got to know Pappy best. It was here that he talked freely. It was here that I learned to love and admire him. But in spite of this and all the rest, I can not say that I truly know Pappy -- I wonder if anybody does, even Francis Murphey.

What of Pappy's life outside of the strict practice of medicine? It can not be said to be a full one as many regard a full life. He has had relatively few outside interests. Neurological surgery was and is his life. He has taken no great interest in literature, music, education, or civic affairs. His greatest interest outside his own practice has been in related areas. He has built up a small but truly great private neurosurgical clinic. He has seen to it that he and his associates give people the best of care. He has been interested in his hopsital -- the Baptist Hospital of Memphis. Here his greatest and constant efforts have been devoted to improving the nursing care of the patients in that hospital. Like all of us he has been disappointed, but without his constant efforts nursing at the Baptist Hospital would not have achieved the high level it enjoys today. He has also made efforts to strengthen any weak segments of his hospital -- notably he gave strong support to diagnostic radiology. He has been interested in and has been an influential member of the faculty of the Medical School of the University of Tennessee..

Pappy is a quiet, soft spoken man. But that is not to say that he can not criticize or can not express himself vigorously. On the contrary, when one hears Pappy clear his throat two or three times, as he so often does, one knows that some expression worth listening to is coming. His remarks are typically pithy and pointed. Pappy is well known by his associates for these remarks. Among these are:

"Counting cells in bloody and cloudy spinal fluid is like counting the hairs on a rabbit to see if it is a big rabbit or a little rabbit", or "X-ray films made in various positions, at various angles and frequently stereoscopically are apt to stack up until they need baling"; or "Seeing a neurosurgical friend struggling with a cerebellar tumor with the patient insecurely

anchored in this (sitting) position, I could not resist asking if he had ever tried it standing up in a hammock". Actually these are not Pappy's exact words, they have been refined for publication.

Pappy could be sharply critical of what he thought was wrong or of what he did not believe. His remarks about the use of discography are typical. He said -- "I feel a little embarrassed to discuss this subject, because for a long time I have insisted that even myelography seldom is necessary in order to make a diagnosis of ruptured lumbar disc. To add another test seems a little unnecessary. These injections may not hurt the patient, but I am afraid, when viewed by a jury, some of the pictures might be petrifying."

As always Pappy quietly made his point. His first concern has always been -- "what is best for the patient." Avoid pain, avoid unnecessary tests. Pappy has always been a superb diagnostician. He has confidence in his ability to recognize what is wrong with the patient in most instances from his own carefully taken history and his own simple examination. Or if a diagnosis is not possible with that information, to determine which one of many tests will give him the correct answer.

Regarding pain, however, perhaps some qualifications should be made. Many of his associates have doubted whether Pappy knows personally what physical pain is. After he fractured his skull, he told me that no patient ever again was going to convince him that such an injury is painful. When confronted by a patient complaining of pain post-operatively his usual response is -- "take an Aspirin." Pappy performs most of his operations under local anesthesia. His initial instruction to the patient is "If it hurts, say ouch." This is not to imply that Pappy is indifferent to the suffering of his patients or inconsiderate of them. Quite the contrary. He is a most considerate, almost soft-hearted man. It is just doubtful that Pappy really understands what pain is.

In these remarks I have said nothing about age. Pappy was born in 1885 but God knows how old he is, for he is ageless. I know of no one of whom the years have taken so little toll or who has remained as young as Pappy. He still likes good food, comfortable surroundings, and "girls." His eye still gets that glint that it has always had at the sight of a pretty ankle, or in these years of the miniskirt, of a well turned thigh. Only one thing in this regard has changed. Since his skull fracture sustained during the meeting of The Harvey Cushing Society in Washington in 1958 he has lost his sense of smell. Before that Pappy was a connoisseur of good Bourbon whiskey. Why shouldn't he have been? His grandfather made some of the best. But since that fracture he has unbelievably turned to Scotch.

In spite of all these remarks about Pappy, I must remind

you again that I do not really know him. Neither do you. Your Society does well to honor him -- one of the great neurosurgeons of the world and one of God's finest men. But <u>you</u> honor him -- I shall be content to go on as I have for 40 years -- I love him.

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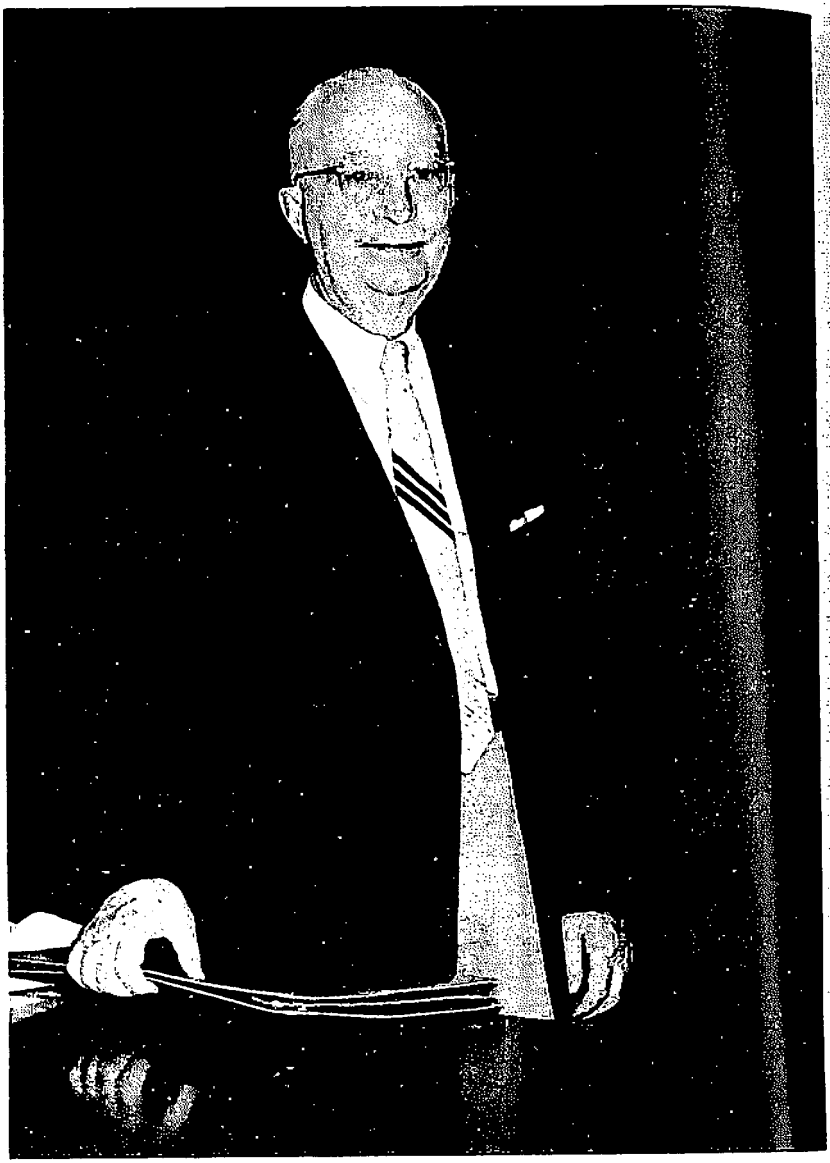

Indira and B. Ramamurthi

May 14, 1969

Many of us here are looking forward to the fall of this year when we hope to be in New York and meet with you in person, renew old acquaintances, and make new friendships.

All the energies during the last year and this year have been spent on the construction of a new block of buildings for a combined department of neurology and neurosurgery. The expectations are that these would be ready by the end of this year and we may move in with the new year. This will help us expand our activities in many directions, especially in various aspects of stereotactic surgery. We are doing a lot of this now in children with behaviour disorders and in cerebral palsy; in addition to routine therapy of involuntary movements.

In July we hope to start a co-operative research scheme on the incidence and treatment of epilepsy in which five centres in India would participate. I am trying to get another collaborative study going regarding the incidence of aneurysms in India. They still seem to be uncommon, perhaps not diagnosed or more probably less in incidence which would be exciting for research. Ayub Ommaya of Bethesda was here for a short time trying to start this scheme. The idea is that atherosclerosis is less common in India due to dietary conditions and thus aneurysms do not rupture.

The children have grown up. The elder, Vijay, is keenly interested in English literature and wants to pursue his postgraduate studies in U. K. and U. S. A. The younger, Ravi, hopes to become a medical student this year.

The problem of rehabilitation centres for patients with spinal cord injuries has engaged the active interest of our orthopaedic surgeon and myself for the past few years. Under a rehabilitation scheme of help from U. S. A., we are hoping to start a paraplegic unit of about 24 beds in our hospital (the Madras General Hospital). There is a girl trained under Guttman at Stoke Mandeville, England whom we are hoping to bring down to Madras to run this paraplegia centre. The State Government is very willing to help but as you know, the problems of priorities are still there in a fast developing country like India. But with a certain amount of persuasion the paraplegic unit may be a going concern next year.

Medicine being mostly state financed in India, the finances are expected from the State. The goal, of course, is rehabilitation to the maximum possible extent. The patient's family comes into this picture very firmly in India. This is a great help as the family is most often willing to take up the responsibility for care and rehabilitation.

I personally feel that the overall charge must be in the hands of the Orthopaedic Surgeon at least in India. The neurosurgeons here are far too busy with routine problems of neurosurgery -tumours, abscesses, etc., so that there is very little time and energy left for them to take the burden of paraplegic care also.

In addition, I feel the psychological tempo of a neurosurgeon is rather against his being in charge of a unit like a Paraplegia Unit. A specially trained officer, devoted, interested and dedicated will be best in charge - he has to be properly selected. The neurosurgeon would be a consultant, helping him when necessary.

Maybe in my next letter I may be able to give you a progress report of these dreams.

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Angeline and Lawrence Pool

May 17, 1969

Planning for the International Congress in September is proceeding well and the scientific programs have been firmed up nicely. As you may know, Earl Walker has arranged for closed circuit TV in the hotel for presentation of early morning and evening papers that will not be read at the main meeting. This venture into pillow-case science should be a fascinating experience. Hopefully we will be allowed time for B. R. privileges.

Many of us have been active on local and University Student-Faculty Committees which have proved interesting, educational and at time exciting. On sunny days we sometimes think this committee work is helpful. On rainy days we are not so sure.

Microsurgery, especially for acoustic tumors, I continue to find is a joy. In this respect I was fortunate enough to

participate in a Microneurosurgery Symposium at Mt. Sinai, run extremely well by Leonard Malis. Yasargil, Pete Donaghy, and Ted Kurze were outstanding. Parenthetically, I have just mailed the manuscript for Edition Two of our book on Acoustic Neuri- nomas. It is considerably spruced up compared with the pathetically meager 1st Edition.

With respect to local news, there has been considerable change in our Medical School curriculum in the direction of more electives in the 3rd and 4th years. There is also junior faculty agitation for rotation of department chairmen. Finally, Columbia University has adopted a Faculty-Student Senate representing all its schools.

One of our Residents, Marshall Grode, has set up a New York Residents Neurosurgical Society. The first meeting, held here at the Neurological Institute, was an extremely worthy affair scientifically, and well attended.

Bad national news, among other bad matters, is the drastic cut off of medical and other research funds by the Nixonites. I personally hope we can all help remedy this serious and worsening situation by writing and telegraphing our Congressmen.

Good national news was the event of greatest good cheer: the 40th Wedding Anniversary of Dorothy and Howard Brown!

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Virginia and John Tytus

May 19, 1969

We have had a busy interesting year with an emphasis on trying to learn more about cerebral vascular disease. I must say in this regard that we have a long way to go. The following are two cases in point:

In September, 1968, a 67 year old housewife presented with the following story:

She had been hypertensive for a number of years but was relatively asymptomatic up until one month when she became lightheaded after a hot bath. She lost consciousness for a brief period of time and after that complained of headaches

occasionally associated with nausea and vomiting. She had also noted gradual but progressive difficulty speaking.

She was initially seen by Dr. Birchfield of our Neurology Section who found a B. P. 136/70. She was dysphasic with a right hemiparesis. She had no other neurological changes.

Skull x-rays showed calcification of the internal carotid arteries but nothing else. Her electroencephalogram was generally abnormal with an intermittent left temporal focus. A brain scan was negative.

A lumbar puncture showed an opening pressure of 120 mm. of water. The cerebral spinal fluid was clear but microscopically there were 37 red blood cells and 8 white blood cells. The protein was 35mg%. The sedimentation rate was 109. Retinal artery pressures were equal.

We were concerned about the possibility of extracranial arterial occlusive disease. Retrograde femoral arteriograms carried out by Dr. Burnett failed to demonstrate a significant lesion in the extracerebral vasculature but did show a small aneurysm arising from the left internal carotid artery. There was no vasospasm associated with this lesion.

After a great deal of discussion, we thought the aneurysm was probably incidental considering the gradual onset of this woman's symptoms, together with the EEG focus and the relatively clear cerebral spinal fluid. The high sedimentation rate suggested the possibility that this patient might have a giant cell arteritis. A temporal artery biopsy was negative. Steroid therapy was begun and she improved considerably.

Approximately one week after her discharge from the hospital, her husband noted a slight ptosis of the left eye. She returned to Dr. Birchfield immediately and, shortly after admission, the arteriogram was repeated revealing a two-fold increase in the size of the aneurysm.

That same day a Crutchfield Clamp was applied to the left common carotid artery which was gradually occluded over the next five days. Her postoperative convalescence was quite stormy but now, five months following carotid ligation, she is doing well. She still has a residual dysphasia and a mild hemiparesis but seems otherwise intact. We have not done postoperative arteriograms yet.

It seems apparent that this patient had had a small subarachnoid hemorrhage initially. Her progressive signs and EEG focus must have been on the basis of cerebral vasospasm not demonstrable arteriographically. Intracerebral hematoma seems unlikely. This would also explain her high sedimentation rate. It was extremely fortunate that she presented with signs of en-

largement of her aneurysm rather than as a second massive subarachnoid hemorrhage.

In April, 1967, a 59 year old retired grocer was evaluated in the Department of Internal Medicine at The Mason Clinic, mostly because he wished verification of the fact that he was disabled so that he could apply for Social Security. He had sold his small grocery store one year before because of "nervousness." His complaints seemed nebulous and vague to the Internist, strongly suggestive of anxiety. Several weeks before he had passed some bright red blood just prior to urinating. His past history suggested generalized arteriosclerosis and he had had a myocardial infarction.

Among the studies carried out on this patient was an IV Pyelogram which revealed a questionable mass in the right kidney. Dr. Burnett of the Radiology Section was asked to carry out renal arteriography. Dr. Burnett obtained a history of attacks of garbled speech and "dizzy spells". He found bilateral cervical bruits, a decreased pulse in the left wrist and a decreased blood pressure in the left arm. He requested a neurological consult.

This man was seen by Dr. Fryer who found considerable memmory loss but no other neurological abnormalities. The B.P. was 180/110 in the right arm, 80/50 in the left. Retinal artery pressures were 20/5 on the right and 25/5 on the left. His other studies documented the old myocardial infarction and suggested extensive peripheral vascular disease.

Retrograde femoral arteriography showed occlusion of the right internal carotid and of the right vertebral artery as well. The left common carotid artery was never visualized. There was severe arteriosclerosis of the left subclavian artery. Injection of the left subclavian artery produced minimal fill of both the middle cerebral arteries suggesting that the left vertebral artery was the major source of blood supply. Three days later the left common and internal carotid arteries were exposed and were found to be completely thrombosed.

It seemed, then, that this man was receiving all of his intracranial blood supply from an arteriosclerotic left subclavian and left vertebral artery. After extensive consultation, we believed that such a condition was incompatible with life and that the left subclavian artery should be repaired under cardiac bypass. The cardiovascular surgeons on the other hand believed that in view of this man's extensive arteriosclerosis such a procedure was impossible. It was also recalled that the patient was admitted to the hospital because of hematuria. He was discharged.

This patient was last seen in May of 1969, two years following these studies. If anything he was better than before,

although he still has some difficulty with memory. He has had no further hematuria although he still has his right renal mass.

Gina and I look forward very much to our dinner party in New York in September.

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Mary Jane and Wallace B. Hamby

May 20, 1969

Since my last letter to THE NEUROSURGEON, I have had another of those once-in-a-lifetime experiences that must come to most surgeons; I have retired from practice. A few remarks about this situation may be interesting to those who are nearing the same state, and perhaps also to those who may still labor under a hazy delusion of personal immutability.

My last years in practice were spent in an institution where retirement at age 65 is an article of contractual agreement. This is a situation apparently intolerable to some, but to me it appears ideal. The individual is relieved of the necessity of an eventual temporal decision, which often must be made at a time when judgement of ones capacities may be clouded by unconscious egotism. The possibility of persisting in practice until colleagues are forced to remove them is eliminated. Tragic examples of this situation are painful memories to all of us. Having a pre-set date of retirement allows the surgeon to plan for a relatively painless transition into other activities, and the longer the period of planning, the less painful it is.

The agreement at the Cleveland Clinic arranges for the head of a department to pass his administrative responsibilities to his successor on his 64th birthday. He remains for a year

as active a professional member of the staff as before and is available to his successor for advice and council. Don Dohn became my successor and my final year was one of great satisfaction. I did everything I wished and had the pleasure of seeing the Service rejuvenated by fresh direction. I could depart knowing that its future was assured. At the Clinic the retiree may remain as Emeritus up to five years, in order to complete any professional project upon which he may be working.

Since our marriage three years earlier, Mary Jane and I have been scouting for possible retirement sites and we decided rather abruptly to settle in southern Florida. We found an attractive condominium in Ft. Lauderdale and on November 1, 1968, packed up the things selected for transportation and drove down, loitering along the way to enjoy the countryside. Life subsequently has resembled a perpetual vacation and we have never had quite enough time to complete as many things as we intend to do; boredom is no problem. Apparently this is a career for which we were destined!

A complete change of environment may have a great influence here. One is not confronted with the subconscious sense of exclusion that can come from watching his former colleagues engaged in the activities in which he no longer shares. Although the companionship of old friends is interrupted, new friends are available everywhere and can be developed as desired. In a vacation spot such as this, one is visited by old friends from a much wider area than is true when remaining "at home". Brief visits with former associates are brightened by the periods of separation.

We have found an attractive and active group of younger neurosurgeons here, and occasional relaxed discussion of their problems provides a mild, pleasant sense of continued participation. I have avoided acquiring a local license to practice, so am protected from the feeling of obligation to tell others "how it should be done."

Mary Jane and I enjoyed seeing many of you again in Cleveland at The Cushing meeting. We drove to Buffalo thereafter to visit a few old friends and also to see Niagara Falls together for the first time. On April 17 we were caught unprepared by a four inch snowstorm, just to remind us of our by-passed hazards, and to make Florida look even more attractive.

We were guests of Carl Graf, my first Resident, in Key Biscayne at the meeting of the Neurosurgical Society of America, where we saw others of you. Last week-end we attended our first meeting of the Florida Neurosurgical Society at the Americana in Bal Harbor, our first visit to this huge and beautiful hotel. I was much impressed with the group of men attending. We visited Dave Reynold's hospital in the afternoon to see Al Uihlein and Colie Holman demonstrate percutaneous cordotomy. Al is a

part-time Floridian in Naples now. As he was just ready to fly north for the summer we had little time with him, but hope to remedy this when he returns.

We are looking forward to seeing you all in New York at the September meeting. We will have a few days in Boston prior to that, at the meeting of the Congress of Neurological Surgeons, where I will talk. Then we will see friends from around the world at the International Congress.

Mary Jane joins me in best wishes and greetings to all of you.

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Wally was the Honored Guest of the Congress of Neurological Surgeons this year.

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Barton A. Brown

May 23, 1969

Thank you for your invitation to contribute to this year's NEUROSURGEON. As you know, I have had a chance to follow the publication for a great number of years because of Dad's and Mother's participation. As a matter of fact, after consultation with the Boss, I will report as the family representative on this occasion.

Commodore and Mrs. Brown have discovered boating as they rounded out their first forty years of marriage. The occasion of their anniversary was celebrated by a large number of friends and family at a surprise gathering at the San Francisco Golf Club. The Ernie Macks, David Reeves and Jack Frenchs were on the scene as well as we locals, such as the Morrisseys, Boldreys and the Pevehouses. There were, of course, good wishes from all over the United States.

As an anniversary gift to themselves, the Senior Browns have purchased a boat. The rakish craft consists of two pontoons, a generous deck, a canvas awning, and outboard motor power. Large groups gather for canapes under the canopy and cocktails under the carousel. The above occurs in the pleasant

surroundings of the Sierra Nevada. It sounds to me like excellent therapy.

Meanwhile back at the Shop, a new man, Dr. Tom Kenefick, from the Mayo Clinic has joined the Group. Probably just in time, now that the Boss has discovered the outdoor life.

I have become engaged in organizing a research project on neurolysis. Some may remember the debate with Dr. Mayfield and others at the recent meeting about the merits and demerits of the procedure. We are attempting to get a grant for some animal experiments with intra-operative electrical studies to see if we can demonstrate any immediate changes which might be more convincing to those who are skeptical of the procedure.

Charlie Wilson has kindly allowed us to assist with the peripheral nerve cases on the University Service and this will be helpful in expanding our experience. Perhaps by the 1970 Academy meeting, some further information will be available.

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The Browns at Their Party

Katy and George Tindall

The past year has been busy and interesting. In August we finally cut the umbilical cord at Duke and moved to Galveston where I succeeded Sam Snodgrass as Chief of Neurosurgery. As you know, he is now Chairman of the Department of Surgery and has certainly been a tremendous help to me.

Our home was completed in late October, and we are fortunate in having built on the water's edge. (Maybe we won't think so when the next hurricane comes along.) At any rate, we are now comfortably settled and look forward to many visits from our friends and relatives.

The administration has been most helpful and has allowed me to recruit two full-time associates. Dr. Gene Samuelson, who trained with Tony Raimondi, will join our staff on June 1, and I hope that in the near future we will have added another member to our staff.

Our children have adjusted well to the move, and all are comfortably settled here with us. The younger girls are particularly happy over the fact that we now live "on the beach" all year long.

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Lorene and John Raaf

June 15, 1969

Last week was Rose Festival in Portland. This generally marks the end of school and the beginning of vacation season (for some). I am mindful that a communication for THE NEUROSURGEON was requested before the inertia of the summer season begins. This being the case, I can't procrastinate any longer.

I have seen so many Academy members so frequently this spring at various meetings I am hard put to think of anything new to say. Jay Miller, one of our neurosurgical residents, has been doing some interesting experimental work on drugs to relax intracranial vessels in spasm. Hopefully some of our results in aneurysm surgery will be improved.

On this Sunday afternoon, I am again gazing at Mt. Hood. Plans for the summer include: 1) Another assault on Hood (just because it's there). This time we plan to go up from the Northeast side, a little more difficult approach than from the South side. 2) A few days' communing with the redwoods on the Russian River. 3) A fishing trip to Redfern Lodge on Eutsuk Lake, west of Prince George in British Columbia. Lorene had such a relaxing trip to Redfern last year, she can hardly wait to go back. 4) A four-day horse back trip along the Skyline Trail from North to South in the Cascade Range. 5) George Barton and I have already limbered up the double scull on the Williamette and plan to give the motorboats and waterskiers some competition this summer.

Today being Father's Day, we are thinking of Boston and Berkeley. John is a Junior in Medical School at Harvard and is very much enjoying his "Principle Clinical Year." Right now I think he is in surgery at the Brigham. Jean's husband is working for his Ph.D. at the University of California. Jean and daughter Margot will probably be in Portland shortly for a couple of weeks' visit with us.

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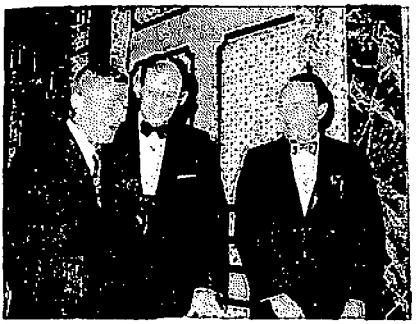
Heather, John and John H. Raaf

The Morrisseys

The Bakers



Hermene and Joseph P. Evans

May 27, 1969

This past year has been for me one of diminishing clinical involvement but the time has been very full. The visits that I made throughout the year to the various potential head injury sites proved a fascinating experience and I am grateful to all of my hosts for their gracious receptions. Another activity of the past year has been the continuance of the study on foreign medical graduates and it is hoped that my colleague in the study, David Rossin, will be bringing out a monograph this summer in which there will be a chapter that I have written concerning the neurosurgical FMG's. In our pediatric back-drop study we have had the appreciable help of F. Howell Wright, one of our own pediatricians who has recently retired as President of the American Board of Pediatrics.

The work at the Stevenson Institute has proven to be of great interest, in large part because of the many contacts it offers with people in the field of government, politics, and race relations. I have also become involved this year in a local Commission charged with looking into alleged violations of First Amendment right and this has provided contacts with some of our local citizenry with whom I might otherwise not have had contact. Happily, all the members of our family into the third generation are well. Looking back the other way, Hermene's mother is now at eighty-eight providing us with a very practical course in geriatrics which I find adds another dimension to one's medical experience.

Our third son, John, number seven on the crew, is being married on the 31st of May to a lovely girl that he has known throughout college. He, himself, with a Masters in Social Service Administration, is now a Captain in the Medical Service Corps and is currently at Fort Sill. In the midst of these festivities I am flying on to Boston on the 30th for my 40th Medical Reunion.

I don't suppose that the drivers at Indianapolis find themselves approaching the wire with increasing speed on each of the succeeding last laps, but I for one can testify that as one approaches retirement the succeeding weeks go by at a dizzy speed. There is still so much to be done. I am grateful indeed that the Unit is in the very capable hands of Sean, who has great plans for the future.

I hope that there will be many of us at the St. Regis Roof on Sunday evening, September 21st.

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Mary and William H.
Sweet

June 2, 1969

In addition to my usual professional activities I have taken in the last three weeks a substantial segment of time to inquire into the views of the clinical portion of the Faculty of Medicine at Harvard as to whether or not Mr. Pusey, Harvard's president, was right in calling in the police to remove persons from a University building they had forcibly occupied. The relevant paragraphs from a letter to Mr. Pusey describing the results of this poll may be of interest to the members of The American Academy of Neurological Surgery and are as follows:

"This letter is to accompany the 598 signatures of individuals who support the steps you took when University Hall was seized over a month ago. They hold teaching appointments in the Faculty of Medicine at Harvard and appointments to the permanent staff of one of its hospitals.

"We have sought to make the poll especially of the Massachusetts General and the Peter Bent Brigham Hospitals relatively complete, an effort which has required a good many hours. Exactly 75 per cent of the Massachusetts General Hospital staff and about 80 per cent of the Peter Bent Brigham Hospital staff wished to sign. To those who criticize the University's administration for not securing faculty opinion before calling in the police we may point out that it has taken us four weeks to make even this incomplete survey, and this despite the fact that we began two weeks after the events in question at a time when the issues had been well publicized and opinions crystallized.

"The views of the clinical medical faculty reflect we think the fact that our professional lives involve more contacts with the non-academic, non-student world than is the case with most other faculties. Hence we are, perhaps, more keenly aware of the determination of the rest of the citizenry that it is unacceptable for student minorities to resort with impunity to violence and obstruction. If the universities wish to keep the degree of freedom they have enjoyed, they must demonstrate

willingness to utilize promptly the resources the culture places at their disposal to control violence and other illegal activities.

"A major factor influencing the majority of the signers was their wish to give more tangible evidence of their support of the president than had emerged from some other faculties.

"It may be of interest to the Corporation to have our analysis into categories of those who did and those who did not sign the two-sentence statement of approval. The breakdown applies to the Massachusetts General Hospital where 444 were polled, including over 95 per cent of those holding faculty rank, i. e. the positions of Associate or higher.

"In general the surgical services there had the highest percentage of signers, e. g. 89 of 92, or 97 per cent. Almost as high a percentage of the anesthesiologists, pathologists and radiologists wished to sign, 71 of 76, or 93 per cent at the Massachusetts General Hospital. Of those practicing clinical medicine in the dermatologic, general medical, neurologic, and pediatric services at the Massachusetts General Hospital of 209 polled, 147 or 70 per cent signed. A possible correlation in the three groups is that the percentage approval of President Pusey's action increased the greater the pressures on the physician to make prompt decisions in his own professional work. Among the non-signing minority in these groups were several who were influenced by their undergraduate sons in Harvard College and others who were in general "against administration." There were two categories in whom a majority did not wish to sign: about 60 per cent of those in the Massachusetts General Hospital engaged whole time in non-clinical investigations, and about two-thirds of the psychiatrists."

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Bill has investigated this in his usual thorough manner. In these times of student unrest perhaps the two medical schools, each of which has one of our members in leadership position, are fortunate.

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Catherine and Eldon Foltz

June 4, 1969

This letter to THE NEUROSURGEON is being written just prior to my departure from the University of Washington for the University of California at Irvine. It has been with great and prolonged consideration that this decision was made for I have been with Arthur Ward since 1950, a span of 19 exceedingly useful and happy years. Exactly why such a decision is made is never clear to the one that makes it, yet it seems a decision which is logical in many respects but still an emotionally traumatic one. Since many of you don't know anything about the University of California at Irvine maybe a few facts will help.

The new university at Irvine is part of the University of California system. The building of a new university of 27,500 students is well underway and this is planned and integrated in the building sense with the medical school as part of the big university. The university will go to 27,500 students and will not be enlarged beyond that point, a part of the University of California plan which I like a great deal. The unique situation is having a big university planned and built with the medical school integrated in the total concept. The university is built on the Irvine Ranch territory given by the Irvine Corporation, a large tract of land about 4 miles inshore from Newport Beach, California. The buildings are beautiful in the architectural sense, and the geographical planning will make it very easy for the medical school faculty to collaborate with other members of the University in fields related, i. e, biological sciences, natural sciences, etc.

The medical school itself has a large Medical Science Building underway now which will be connected to the University Hospital by a large medical library. The University Hospital is in detailing planning now, money is available to build it, and it should be completed in late '72 or early '73. The medical school is an outgrowth of the Los Angeles Osteopathic School, taken over in 1962 by the University of California, and called the California College of Medicine. This school was located in Los Angeles near the Los Angeles County Hospital, now is staffed all by M. D.s, and the basic science students will be moved to the Irvine campus next Spring when the new building is completed. At present there are 80 students in each class, the third year class is handled at the Orange County Hospital, and the fourth year class at the Long Beach VA Hospital. There are plenty of

students to teach and they do need teaching.

The medical school itself is collecting the clinical staff at the Orange County Hospital at Orange, California - this hospital is a 700 bed county hospital which has a reasonable budget, including two slots for full time neurosurgeons! The medical school faculty is likewise making use of the Long Beach VA facility, and Dr. Bill Porter is becoming Professor on the UCI staff in Neurosurgery July 1 and will continue to run that service as an integral part of the teaching of the medical school, but will keep his residency program intact as a VA program. The primary goal of the Division of Neurosurgery for the next year is to build up the clinical service at the Orange County Medical Center so that it will be sufficient to start a resident training program.

The area, as far as living conditions, is good. The climate is superb, of course, and the smog problem of Los Angeles does not exist down in Orange County. I feel a great surge of excitement and anticipation in developing a new department in this new university and medical school with people who are obviously approaching the problems of our age with new ideas and concepts. The entire curriculum is brand new, as an example, and the thought of service to the community is very prominent in the total organization of the medical school.

There are three aspects of the education as I envision it at UCI which can be identified: 1) teaching medical students about the nervous system on a collaborative basis with other neurological scientists, starting in Year 1 and up through the 3 1/2 years of the standard curriculum; 2) teaching residents in neurological surgery, neurology, and associated specialties about neurosurgery itself; and 3) teaching in a continuing education sense for the neurological and neurosurgical community as a whole.

Kay and I have bought a home at Laguna Beach at Irvine Cove, directly overlooking the Pacific Ocean and part of a community association with a lovely beach about 1/3rd mile long. We will be in a position to house guests for swimming and surfing in the warm Pacific Ocean at almost any time of the year now! We do expect to hear from any Academy members who may wish to drop down and see the "missionary" work I expect to be doing for the first two or three years and we are most appreciative of the expressions of good will from so many of you in this new venture.

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Ruth and Charles G. Drake

May 28, 1969

As you know, Ruth and I were very sorry we could not make the Colorado meeting. I hear it was very successful including the snow storm. You may be interested to hear that we have the go ahead on the building of the new University Hospital, the official sod turning to take place on June 2nd. It is estimated to take 30 months to completion. We are delighted for at one stage just after Christmas, it was touch and go for the Ontario Government cut off all funds for new hospital buildings.

In anticipation of the new unit as well as my feelings that, for the future, medical and surgical neurology belong together, a new Department of Clinical Neurological Sciences has been formed at the University of Western Ontario. After the search committee failed to attract anyone else, I was nominated to the Chairmanship, probably of five years' duration which is the only way I felt it would work. We retain cross appointments with the respective major departments of medicine and surgery.

Again because of the developments here, we were able to persuade Dr. Henry J. M. Barnett to come to head up the Division of Neurology in the Department. Barney in my prejudiced opinion is the finest Neurologist in Canada, one of the best anywhere. He sparkles also as a teacher, one of his qualities most admired by a long list of young men who trained under him in Toronto. I couldn't be more delighted with the appointment for I know we now have the basis for the development he and I see in the future. Even more, he is one of my oldest and closest personal friends beginning back in the days in England when our families lived together when he and I were Clerks at the National Hospital, Queen Square.

Another highlight for me last year was my visit to Germany as the guest of the German Neurosurgical Society at the University of Gottingen. Karl and Eva Busche were our delightful hosts; their hospitality was overwhelming. Karl, as you know, is making up his mind whether or not to take Tonnis job in Cologne. Jimmy Drake, 16, stayed on for a month with the Busches at their home and we hope that Karin may come to spend some time with Ruth and the boys at Lions Head.

I think what startled me most about my German visit and that in Vienna and Zurich was the almost complete lack of bedside

teaching for medical students. I spent my formal time with them in each place in a large lecture hall seating many hundred. I tried to involve them a little bit and there is no question but that they wanted to get closer to the patient and take part in solving his problem. I think most of them found the lecture method dull and uninspiring and ineffective.

I may say the clinical departments had masses of material, so much so that I think that the pressure of work dulls the enthusiasm of a good number of European surgeons for being curious or attempting something new. The absolute domination of the Professor is another factor. Fortunately a number of the younger people like Karl and Gazi Yasargil are deeply involved in several clinical investigations.

I have been waxing enthusiastic about a recent case in which it was possible to clip an aneurysm of the vertebral artery through the mouth after I had failed to get a decent exposure of it through the transcervical-transclival approach. In order to avoid the problems of the midline incision in the pharynx, the secret, given to me by my Otolaryngological and Plastic Surgeon friends, was to use a pharyngeal flap hinged at the Eustachian orifices. The exposure is relatively simple and surprisingly revealing. Even the dura could have been closed had the clip not been sticking out through it. We simply filled the opening with a sheet of fascia, tamponaded by a chunk of muscle, closed the longus capitis partially over this and then were able to close the pharyngeal flap in two layers. She never turned a hair.

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Helen and Augustus
McCravey

June 9, 1969

The McCravey's are in general dispersion this summer. Helen is going back to Europe to visit several of her Experimenters in International Living in Holland, Germany, Switzerland, and Austria.

Martha is very much involved as a research assistant at the Sloan Kettering Walker Institute in Rye, New York. John will be working in the office of the Mercedes Benz Plant in Stuttgart, Germany, and I will be here in Chattanooga most of the summer.

Mataline and Guy L. Odom

June 4, 1969

Our clinical problems have been the usual cases found on a neurosurgical service and have not given us very much difficulty. Our problems and headaches have been caused by the Nursing Service. They have closed the Intensive Nursing Unit and have threatened to close several of the wards. They claim that the shortage of "charge nurses" has decreased the quality of nursing care and, therefore, wards have to be closed in order to obtain adequate coverage. (The Administration suspended three of the head nurses in the School of Nursing for issuing an ultimatum and releasing it to the press before discussing the matter with the University). So far, we have managed to keep the wards open in spite of the nursing administration. We are also having trouble with a shortage of anesthetists and nurses in the operating room. These problems are added to by the recent guidelines issued by the federal government in regard to "Part B Payment for Services of Supervising Physicians in a Teaching Setting." We spent many hours discussing this situation at the last Board meeting and finally decided that changing the by-laws would not solve the problem. I understand that Dr. Holden at Western Reserve is admitting patients who fall into this category to the staff service under the care of the resident, and plans to ignore submitting a surgical fee. Henry suggested this possible source at the Board meeting, but it does not seem very practical if the individual is paying a three dollar fee for surgical benefits. The majority will undoubtedly wish to exert their privilege of having a senior physician rather than a member of the house staff. I hope that we will be able to convince the federal government that their interest in health care has to extend to the training of physicians and that the federal health programs should not impair graduate medical education.

In all probability, you have heard that Barnes is now Chancellor at Duke and will be the senior administrative officer after July 1st. It is hoped that the Search Committee will be able to select a new President and a new Chancellor during the summer. I hate to think that Barnes will have to face the problem of student unrest this Fall.

I am sorry that we will not have our usual meeting this year, but will be looking forward to The Academy dinner during the World Congress.

Dean and Robert W. Porter

It has been a rather significant year for this former "confirmed bachelor" neurosurgeon. The major event was meeting Aubrey Dean and our subsequent marriage on June 30 (1968). We spent three glorious fun-filled weeks in Hawaii before returning to reality and the details of establishing a home. We had hoped to get to Colorado Springs so that Dean would have a chance to meet the Academy members, but it just wasn't possible for me to get away. However, we will make it to Mexico City for sure.

We would like to take this opportunity to welcome Eldon Foltz and his family to sunny California. As many of you possibly know, Eldon has just arrived at the University of California at Irvine. It is a pleasure to have him in the area and we look forward to a close association with his department.

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Georgia and John R. Green

June 6, 1969

You have asked about my thoughts on rehabilitation centers for patients with spinal cord injuries, how practical they are at a state level, who should direct the care, how can they be financed, and what should the goals be. I am sure that the answers to these questions must vary according to the talents, interests, and facilities in a given region.

We are establishing an Arizona Regional System for the care of the spinal injured patients with the following components:

(1) AMES program (Air Medical Evacuation System), which has a short-term grant from the Bureau of Transportation,

utilizing two Fairchild-Hiller Helicopters, Arizona Highway Patrol, local ambulances, training programs for paramedical personnel (at Barrow Neurological Institute), and a radio communication network among hospitals in the region, Highway Patrol, Helicopters, ambulances, etc. to bring the injured patient in the best possible condition, as promptly as possible to a center for definitive neurosurgical care.

(2) Acute definitive care, primarily by neurosurgeons, one of the nine at the Barrow Neurological Institute, where staff, resident, nursing, intensive care, consulting, operative, and early rehabilitation facilities and personnel are available. A Trauma Unit is being developed in St. Joseph's Hospital and Medical Center of which the Barrow Institute is a part. Some of the neurosurgeons work in several other hospitals in the area and some of these patients may go to the other large private hospitals or to the county hospital.

(3) Rehabilitation measures will be started in the Barrow Institute, but within three or four weeks, if possible, transfer will be made to the Good Samaritan Rehabilitation Medicine Institute which is five minutes across town from us and superbly staffed and equipped for long term care and rehabilitation, and

(4) Arizona Division of Vocational Rehabilitation, who will subsidize those patients for both acute and rehabilitative care if they are not covered by private insurance. A grant has been approved for this by Mary Switzer's agency, but funding is still being negotiated.

The Arizona Regional System will be administered by a Board with appropriate representatives from each of the component groups. The neurosurgeons have fundamental responsibility for the early care and will be able to have expert help in the early management and rehabilitation aspects, with governmental subsidy through the State Vocational Rehabilitative Division for those patients who need assistance. This is the plan. It has been worked out locally, after much negotiation, it has been approved by Rehabilitative Services at the national level and funding is forthcoming (we are told). Research aspects and funding will be arranged by appropriate individuals from appropriate agencies. I will be very much interested to see if we can make this work and will give you a follow-up next time.

Enclosed is a photograph of our sixteen year old son, Charles ("C. A."), his 69 pound Sailfish, my 118 pound Striped Marlin, and me taken during Easter vacation in Mazatlan, on the west coast of Mexico. We had a great time, staying at the Balboa Club which is a delightful place, with excellent and safe food and grog. The club is private, but one can make a reservation through a local country club as we did.

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John Green and Son

Margaret and Benjamin B. Whitcomb

June 24, 1969

Last December, Peggie and I went to Africa to visit our daughter in the Peace Corps in Senegal. While there, I availed myself of the opportunity to visit the new Neurosurgical Clinic at the University of Dakar and Professor Bernard Courson. I was invited to operate on a choice amongst three huge meningiomas awaiting surgery. The operating room and facilities there are excellent, far better than we have at home. The personnel, however, is thin and trained by the Professor from the stenographer to the anesthetist, but I must say he is up to the job. He works hard all day and in the evening, as it gets cooler, he plays tennis under the lights until midnight.

While there, we met Reedie Schwartz's nephew, a fine linguist, working on his Ph.D. out of Columbia. We all spent an intersting Christmas together out in the sticks.

As for the problem of rehabilitation centers for patients with spinal cord injuries, Connecticut is blessed with several centers; two with adequate PT and OT personnel. Rehabilitation is so dependent on the motivation and intelligence of the patient, and I am sure we are all spoiled by the highly motivated paraplegic who in his rush to become self-sufficient hardly has time to visit a rehabilitation center. Such a one is the son of our own Wes and Jennie Gustafson - Gary - who became completely independent in 5 months, back at work and living alone. He just took first in the javelin, second in the discus, and second in the back stroke in the Para-Olympics trials. Gary states he learns more from other paraplegics from the standpoint of tricks in rehabilitation than from anyone else. However, the first few months, advice from Henry Heyl and treatment at home by Jennie and Wes produced a rehabilitation clinic second to none.

Here's hoping everybody gets to the top of the Ritz on September 21st.

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Mary and Charles Wilson

June 30, 1969

This has been an exciting year for the entire Wilson family. We had been living in Lexington for five years and were beginning to put down permanent roots so the children were a little skeptical as well as excited over the move west. They all became Californians overnight as well as Mary and myself. We live across the Golden Gate Bridge in Marin County and except for a few rainy winter months, enjoy California sunshine the rest of the year.

Mary completed the final course for her Master's degree at Berkeley last fall. As a student she became familiar with the "issues" and I must say that she has views more liberal than my own. In all fairness to her she did not participate in marches and was not arrested, gassed, or expelled. At the moment she is building our new home with the help of a capable architect and we hope to move in by Christmas time.

My first year at the helm of a large and unfamiliar ship has been a tremendous amount of fun and hard work, and looking back to July of 1968, I can detect at least some progress. As

you can imagine I met some obstruction but this was insignificant when compared to the unqualified support of key persons.

I consider my greatest accomplishment the strengthening of our clinical service. With the approval and support of other members of the staff I have been "on service" since I arrived believing that a flourishing clinical service is the basis for further development of other programs.

The laboratories have been humming since shortly after we arrived. I brought with me my research associate, Marvin Barker, who with minimal help from me has established our laboratories. This past year we have had four post-doctoral fellows and two residents in the laboratory all working very hard and producing some exciting and at times original work.

This coming year will see two additions to our staff. Yoshio Hosobuchi, who you will remember as John Mullan's resident presenting the Academy Award paper in Colorado Springs, is already here. He will continue his work with carcinogen-induced gliomas in hamsters as well as collaborate with us in some cell culture studies. He will be full time at the University. Earl Olsen completes his residency in July and will join Ed Connolly at the VA Hospital as a research associate. Earl plans to further refine the pressure transensor and continue studies using the hyperbaric chamber.

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Kit and Henry L. Heyl

June 30, 1969

The Journal of Neurosurgery will have a booth at the World Congresses of Neurological Science in September. We will try to display how the Journal is put together as well as the international scope of its material and distribution. A member of the Editorial Staff will be there and I will be available by appointment for discussion of prospective papers. More and more of my time at national meetings is spent in the latter role and I welcome the opportunity for first hand conversations with authors.

You will now have received two issues of the experimental Neurosurgical Biblio-Index. Next year we will attempt to evalu-

ate its usefulness through a questionnaire to all subscribers, but I would be particularly grateful if Academy members gave me their personal appraisal of its value or lack of value to them and their associates. I hope some of you can find time to respond to this request now, before the questionnaire is sent out. This might give us some clues as to the 3 or 4 most important questions to ask.

I was overwhelmed by my completely unanticipated election as Vice-President of the A. A. N. S. and hope all of you know how much this honor meant to me.

Kit and I look forward to seeing you all on the St. Regis Roof before too long.

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Surprise Party for Henry Heyl -- New Vice-President
The American Association of Neurological Surgeons

Henry works well with groups or with individuals

Letitia and Francis A. Echlin

July 1, 1969

I thought it might be of interest to the Academy to know that I plan to retire from my active duties in Neurosurgery and Neurophysiology on January 1, 1970, and this will leave the post as Attending-in-charge of Neurosurgery open at Lenox Hill Hospital.

We have an active Neurological and Neurosurgical Service with our own floor for clinical patients. In addition there is a Neurophysiological and EEG Laboratory under my direction which is well equipped for research and where we have three technicians, one highly trained in neurophysiological procedures, as well as an animal room for fifty monkeys, used only for my research. Recently the neurosurgical residency at Lenox Hill has become part of a neurosurgical residency training program with St. Vincent's Hospital and New York University, officially approved by the American Board of Neurological Surgery.

Letitia and I are looking forward with great pleasure to seeing all our friends at the Meeting here in September and to attending many future meetings of the Academy, even though our activities will have expanded in other directions than neurosurgery.

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Janet and Arthur A. Ward

June 25, 1969

A lot of changes have occurred in the Department in the recent past. We have just moved into lovely new quarters where we really have a superb physical plant which contains well-organized offices for our clinical and research faculty and beautiful research laboratories, consisting of suites of laboratories for neurophysiology and neuroanatomy (including electromicroscopy) as well as a rather fancy suite for behavioral studies in monkeys. My only concern now is that we may follow the course predicted by Parkinson who dates the downfall of the British Navy to the time the British Admiralty moved into a large, fancy building!

As you know, we also have some changes in personnel. Eldon Foltz has left me to take over the position as Head of the Division of Neurosurgery at the new medical school of the University of California, just south of Los Angeles. Eldon has been with me for some 19 years and has been heavily involved in the growth and development of our unit here so we will, obviously, be most sorry to see him go. However, we take pride in his new appointment and consolation in the fact that we will perhaps be establishing a metastasis at the other end of the west coast, and this should serve as a warning to all neurosurgical centers in between! To bring us back up to our full complement of six full-time clinical faculty positions, we are adding on John Loeser, who is a bright young lad who finished his training with us a little over two years ago and will be returning to us in January of 1970.

All of us would be delighted to see any of you who would like to come out and visit.

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Now that we are familiar with Parkinson's Law,
we must contend with the Peter Principle.

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Marilyn and Courtland H.
Davis

June 7, 1969

The past year has been relatively mundane for me - no trips to far-off lands, although I am still being invited to talk before civic groups, etc., about my trip in 1967 on the S. S. HOPE. Many members of the Academy would find a rotation on the HOPE to be a fascinating experience; those interested should contact Les Mount for details.

Our family is carrying on with these wide-world interests: Pogo, our 16-year-old daughter, is in Uruguay for the summer with the American Field Service (it will be interesting to see if her reception differs from that given to Rockefeller); Missy, our 19-year-old rising junior in college, will spend next year in Aix-en-Provence in Southern France. Hopefully, Marilyn and I will visit her during the year; however, having three children in college for the foreseeable future tends to keep me at home working.

North Carolina continues to grow at a leisurely pace as does the number of practicing neurosurgeons - nothing, of course, comparable to New York or Los Angeles, but a far cry from the 2 of 30 years ago. Dick Ames of Greensboro got us together as a section of the North Carolina Chapter of the American College of Surgeons in May, and we look forward to renewing acquaintances near home on a yearly basis in the future.

On the home front, we are right in the midst of a major rebuilding and renovation program with its attendant problems of decisions, parking, and relocation, but with its promise for better things to come soon.

You asked about interesting cases. I very well remember Dr. Woodhall's caustic comment one day that the sign of an amateur was the preface, "I have an interesting case . . ." I certainly qualify as an amateur because most of my cases appear unusual or difficult to me. One recent one was that of a 9-year-old boy admitted because of a single seizure. He had been well but had a 61.5 cm head circumference, papilledema, and a thrill and bruit over the right occiput. He had a mild communicating hydrocephalus and an A-V malformation between the right artery and the transverse sinus with no other demonstrable abnormality. The malformation was corrected, and it was necessary to create

a shunt for the continuing increased cerebrospinal fluid pressure. Five similar fistulas (not associated with increased pressure) were described by Newton and Greitz in Radiology, 1966, 87, 824-828.

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Larry and George Ehni

July 18, 1969

The Ehni household has been a fluid one with 11 people stopping off to live here from time to time!

A September to September rundown comes out about like this:

George, Jr. (whose wife is Janet) is with Texas Instruments in Dallas and working on an M. S. in electronics. We were together for a late summer visit to Hemisfair (as well as Thanksgiving, Christmas, and so forth).

Margo and her husband, Bill Goodwin, were with us in August while on vacation from her teaching job and his tour of duty at Mather Air Force Base in Sacramento.

Bruce returned to the University of Texas for his third year in mechanical engineering. He's an expert and avid surfer with trips to Dana Point, California and San Blas, Mexico to highlight his year. This summer he is taking Dr. Hoff's and Dr. Geddes' course at Baylor Medical College on duplication of classical experiments in physiology with modern equipment.

Nikki began her life away from home at Beloit College in Wisconsin - she fit the scene like a piece from a jigsaw puzzle and loves it!

In October we made a four stop trip to Beloit, Wisconsin - Rochester, Minnesota, Owatonna, Minnesota and Colorado Springs, Colorado - fast, but fun.

In January George was in Denver for three days at a program directors' meeting and then we went to Acapulco from February 1 - 12. George went to New Orleans February 13 - 15 for the Society of Neurological Surgeons and we both went to Dallas the 20th to the 22nd for the Southern Neurosurgical Society. George went to

Louisville, Kentucky February 24 - 26 to the American College of Surgeons.

March gave us a breather from the "on the go" routine although we did go to Pekin, Illinois when George lost his mother.

We also saw Margo and Bill again briefly in March when Bill's brother married in Austin. Then Bruce went to San Blas for a week and when he got back to school, Nikki came home for two weeks' semester break. We left a day before she did to go to San Antonio for the Texas Medical Association meeting.

George has since been to Dallas as a guest of Kemp Clark for two days and to the Neurosurgical Travel Club in Toronto (June 25 - 27). I am taking any available kids to Minnesota sometime in late July when school schedules and camp permit.

George's main hobbies are photography, gardening, and a new Alfa Romeo. I am still sewing and have a new hobby - creative stitchery - I hope I can find time to take up weaving in the fall. What is "free" time?

****

With these two gentlemen, one had best remain wide-eyed and alert.

Helene and William B. Scoville

June 11, 1969

All of the world is becoming involved in new approaches and new rebellions in the organization of teaching. I hope it will be all to the good, and would hope for more flexibility in training programs to satisfy youth's unrest. I concur with the establishment of experimental training approaches, especially 1) an increased exchange of trainees between programs both in this country and abroad. Foreign centers for our trainees should include all centers recognized by their national societies, especially in the English speaking countries of Scandinavia, the Lowlands, Switzerland and Eurasia. 2) I would propose formation of a panel of 50 individual neurological surgeons selected for their specialized knowledge; their surgical skill or their inspirational teaching by the Board of Neurological Surgery. Such panel members might or might not be in approved programs but probably directors of programs should be excluded for organizational reasons. These surgeons would consent to take on one trainee for an elective year of personal training. Such "apprenticeships" might well prove truly inspirational to young men, as well as to impart very specialized knowledge. It has been said that great teachers' real function is to "excite the mind" rather than to give facts; and in my memory all really successful teaching and clinics have been developed around the inspiration of a single individual. No one program can be expected to render such inspiration in its subdivisions of academic fields, of clinical surgery, and of research.

In summary, I am in favor of more travel and more apprenticeships under the overall sponsorship of a program director and the Board of Neurological Surgery.

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This problem and the regulations coming from H. E. W. have caused the American Board of Neurological Surgery many sleepless nights.

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Kate and Edmund J. Morrissey

August 1, 1969

Bart Brown gave a delightful surprise party for Dorothy and Howard on their fortieth wedding anniversary. They both looked fine. Kate and I were delighted to be present, and it so happened that the date was our forty-first. Bobbie and Ernie Mack came down from Reno and several of the members who had heard about it sent congratulatory telegrams.

We had dinner the other evening with Charles and Mary Wilson at Mrs. Naffziger's home. Mrs. Naffziger looked very well, and I am delighted to inform you that Charles is doing an excellent job at the University of California Medical School.

Work has been more or less routine -- head injuries, tumors, aneurysms, and discs, with an occasional peripheral nerve, and I have nothing unusual to report.

One thing we always worried about in doing cervical myelograms was having the Pantopaque run up the par basilaris into the middle and anterior fossa if the patient strained or coughed, or because of pain, flexed his head, and it was then almost impossible to recover. One of the radiologists at the Childrens Hospital, William G. Obata, pointed out to us that if you keep the head turned to the side and slightly extended, it may go into the posterior fossa but will not go above the tentorium and is easily recovered.

I saw Ernie Mack and John Raaf at the Bohemian Grove last week. They both looked fine. Ernie had just returned from a very successful fishing trip in British Columbia on the Dean River. One of the catches weighed twenty pounds, which is a big fish to land with a light fly rod. John was leaving for the same area right after the Grove.

I am hoping to make the International Congress meeting.

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Maxine and Byron C.
Pevehouse

July 12, 1969

Greetings from San Francisco - the "City of the Future" - presently in the throes of building a rapid transit subway system down the center of Market Street and under the Bay to the mainland of Oakland and environs. The high-rising building in the downtown area is changing our skyline and only the brisk ocean breeze prevents our envelopment in smog.

I trust that many of you will attend the clinical session of the American College of Surgeons here in October - let me know if I can be of any assistance in arrangements for hotel or social events.

Neurosurgical practice continues at a busy pace, although the increasing dilution of the more rare conditions among the younger men entering small surrounding communities is ever apparent. Howard has not shown any signs of reducing his work load and in spite of his eligibility for Medicare this year, his stamina and vigor outshines the younger men in the office.

I understand this issue will be devoted to Don Matson but I find it hard to express in words my tremendous admiration and affection for Don. The older members of the Academy will do a much better description of his many accomplishments. My remembrance will be of his personal kindness and friendship to me since I first met him in 1957, always available for counsel, and never too busy to lend a hand whenever requested, thoughtful but decisive in all that he did. What a tragic loss to his family, his friends and to neurosurgery, and what is most important, to himself, as he had so much that he still planned to do in life. May each of us think of Don frequently and try to carry on his projects to fulfillment.

In regard to the special emphasis on Spinal Cord Injury Centers under the Academy support and coordination, I hope that many of the membership can attend the Conference planned to follow the Congress meeting in New York in September. Anyone who does not have this information should write to me for details.

Will look forward to seeing all of you at the Academy dinner at the St. Regis Hotel, September 21st. At present, some 30 distinguished foreign neurosurgeons have accepted invitations to attend.

The following letter is considered a Neurosurgical Classic and is published with the permission of the author.

Baptist Memorial Hospital
Memphis, Tennessee
March, 1969

To: My wonderful friends and relatives.

From: An erstwhile fishing, hunting, golfing, smoking, poker-playing, martini-drinking neurosurgeon.

I am sending this somewhat unusual "thank you note" to all of you who have shown concern about me in one way or another by coming by the hospital, calling, writing cards or notes or sending flowers or gifts, giving advice, or otherwise, to tell you how grateful I am and how wonderful it is to have so many friends; nevertheless, I simply cannot take the time to write each of you; in fact I don't have the time.

But there is a more compelling reason for this note, and that is to put the record straight on what happened that wild night of February 7th. It has been implied that I was too proud or stubborn or even too stupid to ask for help, but nothing could be farther from the truth. The fact is that I was running for my life, and by God I made it.

But not in time to prevent a short stop at the Pearly Gates, and while I was discussing with St. Peter how things were going to be run up there, I found out I had an option as to whether I should stay or not. (If you don't think this is a rare one after two arrests, you don't know any more about odds than some of my poker playing friends.)

So I "opted" to come back here, but I was a little foggy at the time and I failed to take into consideration whether I could make it back with all my marbles. I regret to say that this hasn't been decided yet and won't be for some time to come. In fact I'm sure this will be the subject of discussion among you for quite a spell. There has been one big change in me, i. e., I don't worry any more; in fact, the only thing I worry about is why I don't worry any more.

The Harvey Team, the doctors and the nurses were fantastic, which should be perfectly obvious, (what else can you say about a group of people who have saved your life?), but I must make some comment about the ribs, for the benefit of other doctors who might read this. If you don't break at least a dozen you're

not doing a good job and I had a good job.

Contrary to some reports, no doubt influenced by my past history, I have been a model patient and I can prove it. I can even get affidavits. Besides, this is the first time that I have had a first class ailment and it changes your point of view slightly. It's not true that I tried to reorganize the hospital or that I made an efficiency report on the Coronary Care Unit. In fact, it is a model of efficiency. The pace is best described as lackadaisical haste. The nurses are a combination of Powers models with steel trap brains, who are so cold they wouldn't let your grandmother see you if she had come all the way from Tasmania. But there is real security there and when they finally cut my umbilical cord from the monitors a week ago and sent me back to the floor it was worse than going off to school the first time.

From this you may infer that I'm doing better, at least that's what the doctors say, but I'm not out of the woods yet. If somebody doesn't get me out of this joint I'm gonna be killed with kindness or die of boredom.

- Francis Murphey

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Regent William F. Meacham, Nashville (left) meets at 1968 Congress with Eldon L. Foltz, Seattle, and (right) Richard L. DeSaussure, Jr., Memphis, then chairman, Advisory Council for Neurologic Surgery

The Academy remains active in neurosurgical affairs.

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Francis Murphey

Guy L. Odom

John Raaf

Stuart N. Rowe

William B. Scoville

Samuel R. Snodgrass

Alfred Uihlein

Thomas A. Weaver

Benjamin B. Whitcomb

Barnes Woodhall

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1969 - 70

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REPRESENTATIVE TO THE BOARD OF DIRECTORS,
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Richard L. DeSaussure

PRESIDENT OF LADIES' AUXILIARY

Mrs. Francis Echlin

****

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1938	Dean Echols
1939	Dean Echols
1940	Spencer Braden
1941	Joseph P. Evans
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1943	Frank H. Mayfield
1944	A. Earl Walker
1946	Barnes Woodhall
1947	William S. Keith
1948	Howard Brown
1949	John Raaf
1950	E. Harry Botterell
1951	Wallace B. Hamby
1952	Henry G. Schwartz
1953	J. Lawrence Pool
1954	Rupert B. Raney
1955	David L. Reeves
1956	Stuart N. Rowe
1957	Arthur R. Elvidge
1958	Jess D. Hermann
1959	Edwin B. Boldrey
1960	George S. Baker
1961-62	C. Hunter Shelden
1963	Samuel R. Snodgrass
1964	Theodore B. Rasmussen
1965	Edmund J. Morrissey
1966	George J. Maltby
1967	Guy L. Odom
1968	James G. Galbraith

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1942	William S. Keith
1943	John Raaf
1944	Rupert B. Raney
1946	Arthur R. Elvidge
1947	John Raaf
1948	Arthur R. Elvidge
1949	F. Keith Bradford
1950	David L. Reeves
1951	Henry G. Schwartz
1952	J. Lawrence Pool
1953	Rupert B. Raney
1954	David L. Reeves
1955	Stuart N. Rowe
1956	Jess D. Herrman
1957	George S. Baker
1958	Samuel R. Snodgrass
1959	C. Hunter Shelden
1960	Edmund J. Morrissey
1961-62	Donald F. Coburn
1963	Eben Alexander, Jr.
1964	George L. Maltby
1965	Robert H. Pudenz
1966	Francis A. Echlin
1967	Benjamin B. Whitcomb
1968	Homer S. Swanson

PAST SECRETARY-TREASURERS

Francis Murphey	1938-40
A. Earl Walker	1941-43
Theodore C. Erickson	1944-47
Wallace B. Hamby	1948-50
Theodore B. Rasmussen	1951-53
Eben Alexander, Jr.	1954-57
Robert L. McLaurin	1958-62
Edward W. Davis	1963-65
Robert G. Fisher	1966-68

MEMBERSHIP ROSTER

THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY
FOUNDED OCTOBER, 1938

HONORARY MEMBERS - 3

	ELECTED
Dr. Percival Bailey 731 Lincoln Street Evanston, Illinois 60201	1960
Dr. Wilder Penfield Montreal Neurological Institute 3801 University Street Montreal 2, Quebec, Canada	1960
Dr. R. Eustace Semmes 20 South Dudley Street, 1018 Memphis, Tennessee 38103	1955

SENIOR MEMBERS - 17

Dr. George Baker 200 First Street, S. W. Rochester, Minnesota 55901	Enid Salem Road, Route 2 Rochester, Minnesota	1940
Dr. E. Harry Botterell Faculty of Medicine Queen's University Kingston, Ontario, Canada	Margaret 2 Lake Shore Boulevard Reddendale Kingston, Canada	1938
Dr. Donald F. Coburn 6400 Prospect Ave., Rm. 204 Kansas City, Missouri	Ellie	1938
Dr. Theodore Erickson University Hospitals 1300 University Avenue Madison, Wisconsin 53706	Martha 531 North Pinckney Madison, Wisconsin	1940
Dr. Joseph P. Evans University of Chicago Cl. 950 East 59th Street Chicago, Illinois 60637	Hermene 1160 E. 56th Street Chicago, Illinois	Founder
Dr. Wesley Gustafson First National Bank Bldg. McAllen, Texas 78501	Jennie North Ware Rd., R. R. 1 Box 296-A McAllen, Texas 78501	1942

		ELECTED
Dr. Wallace B. Hamby 3001 NE 47th Court Ft. Lauderdale, Florida 33308	Mary Jane	1941
Dr. Jess D. Hermann P. O. Box 135 Mountain Pine, Arkansas 71956	Mary Jo	1938
Dr. Henry L. Heyl Dartmouth Medical School Hanover, New Hampshire 03755	Kit	1951
Dr. William S. Keith Toronto Western Medical Bldg. Suite 207 Toronto, Ontario, Canada	Eleanor 55 St. Leonardi Crescent Toronto, Ontario, Canada	Founder
Dr. Francis Murphey 20 South Dudley Street, 101B Memphis, Tennessee 38103	Roder	Founder
Dr. J. Lawrence Pool 710 W. 168th Street New York, New York 10032	Angeline Closter Dock Road Alpine, New Jersey	1940
Dr. David Reeves 1278 Mesa Road Santa Barbara, California	Virginia 1278 Mesa Road, Montecito Santa Barbara, California	1939
Dr. Stuart N. Rowe 302 Iroquois Building 3600 Forbes Street Pittsburg, Pennsylvania 15213	Elva 6847 Reynolds Street Pittsburg, Pennsylvania	1938
Dr. Samuel R. Snodgrass John Sealy Hospital University of Texas Medical Branch Galveston, Texas 77550	Margaret 1405 Harbor View Drive Galveston, Texas	1939
Dr. A. Earl Walker Johns Hopkins Hospital Div. of Neurological Surgery 601 North Broadway Baltimore, Maryland 21205	Terrye 6007 Lakehurst Drive Baltimore, Maryland	1938
Dr. Barnes Woodhall University Medical Center Durham, North Carolina 27706	Frances 4006 Dover Road, Hope Valley Durham, North Carolina 27707	1941

CORRESPONDING MEMBERS - 5

ELECTED

Dr. Fernando Cabieses
Clinica Anglo Americana
Apartado 2713
Lima, Peru
1966

Dr. Juan Cardenas y C.
Av. Insurgentes Sur 594
Mexico, D. F.
1966

Dr. John Gillingham
Boraston House, Ravelston
Edinburg 4, Scotland
1962

Dr. Kristian Kristiansen
Oslo Kommune
Ullval Sykehus
Oslo, Norway
1962

Dr. B. Ramamurthi
14, II Main Road, C. I. T. Colony
Mowbray's Road
Madras 4, India
1966

ACTIVE MEMBERS - 79

Dr. Eben Alexander, Jr. Bowman Gray Sch. of Med. Winston-Salem, N. C. 27103	Betty 1941 Georgia Avenue Winston-Salem, N. C. 27104	1950
Dr. H. T. Ballantine, Jr. Massachusetts General Hosp. Boston, Mass. 02114	Elizabeth 30 Embankment Road Boston, Mass. 02114	1951
Dr. Gilles Bertrand Montreal Neurological Inst. 3801 University Street Montreal, Quebec, Canada	Louise 385 Lethbridge Montreal 16, Quebec Canada	1967
Dr. William F. Beswick 1275 Delaware Avenue Buffalo, New York 14209	Phyllis 59 Ashland Avenue Buffalo, New York 14222	1949
Dr. Edwin B. Boldrey Univ. of California Hosp. 3rd Ave. & Parnassus San Francisco, Calif. 94122	Helen 924 Hayne Road Hillsborough, California 94010	1941

		ELECTED
Dr. F. Keith Bradford 1200 Moursund Avenue Houston, Texas 77025	Byra 3826 Linklea Drive Houston, Texas 77025	1938
Dr. Barton Brown 2000 Van Ness Avenue San Francisco, Calif. 94109	65 Liberty Street San Francisco, Calif.	1968
Dr. Howard A. Brown 2000 Van Ness Avenue San Francisco, Calif. 94109	Dorothy 2240 Hyde Street San Francisco, Calif. 94109	1939
Dr. Harvey Chenault 2134 Nicholasville Road Lexington, Kentucky 40503	Margaret 667 Tateswood Road Lexington, Kentucky 40502	1949
Dr. William F. Collins, Jr. Yale University School of Medicine New Haven, Conn. 06520	Gwen 403 St. Ronan Street New Haven, Conn. 06511	1963
Dr. James Correll Neurological Institute 710 W. 168th Street New York, New York 10032	Cynthia Algonquin Trail Saddle River, New Jersey	1966
Dr. Courtland Davis Bowman Gray Sch. of Medicine Winston-Salem, N. C. 27103	Marilyn 921 Goodwood Road Winston-Salem, N. C. 27106	1967
Dr. Edward W. Davis Providence Med. Office Bldg. 545 NE 47th Avenue Portland, Oregon 97213	Barbara Box 974, Route 3 Troutdale, Oregon 97060	1949
Dr. R. L. DeSaussure, Jr. 20 South Dudley St., 1018 Memphis, Tennessee 38103	Phyllis 4290 Heatherwood Lane Memphis, Tennessee 38117	1962
Dr. Donald F. Dohn 2020 E. 93rd Street Cleveland, Ohio 44106	Betty 3010 Huntington Road Shaker Heights, Ohio 44120	1968
Dr. Charles G. Drake 111 Waterloo Street, 211 London, Ontario, Canada	Ruth R. R. 3, Medway Heights London, Ontario, Canada	1958
Dr. Francis A. Echlin 164 E. 74th Street New York, New York 10021	Letitia 164 E. 74th Street New York, New York	1944

		ELECTED Founder
Dr. Dean H. Echols Ochsner Clinic 1514 Jefferson Highway New Orleans, Louisiana 70121	Fran 1428 First Street New Orleans, Louisiana 70130	
Dr. George Ehni 1531 Hermann Prof. Bldg. 6410 Fannin Street Houston, Texas 77025	Velaire (Larry) 16 Sunset Houston, Texas 77005	1964
Dr. Arthur Elvidge Montreal Neurological Inst. 3801 University Street Montreal 2, Quebec, Canada	1465 Bernard Avenue, West Outremont, Quebec, Canada	1939
Dr. William H. Feindel Montreal Neurological Inst. 3801 University Street Montreal, Quebec, Canada	Faith 39 Thornhill Avenue Westmount, Quebec, Canada	1959
Dr. Robert G. Fisher 800 NE 13th Street Oklahoma City, Okla. 73104	Constance 107 Lake Aluma Drive Oklahoma City, Okla. 73121	1957
Dr. Eldon L. Foltz University of California, Irvine Division of Neurosurgery Irvine, California 92664	Catherine	1960
Dr. John D. French The Medical Center University of California Los Angeles, Calif. 90024	Dorothy 345 N. Carmelina Avenue Los Angeles, California	1951
Dr. Lyle A. French U. of Minnesota Hospital Minneapolis, Minnesota 55455	Gene 85 Otis Lane St. Paul, Minnesota 55104	1954
Dr. James G. Galbraith U. of Alabama Med. Ctr. 1919 Seventh Avenue, South Birmingham, Alabama 34233	Peggy 4227 Altamont Road Birmingham, Alabama 34213	1947
Dr. Sidney Goldring Barnes Hospital Plaza Division of Neurosurgery St. Louis, Missouri 63110	Lois 11430 Conway Road St. Louis, Missouri 63131	1964
Dr. Philip D. Gordy 1025 Walnut Street Philadelphia, Pennsylvania	Elizabeth Ann (Lisa) 420 N. Rose Lane Haverford, Pennsylvania	1968

		ELECTED
Dr. Everett G. Grantham 625 Medical Towers, South Louisville, Kentucky 40202	Mary Carmel 410 Mockingbird Hill Road Louisville, Kentucky 40207	1942
Dr. John R. Green Barrow Neurological Inst. St. Joseph's Hospital Phoenix, Arizona 85013	Georgia 2524 E. Crittendon Lane Phoenix, Arizona 85016	1943
Dr. James Greenwood, Jr. 1117 Hermann Prof. Bldg. 6410 Fannin Street Houston, Texas 77025	Mary 3394 Chevy Chase Blvd. Houston, Texas 77019	1952
Dr. Hannibal Hamlin 270 Benefit Street Providence, R. I. 02903	Margaret 270 Benefit Street Providence, Rhode Island	1948
Dr. John W. Hanbery Div. of Neurosurgery Stanford Medical Center Palo Alto, California 94305	Shirley 70 Mercedes Lane Atherton, California 94025	1959
Dr. George J. Hayes Commanding General U. S. Army Med. Command Japan, APO San Francisco California 96343	Catherine 1362 Gernaium Street, N. W. Washington, D. C.	1962
Dr. E. Bruce Hendrick Hospital for Sick Children 555 University Avenue Toronto, Ontario, Canada	Gloria 63 Leggett Avenue Weston, Ontario, Canada	1968
Dr. Robert G. King University Hospital Upstate Medical Center Syracuse, New York 13210	Molly 408 Maple Drive Fayetteville, New York 13066	1958
Dr. Robert S. Knighton Henry Ford Hospital 2799 W. Grand Boulevard Detroit, Michigan 48202	Louise 27485 Lathrup Boulevard Lathrup Village, Michigan	1966
Dr. Theodore Kurze U. of Southern California School of Medicine 1200 N. State Street Los Angeles, Calif. 90033	Emma 2225 Homet Road San Marino, Calif. 91108	1967

		ELECTED
Dr. Raeburn C. Llewellyn Tulane University 1430 Tulane Avenue New Orleans, Louisiana 70112	Carmen 309 Opal St. # 4E New Orleans, Louisiana 70124	1963
Dr. William M. Lougheed Medical Arts Bldg., # 430 170 St. George Street Toronto 5, Ontario, Canada	Grace Eleanor 67 Ridge Drive Toronto, Ontario, Canada	1962
Dr. Herbert Lourie 750 E. Adams Street Syracuse, New York 13210	Betty 101 Thomas Road DeWitt, New York 13214	1965
Dr. John J. Lowrey Straub Clinic 888 S. King Street Honolulu, Hawaii 96813	Catherine (Katy) 2299-B Round Top Drive Honolulu, Hawaii 96822	1965
Dr. Ernest W. Mack 505 S. Arlington Avenue Suite # 212 Reno, Nevada 89502	Roberta 235 Juniper Hill Road Reno, Nevada 89502	1956
Dr. George L. Maltby 31 Bramhall Street Portland, Maine 04102	Isabella (Sim) Breakwater Farm Cape Elizabeth, Maine	1942
Dr. Frank Mayfield 506 Oak Street Cincinnati, Ohio 45219	Queenee 1220 Rockwood Drive Cincinnati, Ohio 45208	Founder
Dr. Augustus McCravey 1010 E. Third Street Chattanooga, Tennessee 37403	Helen 130 N. Crest Road Chattanooga, Tennessee	1944
Dr. Robert L. McLaurin Division of Neurosurgery Cincinnati General Hosp. Cincinnati, Ohio 45229	Kathleen 2461 Grandin Road Cincinnati, Ohio 45208	1955
Dr. William F. Meacham Vanderbilt Hospital Nashville, Tennessee 37203	Alice 3513 Woodmont Road Nashville, Tennessee 37215	1952
Dr. Edmund J. Morrissey 450 Sutter St., Suite 1504 San Francisco, Calif. 94108	Kate 2700 Vallejo Street San Francisco, Calif. 94123	1941

		ELECTED
Dr. John F. Mullan 950 E. 59th Street Chicago, Illinois 60621	Vivian 6911 S. Bennett Avenue Chicago, Illinois 60649	1963
Dr. Blaine Nashold Duke University Med. Ctr. Durham, North Carolina 27706	Irene 410 E. Forest Hills Blvd. Durham, North Carolina	1967
Dr. Frank E. Nulsen Division of Neurosurgery Univ. Hosp. of Cleveland University Circle Cleveland, Ohio 44106	Ginny 21301 Shaker Boulevard Shaker Heights, Ohio	1956
Dr. Guy L. Odom Duke University Med. Ctr. Durham, North Carolina 27706	Mataline 2812 Chelsea Circle Durham, North Carolina	1946
Dr. Robert G. Ojemann Massachusetts Gen. Hosp. Boston, Massachusetts 02114	Jean 85 Nobscot Road Weston, Massachusetts 02193	1968
Dr. Byron C. Pevehouse 2000 Van Ness Avenue San Francisco, Calif. 94109	Maxine 135 Mountain Spring Ave. San Francisco, Calif. 94114	1964
Dr. Robert W. Porter 5901 E. 7th Street Long Beach, Calif. 90804	Aubrey Dean 5400 The Toledo Long Beach, Calif. 90803	1962
Dr. Robert Pudenz 744 Fairmount Avenue Pasadena, Calif. 91105	Mary Ruth 385 S. Oakland Ave. # 101 Pasadena, Calif.	1943
Dr. John Raaf 833 SW 11th Avenue Portland, Oregon 97205	Lorene 390 SW Edgecliff Road Portland, Oregon 97219	Founder
Dr. Aidan A. Raney 2010 Wilshire Blvd. # 203 Los Angeles, Calif. 90057	Mary 125 N. Las Palmas Los Angeles, Calif. 90004	1946
Dr. Joseph Ransohoff New York Univ. Med. Ctr. 550 First Avenue New York, New York 10016	Rita 140 Riverside Drive New York, New York	1965
Dr. Theodore B. Rasmussen Montreal Neurological Inst. 3801 University Street Montreal 2, Quebec, Canada	Catherine 29 Surrey Drive Montreal 16, Quebec Canada	1947

		ELECTED
Dr. David Reynolds 1700 NW 10th Avenue Miami, Florida	Marjorie 1701 Espanola Drive Miami, Florida	1964
Dr. R. C. L. Robertson Shamrock Prof. Bldg. 2210 Maroneal Boulevard Houston, Texas 77025	Marjorie 5472 Lynbrook Drive Houston, Texas	1946
Dr. Henry G. Schwartz Barnes Hospital Plaza St. Louis, Missouri 63110	Reedie 2 Briar Oak, Ladue St. Louis, Missouri 63132	1942
Dr. William B. Scoville 85 Jefferson Street Hartford, Connecticut 06103	Helene 27 High Street Farmington, Connecticut	1944
Dr. C. Hunter Shelden 744 Fairmount Avenue Pasadena, California 91105	Elizabeth 1345 Bedford Road San Marino, California	1941
Dr. Anthony F. Susen 3600 Forbes Avenue Pittsburg, Pa. 15213	Iris 204 Church Lane Pittsburg, Pa.	1965
Dr. Hendrik J. Svien 200 First Street, S. W. Rochester, Minnesota 55901	Nancy 827 Eighth Street, S. W. Rochester, Minnesota	1957
Dr. Homer S. Swanson 1938 Peachtree Road, N. W. Atlanta, Georgia 30309	LaMyra 1951 Mt. Paran Road, N. W. Atlanta, Georgia	1949
Dr. William H. Sweet Massachusetts Gen. Hospital Boston, Mass. 02114	Mary 35 Chestnut Place Brookline, Mass.	1950
Dr. George T. Tindall U. of Texas Med. Branch Galveston, Texas 77550	Katy 2938 Dominique Drive Galveston, Texas	1968
Dr. John Tytus 1118 Ninth Avenue Seattle, Wash. 98101	Virginia 1000 NW Northwood Road Seattle, Wash. 98177	1968
Dr. Alfred Uihlein	Ione 21 Skyline Drive Rochester, Minnesota	1950
Dr. Exum Walker 490 Peachtree Street, NE Atlanta, Georgia 30308	Nelle 380 Valley Road, NW Atlanta, Georgia 30305	1938

		ELECTED
Dr. Arthur A. Ward, Jr. Dept. of Neurological Sur. U. of Washington Seattle, Wash. 98105	Janet 3922 Belvoir Place, NE Seattle, Wash. 98105	1953
Dr. Thomas A. Weaver, Jr. 146 Wyoming Street Dayton, Ohio 45409	Mary 868 W. Alexandersville- Bellbrook Road Dayton, Ohio	1943
Dr. W. Keasley Welch 4200 E. Ninth Avenue Denver, Colorado 80220	Elizabeth 744 Dexter Street Denver, Colorado 80220	1957
Dr. Benjamin B. Whitcomb 85 Jefferson Street Hartford, Conn. 06103	Margaret (Peggy) 38 High Farms Road West Hartford, Conn.	1947
Dr. Charles B. Wilson U. of California Hospitals San Francisco Med. Ctr. San Francisco, Calif. 94122	Mary 168 Rock Hill Drive Tiburon, Calif. 94920	1966

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DECEASED MEMBERS - 11

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Dr. Spencer Braden Cleveland, Ohio	Founder
Dr. Winchell McK. Craig (Honorary) 2-12-60 Rochester, Minnesota	1942
Dr. Olan R. Hyndman (Senior) 6-23-66 Iowa City, Iowa	1942
Sir Geoffrey Jefferson (Honorary) 3-22-61 Manchester, England	1951
Dr. Donald D. Matson (Active) 5-10-69 Boston, Massachusetts	1950
Dr. Kenneth G. McKenzie (Honorary) 2-11-64 Toronto, Ontario, Canada	1960
Dr. James M. Meredith (Active) 12-19-62 Richmond, Virginia	1946
Dr. W. Jason Mixter (Honorary) 3-16-58 Woods Hole, Massachusetts	1951
Dr. Rupert B. Raney (Active) 11-28-59 Los Angeles, California	1939
Dr. O. William Stewart (Corresponding) Montreal, Quebec, Canada	1948
Dr. Glen Spurling (Honorary) 2-7-68 LaJolla, California	1942

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THE ACADEMY AWARD WINNERS

Paul M. Linn 1955

Hubert L. Rosomoff 1956

Byron C. Pevehouse 1957

Normal Hill 1958

Jack Stern 1959

Robert Ojemann 1960

Lowell E. Ford 1962

Charles H. Tator 1963

Earle E. Crandall 1964

M. Stephen Mahaley, Jr. 1965

Chun Ching Kao 1966

John P. Kapp 1967

Yoshio Hosobuchi 1968

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THE NEUROSURGEON AWARD WINNERS

Edwin B. Boldrey 1955

Georgia and John Green 1956

Dean Echols 1957

Arthur R. Elvidge 1958

John Raaf 1959

Rupert B. Raney 1960

R. Glen Spurling 1961

Hannibal Hamlin 1962

Frank H. Mayfield 1963

Francis Murphey 1964

The Ladies 1965

David L. Reeves 1966

Eben Alexander 1967

Donald D. Matson 1968

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PAST MEETINGS OF THE ACADEMY

Hotel Peabody, Memphis, Tennessee (Organizational Meeting)	April 22, 1938
Hotel Netherland Plaza Cincinnati, Ohio	October 28 - 29, 1938
Roosevelt Hotel New Orleans, Louisiana	October 27 - 29, 1939
Tudor Arms Hotel Cleveland, Ohio	October 21 - 22, 1940
Ambassador Hotel Los Angeles, California	November 11 - 15, 1941
The Palmer House Chicago, Illinois	October 16 - 17, 1942
Percy Jones General Hospital Battle Creek, Michigan	September 17 - 18, 1943
Ashford General Hospital White Sulphur Springs, West Virginia	September 7 - 9, 1944
The Homestead Hot Springs, Virginia	September 9 - 11, 1946
Broadmoor Hotel Colorado Springs, Colorado	October 9 - 11, 1947
Windsor Hotel Montreal, Canada	September 20 - 28, 1948
Benson Hotel Portland, Oregon	October 25 - 27, 1949
Mayo Clinic Rochester, Minnesota	September 28 - 30, 1950
Shamrock Hotel Houston, Texas	October 4 - 6, 1951
Waldorf Astoria Hotel New York, New York	September 29-October 1, 1952
Biltmore Hotel Santa Barbara, California	October 12 - 14, 1953
Broadmoor Hotel Colorado Springs, Colorado	October 21 - 23, 1954

The Homestead Hot Springs, Virginia	October 27 - 29, 1955
Camelback Inn Phoenix, Arizona	November 8 - 10, 1956
The Cloister Sea Island, Georgia	November 11 - 13, 1957
The York Toronto, Ontario, Canada	November 6 - 8, 1958
Del Monte Lodge Pebble Beach, California	October 19 - 21, 1959
Sheraton-Plaza Hotel Boston, Massachusetts	October 6 - 8, 1960
Larz Anderson House Washington, D. C.	October 18, 1961
Royal Orleans Hotel New Orleans, Louisiana	November 7 - 10, 1962
El Mirador Hotel Palm Springs, California	October 23 - 26, 1963
Key Biscayne Miami, Florida	November 11 - 14, 1964
Terrace Hilton Hotel Cincinnati, Ohio	October 14 - 16, 1965
Fairmount Hotel San Francisco, California	October 16 - 19, 1966
Key Biscayne Miami, Florida	November 8 - 11, 1967
Broadmoor Hotel Colorado Springs, Colorado	October 6 - 9, 1968

FUTURE MEETINGS

St. Regis Hotel, New York City	September 21, 1969
Mexico City	November 19 - 21, 1970
Sahara-Tahoe Lake Tahoe	1971

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FUTURE MEETINGS
of
OTHER SOCIETIES AND ASSOCIATIONS

The American Association of Neurological Surgeons

Washington, D. C.	April 19 - 23, 1970
Houston, Texas	April 18 - 22, 1971
Boston, Massachusetts	April 16 - 20, 1972
Los Angeles, California	April 8 - 12, 1973

American College of Surgeons

San Francisco, California	October 6 - 9, 1969
Chicago, Illinois	October 12 - 16, 1970
Atlantic City, New Jersey	October 18 - 22, 1971
San Francisco, California	October 2 - 6, 1972
Chicago, Illinois	October 15 - 19, 1973
Atlantic City, New Jersey	October 14 - 18, 1974

Congress of Neurological Surgeons

Boston, Massachusetts	September 16 - 20, 1969
St. Louis, Missouri	October 26 - 30, 1970
Miami, Florida	October 10 - 16, 1971
Denver, Colorado	October 15 - 21, 1972
New Orleans, Louisiana	October 7 - 12, 1973

Neurosurgical Society of America

Ojai, California	March 25 - 28, 1970
Sea Island, Georgia	May 9 - 12, 1971
Del Monte Pebble Beach, California	March 22 - 25, 1972

Western Neurosurgical Society

Del Monte Pebble Beach, California	November 2 - 5, 1969
Vancouver, British Columbia	October 4 - 7, 1970
Colorado Springs, Colorado	October 31-November 3, 1971

International Congress of Neurological Surgeons

New York, New York	September 21 - 27, 1969
None	1970
None	1971
None	1972
Tokyo, Japan	1973
None	1974

Pan-Pacific Surgical Association

Honolulu, Hawaii	October 14 - 22, 1969
None	1970
None	1971
Honolulu, Hawaii	October 10 - 19, 1972
None	1973
None	1974

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