



# THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY



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1955 - 1956

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# THE NEUROSURGEON

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The PERSONAL JOURNAL of

THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

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It hardly seems possible time has slipped by so rapidly since our last Christmas Edition of THE NEUROSURGEON - that soon we will be meeting at the famous Camelback Inn near Phoenix, Arizona. Your editor thought it appropriate to feature this Summer Edition of THE NEUROSURGEON as the ARIZONA NUMBER. He is certain you will appreciate the beautiful cover John Green arranged for us from Arizona.

The letters from the members which create the interest in THE NEUROSURGEON have been as enjoyable as always, and your correspondent believes the views expressed, as well as the discussions brought out in them, reveal one of the values of the Journal.

Your reporter asked John Green to write us something of the background of Arizona. This he has done quite entertainingly. It seemed appropriate therefore to start this number of the Journal with his letter to be followed by the many others which you will, I am sure, find profitable reading.

\* \* \*

JOHN R. GREEN - June 18, 1956

Georgia and I are looking forward to the Arizona edition of THE NEUROSURGEON and especially to having the Academy in Phoenix this November.

On an autumn day more than two centuries ago a Spanish frontier trader was guided by a Pima Indian to a small valley about twenty-five miles west of the modern border city of Nogales. The trader was shown large slabs and lumps of nearly pure silver, weighing up to a thousand pounds. A rush of Spanish prospectors populated this valley within a few months. The Spaniards derived

the name "Arizona" from the northern part of the old Mexican province of Sonora from the name of this little valley, Arizonac. Thus, the most modern phase of civilization in this area began.

As remotely as twenty thousand years ago, in the last phases of the most recent glacial period, anthropological findings indicate a degree of civilization in what we now call Arizona. A primitive agricultural population in the Sulphur Springs Valley of Southeastern Arizona was present. Cochise Man occupied this valley for several thousand years and may have had to leave because of the gradual drying up of the district. It is reasonably certain that most of these early humans were cave dwellers. Some of them in the course of generations, learned to wall up the openings of the larger caves and also built the celebrated cliff-dwellings of the Southwest. Another step in civilization was the making of baskets and clay pots, - done by the Anasazi especially between the eleventh and fourteenth centuries of the Christian era. About this same time, around 1100 A. D. , some of the sedentary Indians of the Gila Valley began a complex network of irrigation ditches, some of which are to be seen today. These canal builders were known as Hohokam. Some investigators believe that the village of Oraibi was founded before 1200 A.D. by the Anasazi, and if this is correct, it is the oldest continuously inhabited town in the United States.

The last years of the eighteenth century in Arizona were all but lost ones. There was little or no trade or communication between California and New Mexico by the way of the Gila Valley, and the officials in Sonora were too preoccupied with their own interests to pay much attention to this sleepy little frontier settlement along the Santa Cruz. Tucson and Tubac, presidial towns, were practically the only centers of white settlement left in Arizona by 1830 and for more than a quarter of a century from 1821 to 1848, all of Arizona was a part of the Republic of Mexico. After the region north of the Gila River was ceded to the United States, the portion south of that line stayed Mexican until official possession was taken of the Gadsden Purchase in 1856. The story of Arizona in this period includes a current of fear and hatred of the Indians, especially the Apaches and chiefs - Coloradas, Juan Jose, and Cochise.

The first established civil government for the Territory of Arizona, which included what is now known as both Arizona and New Mexico, was passed by a Republican Congress in 1863 with John N. Goodwin of Maine being appointed by Abraham Lincoln as

the first Governor. The first wave of Anglo-American settlers had come into Southern Arizona several years before the Civil War, and before 1900 the majority of the towns and cities of Arizona had been established with the Anglo-Americans outnumbering the Hispanic-Americans.

It was late in 1867 when about a dozen men came to enlarge a prehistoric irrigation ditch about four miles up the Salt River from what is now eastern Phoenix. There the Salt River Valley Canal was begun. The question of a name for the new settlement arose. One of the party, Darrel Duppa, a classically educated Englishman, suggested a name based upon the fact that a previous civilization had existed upon the site of the proposed town. Duppa is said to have offered the name Phoenix for the new city, "which will rise Phoenix-like, new and more beautiful, from these ashes of the past", - referring to the mythical fire-bird, the Phoenix, which was supposed to be destroyed by fire in her Arabian home every five hundred years, and to spring up again in all her youthful vigor.

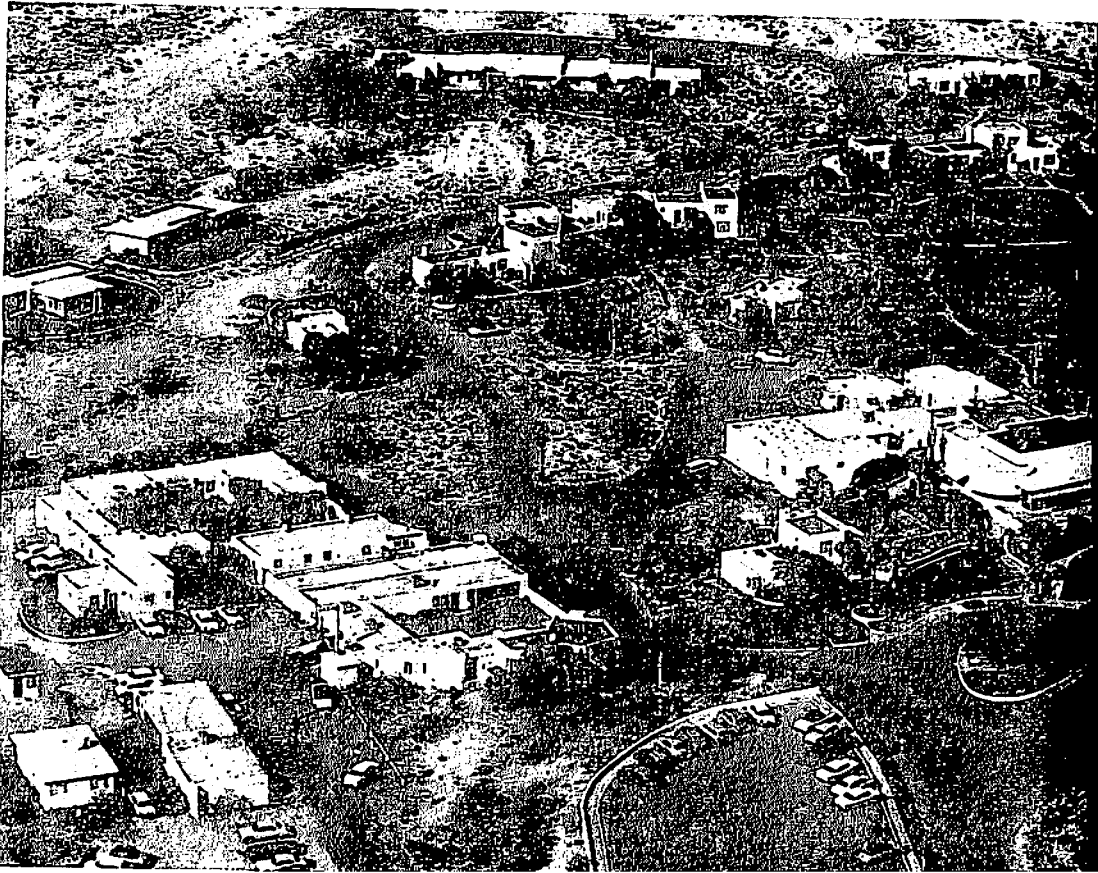
The "Five C's" of Arizona's economic life - "Cattle, Citrus, Climate, Copper and Cotton" have made possible a rapid development of the area. Statehood was obtained under President William Howard Taft's administration in 1912.

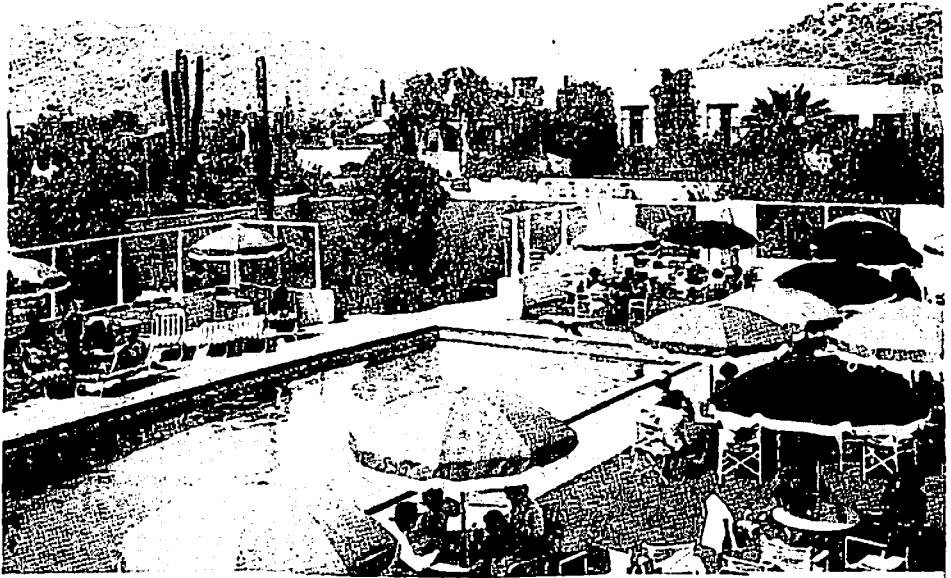
More than one-fourth of the people by 1950 were living on farms, and a still greater number were engaged in the cattle business; yet, less than 2% of Arizona's area is under irrigation. Our county, Maricopa, has such specialized farming that it ranked seventh in the United States in the value of agricultural production by 1950. Long before 1930, many people in Arizona had turned hopefully if not desperately to the Colorado River as the future's great source of irrigation water. This big stream with its branches drains 95% of the state's area, and might reasonably be counted upon to water at least a part of it. The Arizona land drained by the Colorado, in turn, made up about 45% of the rivers drainage basin, and contributed about 30% of the Colorado's River. We're not the only ones interested in "The West's last great water-hole", and its annual seventeen million, five hundred thousand acre-feet of water, -- there is California, Mexico, Colorado, Nevada, New Mexico, Utah and Wyoming. Hearings are now going on before representatives of the U. S. Supreme Court with the major contestants being California and Arizona lawyers.

Now, in 1956, Arizona has nearly one million people and Maricopa County about half of that number. Virtually all of the Neurology as well as the Neurological Surgery in the area is done by the two neurosurgeons in Tucson and four in Phoenix. They are a congenial group and are pleased to be invited to the meeting this fall. It hardly seems possible that we have been in Arizona since 1947 - up until such time neuro-surgical problems had traditionally been referred to California, Denver, Dallas or other centers. Harry Steelman, my associate, arrived over three years ago. He and Lauren seem to thrive here, too.

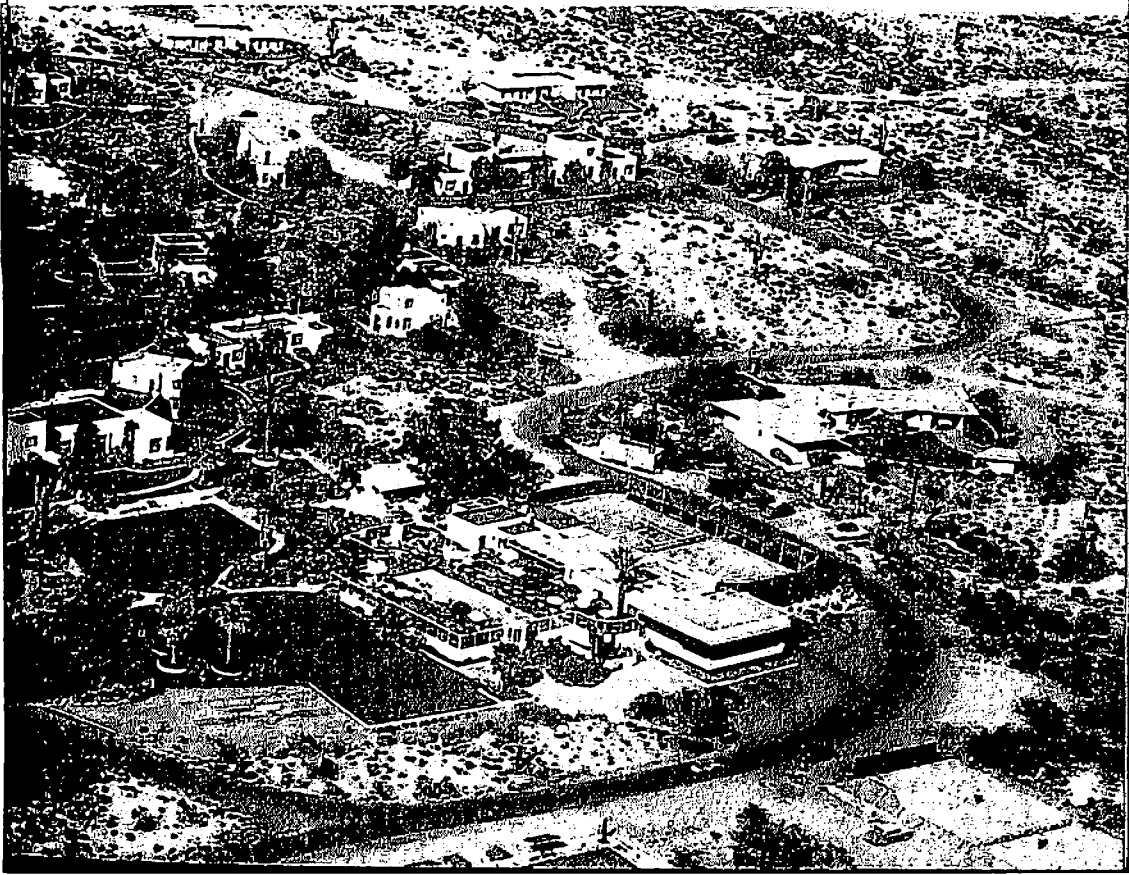
Editorial Comment:

All of us are looking forward to the Arizona meeting, which, I am certain, will be one of the highlights of the Academy. The Camelback Inn is an outstandingly beautiful spot, and Arizona in November has a spell of its own. The photographs of the Inn give one a little idea of what to anticipate.





Camelback Inn -- Waiting for You





We have just had what we Buffalonians call a blizzard, but what an old New Englander patient told me is simply a mild "slippage into the wintry season". Whatever it is, the foot-deep snow, the crisp cold, and the bright moon recall your appeal for the Christmas letter. In going over our snapshots, I find that most of them this year are none-too-graceful golf exposés and these would lose most of their appeal in monotone. I liked the products of the Homestead's photographer much better than our own and am sure you have most of them.

Hellyn and I thoroughly enjoyed the latest Hot Springs visit and hope it may be repeated there at not too infrequent intervals; we find that in even a group as small as ours, we don't get to see enough of our friends in this annual round-up. Work is the curse of the drinking class! I suppose one of the blessings of the fast approaching state of Honorariness or Emeritensis lies in the years getting so much shorter. On to Phoenix!

I was a little hurt at your editorial comment in the last "Robin", questioning the veracity of my little story of the patient struggling on the angiographic rack with the fear of unseen fire. It can be verified by Tom Mason of Schenectady, my Resident at that time! I gave it to you as a possible stimulus for some other similar contributions that you might use as space-fillers in your sheets. I must say that even without such amateur help, you do exceedingly well in that department.

Neurosurgically, we haven't much new to report. The most stimulating have been the new developments in tic douloureux, that disease that was "finally settled" up to five years or so ago. We have found that our Taarnhøj treated patients gradually are returning to have their sensory roots cut; the figure now is up to twenty per cent. Since skeptically listening to Hunter Shelden in Santa Fe in the spring of 1954, we have for the moment discontinued the Taarnhøj decompression and are doing the Shelden-Stender ganglio-radicalysis. The immediate results have been entirely similar. To date (our first a year ago) we have done fourteen of these, with two returning for rhizotomy thus far. I anticipate a percentage very near that of the Taarnhøj operation eventually. In our way of doing the Taarnhøj (extradurally), the Shelden-Stender maneuver is automatically part of the operation. It is interesting, however, that in Taarnhøj's intradural approach, that is not true; he does not

man-handle the root anterior to the pons trigemini. Perhaps Hunter is right in proposing this to be mild trauma to the sensory root; perhaps it is something else we thus far have been too blind to see. Stender is coming back to this country in January; hope he also gets out to see you.

Enough of this wintry-evening, armchair philosophizing!

Editorial Comment:

Your reporter thought Wally's story about the angiogram one of the best he's heard and doubly so because true. My apologies to Wally for not believing him in the first place.

The surgical treatment of tic douloureux has become, as one might say, wide-open what with the Taarnhøj procedure and Hunt Shelden and Bob Pudenz maneuvers. Perhaps some day the etiology will be uncovered and a better treatment devised.

We are sorry we failed to have this letter of Wally's in time for the last Christmas Edition, but we are equally pleased to include it as our earliest letter for the ARIZONA NUMBER.

\* \* \*

"Most women are sure that a wrist watch keeps much better time if surrounded by diamonds."

"Opportunity knocks but temptation more often rings the bell."

\* \* \*

RUPERT B. RANEY - April 2, 1956

The question of a ballot poll on potential members, as you suggested, would seem to me to be quite in order. If a ballot poll is unfavorable, then the sponsor or the membership committee could withdraw the name for the opportunity of a better acquaintance and in this manner relieve some of the unpleasantness of having an excellent candidate rejected.

Certainly the time is not far away when we will be confronted with a membership classification in such a way as to make room for new material. Any organization that does not provide for new material can expect to die a natural but a very certain death.

The latter part of January I had the pleasure of serving on the program of the American Cancer Society in Phoenix, and the climate was certainly delightful. November is usually one of the finest times of the year in Phoenix, and everyone planning on attending the meeting should seriously consider making the reservations for a few days additional, either before or after the meeting or both.

The selection of Sea Island, Georgia, and Toronto for the next two meetings after Phoenix seems to me to be excellent. I am sure that both places will command an excellent attendance.

Editorial Comment:

Rupert's letter I believe points out the importance of some kind of preliminary poll of the members referable to new members. In this way at least those who are considered most favorably can be ascertained and also one can determine, as Rupert has emphasized, that a certain candidate might as well be withdrawn for consideration as he could not be voted in. Perhaps with the discussion which can be appreciated in the subsequent letters, something definite along these lines can be instituted by the Membership Committee or the Secretary next year, and the best arrangement achieved as the bugs are worked out.

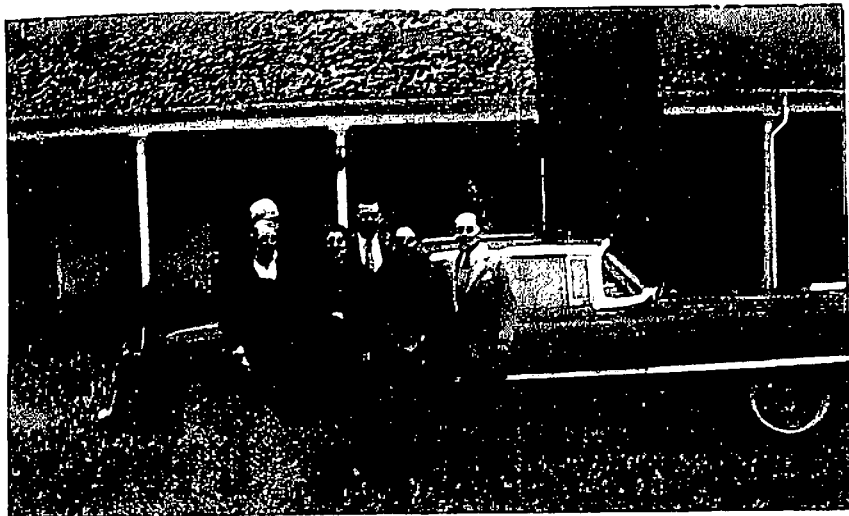
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"Good judgment is based on experience and experience is based on poor judgment.

\* \* \*

STUART N. ROWE - April 12, 1956

Your suggestions regarding the establishment of an Editorial Committee for the NEUROSURGEON sounds very good to me. In selecting the Editorial Board, it might be worthwhile to try to maintain some representation in different areas of the country, as far as this is possible. In general, it would seem to me worthwhile to strive to obtain a Board, and perhaps an Advisory Board, large enough to avoid an undue load on any one person, and small enough not to be cumbersome or inefficient. Possibly the NEUROSURGEON could have three sections, the first scientific for the report of interesting clinical problems, the second dealing with various activities of the Academy and problems related thereto, and the third dealing chiefly with personal items, experiences, and reports.



"That wild crowd in Cottage 4"

I would certainly join with you in urging everyone to help the Chairman of the Membership Committee as much as possible by sending on the names of promising young candidates for membership. I doubt whether it will ever be possible to know for certain in advance that a candidate will be elected, but, certainly, we should do what we can to avoid the embarrassment of candidates being rejected unexpectedly after it has seemed to be firmly established that they are very worthwhile prospects for the Academy. In general, it seems to me that we do not need a great change in our mechanics of election of members, but simply a little reconsideration on the part of all of us when it comes to our actual voting.

Finally, I certainly prefer the term "Senior Membership" to "Emeritus Membership", and it seems to me that your definition of such a membership is a very concise and adequate one. The thought does occur to me, in reading over your description of a Senior Member, that there may be relatively few people who would care to become Senior Members, and, consequently, possibly we do not need to establish such a category. As I see it, they would be exempt from paying dues, which, at the present time, I believe is not a heavy item, and, secondly, would be relieved of attending the meetings if they so desired. At the present time, it would seem to me that only very few of our group would forego one of the meetings unless he had a very good reason for doing so.

I believe that our current By-Laws provide for the acceptance of adequate excuses, which would certainly cover the majority of such absences from the annual meeting.

We recently made a rather hasty trip to Florida, which was highlighted by an all too brief visit with Eben Alexander in Winston-Salem. He and his able associates presented me with a wonderful and interesting array of puzzling clinical problems, and Betty gave us an even more wonderful and interesting dinner in the evening. We stopped in Jacksonville on the way back for the Southern Neurosurgical Society meeting, and, once I had explained that from the top of some of the higher peaks of the Alleghenies you could almost see the Mason-Dixon line, I was welcomed most graciously. It was a good meeting. It was very good fun to see a number of the members of the Academy sooner than once a year. Jim Galbraith did himself proud as President of this very live organization.

On the way home, somewhere in the Carolinas, we quite unexpectedly encountered the Mayfields, and had a brief but very cheerful chat with Queenie and Frank and their daughter.

Although it is still some time away, we have been thinking about the trip to Arizona, and have been trying on broad-brimmed hats and canteens in preparation for the visit to the Camelback Inn.

#### Editorial Comment:

It seems to me that Stuart has written a very thoughtful letter about the future of THE NEUROSURGEON, the problem of the Membership Committee, new members, and the much discussed Senior Membership. The letters that follow will give additional points of view, all of which will be helpful in coning down an appropriate picture and in leading to the answer to these questions. To continue with THE NEUROSURGEON we obviously need new talent and some established editorial board and policy. We have to remember that the publication costs money, and we must limit the number of publications or size to keep the journal's cost within reason. We can hardly predict how the publication may change within the next twenty years. It may even be found best to discontinue it, though at the moment your editor feels it is something unique with the Academy and adds considerably to our pleasures.

If we do nothing more than change the name of Emeritus

Membership to Senior Membership, or Member, I believe that will have been a good move, and this seems agreeable to all. All that is necessary to make this change is that due notice of this proposed change be sent to all members at least two months before the next meeting and the amendment accepted by a three-quarters vote of the entire Active Membership at the meeting.

Congratulations to Jim Galbraith as president of Southern Neurosurgical Society. It would seem interesting to me if we had a list of the officers of these regional neurosurgical societies together with a brief historical account of their organization and perhaps their membership.

We hope Stuart will give us his home address for completion of the membership roster.

\* \* \*

"Most women have no quarrel with bachelors - until they marry one."

"The difference between some graduate psychiatrists and their patients is just a matter of degrees."

\* \* \*

EBEN ALEXANDER, Jr. - April 19, 1956

I was about prepared to take some new photographs of our children to send you for the next edition of "The Neurosurgeon" but chickenpox appeared in our family, and I am afraid the photographs would not be acceptable at this time. Perhaps we can send some later on that would be acceptable.

We have been very pleased with the substitution of fifty per cent Hypaque for thirty-five per cent Diodrast in its use in cerebral angiography. This gives a much better contrast with what we considered to be much less reaction. So far we have not had any difficulties with this contrast material and have used it on fifty or seventy-five cases.

Our interest in fractures of the odontoid is continuing and our series is now up to about twenty cases, twelve or fourteen of whom have been fused. We have cases in all categories for follow-up, some of them six or seven years, and I think it will

be an interesting series all told. It is our feeling that if a patient has a definite fracture of the odontoid, he is probably better off with a fusion even though we do know that on occasion these odontoids do heal. There are so many of them that heal unsatisfactorily and subsequently dislocate with neurological changes appearing at a later date, that an early fusion shortens the period of convalescence and I believe gets the patient back to work sooner. It has been our impression that a fusion of C1, C2 and C3 should be done rather than a fusion to the occiput which can allow the odontoid to dislocate forward again if the atlas is not in the original fusion.

Please remind all of the members to send us the names of the guests they want invited and remind everyone that guests are to be officially invited through the secretary so that we can keep a full record of the matter.

Editorial Comment:

After reading about Eben's use of Hypaque as well as that of others, we have used it and found also it gives better contrast. While we have not used it in many cases as yet, so far no untoward results have occurred. Others may report their experiences later on.

Eben's note about the invitation of guests should be appreciated and requests sent in early.

At the meeting of the Harvey Cushing Society in Honolulu Betty was appointed President-Designate of the Ladies' Auxilliary - more honors for the Academy. We would appreciate their home address for the Membership Roster.

\* \* \*

"Only two kinds of men will wait for a woman - husbands and single men."

\* \* \*

WALLACE B. HAMBY - April 3, 1956

I do not remember who is the Chairman of the Membership Committee, so, in line with your letter of March 26, 1956, would suggest the names of ten men I would like to see elected to membership in the Academy.

Walter Lipscomb, Denver  
Peter Murphy, Washington  
James Arnold, Baltimore  
Robert Bassett, Ann Arbor  
A. I. Finlayson, Omaha

Carl Graf, Buffalo  
Lester A. Mount, New York  
Frank E. Nulsen, Cleveland  
Nathan R. Hollister, Dayton  
Harry Maxwell, Milwaukee

Carl Graf's name has never been submitted, because I had not earlier considered him to be properly developed. I now believe he has reached that stage and would be happy to supply his credentials, if you will send me an application form.

I am in favor of the proposal you outlined in regard to Senior Membership.

Realizing that you must be greatly overworked, I would subscribe to your committee idea for the production of the NEURO-SURGEON. I would do this with great reluctance, however, feeling that it would lose much of its present charm under other editors. If you insist, I will go along.

Editorial Comment:

Wally's list of prospective names for membership indicates a method of processing candidates through the membership committee. If the members of the Academy send in names, either from their locality or persons they feel are eligible, this group could be processed and the ones accepted most favorably then could be further investigated and considered much in the manner that has been suggested in our letters to the membership.

\* \* \*

"The trouble with teaching children the value of a dollar is that they are no longer satisfied with a quarter. "

"Patience is the art of losing your temper gradually. "

\* \* \*

ALFRED UHLEIN - April 20, 1956

It is hard to believe that time for the Summer Edition and the Arizona Number of the NEUROSURGEON is again near at hand. As far as comments about interesting cases is concerned, the one that intrigued me most was a 58 year old lady who only one week before coming here complained of an earache and was found to have slight



mucopurulent drainage from the right external auditory canal. With the use of erythromycin, penicillin, and dihydrostreptomycin this cleared in a matter of three days and the patient was apparently perfectly well. Five days after the onset of symptoms the patient suddenly became drowsy and developed Jacksonian seizures of the right face and arm. She became progressively more stuporous and was sent to our hospital. At that time she was found to have what appeared to be a right hemiplegia, was comatose grade 3, the neck was stiff grade 3 (on the basis of 1 to 4) and the pupils were unreactive and small. There was no evidence of papilledema. We carried out a lumbar puncture and found milky fluid, under increased pressure, with numerous polymorphs and lymphocytes. A letter from the home doctor stated that a culture of the pus from the ear proved to be pneumococcus. We took it for granted that this patient undoubtedly had an extensive pneumococcus meningitis. There was no papilledema, but there were two small embolic hemorrhages of each fundus as seen in subacute bacterial endocarditis. We observed her for 24 hours, but when she failed to improve under the usual care of the critically ill patient with this type of infection, and because respirations were becoming more stertorous and the patient's coma became progressively more deep, we felt that ventriculography and tracheotomy were indicated. Ventriculography revealed a huge shift of the entire left lateral ventricle under the falx and to the right of the midline, much to our surprise, because we thought that this patient probably had a diffuse meningitis. Immediate craniotomy revealed one of the largest subdural empyemas that I have ever encountered. It covered the left hemisphere to about 1 inch in thickness which included not only liquid pus but also necrotic detritus. The empyema was removed as completely as possible. The involved dura as well as the bone flap were removed. The patient made a surprising postoperative recovery and gradually showed signs of waking up. She remained in the hospital for a period of five and a half weeks and was dismissed about the sixth week after her admission, being ambulant, beginning to feed herself, and there was control of bowel and bladder habits. The aphasia which was present after she began to recover, gradually cleared. This recovery represents a most gratifying and rather surprising recovery from a situation that I have always felt was by and large a hopeless and distressing situation. Another interesting fact is that she never did and to date has not developed any hydrocephalus which of course was anticipated would occur because of the very extensive infection.

All cultures obtained in the hospital of the pus as well as the membranes, spinal fluid, and ventricular fluid obtained in the hospital here were all negative and we were never able to grow an organism. One wonders if any other members of the Academy have run into a similar

situation and have had as gratifying a result as this in a patient of this age?

This winter Ione and I were encouraged by our children to take up skiing which we have never done in the past. This April we were brave enough to tackle the slopes at Aspen, Colorado with them. Aspen is a beautiful place for skiing, with apologies to New Englanders and Californians. We thought it was going to be much more difficult. We all returned without mishap. It is interesting that while others are grouching about the long winter, if you are interested in skiing you change your whole outlook and anticipate and look forward to more snow, rather than sit around and complain about it. One must develop interests suited to one's locale and in Minnesota one might as well enjoy skiing. I admit skiing is less arduous in Minnesota than at Aspen, with or without "Gluewein".

Your suggestions pertaining to the continuation of THE NEURO-SURGEON are excellent. A committee should certainly be set up to put the whole thing in motion, and I would be in favor of making you chairman of this committee, because you have had more experience than anyone else and could assist in organizing such a board to carry on with THE NEUROLOGIST. This periodical is an outstanding contribution and certainly keeps all members of the Academy acquainted with one another and affords a wonderful medium for the exchange of ideas and suggestions, as well as clinical and neurosurgical problems. Certainly the members of the Editorial Board or Committee should be appointed for a period of at least three years and probably preferably five years, because it takes at least three years to get the thing organized satisfactorily. An advisory board to the editorial board certainly seems justified.

As far as the Membership Committee is concerned, would it be of any assistance to the members if the Membership Committee could send out a list of men who have been proposed for membership in the past two or three years so that each of the members could refresh his memory. Members might be able to pick out several promising young neurosurgeons whom they might know better at this time than they did several years previously. I, for one, forget who the men are that have been proposed and if this sort of reference library is passed around once or twice a year, we might be able to weed some out ahead of time to avoid embarrassment at some later date.

As far as Emeritus Membership is concerned, the term Senior Membership is more complimentary than Emeritus Membership. It seems appropriate that the Senior Members should be entitled to all

rights and privileges of active members but shall be relieved of the payment of dues and rules of attendance when that time of life has been reached. I have rambled enough. See you in Phoenix.

Editorial Comment:

What an unusual case Alfred has had. No doubt others have had some similar experience, for many of the members have had a vast neurosurgical experience and have seen many unusual conditions. This is the sort of reporting of experiences that is usually only noticed in such a Journal as ours.

His comments on THE NEUROSURGEON and the Membership Committee as well as upon the Emeritus Membership can be compared with the thoughts expressed by the members elsewhere in this Journal.

\* \* \*

A young actor said to his father, "Dad, I've got my first part in a play. I play the part of a man who's been married for 20 years."

His father said, "Splendid! Maybe one of these days they'll give you a speaking part."

\* \* \*

DONALD F. COBURN - April 30, 1956

At the present time we are in the process of trying to get Max over a lumbar stabilization which was badly needed in our opinion. We hope that this will be the end to a lot of difficulties which she has had for a long time. Doctor Lewis has recently been away on vacation and I find that the load is a little heavier than one likes when he is alone. We are still looking for a third man inasmuch as Doctor Wiley left us and went to Rochester, N. Y., to practice.

The vertebral artery problem still fascinates us and we are hoping to get off a paper in the next week or so at the Society of Neurological Surgeons and see how badly we can be taken apart in the eyes of others. We have been using Hypaque on some of our arteriograms and I do believe we get better concentration and so far we have not seen any reactions of any type from its use.

Kindest regards to all.

Editorial Comment:

We all hope Max is on the road to recovery and that we will see Max and Don at the meeting in Phoenix this fall. We will be interested in learning from Don his experiences with the vertebral artery, if not on the program, then in the cocktail lounge where most of us really get the low-down on things. Don is another one using Hypaque. We will probably get some further reactions to this material at the meeting.

The thought occurred to some of us that it would be quite interesting if Don would bring his early movies of the Academy meetings to the Arizona meeting. Aidan Raney has some very fine colored films of the Harvey Cushing Meeting in Honolulu and more particularly of the Academy members. If some of these movies could be put together it would make a most enjoyable evening gathering. Let's hope it jells.

We would appreciate a word from Don about his home address so our membership roster can be completed.

\* \* \*

"Lots of women wouldn't think of repeating gossip. They are more creative than that."

"A reformed bigamist is a man who discovered the futility of fighting on two fronts."

\* \* \*

THEODORE RASMUSSEN - May 1, 1956

It is obvious that you have been doing some serious and heavy thinking in regard to several aspects of the Academy, and as usual, your ideas seem very sound.

In regard to the "The Neurosurgeon", I think we all agree that this is a unique feature of the Academy, and I for one would hate to see it discontinued or altered very materially from its present form. It is obviously too great a burden to put on any one individual, and I would think some device should be worked out which would put it on a reasonably permanent basis under supervision of a small editorial board or committee, with perhaps a part-time secretary doing the bulk of the work.

In regard to the Membership Committee, I feel sure that with the passage of a few more years, the Membership Committee will gradually grow in prestige and its recommendations carry increasing weight. This seems to happen more or less automatically in Societies as they mature; the big problem it seems to me is to get to the Membership Committee as many names of promising young men as possible, so that each year five or ten of the most promising could be elected.

It seems to me that the category of Senior Membership that is outlined in your letter of March 26th would be a distinct addition to our Constitution, and would at the same time enable us to honor our past presidents and provide for an orderly growth of the Society without putting any onerous restrictions on those who would elect to become senior members.

Scientifically speaking, life here at the M. N. I. continues without much change. One small item that may be of interest is a test which we are trying out that provides definite proof as to which hemisphere is dominant as regards speech. This is proving of great help in our epileptic procedures in left handed people. As soon as we know a little more about its risks, we will present the data to you. This is an idea of one of our Japanese Fellows that is proving very intriguing to all of us.

With best wishes for a happy summer to all. . . .

Editorial Comment:

We hope Ted is getting along well in his new position as Professor of Neurology and Neurosurgery at McGill. We are sure many fine contributions will come from his office. Obviously to step into the position requires diplomatic talent and Ted should be able to handle it all admirably. We will be interested in the identification of the dominant hemisphere and hope to learn about it in Arizona if not sooner.

We would like his new home address for the Membership Roster now that the Rasmussens are settled in their new home.

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"No wonder women generally outlive men - they don't have to cope with wives. "

"You are an old-timer if you can remember when the weather man's mistakes weren't made scientifically. "

## LINES TO A SKELETON

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(About seventy-five years ago the London Morning Chronicle published a poem entitled "Lines to a Skeleton" which excited much attention. Every effort, even to the offering of a reward of 50 guineas, was vainly made to discover the author. All that ever transpired was that the poem, in a fair clerk's hand, was found near a skeleton of remarkable beauty of form and color in the museum of the Royal College of Surgeons, Lincoln's Inn, London, and that the curator of the museum had sent to Mr. Perry, editor and proprietor of the Morning Chronicle:)

Behold this ruin; 'twas a skull,  
Once of ethereal spirit full  
This narrow cell was life's retreat,  
This space was thought's mysterious seat.  
What beauteous visions filled this spot,  
What dreams of pleasures long forgot,  
Nor hope, nor love, nor joy, nor fear,  
Have left one trace of record here.

Beneath this mouldering canopy  
Once shown the bright and busy eye  
But start not at the dismal void -  
If social love that eye employed,  
If with no lawless fire it gleamed,  
But through the dews of kindness beamed,  
That eye shall be forever bright  
When stars and suns are sunk in night.

Within this hollow cavern hung  
The ready swift and tuneful tongue.  
If falsehood's honey it disdained,  
And when it could not praise was chained;  
If bold in virtue's cause it spoke,  
Yet gentle concord never broke,  
This silent tongue shall plead for thee  
When Time unveils eternity.

The Vice-President advises the Program Chairman on the handling of space-occupying lesions.



W. A. GUSTAFSON - May 1, 1956

I received your second request but at present we are still working on the program and find we are making some progress. However, we do not have sufficient papers to select the papers and therefore at present we are ready to use all the papers submitted. I believe it might be more desirable to be able to select the papers if this were possible.

The responses to "Newer Neurosurgical Techniques" has been most gratifying and I believe we have practically completed that section of the program.

We are also running a tentative symposium on pituitary lesions which I believe may be fairly interesting. However, as I have previously mentioned, we could use more papers for a greater variety in choice.

I would agree with you on your statement in regard to The Neurosurgeon, since we are aware of the difficulties you have in keeping it going and keeping it organized. I believe the organization of an editorial board is indicated and if we placed definite times of publication there would not be the hardship entailed in sending out repeated requests to every member for their comments and experiences.

In regard to the Membership Committee and the Emeritus members, I believe that possibly should be discussed in small groups

at the meetings to arrive at some sort of committee conclusion to be presented to the group as a whole.

Editorial Comment:

Gus has an excellent idea of putting in a section on "Newer Neurosurgical Techniques". This should prove quite stimulating. In regard to sufficient papers for a program as well as the question of new members, you are referred to the interesting letter of Jack French which follows later on.

\* \* \*

"When you kiss a girl by surprise, it's apt to be yours."

"A pedigree tells where you came from but not where you are headed."

\* \* \*

E. HARRY BOTTERELL - May 1, 1956

The Botterells have reached that stage of their lives where their holidays, and in some measure their comings and goings, are controlled by the activities of their daughters. Jocelyn, age 17, is taking the plunge into the National Ballet Company of Canada this summer and playing her first regular engagement as a member of the corps de ballet when the National Ballet appears at the summer theatre in Washington. The ordinary educational process has been somewhat unusual in terms of the average female teenager.

My main interest neurosurgically continues to be the trial of hypothermia in the surgery of recently ruptured aneurysms, and some not so recently ruptured. Our anesthetic team and associated neurophysiologist are getting a good deal more familiar with the problems of hypothermia, short term. We did our sixty-first cooling when Bill Scoville was up here last week and have had no complications that we can blame upon hypothermia since the two cases of ventricular fibrillation (one fatal) which we reported in the January number of the Journal of Neurosurgery, We continue to have arterial spasm with the evil effects of ruptured aneurysms in the anterior cerebral communicating complex, and also the evil effects which can follow upon operation. Gillingham from Edinburgh was visiting us here last week, and he pointed out to me something which was new, namely, that Norman Dott was the first to advocate clipping the anterior cerebral artery immediately adjoining the bifurcation of the internal carotid for ruptured anterior cerebral communicating aneurysms which fill from one side



only. Valentine Logue's experience with this manoeuvre has been encouraging to him. We ourselves did three such cases about 1947 or '48, and on follow-up angiographic examination two of them filled from the other side several months later. However two of the three we have seen recently, and I cannot account for the third.

.....I have enclosed a couple of pictures in colour taken on our recent trip to Bermuda.....(see page 23)

I find myself in entire sympathy with our editor's views regarding The Neurosurgeon. As far as senior membership goes, I would only add that senior members of course cannot hold office, which I am sure is taken for granted anyway.

I cannot resist once again offering the editor my warmest congratulations on the massive contribution he is making to neuro-surgery through his great efforts in helping build both the Academy and the Harvey Cushing Society, to say nothing of The Neurosurgeon.

Editorial Comment:

How wonderful to have a daughter in the National Ballet Company of Canada. Lander has been doing, if that's the word, ballet for the last five years with Madame Kedrina's school here in Santa Barbara. Each year they put on their show at the Lobero Theater. It is really one of the best things we have in Santa Barbara and is always sold out. It is amazing to see the little tots and the older more finished performers do their dances. Lander will probably not continue with it too much longer but it has been excellent training for her.

Harry's remarks about the problem of the ruptured aneurysm are quite stimulating and such comments as these are important features of the Journal.

The editor appreciates the generous comments about his efforts with THE NEUROSURGEON.

\* \* \*

"Women's vocal chords are shorter than those of the male, they are higher pitched, and require less air to agitate. As a result, women can talk more with less effort, and this should explain a lot of things."

"Etiquette: Learning to yawn with your mouth closed."



The end of a "hard" day.



Wife Margaret and daughter Jocelyn on push bikes.

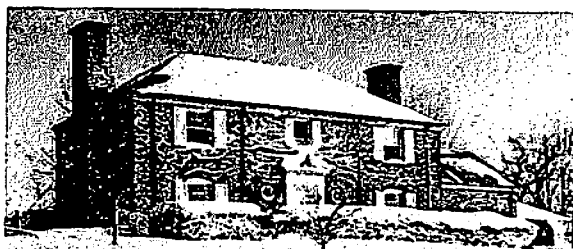
BENJAMIN B. WHITCOMB - May 2, 1956

Your letter of March 26th is provocative as usual. I think the Academy might do well to follow your suggestion of arriving at the candidates for membership by the type of "All-American Football Selection". It would be interesting if everyone with a candidate or more in mind sent the names to the Membership Committee just to record the impact. Certainly anything that will permit us to select the cream and yet save members from embarrassment would seem worthwhile.

Very few organizations enjoy the devotion of their members more than does the Academy so that it hurts me even to think of discussing your part on "Senior Membership". As long as the retirement age goes up year after year, I think everybody is pleased; but, if a date for voluntary retirement is established, it would seem that your suggestion that an active member who has reached the age of 60 or has been a member for 20 years would suffice.

An appreciable reduction in our cartilagenous financial structure is gratifyingly balanced by an increase in the number of interesting and challenging problems. A large aneurysm of the left posterior cerebral lying on the peduncle adjacent to the lateral geniculate body was successfully removed with the help of some wise advice from Brother Woodhall. Rather marked eye signs immediately following operation have resolved to intermittent diplopia and fortunately no field cut.

Many of us had a wonderful visit with the Henry Heyls this winter, including some skiing.



Springtime in Connecticut.

Editorial Comment:

Ben's comments about the increasing number of interesting and challenging problems seen by the neurosurgeon have been mentioned by others, including the letter of Dean Echols.

The photograph of mid-spring in Connecticut makes this Californian shiver, but it, that is the mansion, looks like a very snug harbor.

\* \* \*

"You have reached middle age when all you exercise is caution."

\* \* \*

DEAN H. ECHOLS - May 3, 1956

When the delightful Christmas issue of the Round Robin arrived I was so embarrassed by not having sent a contribution that I phoned a friend to come by the house to take a photograph on the day two of the children returned from boarding school. That photograph is enclosed in case you have room for it in the next issue. The children are growing up but Fran and I are getting younger as you can plainly see.



A New Orleans family.

Things go along smoothly enough here, now that the new Ochsner Foundation Hospital is in full swing and operating in the black. Plans are being made for additional construction this fall to increase the bed capacity from the present 220 to about 400. Our biggest difficulty lies in the fact that the Ochsner Clinic is five miles from the hospital. This problem must be solved slowly and we now have a building under construction next to the hospital which will house the offices of a few departments. This has the obvious disadvantage of dividing the Clinic into two parts geographically.

The Neurosurgical Section of Kirgis, Llewellyn, and myself keeps busy with our small training program (one man each year) plus V. A. Hospital, undergraduate teaching, Charity Hospital, and the Clinic practice.

The impressive thing in our Clinic is the gradual decline in the number of brain tumors and tics and the increase in the number of complex neurological problems and patients who have already had one or more operations. For example, during 1955 I had only two ninth nerve sections for tic, two sensory root decompressions, and five sensory root sections for tic. With the growing number of neurosurgeons the day may come when many of us will be pleased to see patients with epilepsy and parkinsonism.

Fran and I are vaguely planning to expand the Phoenix meeting into a vacation instead of going somewhere this summer. If any of you have similar plans and want companions please let us know.

Editorial Comment:

We hope Fran and Dean will come to Arizona and extend that into a real vacation. We are grateful for the fine family photograph and to see young Echols.

\* \* \*

"Psychologists believe that no person should keep too much to himself. And so does the internal revenue service."

\* \* \*

WILLIAM F. MEACHAM - May 5, 1956

I have read over your last letter with considerable interest about the philosophical points and practical points regarding the continuation of The Neurosurgeon. I feel that your experience in this has

certainly been such that it would behoove us to pay heed to your suggestions. The idea of an editorial board does seem to me to be the best solution to the problem but how the editors are going to work out their problems being geographically separated, for a periodical of this sort, is going to be rather difficult, but I am sure it could be handled quite well with a strong Chairman of the committee.

Regarding the suggestions concerning the proposal or election of new members I am afraid that while your system is certainly designed to save embarrassment and increase the efficiency it is going to be a difficult thing to avoid the individual vote method that is so well established; but I feel it would be very interesting to at least give a trial on selectivity based on the "popularity poll" of the multiple choice proposal.

Regarding Meritus Membership vs. Senior Membership, I myself would propose that the term "Senior Membership" be substituted and that the ripe middle age of 55 be selected as rather proper for senior membership -- perhaps irrespective of the number of years of active membership in the Society.

Spring has come to Nashville and with it the usual doldrums associated with application to neurosurgical problems. Spring fever is really running amok in this territory. However, with the arrival of our new Bi-plane angiograph and its installation we are very intrigued in its use and feel it is a very distinct aid and benefit in routine angiograms. The beauty of it is that it is virtually fool proof and takes simultaneous rapid exposures in almost any two opposed planes one wishes to use and certainly is a great saving in terms of number of injections and the amount of Diodrast that is used. A recent unusual case is worth mentioning. That of a middle aged lady with evidence of an intracranial tumor which proved on air study to be a large posterior third ventricle tumor which we thought probably was a pinealioma. She did not improve on a Torkildsen's shunt procedure (which was to have been followed by x-ray therapy) so that a direct attack on the lesion was necessary and it was found to be a perfectly huge benign pearly tumor which we were able to remove totally. This is so rare in literature that it is certainly worth mentioning as a neurosurgical curiosity. The ease of removal of this tumor was amazing: Of course being totally avascular the laminated portions of the tumor could be very easily lifted from the tumor bed very much like the skin of an onion, layer by layer, until it was totally removed.

#### Editorial Comment:

The new Bi-plane angiograph mentioned by Bill sounds interesting and I for one hope he can bring it along on a photograph or

movie of it. We are quite intrigued in an angiographic machine we have devised and believe it will have an advantage of being easily carried from hospital to hospital. We have been fortunate in having the help of some good electronic engineers. We may be overly enthusiastic, but will soon know more about it when the finishing touches have been completed and we have tried it out for bugs.

Bill is to be congratulated on the removal of the third ventricle epidermoid. Nothing like that to boost the ego of the too often depressed neurological surgeon.

\* \* \*

"Most men don't reach the awkward age until they propose to a girl."

"Minor operation: One performed on somebody else."

\* \* \*

JOHN M. MEREDITH - May 5, 1956

I am sending you a belated contribution to the "Neurosurgeon" which I hope will be in time for the "Arizona Number". First of all, I think that you and Stuart Rowe and Eben Alexander, and all others responsible, should receive an unanimous and enthusiastic vote of thanks from the membership for getting the certificates of membership into our hands. I received mine recently and I am certainly very much obliged to the officers for sending it.

We have become interested in two of the newer procedures in our clinic; namely, complete hypophysectomy for carcinoma of the breast and prostate, Cushing's syndrome, and certain intractible cases of diabetes; and second, chemo-pallidectomy for Parkinsonian tremor and rigidity as developed by Irving Cooper of New York. We have done a number of procedures now in both of these groups of lesions and find the results very promising. The complete hypophysectomy is not nearly as disabling as one might think at first thought (when one recalls the older endocrinology) as the substitution therapy, particularly with cortisone, appears to work very satisfactorily. We have had now instances of unoperated large carcinomas of the breast, others with the so-called "lymphangitic" type of spread regionally from an old mastectomy, and some of them have had pulmonary and spinal or pelvic metastases, and others only local breast lesions. Our Tumor Clinic here, which decides on most of the ward and charity cases of

malignancy, are rather favorably inclined to the procedure although still wanting to try (in some of the cases) bilateral adrenalectomy first, following oophorectomy in the breast cases.

With reference to the chemopallidectomy procedure of Cooper, it apparently is much more applicable to the older age groups than was the anterior choroidal procedure developed earlier. He talked here in March at the Southeastern Surgical Congress meeting. One can utilize it in the later decades of life apparently very satisfactorily and anyone who has seen Cooper's movie on the subject will recall the really dramatic long-standing improvement that he obtained in a number of his cases. It may not be the final answer for Parkinsonism and related conditions by any means, (he has met with some very "spirited" discussions at neurological and other medical meetings recently) as one would think ultrasound, for instance, must have distinct possibilities in that respect, but certainly, for the time being, it would appear to be the most promising of the procedures now if very carefully used and the recommended measurements with x-ray control meticulously followed first using novocaine and then with a small amount of alcohol injected into the globus pallidus through Cooper's specially developed radiopaque catheter put out by the American Cystoscope Company.

We are still meeting with occasional interesting problems in the lumbar disc group. Recently, we had an individual with a very severe syndrome of a right fourth or fifth lumbar interspace disc, the man being also quite nervous, and we elected to do an oil study first to be certain that he actually had a disc as there did seem to be considerable functional background. Much to my surprise, and as we were using a new fluoroscope I was not entirely certain it was not a reversed image type of phenomenon, the large defect in the oil column was found on the side opposite to the patient's pain. I thought perhaps we had the numbers or letters on the wrong side of the film, but on repeat study and careful check, this seemed to be the state of affairs. Operation was carried out therefore with the left fourth lumbar interspace being inspected for a strictly right lumbar disc syndrome, a large disc removed, the usual hemilaminectomy carried out and the right lumbar interspaces not disturbed at all. He made an excellent recovery in the usual time. I pass this idea along just to "agitate the waters" a little bit in the few cases that still must be honestly classed as negative explorations without previous oil studies. Possibly the real moral is that when one obtains a "negative exploration" on the affected painful side, one should certainly not send the patient home, particularly if he complains of the same pain post-operatively, without an oil study to be certain it is not one of these rare, peculiar types in which the disc and the oil defect are on the side opposite the pain. We have also had, and I think perhaps I have mentioned this previously, the experience not long ago in a middle-aged



woman of operating on her for a left sided lumbar disc syndrome, but fortunately an oil study had previously been done or else the usual extradural exposure only would have been made. This (oil study) suggested an intradural tumor of the cauda equina as there was almost a complete block of the oil at the fourth lumbar interspace although the pain was only on the left side at any time. The dura was opened to be certain of the pathology and we found a definite "traumatic" intradural fusiform neuroma involving the posterior root of L-5, due presumably to long-standing pressure from an underlying disc, just before it left the dural sac and I am sure explained why some individuals who have very complete extradural removals of discs in the usual manner still have disabling pain post-operatively and may complain bitterly of it although one knows that the fourth and fifth lumbar interspaces have been thoroughly inspected and their pathology dealt with. I think such a case as the one just cited suggests the cause for such persistent post-operative pain; namely, that there is occasionally a very definite "traumatic" neuroma of the fusiform type left in the posterior root inside the dura when there has been a long-standing or quite severe protruded disc syndrome and that satisfactory relief will not be obtained until this intradural "neuroma" is excised. In this particular case, we did excise the neuroma between silver clips as we had it under direct vision anyhow, the disc was then removed extradurally, and the patient made an uninterrupted recovery without any postoperative persistence of pain.

Etta and I are looking forward with the greatest anticipation to the meeting this fall in Arizona and hope to see all of the other members there at that time.

Editorial Comment:

John's discussion of the fusiform neuromas inside the dura with long-standing or quite severely protruded disc syndrome probably explains the continuation of pain in some of the unsatisfactory disc cases.

\* \* \*

"A confirmed bachelor is a man who postpones marriage until he can afford it."

\* \* \*

HOMER S. SWANSON - May 7, 1956

I am embarrassed by the fact that it took your second request for material for the summer edition of The Neurosurgeon to arouse me

sufficiently to make this contribution, for which I apologize.

Your comments regarding the establishment of an Editorial Committee for The Neurosurgeon were read with interest, but you have done such an excellent job of managing this problem that I feel that unless you personally felt the need of assistance, there would be very little necessity for an Editorial Board. Your efforts in the past have been superb and I am sure that if all the men would contribute regularly without the necessity of repeated prompting, as has been my case, your work would be much easier.

We are at the moment concerned with a set of identical twins of twenty-one months of age, with very severe changes secondary to an unrecognized craniostenosis. In the past, I had always assumed that this particular lesion was congenital but not necessarily hereditary and when we were confronted with one of the twins, it was readily apparent that the other twin was likewise afflicted even though the family was unaware of any abnormality in the second twin, assuming that their unusually small head and proptotic eyes were merely a paternal similarity. It required x-ray verification with the demonstration of profound digital markings of the skull in both twins to convince not only the skeptical mother but the somewhat amazed pediatrician as well, and later when we called the father in for the discussion, we appreciated the apparent confusion which existed when we were confronted with a father, who had obviously had a mild craniostenotic lesion. We have had one other pair of identical twins, one of which had premature closure of the sagittal suture which required surgery, and were unable to find any reference to this same situation occurring in identical twins in the literature. Incidentally, the children both show syndactylism which was also evident in the father. In addition to her fame for her peaches, both vegetable and human, Georgia is noted for her anatomical curiosities.

Another intriguing and somewhat baffling diagnostic problem with which we are currently confronted is our third instance of subdural hematoma associated with subarachnoid hemorrhage. Our two previous such cases were relatively easy to diagnose and manage since the subdural hematomas lay adjacent to the arteriographically evident aneurysm. In this instance, however, the subdural hematoma presented in the Sylvian fissure laterally on the left, whereas the aneurysm which had previously been demonstrated apparently arose from the anterior communicating artery. This lady was admitted to the hospital in the early part of March, with a very acute onset of stupor, left sided third nerve paralysis, and a left sided hemiplegia. When seen on the fourth day following the subarachnoid hemorrhage, she had

already begun to show rapid recovery, not only from the ocular paresis, but the left sided hemiplegia as well. An arteriogram demonstrated a small lesion of the anterior communicating artery and there was an associated shift of the two anterior cerebral arteries to the right of the midline by a distance of approximately 5 to 6 mms. On our original arteriogram there was no distortion of either the middle cerebral artery on the left or its branches.

The patient cleared clinically very promptly with reference to her neurological deficit, suggesting that if there existed any degree of intracerebral hematoma, it must have been minimal and the family elected, and with this we were in agreement, to hold up on further surgery. She did exceptionally well for a period of two weeks and then very rapidly began to exhibit return of the left sided hemiplegia with progressive stupor, and manifested multiple diffuse subhyaloid hemorrhages with a low grade papilledema. There was a history of a relatively insignificant period of head trauma two days prior to the onset of these recurrent symptoms. A ventriculogram demonstrated a massive shift of the ventricular system to the right of the midline and a repeat arteriogram demonstrated again no vascular malformation of the middle cerebral artery on the left but did demonstrate distortion of the middle cerebral artery to suggest a space occupying lesion in the left temporal region which was not evident on the original arteriogram. At the time of craniotomy, an extensive subacute subdural hematoma was evacuated from the middle fossa on the left.

In reviewing our two sets of arteriograms, I am reasonably certain that the subdural hematoma was not evident on the original arteriogram at the time of her first admission, at which time she presented with a left sided third nerve paralysis and homolateral hemiplegia. On her second admission her spinal fluid was again bloody, suggesting recurrent subarachnoid hemorrhage. Whether her subdural hematoma is traumatic in origin or associated with her recurrent subarachnoid hemorrhage is difficult to determine in the light of the absence of any demonstrable vascular malformation of the middle cerebral artery on the left. Vascular lesions still pose a real problem both diagnostically and therapeutically, certainly in my hands.

We are looking forward with a great deal of enthusiasm to the meeting in Arizona and hope that this meeting will be as successful and enjoyable as those in the past.

\* \* \*

"Many a man who married to escape the draft is now fighting his own war."

HOWARD A. BROWN - May 8, 1956

I regret that we are not still sitting on the beach at Waikiki in that most relaxing Honolulu atmosphere.

It was disappointing not to see more members of the Academy in Honolulu but I can understand that the distance presents a real problem, particularly to those on the East Coast.

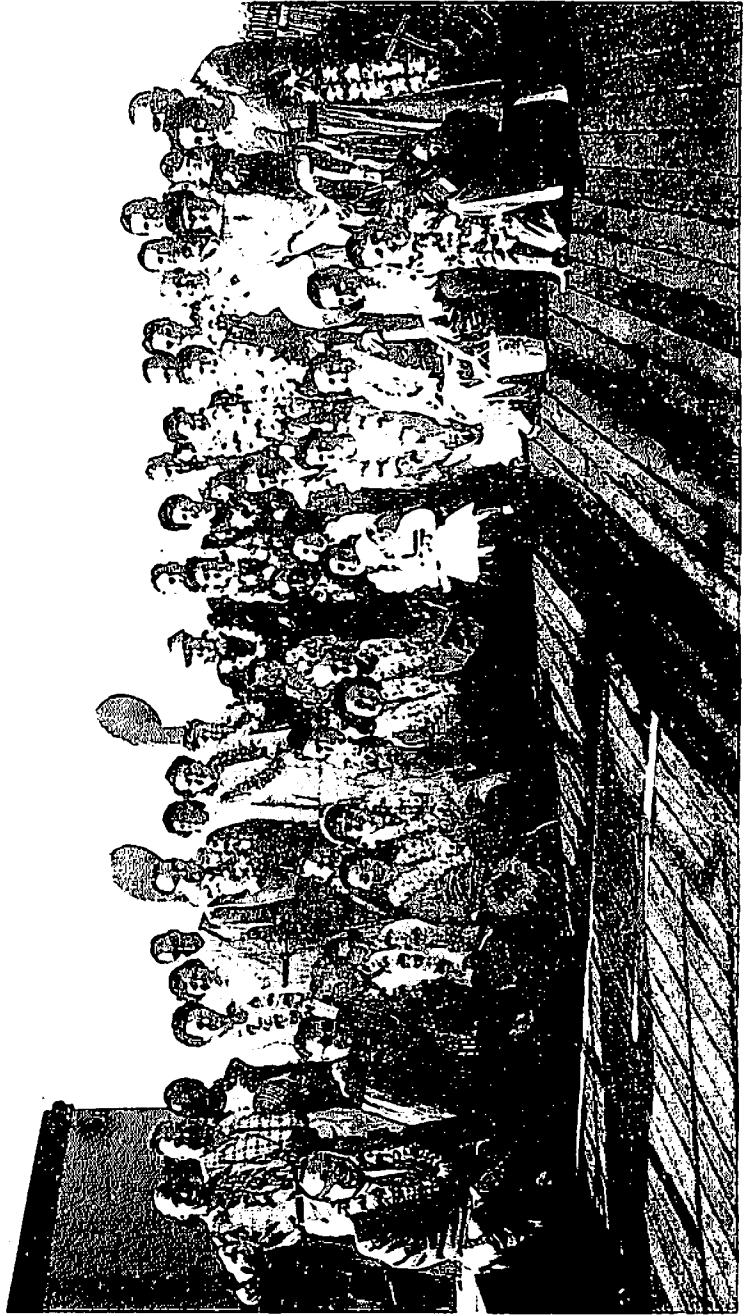
Ralph and Florence Cloward certainly did a bang-up job and I am sure that everyone who was able to attend the meeting had a wonderful time.

I have just returned from St. Louis and my last American Board meeting and it was with some regret that I realized I would not be back in the fall. The work on the Board is certainly strenuous but it has been an excellent experience and I feel that I have gained a great deal from this work over the past six years. I know that John Raaf will do a fine job in the future and may I wish him every success as the new representative of the Academy.

I have read your letters with considerable interest and am in full agreement with your suggestion that The Neurosurgeon should have an editorial board or committee set up to carry on with this fine publication in the future. We are all indebted to you for the wonderful job that you have done in developing this publication to the point of its present high standards. I am sure that we are all equally aware of the fact that one man cannot indefinitely carry the burden that you have done without complaint for these past years. I am sure that you know better than any of us how such a board should be set up to carry on in the future.

It would certainly seem advisable to send in names to the Membership Committee so that they could be screened and the best men given real attention by the Academy. It is regrettable that we have not had a few top men coming in each year which could be done without too much enlargement of the Society. Your suggestion about the forwarding of names and screening by the Committee would seem to be the best solution.

I am not sure that the matter of Senior Membership is a very urgent one at this time. I had a long talk with Earl Walker in St. Louis about this and we rather felt that this situation might take care of itself for at least several years in the future. When more members begin to approach the age of sixty perhaps a Senior Membership might be established



ALOHA I

and the members in this category relieved of responsibility for attendance but retaining the privilege of voting if present at any meeting.

I was very pleased to see a number of papers published in the last Journal of Neurosurgery with footnotes indicating that they had been read at the American Academy of Neurological Surgery.

It was certainly nice to see you and many other friends in Honolulu and I hope that some day perhaps the Academy might give thought to a meeting in this very lovely place.

Editorial Comment:

Howard as usual has written an informative and interesting letter but has left out the honor which was given him at the meeting of The Harvey Cushing Society in Honolulu when he was elected President-Elect. Howard has served the Society well on the Membership Committee and as Vice-President at the meeting in San Francisco, not to mention his work on the American Board of Neurological Surgery as a



The spell of the Islands

representative of the Academy. He is certainly the logical representative of the West as the coming President of The Harvey Cushing Society. Actually, when one stops to think of the situation, a large proportion of the Academy membership heads most of the important neurosurgical chairs in our country, not to mention many of the spots of importance in neurological and neurosurgical societies.

As Howard has said the meeting in Honolulu was truly a memorable event. The spell of the Islands is such that some four members of the Cushing Society have picked out spots of land on Maui and are going to leave it all behind. My agents inform me that two already have. Of interest too, in The Harvey Cushing Society, there are now more members from the State of California than any other state in the land. On page 34 is a photograph of our arrival on the Lurline. Howard is at the extreme left next to Ralph Cloward. Those who had flown over to the Island came out on launches and boarded the ship to greet those coming in on the Lurline. Dorothy is next to Louise Eisenhardt, and our little Bethy is in front near Mary Raney. The next photograph (page 35) shows your reporter who was trapped for a hula dance by some of his blackmailing friends.

\* \* \*

"Mal de Mer: French for "You can't take it with you. "

"Diplomat: A man who can convince his wife a woman looks stout in a fur coat. "

\* \* \*

DONALD D. MATSON - May 9, 1956

In March it was my privilege to participate in a two-day symposium on Hypophysectomy at the Sloan-Kettering Institute in New York. Three topics were considered: (1) Results of hypophysectomy in Cancer, (2) Physiological changes following Hypophysectomy, and (3) Radiation Hypophysectomy. It was certainly a stimulating and provocative session. Bronson Ray, Joe Evans and myself, as representatives of the "ablative" treatment in hormone management of inoperable cancer, did our best to keep abreast of the endocrine physiologists, chemists, radiologists and pathologists in a most intense and informative discussion. Dr. Luft came over from Stockholm to present the most recent analyses of Dr. Olivecrona's surgical results. Dr. Forrest from the University of Glasgow came over to describe his technique for trans nasal insertion of radon seeds and Yttrium beads into the sella

under radiographic control. The extensive clinical and physiological studies of the New York Hospital Sloan-Kettering group were presented by various members of their team. There were also reports from the University of Minnesota, The Oklahoma Medical Research Foundation, the Steroid Tumor Clinic in Chicago, The University of Chicago, and from Boston.

At the Brigham Hospital, I have done 21 hypophysectomies since January of 1952, but 16 of these have been within the past 15 months. Whereas we have a great deal of physiological and clinical data, since all of these cases have been studied in considerable detail, the results in terms of effect on the prolongation of useful and comfortable survival of the patient cannot obviously be assessed with much accuracy as yet. The operation is a feasible one; the mortality is negligible, and the morbidity extremely low. Although these patients are not particularly difficult to manage postoperatively (providing they have not also had adrenalectomy) the surgeon or group who carries any number of these takes on a responsibility in subsequent management and observation which soon grows to substantial proportions. The relief of suffering in most of the mammary cancer patients has been very rewarding.

I have been asked to discuss Hydrocephalus Treatment at the International Congress of Pediatrics in Copenhagen in July, and have been prevailed upon to accept. Dotty and I plan to take five weeks to make this half-hour appearance and find that the only sensible way to get there is by way of London, The Norwegian Coast to the North Cape, Oslo, Stockholm, and Helsinki. Leaving four children under 10 for some regiment of marines to try and control is obviously the most difficult part of the entire venture, but we keep telling ourselves it will do both them and us good.

I am much in favor of an Editorial Committee of no more than three to continue The Neurosurgeon. Although I believe in democracy, I am convinced that committees larger than three serve very little useful purpose for the most part and I am further convinced that the main reason The Neurosurgeon has been such a great success is that one most able, interested, and willing person has directed and published it himself.

#### Editorial Comment:

Don's very interesting letter referable to hypophysectomy I am sure will be enjoyed by all and will be considered quite informative.

We hope that Dotty and Don will be able to attend the Arizona



meeting but very possibly the trip to Copenhagen will interfere.

\* \* \*

The editor of a small newspaper sent a notice to one Bill Jenkins that his subscription had expired. The note came back with the laconic scrawl, "So's Bill".

\* \* \*

JOHN D. FRENCH - May 9, 1956

I can't tell you how pleased I was to read your circular letter indicating your ideas concerning "reforms" for the Academy. I share your disquietude about the future and perhaps this is the time to say why.

Actually, my feeling of uneasiness began last year when at the deadline for submitting abstracts to the program committee, a total of 9 topics were on hand. Concurrently, I was serving on the program committee for another group and on "D Day" something in excess of three times the number of papers required to fill up the meeting were available. This disparity in the apparent productivity of the two organizations was so striking that I did a little "on the cuff" review to find out why. The answer was simple. We Acadamaniacs are few in number and we're getting older.

The solution also appeared to be apparent. Elect more members, preferably young men.

Another thing occurred at the meeting which disturbed me as it may have some of the rest. It was indicated that other and younger societies were felt to be more representative of American neurosurgery than the Academy for purposes of participating in the organization of the 1st International Neurosurgical Congress to be held in Brussels next year. To me, this meant that the stature and influence of a group, my affiliation with which gives me the greatest pride and pleasure, was on the decline.

I had a couple of little graphs made for the last meeting pointing up the position of the Academy as I saw it. I changed my mind about showing them at the last minute because: 1) didn't feel the election of new members should be prejudiced without time for deliberation, and 2) didn't want to sound like a disgruntled program chairman. Now, many

months later I guess I can speak my piece even though the details of figures etc. have become a little hazy to me.

The first figure (Fig. 1) indicates the number of new members elected each year since organization (hashed columns) together with total number admitted each pentad since 1940 (dotted columns). Things seemed to sail along vigorously until about 1950 after which instead of 16 new members per 5-year period, the figure dropped to 8 and the total membership curve leveled off glaringly.

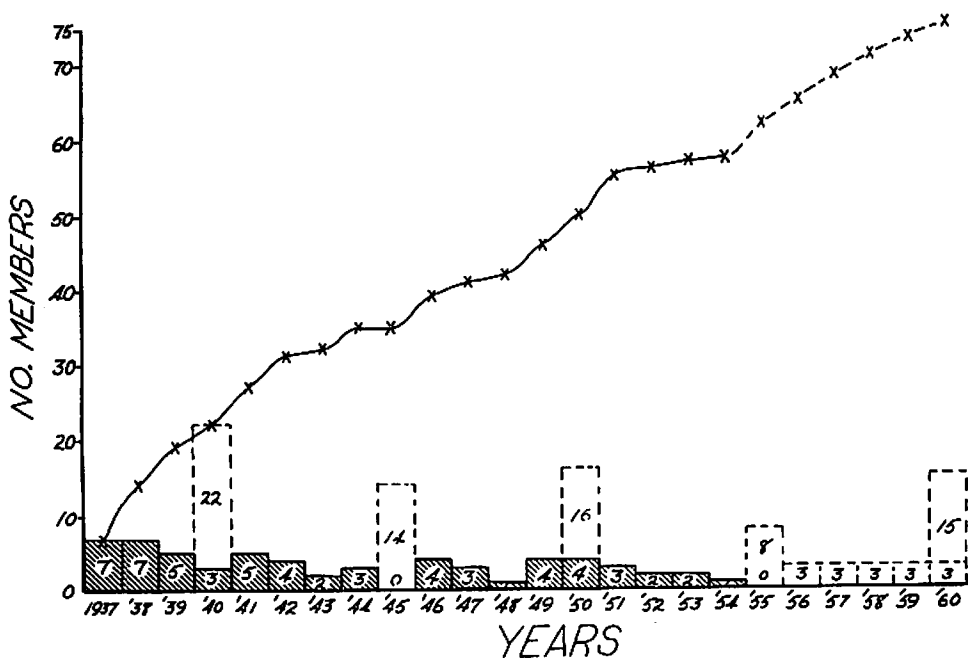


Fig. 1

But what is wrong with that? The Academy was apparently meant to be a small tightly-knit organization so why not stop when the roster contained so many, say 60, names. Appealing as the idea is, I just don't think it can be done. Take a look at the second figure (Fig. 2), the one which indicates that we're getting older. I took the ages of all members at each 5-year period since 1940 (considering the total membership in 1940 as kind of the founders group) and averaged them. Said average age then (1940) was 35. For each pentad since, we have become 40, then 43, and finally 47 (1955). This "aging process" seems to be not only a reflection of the small number of new faces elected, but also of a taste we older fellows develop for older prospective members. The "pledges" of the 1940 era were 35; by 1945 they had become 37, then 40, and last year 43. If this trend follows the same pattern in the future, the average member will be 51 and then 56 and the tyros will be 46 and then 49 etc.

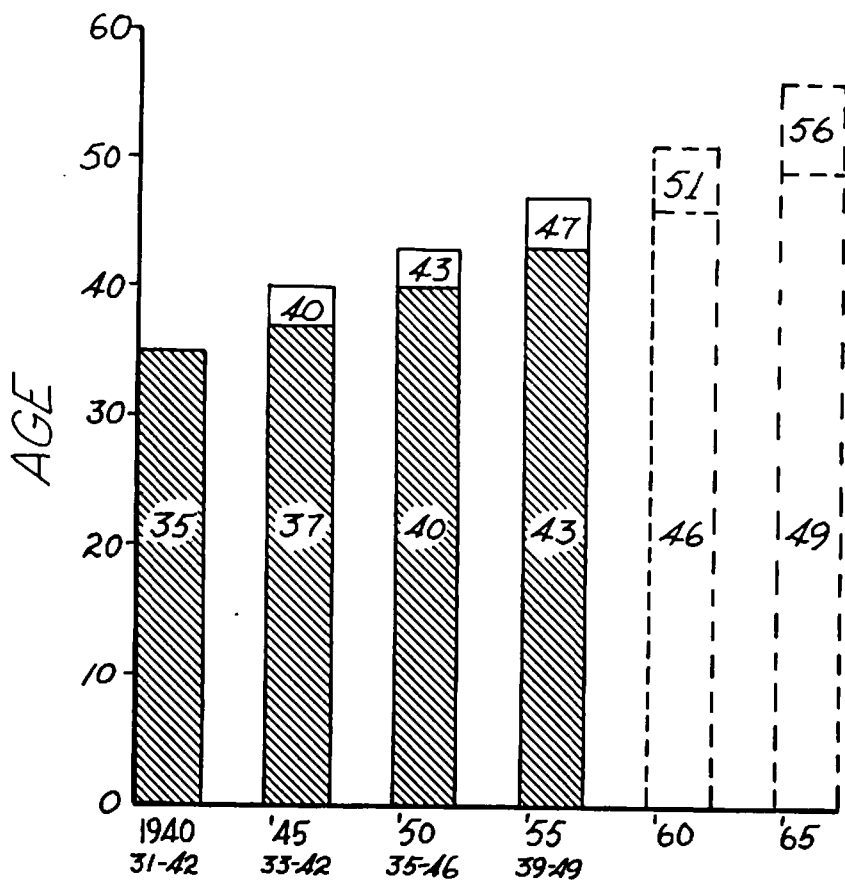


Fig. 2

Again, perhaps, what is the matter with that? I think the clinker lies just here. The older and more successful men become, the greater the call upon their physical resources. And the less time they have to devote to the pleasures of yesteryear such as reviewing cases, doing experimental work, etc.

To me, this all simply means that we need more members. I would like to see the entire roster of American neurosurgeons reviewed and the 20 most promising scrutinized for possible election, taking in the best five or six. Changes in the constitution and by-laws may be necessary - if so I think they should be made. If it is felt desirable to limit the size of the organization, perhaps it could be done by establishing a Senior Membership (in one successful group, the transition is at 45) although many feel such a device is nothing but a paper transaction.

In summary, I think we have lost ground during the last 5 years. If three men were elected to membership during each of the next 5 years (about par for the 1940 to 1950 era) the total roster of the Academy would include only 75 names (see Fig. 1 again) and even this is probably too small. Personally, I would vote for more, and I believe a larger group would work to considerable advantage without undermining the highly desirable purposes of the Academy. At least it is a mathematical certainty that our presently constituted organization cannot survive membership policies of many more 5-year periods like the last.

#### Editorial Comment:

Jack's review of the problem of the membership along with the expressions of others already recorded makes the editor feel that the circular letter was worthwhile, for it is only by bringing these problems before us with the expressions of opinions in this manner that something constructive can be achieved.

\* \* \*

"Nothing gives a man more leisure time than being punctual."

\* \* \*

ARTHUR A. WARD, Jr. - May 10, 1956

Since I have not yet recovered from the tranquilizing effect of the Hawaiian Islands, I am afraid that I have no very sparkling comments which would be of interest to "The Neurosurgeon".

Regarding the matter of editorial coverage, I would certainly agree that a somewhat more formal arrangement is desirable. This not only serves to spread the load and prevent exploitation of the time of one individual but would also broaden the base and, in the long run, this should inevitably yield growth to the publication. Thus I would strongly support the suggestions which you have made regarding the composition of an editorial board and the period of tenure of the Chairman. As to whether there should be an advisory board in addition to the editorial board is perhaps more controversial since, unless responsibility is really pinpointed, I wonder if they would really serve any useful function. Most individuals tend to dodge responsibility and if they have no real job to do, I doubt if they would be of much use but perhaps this is not a fair evaluation since it is based on the way I personally tend to dodge responsibility if it is possible!

Now the problem regarding membership is a little bit more complex. I personally am not in favor of an "All American Selection" system. It could well be that an eminently suitable individual for membership would be lost under this system since his name would not be widely known to more than a few. Conversely, there might be an individual who is widely known and superficially well thought of who, in actuality, might not be the ideal candidate for membership. I think that the most equitable way of solving this problem is the way many other societies function. Namely to have a membership committee who can assume the responsibility for evaluating names which are passed on to it. Possibly the system can be altered so that a name may be proposed on a relatively unofficial basis without the candidate himself participating in the proposal. He can then be thoroughly screened by the committee and they can then seek further advice from informed sources so that, on an impartial basis, a fairly effective evaluation can be achieved which does not necessarily involve factors of personal feeling, sponsorship, etc. If the membership felt free to submit names to the committee without any connotation of strong sponsorship, this would supply the committee with a larger number of candidates to survey and would not make the sponsors feel that they had made a maximum push before a certain individual only to have the name turned down after subsequent evaluation. With the growing geographical dispersion of neurosurgeons as well as the rather massive increase in volume, it is becoming increasingly difficult for a small group such as we have to be personally familiar with every neurosurgeon in the country. For these reasons I think it is even more pressing that we set up some kind of a well organized administrative program for handling the matter of membership since the future of this Society depends, in large measure, on this one factor.

Editorial Comment:

Arthur's comments seem very well taken. Your reporter believes it is important to have a group of highly desirable candidates before the Membership Committee so that the best can be selected. On the other hand in some unofficial manner it would seem necessary to obtain some idea of their acceptance by the membership at large, for such would avoid the Membership Committee proposing formally a group of men who would be turned down.

\* \* \*

" A psychiatrist is a man who profits by your experience. "

"I hope you arrive in heaven a half hour before the devil knows you are dead. "

\* \* \*



The two Raafs and Ernie Mack at the Rogue River Meeting.

EDWIN B. BOLDREY - May 10, 1956

I am shocked to find the time has passed so rapidly and that the occasion for the material for the Arizona Number of "The Neurosurgeon" is at hand.

I have indulged in no particularly interesting travel but we have had pleasant visits from some of our friends on the way to and from the Harvey Cushing Society meeting in Honolulu and it was of course good to see them. Ted Rasmussen did not go to the Cushing Meeting but was out to the West Coast for other reasons. Spent a day with us which was most enjoyable for me. Because of his visit I know something more of the activities of the University of California outside of the realm of the Department of Neurological Surgery. I am always amazed at the devious means one must employ to obtain information about the things in one's own community.

The San Francisco members of the Academy are particularly pleased and honored to have Howard Brown elected President of The Harvey Cushing Society. Since we all know of his efficient handling of the Academy a few years back we feel that the Cushing Society is to be congratulated on having him as his executive head.

With respect to the continuance of "The Neurosurgeon", I am sure that all of us will view with alarm the grumblings on the part of the editor relative to his superannuation. The high and unique position which "The Neurosurgeon" now occupies, would, I fear, be impaired if not lost under the plan of one or two committees that you propose. All of us I am sure, realize the amount of time that this must take. Perhaps it would be well for an assistant to the editor be appointed, or one might consider the possibility of an associate editor. These might be of some help to you. I strongly urge that you not resign the editorship of the Journal though.

I think that your suggestion with respect to proposals for membership to be sent to the Membership Committee is excellent. As I look over the country there are many centers both with and without university connections which are served by top flight neurosurgeons. I recently looked through the Directory of Medical Specialists and particularly examined the locale of men who have taken their Boards and who are under the age of forty. I think that this is the group that should be investigated particularly and should probably form a nucleus for "All American" selections.

With respect to the matter of senior membership, I still

view with some disfavor the idea of planned auto-annihilation as far as the Academy is concerned inasmuch as we have never faced a limit on the number of members for the organization. If there were a limit I could see some point in going into a senior status to provide room for younger blood which certainly is most necessary for the continuation of the organization. I have a rather sentimental feeling for the Academy. I fear that if a senior membership is set up such as you propose, many of us would feel that we were obliged to ask for it whereas deep inside we would rather not. The Academy has been, and is a uniquely valuable organization. The inexorable "march of time" will inevitably change or possibly destroy it as it now exists. I am disinclined to stimulate or augment the appearance of that fateful day.

\* \* \*

"A small town is one where everybody knows whose check is good and whose husband isn't."

"Horses: What more people bet on that get on."

\* \* \*



Rupert at the Rogue



ROBERT L. McLaurin - May 10, 1956

I am not sure what the deadline is for letters for the Summer edition of The Neurosurgeon, and perhaps this is already too late.

As the most recent case history to be included in the files of the Academy, I shall take this opportunity to announce that Kath and I are both quite pleased and grateful for the opportunity to be members. We have enjoyed several of the previous meetings and look forward to future ones in which we can become better acquainted. My only concern in this whole thing is the apparent charm which Bill Kieth exudes (see previous issue of The Neurosurgeon). It required three months following the Hot Springs meeting for me to convince Kath that we really didn't need to make an emergency inspection of Toronto's Hospital for Sick Children.

Again let me thank all Academy members for the opportunity to join you.

Editorial Comment:

All of us welcome Kath and Robert into the Academy and know they will contribute much to its charm and prominence.

\* \* \*

"A woman of courage is one who gets on the scales while her friends are watching."

"Husbands are at least consistent; when they have to be dragged to a party they usually have to be dragged away too."

\* \* \*

A. EARL WALKER - May 14, 1956

Just a little note for the Round Robin. Neurosurgical meetings seem to be very plentiful in these spring months. I have just returned from a most enjoyable session in Memphis with Francis Murphey and his group.

Plans for the Neurosurgical Congress in July of next year are progressing. We would be very happy to hear from any of the members regarding suggestions for these meetings. Since the Congress is in the formative stage, this is the time to indicate the direction

which the international organization should take. At the present time no final plans have been made regarding the actual organization or the constitution. The constitution committee has drawn up a tentative constitution for consideration by the various component societies. The present constitution allows two delegates from each of the component societies, including five American neurosurgical organizations. This constitution should be in the hands of all members of the Academy before the fall meeting. I know that the constitution committee and the executive of the International Neurosurgical Congress would be very glad to receive any comments regarding the constitution on any of the presently proposed points. As I previously mentioned, this constitution is still in the process of formation and may be changed at the desire of the component societies at the meeting in Brussels. Since there has been considerable comment regarding some of the other international congresses, we ought to endeavor to make our Congress as efficient, pleasant and instructive as possible by avoiding the mistakes which have been made previously.

Larry Pool, Wally Hamby and I had a little session last week in which we discussed some of the criteria which should be considered in evaluating the course of treatment of subarachnoid hemorrhage. We hope that we will have some real basic criteria to present to the Academy this fall. Since this subject is of considerable interest now in the neurological field, anything which the Academy can do to put reports on a more sound scientific basis would be of great help in allowing us to evaluate methods of treatment for aneurysms and subarachnoid bleeding.

I am busy at the present time on a follow-up of our head injured cases from the last war and hope to have a report ready for publication before the end of the year. It looks as if the prognosis in posttraumatic epilepsy is not quite as gloomy as one would gather from the earlier literature, but you will hear more of this some time in the future.

So much for the present. I am sorry that I was unable to enjoy the excellent time with the members of The Harvey Cushing Society in Honolulu, but I shall see you all in Detroit next year.

#### Editorial Comment:

We will be interested in the tentative constitution of the International Neurosurgical Congress and Earl's comments on it. He and his committee have put in a great deal of time getting it together. Additionally, the discussion of the treatment of subarachnoid hemorrhage which will be presented at the fall meeting in Phoenix should be most valuable and interesting.

\* \* \*

"Another dull thing about the straight and narrow is that you so seldom see anybody you know."

"Alimony is like paying off the installments on the car after the wreck."

\* \* \*

FRANCIS MURPHEY - May 15, 1956

I am late as usual, but with more justification. This has been the most hectic year so far, and if the pace keeps up, I doubt if I will make it through another one.

Just after the Academy meeting last fall, we had a party for Doctor Semmes on the occasion of his seventieth birthday. His close neurosurgical and lay friends were invited as well as our former residents. This was followed by a duck hunt, and I believe it is an understatement that the ducks cooperated magnificently. Woodhall informed me he thinks a gun is superfluous and next year intends to kill his limit with a stick. Later on in the winter Henry Schwartz, George Baker, and Al Uihlein came down and although there were a lot of ducks, they had been shot at so often it was difficult to get the limit. Incidentally, on the basis of rather limited observation, I am convinced that the instruction in shooting that is given at the Mayo Clinic cannot be compared with that for fishing and golf. Finally, last week our long-suffering friends came back to the meeting of the Society of Neurological Surgeons and very politely listened to papers they had heard three or four times.



Our newest member talks another one!

In the meantime, we had moved into the new Baptist Hospital, the result of which was unbelievable confusion, waste of time, and a Morton's toe. Somehow we managed to get our work done and unstop a couple of occluded carotid arteries, which by the way seems to be the most common cause of cerebrovascular accidents. Richard De Saussure and Jack Whiteleather have been working on Hypaque as a contrast media for angiography and have found it to be as safe, if not safer than Diodrast, less painful and radiographically very much superior.

So far as your comments are concerned, I am against anyone running THE NEUROSURGEON but you; I think the idea about selecting new members is very good; and I see the age limit for the senior members has gone up again.



Ducks Beware!

\* \* \*

"The trouble with most men is their trouble with women."

"Television may be killing the movies, but why do they have to show the dead ones to prove it."

\* \* \*

WALLACE B. HAMBY - May 15, 1956

I never plan to get these letters to you too late for publication,

but the race is always close! I missed the Christmas Edition, so am sending along one of Hellyn and me with our little brood under the Christmas tree. It looks as if the trees will need to get a lot larger soon! Barney has had another season of hockey under his belt since then, and has increased in all diameters.



Christmas at the Hambys'.

We wanted to visit with you at the time of the Hawaii Cushing meeting, but had to pass it up. Will try again in November. I had nice meetings with a number of the gang at St. Louis and Memphis last month. Henry Schwartz let me see the new tennis court he has emerging from a mud bath, Jess Herrmann and Harry Wilkins fed me Mexican food in Oklahoma City, and there's no use even talking about Francis Murphey's hospitality! Needless to say, Shelden's golf was good enough for our foursome.

The reports from the Shelden-Pudenz Research Institute continue to interest us. I have a grand lady with communicating hydrocephalus following a beautiful acoustic neurinoma removal elsewhere. Shunts have worn out from spine to peritoneum (1 yr.) and to pleura (8 mos.). Now we have it draining well via a Fallopien tube. I will feel a lot safer about her when Pudenz reports the same type of auricular valve two meetings in a row, but the last looks very good.

Hellyn and I are looking forward eagerly to seeing all of you in Phoenix in the fall.

Editorial Comment:

Hellyn and Wally have every right to be proud of their attractive children. We hope to see all of them in Phoenix.

\* \* \*

"Autobiography: Fiction written by someone who knows the facts."

"People who worry about what friends think of them might be surprised to know how seldom friends do."

\* \* \*

GEORGE S. BAKER - May 17, 1956

For the Arizona number of The Neurosurgeon, I would like to say that a group of neurosurgeons are anticipating meeting in Montana for a bit of trout fishing, and we have elected Francis Murphey as chairman of the "Beef Eater's Convention" which is held in conjunction with our fishing each evening from 6:00 to 8:00. Many of the serious neurosurgical problems that confront the various neurosurgeons in various parts of the country are settled once and for all at these meetings.

Regarding the future of the Academy, I can see no way that would be better for the Academy to perpetuate itself with the capable young men other than to have the members reaching senior membership at the time they become 55, and at this time make an active membership available to a younger capable man. The senior member, I am sure, will want to continue with the privileges of the active member, but perhaps should be restricted in his ability to hold office and ability to vote for the policies of the organization. I believe that within a few years this will make quite an opening for a lot of capable young men, and I surely feel that it would be the wishes of everyone in the Academy that the younger capable men become members and perpetuate the society which has been a very capable one on its own merit.

Looking forward to seeing you in Phoenix in November.

\* \* \*

"A filing cabinet is a place where you can lose things alphabetically."

JAMES GREENWOOD, Jr. - May 21, 1956

It is probably a little late, but there has not been too much of interest in Houston. We have recently observed a fairly complete recovery of a young woman of 69 in whom we removed a colloid cyst three months ago, who at the time of surgery presented chiefly a syndrome of dementia.

We have also had another example of the difference in behavior of malignant tumors in the region of the thalamus. A man patient originally operated upon in 1955 for a fairly typical glioblastoma in this phylogenetically older area of the brain suffered a recurrence. At the time of exploration, there was no tumor in the thalamus, but the tumor had extended into the parietal area where it was still nicely circumscribed and sections were very much more benign than original primary tumor.

I think your idea of selection of new members is an excellent one.

\* \* \*



Reedie and Henry at their Hot Springs cottage.

"Furniture: Another thing a woman likes to push around."

"A wedding ring is like a tourniquet - it stops your circulation."



Ruthie at Santa Barbara

WILLIAM H. SWEET - May 29, 1956

This is a terribly late response to your letters. My most interesting venture of the past year has been attendance at the Atoms for Peace Conference in Geneva, followed by a lecture tour around Germany in September. I struggled through presenting my material in German and sought to answer questions following the lectures in something that would pass for the same language. Although I am sure that it facilitates my using my German to go through an exercise of this kind, I am glad that I don't have to think all of my thoughts in that complex format.

Looking forward to the next Academy meeting.

\* \* \*

"He is the kind of man that hits the nail squarely on the thumb."



When the Academy met at the Homestead I brought up the subject of enlarging the "Corresponding Membership" to include several of the less senior but very productive neurosurgeons in other countries. Incidentally, it was amusing to me that most of the membership assembled at our last meeting did not realize that we had any provision for a corresponding membership.

Through the medium of "The Neurosurgeon" I should like to re-present this problem for the consideration of our membership. It seems to me that because we have our own informal journal, great profit could derive from inviting a small but representative group of foreign neurosurgeons to associate themselves with us, particularly if we emphasized the fact that they would be expected to become regular contributors to "The Neurosurgeon". Furthermore, there is little doubt but that our corresponding members would be all the more delighted to welcome members of the Academy when the latter were traveling outside of the United States.

As a beginning, then, I should like to propose several names at the next regular meeting of the Academy in the fall.

And speaking of traveling, I spent a very delightful and informative day with Henry Schwartz in St. Louis a few weeks ago. Poor Henry was being besieged with neurologists and neurosurgeons but, despite all of the interruptions from visiting firemen, maintained his aplomb as a genial host and a mine of information.

Elizabeth and I plan to be in Boston all summer long and would welcome a visit from any of the members of the Academy who wish to enjoy the benefits of a New England summer.

Editorial Comment:

Tom's suggestion about adding some stimulating corresponding members is I believe an excellent one and represents one of the first original suggestions for the improvement of the Academy. We should have more new ideas.

\* \* \*

"The reason the modern girl's bathing suit is real cool, is that most of it is real gone."

J.LAWRENCE POOL - July 2, 1956

Old man procrastination got me again, and I am sorry indeed not to have written you sooner. Somehow this has been a terribly over-active spring, because of an unusual number of meetings both locally and at a distance. Of the latter, the Annual Canadian and the American Neurological meetings were extraordinarily fine from every possible point of view.

In answer to your thoughtful queries, I am heartily in favor of continuing The Neurosurgeon under the direction of an Editorial Board such as you have outlined, provided you remain as Editor-in-Chief for at least a decent interval.

I am also in favor of circulating an annual list of candidates for consideration as new members along the lines you have suggested. Finally, Senior membership at age 55 would seem an excellent means of making way for younger members while preserving the opportunity for all ages to attend meetings under more relaxed circumstances that would be in keeping with advanced (ours) old age!

I have no special clinical news to report save that I've tried globus pallidus operations by coagulation, alcohol and the Guiot approach. Despite what seems to be excellent localization of the desired lesions, I have not obtained very striking lasting degrees of relief of tremor and rigidity, and would be greatly interested in hearing how really successful other members have been with this type of procedure.

Looking forward very much to the Phoenix gathering and with kind regards. . . . .

Editorial Comment:

Larry's comments about the globus pallidus operation is indeed timely. Perhaps we will have this problem catalogued appropriately at the meeting in Arizona. Sometimes, in fact too often, it takes too long to have new procedures evaluated appropriately.

\* \* \*

The Neurosurgeon's AWARD WINNER 1955:

Edwin B. Boldrey for establishing "The Academy Award".

\* \* \*

WILLIAM S. KEITH - July 4, 1956

I am sorry the enclosed note is so late. Of course, I should have done it long ago.

I am quite in favor of your suggestion about Senior Membership, and if we adopt the suggestion I will be a candidate in 1957.

Mr. G. J. B. - Aged 70 - (Spontaneous intracerebellar haematoma)

On the morning of October 7, 1955 this man was shaving when he suddenly developed a severe pain deeply behind the left eye. It spread vaguely to the left side of the head and then the whole of the head. There were three episodes of vomiting on that day. When seen by his family doctor, shortly after the onset of symptoms, he was conscious and was able to talk to his doctor fairly well. The abdominal reflexes were present and he had flexor plantar responses. His condition worsened during the day and he was admitted to the hospital with bilateral extensor plantar responses and with increasing stupor. His breathing remained satisfactory.

He was under the care of Dr. J. L. Silversides, neurologist. Spinal fluid pressure was 180 millimeters and the fluid was slightly blood stained. His condition deteriorated only slightly over the next six days, but there was definite deepening of his stupor and he was much less aware and less cooperative. On October 13th, he would mumble a little and he would only resist slightly. The corneal reflexes were present. The abdominal reflexes were absent. The bilateral extensor response was even more marked.

A second lumbar puncture about October 11th, showed a pressure of 180 millimeters and the fluid had cleared of blood.

On October 13th, a left posterior frontal burr hole was done under local anaesthetic in order to rule out subdural haematoma, and possibly to give some information about intracerebral haematoma. The surface of the brain was flush against the dura and it was quite moist, but the brain didn't bulge through the opening. The wound was closed and then ventriculography was done. There was subarachnoid fluid on each side but again the brain was quite snug against the dura. The ventricular fluid was clear. It was replaced with oxygen. The ventricles were considerably enlarged.

Radiographs showed a lot of enlargement of both lateral and the third ventricles. The aqueduct was identified. It seemed to drop almost vertically from the posterior end of the third ventricle.

There was absolutely no evidence of previous mental deterioration. It seemed possible, therefore, that the ventricular enlargement had followed the onset of symptoms six days before. From the position of the aqueduct we felt that there was a reasonable chance of finding an intracerebellar clot, or haematoma, and we thought that a simple exploration was unlikely to be harmful.

On October 14, 1955, under general anaesthesia, the arch of the atlas and some of the occipital bone was removed. The tension on the dura of the posterior fossa seemed to be about normal. However, we tapped the right ventricle. The fluid was clear. Overlying the left cerebellar hemisphere there was a very thin smear of very dark blood stained fluid. The left cerebellar hemisphere seemed to crowd the right hemisphere the slightest bit. The tonsils were herniated to the arch of the atlas. Near the midline, on the left cerebellar hemisphere, was a tiny spot which seemed to be stretched and was slightly yellow. A brain needle was passed in about two and a half centimeters at this spot, nothing came out, but we ultimately aspirated about sixteen ccs. of dark tarry looking bloody material. When the needle was withdrawn there were some tiny pieces of black clot adherent around the apertures. The withdrawal of this fluid resulted in complete relaxation within the posterior fossa. The cerebellum dropped away from the dura. The temptation to make a small opening to look inside the region of the vermis was successfully resisted.

There was no sudden dramatic improvement but the downhill course was reversed, and there were slight daily gains in consciousness, activity and neurological status.

Within two weeks he was able to carry on a fairly normal conversation but he was not oriented for time and place. By the end of two months he was in complete control of his faculties. There were no abnormal cerebellar signs in examining his limbs when seated, but he still walked with some unsteadiness and on a wide base. Since then he has made a complete recovery from all his symptoms.

#### Editorial Comment:

The case report Bill has included was a most interesting one which undoubtedly will be enjoyed and appreciated by our members.

\* \* \*

Wife: "If we go to Colorado do you think the mountain air might disagree with me?"

Husband: "It wouldn't dare."

In regard to the letters you've just finished reading, I believe it is gratifying to realize the interest shown in the subject matter sent out for consideration.

In regard to the continuance of THE NEUROSURGEON there seems general agreement it should be maintained by some sort of small committee. This in my opinion should bring new ideas into our journal and should also place it on a more substantial basis. Inasmuch as the President appoints all committees he might very well appoint the Editorial Committee of The Neurosurgeon just as he appoints other committees.

There has certainly been a lively discussion relative to new members, a discussion which should lead to some improvement in our methods. It is hoped some of these problems can be settled at our next meeting.

Insofar as Senior Membership is concerned, there seems a unanimity of opinion about changing the name Emeritus to Senior Membership, so your correspondent urgently requests that be done. Additionally, a large number believe there should be a transfer to Senior Membership after a certain number of years as an Active Member and at a certain age. Let's hope some progress can be made in deciding that issue.

\* \* \*

"Metallic age: Silver in the hair, gold in the teeth, and lead in the feet."

Editorial Comment:

That's "me" and a lot of you guys too!

