

## THE NEUROSURGEON

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THE ROUND ROBIN LETTER  
OF THE AMERICAN ACADEMY  
OF NEUROLOGICAL SURGERY

*The*  
**A M E R I C A N    A C A D E M Y**  
*of*  
**N E U R O L O G I C A L    S U R G E R Y**

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1954 - 1955

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The ROUND ROBIN LETTER of

THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

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Time has a disarming way of sliding by. It seems scarcely possible another number of the Round Robin Letter is scheduled for publication. Out here on the West Coast we have been busy with some interesting meetings which have afforded an opportunity to visit with many of our good friends. One of these was at Yosemite National Park which is about 150 miles southeast of San Francisco. Your correspondent hadn't been there for some 16 years and never before in the winter time. It was a veritable winter wonderland and particularly outstanding were the activities at Badger Pass. Here in the evening the professional skiers came winding down the slopes, their way lighted only by torches or flares which they held in each hand. How they could do this under such circumstances is difficult to imagine, but nonetheless it was a strikingly beautiful scene. Dorothy and Howard Brown and Kate and Ed Morrissey were there with all of their enthusiasm. Johnny Raaf was also there and had the honor of being made a counselor for the Pacific Coast Surgical Association.

The next meeting was held at Del Monte Lodge, Pebble Beach, California. This was the Seventh Annual Neurological Conference and was arranged by the Southern California Neurosurgical Society and the San Francisco Neurological Society. Any neurologists and neurosurgeons from the Coast have always been welcome and usually attend. At this time of the year the drive up there from Santa Barbara was particularly beautiful. The lush green of the landscape was reminiscent of the green Maryland hills. It is the one time of the year our country is beautifully green and in striking contrast to the snow and cold of the East and Middle West. Unfortunately, this greenness disappears in the summer time so that we have the dry, brown hills that are hardly comparable to the green of the East. At this meeting the Western Neurosurgical Society had its organizational meeting and came into being. The members of the Academy in the regional area have been largely responsible for its inception, and all those within the regional area are members. Many of the members of the Academy and their wives were present at this time including Alta and Rupert Raney, Mary and Aidan Raney, Helen and

Ed Boldrey, Dorothy and Howard Brown, Kate and Ed Morrissey, Barbara and Ed Davis, and Arthur Ward.

This new Western Neurosurgical Society should prove to be a good one and in its growth should assume a responsible position in neurosurgical affairs of our country. This organization will, in no way, interfere with the Annual Neurological Conference held at Del Monte and will have its meetings at different places in the western part of North America.

Your correspondent returned to Del Monte Lodge on March 16th as a guest for the 8th Annual Meeting of the Neurosurgical Society of America. The weather proved to be outstanding and the meeting was quite enjoyable in all respects. Your reporter felt that this organization was comparable to the Academy in its smallness and the enthusiasm and friendship of its members.

As a convention site for a smaller organization such as the Academy, I cannot imagine a more attractive location. Your reporter strongly suggests this spot for our next meeting on the Pacific Coast. The little town of Carmel nearby is an especially attractive artist community.

It is your correspondent's impression that our planned meeting in Toronto with Harry Botterell and Bill Keith will be deferred until 1958 rather than having it in 1957 because their new Neurosurgical Hospital will not be completed before that time. What then will be the spot for 1957? There has been some suggestion of a New England meeting, and this should be a great idea as we have never had one in that beautiful part of our country.

To return to the Del Monte meeting, your correspondent was interested in learning that several members of the Academy were also members of the Neurosurgical Society of America. These are Eben Alexander, Jr., Harvey Chenault, Lyle A. French, John Green, William Meacham, Ted Rassmussen, and Al Uihlein. All except the latter two were there. Ruth and Bob Pudenz also came up for the meeting from Pasadena and never looked better. Hunt Shelden came up on Friday and gave all of the boys a real lesson in golf, winning all of the trophies of the tourney by a wide margin, literally burning up the course like an old pro.

And now to get to the letters from the members which make up this letter of ours, now in its fifteenth year of publication. The first of these is from Jack French who puts out his plea for material for the meeting at Hot Springs, Virginia.

J. D. French - March 1, 1955

I suppose it is a little early to be thinking about the meeting in Hot Springs, but the Program Committee is anxious to have its part of the proceedings up to the high standards established for the group. We should like to contact, therefore, all of the members, with a request for any suggestions they may have to help us in our planning efforts. Your wonderful Round Robin Letter makes this contact admirably simple for us.

The meeting is to be held at The Homestead, Hot Springs, Virginia, from Thursday through Saturday, October 27-29, 1955. In the past, notices to members requesting topics of individual presentations have come out early in May, and we will follow this custom this year. Certainly, individual communications from members and guests form the backbone of our meetings, and we urge everyone to begin now to examine his own clinic and experimental material so that it may be submitted to us for early consideration. It is probable that we shall ask for a brief abstract, describing the nature of the proposed presentation, as many of us feel that it aids in the selection and appropriate grouping of papers for the program. Additionally, many feel that the inclusion of these short abstracts in the program is helpful to the audience.

The Program Committee has not been advised yet concerning scheduling of sessions, and we would be happy to have any comments regarding this matter, so that they might be incorporated in our recommendations for the Scientific Sessions, to you, Eben, and the Executive Committee. As I understand, there will be no host group in Hot Springs, and presumably presentations will be made in morning and afternoon sessions on Thursday, and in morning sessions on Friday and Saturday.

We would welcome comments concerning information which anyone has about possible guest speakers. I am sure everyone knows about the Academy Award, and the recommendation of members for candidates for this Award will be made to Ed Boldrey. Additionally, I note that at 2 of the last 4 meetings, prominent surgeons who were not members, were invited to present important work. If anyone knows of a distinguished visitor, possibly from abroad, who will be visiting this country in the fall, we should like to know about it.

The question of symposia always comes up. It has been the custom usually, to group papers of similar content, rather than

have formal round-table discussions, although the latter procedure has been discussed in the past. In any case, it is valuable sometimes to have suggestions regarding general topics about which to center discussion. Al Uihlein has made three valuable suggestions in that regard. He feels that everyone would have considerable interest in hearing of experiences concerning refrigeration techniques in neurosurgical procedures, and the results of decompression operations for trigeminal neuralgia. Additionally, he thought the informal sessions concerning discussion of interesting x-rays and case studies, which you held in Santa Barbara, were constructive and valuable, and I know we all agree.

Al, Art Ward and I sincerely hope we shall have many suggestions which will help us in planning the Scientific Sessions and urge the members to communicate soon with any of us. Many people will be going a long way to Hot Springs, and we want the Scientific Sessions to be "worth it", as the others have been in the past. As always, of course, there will be no question concerning the success of the social part of the meeting.

I really have little, if any, news to contribute in this letter. I will close, therefore, by saying that I hope to see, (or have seen, if the Round Robin is published after March) many of you in South America.

Editorial Comment:

The success of the meetings are in greatest measure dependent upon the quality of the scientific program. All members are urged to cooperate fully with the committee whose job is anything but an easy one. Your reporter suggests that in addition to the abstracts of the papers that the finished paper be submitted to the secretary-treasurer at its conclusion. We might then be able to lithograph a TRANSACTIONS of the Academy for the first time.

\* \* \*

"If you can keep your head when all about you are losing theirs, then you are not taking things seriously enough."

\* \* \*

E. H. Botterell - March 17, 1955

The feature of the local scene is that the steel for the new

building at the Toronto General is now up four floors. Neurosurgery is to be on the 12th and 13th floors so we have a long way to go yet.

Since last May, following Bill Lougheed's return from the Massachusetts General Hospital where he was working in the laboratories at hypothermia, we have been trying to evaluate the place of hypothermia as an aid to the direct surgical attack upon acute ruptured aneurysms. So far we have done about a dozen cases within two weeks of their rupture, and another five or six late cases at varying number of weeks following haemorrhage. The results are encouraging us to carry on though there are so many variables in terms of the patient's condition pre-operatively, such as the presence of a large clot itself causing cerebral herniation and coma, age, the period elapsed between haemorrhage and operation, the site of the aneurysm, and so on. We have been cooling the patient down to approximately 30 degrees Centigrade, sometimes a degree or two lower, placing tapes around various combinations of great vessels in the neck bilaterally, and as necessity demands occluding them in some of the cases for varying periods of time bilaterally.

Bill Lougheed, with his know-how about hypothermia, has been a great stimulus to re-kindling our interest in the local attack upon aneurysms in the acute stage.

So far we have lost one patient directly due to cold with ventricular fibrillation, an unruptured supraclinoid aneurysm with persisting third nerve paralysis and pain. We have lost a second case operated upon four hours after a recurrent haemorrhage and a very large temporal parietal clot. He was deteriorating very rapidly prior to operation, and I am afraid was in fact moribund before we operated upon him. These figures don't really mean very much for the next three cases might be of the most malignant variety with unsatisfactory or fatal results.

I had a delightful visit last week at the Montreal Neurological Institute where we discussed this problem and some of the complications of hypothermia with particular reference to the heart. It was all very helpful to me certainly.

This brings warm greetings to the Editor. I am looking forward very much to seeing you all in Chicago or Quebec City.

My warm personal regards to you.

Editorial Comment:

We will be looking forward to the Toronto Meeting. This treatment of aneurysms by means of hypothermia is proving a fascinating subject. It will be interesting to see how the procedure holds up after a few years of use.

\* \* \*

"All men are born free and equal and then grow up and get married."

\* \* \*

Joseph P. Evans - March 21, 1955

I am astonished to find myself replying to your Round Robin request almost a month in advance of the dead line. The Round Robin is so informative and so useful that I think none of us really likes to let the Editor down.

The case that currently is providing us with our biggest problem is one of cerebrospinal fluid rhinorrhea. The patient is a young mother of two children from whose left cerebellar pontine angle Ted Rasmussen removed an acoustic neurinoma completely a year ago. In clearing the petrous apex he opened the meatus rather widely. Her postoperative recovery was very satisfactory and she did well for a number of months and then came into the hospital with meningitis. This responded to therapy and after one or two further flare-ups it was evident that she had a small cerebrospinal fluid leak. This appeared to come from the left nostril and in the interim between Ted's departure and my coming a plastic procedure was carried out on the cribriform plate. Apparently a possible otic source of the fluid was entertained but was decided against.

In the first week after my arrival she was presented to me again as a case of recurrent meningitis. It was thought that at the first operation a definite communication was seen and this was thought to be the source of her leak. I therefore undertook to redo the plastic, and again for some 4 or 6 weeks there was no further trouble. But again she returned with meningitis. This time we got the cooperation of the otologists and with dye studies proved that colored fluid could be seen at the eustachian orifice. After considerable discussion with the otologists it was decided



to try to close the leak by a flap thrown into the field created by radical mastoidectomy, inasmuch as I thought it possible that the internal meatus might be difficult of access. For the first 3 weeks it appeared that the seal would hold, but finally we ended up with a minute fistula through which fluid could be seen to escape. Therefore recently we re-exposed the angle. The approach to the petrous tip was exceedingly easy because a large cyst had formed in the tumor bed. There was no suggestion of recurrence and the cut nerve stump was clearly identified. We packed muscle into the meatus and then lightly packed the cyst with gel foam which I hope will permit the muscle to stay in place long enough to become an effective seal. We first scarified as best we could the meatal opening, hoping to promote adhesions. The gel foam, of course, was soaked in thrombin.

In retrospect I believe that the cerebrospinal fluid leak developed as the bone wax, which I am told was inserted into the meatus, finally desicated and broke down. For this reason we were careful not to use wax on this occasion. The second point is that I was wrong in my judgment of thinking that the angle would be difficult of secondary access. The procedure we have just carried out was certainly far easier than that done by the otologist. Nevertheless, I think that the otological procedure is one which might be an effective technic under certain circumstances. I should be interested in knowing whether any of the members might have comment to offer.

A matter about which I am much pleased personally is that there are on my desk at the moment the final drawings for the revision of the neurosurgical ward and laboratories and offices. For those of you who know the building (Billings Hospital) the plan is to redo S-3-North, the old Psychiatric Unit. This will give us 21 beds immediately adjacent to the neurosurgical offices and laboratories. This will not be a large service obviously, but I hope it is one that will provide us with enough clinical material for adequate teaching and still permit of some time for other activities. Administratively it is a so much more feasible unit than the setup with which I was working in Cincinnati that I am delighted. I trust constructive work will come out of it. Certainly my four predecessors, Bailey, Bucy, Walker and Rasmussen, have set a fast pace.

We had hoped that the work would be completed by the time the American Neurological Association meets here in mid-

June. At least the work should be well underway by that time and any of you who like to wander in the midst of torn out partitions, to smell fresh plaster, or to kibitz as sidewalk superintendents would be most welcome.

Editorial Comment:

It is interesting to learn of Joe's activities in his new location and it would appear he is going to have something worthwhile in the way of a neurosurgical ward, laboratories and offices. All of us wish him the best in his new surroundings.

\* \* \*

"Balanced budget: That is when the money in the bank and the days in the month run out together."

"An old fashioned girl blushes when she is embarrassed but a modern girl is embarrassed when she blushes."

\* \* \*

Alfred Uihlein - March 22, 1955

1955 is certainly well on the way, and the first day of spring greeted us with five inches of snow which is the heaviest of the season. Makes us wonder whether this world is getting its seasons reversed. However, the end of this week I am taking ten days vacation along the Florida gulf, and I can assure you I am looking forward to this with considerable anticipation. I am taking the whole gang with us, so I hope when we return to Rochester spring will be here.

We are now getting organized on hypothermia in the management of not only intracranial aneurysms but brain tumors and traumatic head injury cases. Maybe by the fall meeting we can have collected some experience with this type of treatment to compare with other members of the society. Harry Botterell, I think, is probably going to have the most information for us, though I am sure others will be collecting a fair series of cases for analysis.

Your program committee under the able guidance of Jack French is anxious for any suggestions, and Art Ward and I will certainly make every effort to give Jack all the assistance he

needs to make your meeting in Hot Springs a top-notch one. We certainly hope that the members will be free to make suggestions so that your committee will give you the type of program the membership-at-large would like.

Work here continues to go on with nothing very startling to report, but it certainly seems to me that the type of patients I am asked to see are getting more and more difficult and complex than they were in the years gone by.

Editorial Comment:

From the newsphotographs of the midwest at this time, I can understand why the Uihleins' are Florida bound. We are on our way to Palm Springs for a few days, but not because of the weather - more for a change and the spring vacation for Lander. It has seemed to me the only vacations I've taken have been those to attend medical meetings, and this will be a nice diversion.

\* \* \*

"If busses get any bigger, locomotives will have to stop, look and listen at crossings."

\* \* \*

Frank H. Mayfield - March 22, 1955

The members of the Academy of Neurosurgery will be interested, I am sure, in further developments in connection with the Crash Injury Research Program which have developed subsequent to Hunter's paper presented at the meeting in Colorado Springs.

You will recall, that as a result of this paper, a resolution was adopted by the membership directed to the attention of the Committee on Trauma of the American College of Surgeons.

Dr. Arnold Griswold also, shortly thereafter, submitted a similar resolution to the American Association for the Surgery of Trauma and this was adopted.

In the meantime, the Committee on Trauma had already prepared a program at the Congress of the American College of Surgeons in Atlantic City in which the material available on the

subject was presented. Furthermore, there was already under way a program for the annual meeting of the Committee on Trauma of the American College of Surgeons which was held in Las Vegas on this subject.

The program included Mr. John O. Moore, Director of the Crash Injury Research at Cornell University; Mr. Fletcher N. Platt, Manager of Traffic Safety and Highway Improvement Department of the Ford Motor Company; Mr. Howard K. Gandelot, Engineer in Charge of Vehicle Safety Section, General Motors Corporation; and Mr. Edward A. Heinemann, Chief Engineer of Douglas Aircraft, Inc.

Subsequent to the resolution submitted by the American Academy of Neurological Surgery, Dr. Hunter Shelden was invited to attend this meeting as a guest and participate as a member of the panel on this subject. A sound movie, recording the work at Cornell, which had previously been prepared by Columbia Broadcasting System and which had previously been shown at the Congress of the American College of Surgeons, was again presented to this group. The entire committee was stirred by this presentation and I assure you that Dr. Hunter Shelden presented his phase of the subject with great skill. Out of it a sub-committee, dealing with crash injury prevention, was established. The members of this sub-committee are: Dr. Preston D. Wade of New York, Dr. John P. North of McKinney, Texas, and who do you suppose is Chairman - Frank H. Mayfield (damn Hunter for starting this subject).

⊙

We are now in the process of drawing plans as to ways and means that this Committee, the American College of Surgeons, and all medical organizations can bring their weight to bear effectively on this problem. We have already been invited to visit the Ford Motor Company Research Program and the General Motors Research Program, and we believe soon that we will be asked to make a survey of the other automobile manufacturers. We will keep the members of the Academy advised as to the developments in this program, and I am sure that each of you will be called upon for a part in it, to bring your influence to bear on this subject along with all other doctors and all other medical organizations, and I will keep you advised as to the developments.

You may be sure that Hunter Shelden, having started all of this, will not escape committee assignments in connection with this.

Aside from this report I would like to state that we are delighted that George and Enid Baker will come down to attend the Derby with us this year. We had hoped that Turner Baker might come along also, but have just been advised that she cannot get away from school, which disappoints Sally Mayfield, particularly.

Editorial Comment:

Frank's letter is most interesting and informative. My agents informed me that Mr. Edward A. Heinemann, Chief Engineer of the Douglas Aircraft, Inc., really had a few things to say that opened up the eyes of the men from the motor companies, and furthermore I have learned that Frank is just as good at the roulette wheel as he is at anything else he does.

\* \* \*

"Thermometers are not the only things that are graduated and get degrees without having brains."

\* \* \*

Eben Alexander, Jr. - March 25, 1955

It might be well for your secretary to make a report through the Round Robin Letter to other members regarding plans for future meetings. The next meeting will be in late October of this year at the Homestead in Virginia. The 1955 meeting will be at the Camelback Inn in Phoenix, Arizona, the first week in November.

There was some thought that the 1957 meeting would be in Toronto when Harry Botterell has his new set-up open. However, he tells me that this will not be open at that time and he would like to have the Academy there in 1958, at which time he might also have the official opening of his unit.

There has, of course, been a great deal of discussion about having a meeting along the Gulf Coast, but the suitable arrangements which Garber Galbraith thought he might be able to make in that area proved to be impossible. Apparently no one has any good idea of a very suitable place there, though there are numerous commercially run places which would be glad to take us if we wanted to go and if we knew enough about them ahead of time. It might be of interest to hear from other members as to suggestions for the 1957 meeting so that the Executive Committee can work further on this. I wonder if a meeting somewhere in the region of Memphis or Louisville, such as one of the early meetings of the Academy, might not be a very enjoyable one.

Editorial Comment:

Any ideas for the meeting in 1957 should be poured forth so this slot can be appropriately arranged in the near future.

\* \* \*

"Folks wouldn't worry so much about what other people thought of them if they realized how seldom they did."

\* \* \*

Theodore Rasmussen - March 26, 1955

The last issue of the Round Robin was interesting reading as usual, and took precedence over the rest of the reading material that seems to accumulate on my desk at home and at the hospital.

From the scientific standpoint much interest continues to be aroused here by the studies of Dr. Ernst Florey on an inhibitory factor present in the normal brain. This may well be a contribution of major importance, and we are following its further development with great interest. Another high spot in the winter's activity was the fascinating presentation made by Harry Botterell before the Montreal Neurological Society reciting his experiences with the surgical treatment of intracranial aneurysms under conditions of hyperthermia. This seems to me to be fundamental work of real importance.

On the social side I can only bewail my inability to take adequate advantage of the best ski-ing season the Laurentians have had here. We managed a couple of short expeditions, just enough to impress upon me the fact that I once again belong on the beginners slopes!

Editorial Comment:

Harry Botterell appears to be getting up there with the top boys in his work. Seems to me there are going to be a lot of half frozen patients in the neurosurgical centers in the next several months. It will be interesting to see what we think about all of this in 1956. Doctor Florey's inhibitory factor will probably help explain a lot of neurophysiological conflicts.

Insofar as the beginners slopes in the Laurentians are concerned, that often is likened to the semi-professional slopes elsewhere, and moreover, Ted is merely being modest - my agents tell me so. As this "Spring Edition" of the Neurosurgeon

has spread itself out into the summertime, with the recent newspaper quotation of 114 degrees in Buffalo, New York, it does seem a little strange to be talking about ski-ing.

\* \* \*

"No matter how well a woman carries her years she is bound to drop a few sooner or later."

\* \* \*

Donald D. Matson - March 27, 1955

Hope you can read a longhand letter. My sins have caught up with me and I am full of bile and evil humors! At the moment I am still in the Brigham Hospital but my jaundice is fading, my liver is shrinking, food looks like food again, and they tell me I have infectious hepatitis and might as well make up my mind sooner as later to a fairly long convalescence.

Now that I have decided I'm going to survive this yellow plague, I'm looking forward to some leisurely and long neglected excursions into various forms of non-pertinent literature. I have every intention of being not only ambulatory but functional before the golf courses in this part of the country are in operation again.

I believe we have several strong candidates who will be eligible to be voted upon for membership at this year's meeting. I would like to suggest that the sponsors of these candidates, or perhaps the Program Committee itself, urge as many of them as possible to participate in the program, perhaps reading papers on the first day. This would encourage wider acquaintance among the membership prior to balloting.

We have enjoyed having Bart Brown (Howard and Dorothy's second son) here at the Medical School this year with his most attractive bride. So far Bart looks better with a number five iron than he does on ice-skates, but we may make a New-Englander of him yet.

#### Editorial Comment:

Don apparently is the exception that proves the rule, for he's a doctor, and more particularly a neurosurgeon, who writes quite legibly. Sorry indeed to learn of infectious jaundice and hepatitis, but all of us are gratified it is going away. A nasty illness

however, and we recommend not being in a hurry to get back to the mill.

It must give Dorothy and Howard genuine pleasure to have their son and daughter-in-law back at Harvard.

\* \* \*

"The other planets may not be able to support life, but it isn't easy on this one either."

\* \* \*

George S. Baker - March 28, 1955

The Minnesota winter is just about to terminate and things are looking up for some spring, at least by the first of May.

We were fortunate to have Doctors Gustafson and Tarkington from Chicago to visit with the Chicago Surgical Society here this past week, and it was nice to see Gus and to renew old acquaintances.

There seems to be some interest on the part of Bill Scoville, and I am sure a lot of the neurosurgeons in general in the United States, in the forming of an International Congress in Neurosurgery. It would appear that many neurosurgeons from all over the world would enjoy such a meeting, particularly if it could be combined with other meetings such as the Congress of Neurology or some other important international meeting.

I am sorry that I will not be attending the Cushing meeting in Quebec this year, but will be looking forward to seeing you and yours at the Academy meeting in the fall.

Editorial Comment:

Bill Scoville, Earl Walker, Paul Bucy, and Hank Svien are representing The Harvey Cushing Society in the organizational meeting of the International Congress of Neurosurgery in Brussels during September 1955, and Bill Scoville has been appointed to represent the American Academy of Neurological Surgery at this meeting. We shall learn more about it later.

We missed Enid and George at the delightful Harvey Cushing meeting in Quebec but we are looking forward to seeing them this October at the Homestead.





C. A. Green

One of the world's coming  
neurosurgeons

John R. Green - March 30, 1955

Georgia and I have just returned from two delightful weeks in California. We spent five days at Del Monte Lodge with the Neurosurgical Society of America along with a few other Academy members, including the President, Secretary-Treasurer, Harvey Chenault, Bill Meacham, Bob Pudenz and Hunter Shelden. I was interested to find that a small percentage of the Society is using high cervical cordotomy for unmanageable pain rather than other procedures. We played the Pebble Beach and Cypress Point golf courses, -- they seemed pretty tough and many balls went into the ocean, mostly mine.

Loyal Davis is now settled in a new home in the Arizona Biltmore Estates, spending a short time each winter here.

Enclosed is a snapshot of our C. A. III seeing his first neurosurgical patient in his Daddy's office. The age is 2-1/2 years.

Editorial Comment:

It was a lot of fun seeing Georgia and John at Del Monte for the meeting of the Neurosurgical Society of America. This, as previously indicated, was an exceptionally fine meeting in many respects

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"Male - The sex that from 9 to 90 always has to explain to some woman why he didn't come home earlier. "

\* \* \*

Edwin B. Boldrey - April 1, 1955

There has been a good deal of activity on the West Coast since the new year - activity, which I think will be of interest to the members of the Academy. First is the organization of the Western Neurosurgical Society. In addition to our esteemed President and Editor, Dave Reeves, who was, by the way, elected the first president of the new Society, the Founding Committee included Howard Brown, John Raaf, Rupert Raney, Hunter Shelden and me. John Raaf was elected the Vice President of this organization. All of the members of the Academy on the Pacific Coast are on the Founders' roster.

The second item of interest is the dedication of the new Herbert C. Moffitt Hospital at the University of California School of Medicine. This will be a teaching hospital of 487 beds; 23 adult clinic beds for neurosurgical patients will be available plus approximately 10 children's beds. Howard Brown is one of the original Committee which sponsored the effort to obtain this building for the school. The seventh floor, to house both Neurology and Neurological Surgery, will be occupied sometime in May. We will expect any of you who happen to drop by after that time to look in to see us.

Notification has already been received of one applicant for the Academy Award. The committee hopes that there will be brisk competition for this.

Editorial Comment:

Your correspondent was greatly honored and pleased to be elected president of the newly organized Western Neurosurgical Society. This should in time prove a most worthwhile organization and one which will be enjoyed by all of us in this part of our great country.

I had the opportunity of seeing the new Herbert C. Moffitt Hospital at the University of California, and I must say that those of us practicing neurosurgery out in the grass root areas feel somewhat humbled by the magnificence of the wonderful hospital with its fine equipment.

\* \* \*

"One tea guest to another as hostess leaves for the kitchen:  
'She starts more gossip! All she has to do is leave the room.'"

\* \* \*

Barnes Woodhall - April 4, 1955

Thank you for your note of March 11th, and I hope that this note is not too late for the Round Robin Letter. I have been busy getting ready for the spring round of meetings and, as you know, I do not have mixed loyalties but I still like to go to the major general surgical meetings every spring and fall. I really go because I am looking forward to the time when the general surgeons finally remove the entire heart and throw it away.

We have been testing Stilbamidine since the spring of 1953, and it seems worthwhile although the price that some patients must pay is rather high in terms of dysesthesias and formication over the face. We are also finally seeing light in our peripheral nerve regeneration report. The first eight chapters are now written and are in the can and we have just three more to go. This will be published by the government printer and will be impossible reading, but will contain a good many facts based upon fairly firm data.

Editorial Comment:

YOUR editor wonders whether or not the neurosurgeons with the deep freeze methods and things might remove the entire brain and put in something better. I believe we are running neck and neck with the general surgeons who are certainly doing a lot of amazing things too.

Your correspondent also wonders whether Stilbamidine will prove to be useful or thrown out by 1956. He will look forward to the peripheral nerve regeneration report and hopes the government will print it a little bit sooner than they do most things.

\* \* \*

"The only substitute for brains is silence."

"A boy becomes a man when a woman can make him believe anything she tells him."

"When a woman isn't late at a party she is giving it."

J. Lawrence Pool - April 5, 1955

For the Round Robin let me first thank all my kind friends who so generously sent replies to my all too brief glioblastoma questionnaire. There appears to be some diversity of opinion as to treatment, and I gathered distinctly the impression that the best chance for long term relief and survivals followed as radical surgery as feasible plus postoperative x-ray treatment. I am preparing a little paper on the subject and would still welcome any further comments or "hard" statistics. I do not intend to use any names in this paper unless you request such acknowledgment, as many "statistics" were merely estimates. Thank you all very much!

Let me remind you again to send in to my address candidates' names for possible membership in the Academy. We should have these names now.

Finally, to Henry Schwartz and Francis Murphey my sincere sympathy and congratulations for their hard work and good job on the Cushing Society program committee.

Hoping very much to see you all in Quebec --

\* \* \*

"Boss to feet-on-desk clerk: 'I am going to mix business with pleasure, Gardiner. You're fired.'"

\* \* \*

S. R. Snodgrass - April 5, 1955

I hope that my somewhat belated communication will reach you in time for inclusion in the Round Robin Letter. At the time your letter came, my colleague, Ira Jackson, had just left to luxuriate in the California sunshine and I was alone here two weeks and am just now catching up. Since our removal to the new hospital a year ago there has been considerable further growth in our service with the increase, unfortunately seeming mostly to be tumors. We hope to add a third man later in the year but the whole situation is somewhat uncertain here as extensive administrative changes are imminent as Dr. C. D. Leake, our director, has recently resigned. The legislature is in session and, as usual, efforts at increasing the budget, especially for operation of the hospital, are meeting strong resistance.

There was a joint meeting here last October with the Mexican Neuropsychiatric and Texas Neuropsychiatric societies which was the second such meeting with the first having been in Mexico City in 1953. The next will be in Acapulco in October, 1955. The program is given by the host society and the discussion was opened by one of the visitors. A running Spanish or English translation was provided by interpreters and one listened through head phones - this service was provided by I. B. M. - and had also been used in Mexico and was very satisfactory although rather expensive, (I believe it was \$750.00 for 2 days). There was a fairly good representation of people from Mexico with several of them being young Neurosurgeons. I mention this to bring up again the idea of having a meeting in Mexico sometime if the membership is interested. As you know, we have been frequent visitors there over the years and are looking forward to being there again in August.

I have not been away much recently and am looking forward to the meeting in Quebec. Hoping to see you and other friends there and learn what is going on ----

Editorial Comment:

Sam's letter as usual has proven most interesting. Some day not only the Academy but undoubtedly The Harvey Cushing Society should meet in Mexico City or some other spot in Mexico as it would prove quite an innovation and undoubtedly most enjoyable.

\* \* \*

Placid housewife to friend: "I'm glad George isn't perfect - I love to nag!"

\* \* \*

Guy L. Odom - April 5, 1955

Best wishes for a Happy Easter! Guess everyone is glad to see it arrive and hope that it will bring a change in the weather. We have been annoyed by the prolonged cold spell, but guess we really have nothing to gripe about except for the loss to the peach crops throughout the Carolinas.

We have been rather busy but the majority of cases have been the usual run of the mill. The highlights during the last several months have been two cases of intracranial bleeding with subarachnoid hemorrhage and negative arteriograms. Air studies revealed an intracerebral hematoma in both, and at operation they had a resectable angioma in the frontal lobe.

The second point of interest is a twelve year follow-up of a medulloblastoma who was eight years old at the time of operation. She has been asymptomatic since operation and her neurological examination at this time is entirely negative. She received two series of x-ray therapy, one immediately following operation and the second six months later. There was nothing unusual about the tumor at operation and repeated checks of the microscopic sections failed to change the diagnosis. This is by far our longest survival in a tumor of this type.

Third, following Basmajian's observation (Arch. Neur. and Psych., Feb. '55) that intravenous chlorpromazine will decrease spasticity due to upper motor neuron lesions, we have been giving it to one patient with very pleasing results. He has had marked bilateral spasticity as a result of cerebral anoxia and the injections produced a striking decrease in the spasticity for twenty-four to thirty-six hours. He has been extremely helpful to the physiotherapist during the relaxed period. I think that it is worth trying if you have not used it.

Barnes has been busy reviewing all of the cases of tic douloureux that have received Stilbamidine and plans to report these cases at the Society of Neurological Surgeons meeting in Chicago this month.

Several months ago construction on an addition to the hospital was started just outside of our windows and the noise has practically driven us nuts. I doubt whether we will last throughout the entire construction period. Maybe we will be able to use this as a good excuse to get away frequently during the next year.

Already looking forward to seeing the group at the Homestead.

\* \* \*

"In order to stay in the middle of the road you must be able to see both sides."

\* \* \*

Robert H. Pudenz - April 6, 1955

It was nice seeing you and some of the other "grass roots" neurosurgeons at the Neurosurgical Society of America meeting last week. Hunter and I were impressed with many of their organizational

features which the Academy might well copy. The clinical forum, where interesting cases were presented, was most enjoyable. It enabled men from the smaller communities to present interesting cases for general discussion. There are many excellent young neurosurgeons in the group and the general quality of papers was excellent. We thought their social organization was far superior to that of the Academy. They had a cocktail party every night before dinner, at which an effort was made to introduce the guests to the members and their wives. At most Academy meetings there is a tendency for "splinter groups" to form, have their own small cocktail parties and monopolize their own guests. Many of the wives do not come to our meetings for this very reason.

We would also like to comment on the Harvey Cushing Society. It seems that we must now accept this organization as the national neurosurgical body. With a rapidly expanding membership, it is becoming somewhat unwieldy from the organizational standpoint. Because of this, we would like to cast our vote for having the Cushing meeting in some central place such as Chicago or Colorado Springs or, in alternating fashion, from east to middle west to far west and then back to midwest again. Travel to such interesting and exotic places as Hawaii and Santa Fe is interesting but hardly justifiable. Many of the younger neurosurgeons who are just getting started in practice cannot afford such travel. If the meetings were held in the larger cities, our financially strapped brethren would be able to find accommodation to suit their purse.

Besides handling the "run of the mill" neurosurgical problems that all of us face, we are continuing to develop our research program. Our prime concern has been with the problem of hydrocephalus. As parts of this over-all program, we have imbedded various types of material in several hundred rats to determine their tissue reactions and possible carcinogenic properties. All of these materials are of possible value as implants. They include the various silicones, polyethylenes, polyvinylenes, and fluoroethylenes.

In addition, we have tried practically all the old and some new methods of producing hydrocephalus. While this study is still in progress, we are convinced that much of the previous work was reported prematurely and was not based on sufficient experimental evidence. Of all the methods we have tried, the kaolin technic has proved to be the best.

The most important part of our work has concerned the establishment of a permanent drainage between the ventricular

system and the subarachnoid space into the venous systems. We have used valves of various design which have been placed both in the superior vena cava and right auricle and in the inferior vena cava. After many months of frustration, we are starting to have promising results and may have something to report before too long a time has passed.

Hunter has been having excellent results with his compression procedure for tic douloureux. From my vantage point, I think it is a far superior operation to any of the decompression procedures. Don Freshwater has become an expert hypophysectomizer and should have an interesting contribution to make.

Please convey my best wishes to all my fellow Academy members.

#### Editorial Comment:

Your editor agrees thoroughly with Bob's idea about the meeting at Del Monte where some of us were guests of the Neurosurgical Society of America. Your correspondent feels that we can very definitely improve the quality of the social features of our meetings in the manner suggested by Bob. Above all else I am sure we want the Academy to be the top-notch organization of its kind in the country.

Insofar as the Harvey Cushing Society is concerned the trend definitely is to have meetings in the larger cities. For example, in 1957 it will be in Detroit, Michigan and in 1958 in Washington, D. C. These cities are for the most part quite accessible. They also have many points of interest for the wives and members, and the hotel accommodations will be first rate and desirable. I doubt if the Society would ever succumb to the idea of having its meetings always in Chicago or some such place as that, but nonetheless I am sure it will have to be in large cities conveniently located in our country. Interestingly, the questionnaire which went out referable to the meeting in Honolulu showed an overwhelming preference for the meeting to be in Honolulu and a greater percentage of members East of the Mississippi River voted to have it there than those West of the Mississippi. Insofar as the younger neurosurgeons are concerned, perhaps many of them wanted to have it this way because it would be the only way one could go to such a meeting - that is by having it taken off the income tax bracket to some extent.

Your correspondent is amused at Robert's terminology of the "grass roots" neurosurgeons because his group is really setting



the neurosurgical field a-buzz with all the interesting things they are doing, and his recent work with hydrocephalus will prove quite amazing to all who have an opportunity to hear it.

Your old editor is still somewhat agog about the idea of a compression procedure for tic douloureux and feels there is a little bit something more to it than what has been suggested and that the answer is still not appropriately available.

\* \* \*

"Rush hour: When the traffic is at a standstill. "

"Wisdom: Knowing how to keep folks from finding out what a fool you are. "

\* \* \*



Results of Mexican Surgical Congress of 1954  
Another one of Bill's hidden talents

Wallace B. Hamby - April 7, 1955

April seems a good time to write a Round Robin letter, but the little rascals look as if their tail feathers are freezing off this afternoon. This is the day we were to have been let on the first nine for golf, but the snow got there first. Hellyn and I haven't been to any of the "foreign" courses this winter, so our season will be a little short.

We have just had a nice visit from Dr. and Mrs. Hugo Krayenbuhl of Zurich, which we enjoyed very much. He has one of the nicest neurosurgical clinics we saw in Europe and is one of the best surgeons I saw work. He clipped off an anterior communicating aneurysm the day I was there, under local analgesia, sans hypotension or anything. He says that he is using pentothal and Arfonad now, however.

Work has been slack for the last month here. It will probably hit like a typhoon about the time I want to get to Quebec. This gives us a little chance to work up records that have been needing it for some time. We are putting all our aneurysms and tumors on punch cards so we can pull out information quickly when needed. It stimulates the follow-ups also, I find.

We were doing a percutaneous angiogram a few years ago, under local analgesia. The patient had been warned that the injection was about to go, and that despite the flush of pain in his face or eye, he was to remain entirely still until all the confusion died out. I pushed in the plunger, and at the 8 c. c. mark, shouted "FIRE" to the roentgenologist. "Where, where?" screamed the patient, jerking violently to sit up. After that confusion died down, we repeated the procedure without incident, but we used other signals thereafter.

Editorial Comment:

Wally's incident referable to the angiogram represents one of the truly amusing incidents - if true.

\* \* \*

"Intuition is what enables a woman to put two and two together and get your number."

"Happiness: Keeping on good terms with everyone and everything, especially your wife, stomach, and conscience."

"Income: Something you cannot live without or within."

William F. Meacham - April 7, 1955

My recent trip to the West Coast was very rewarding. In addition to the pleasure seeing so many Academicians the weather was all the Chamber of Commerce could ask for. Pebble Beach is a beautiful spot and is a wonderful place for a meeting.

I have just this week served as a panel member on the American College of Surgeons Regional Meeting Program on "Management of the Automobile Accident Victim." It was very encouraging to discuss some of the points, so forcefully brought out by Hunter Shelden, with Dr. Robert Kennedy, Vice Chairman, Committee on Trauma. Apparently the College is very interested in being active in furthering the preventive aspects of automobile accidents through the establishment of safety factors in the construction and design of automobiles. Great credit is due Hunter Shelden and Bob Pudenz for providing the initial stimulus in this approach to such a grave problem.

It may be of interest to some to know that at present we have two patients with torula meningitis both improving with the intrathecal and intraventricular administration of polymixin. How this will hold up is questionable, but it certainly looks somewhat encouraging now. Since hyaluronidase inhibits the growth of this organism *in vitro* we have considered its use intrathecally also, but after injecting it into normal cats, dogs, and monkeys we have found that it seems completely to denude the choroid plexus leaving the ependyma intact. Perhaps something else can come of this.



I am enclosing a recent snapshot of Alice and our new arrival, Robert Thomas.

Editorial Comment:

Some years ago I had the opportunity reporting six cases of torula meningitis, only one of whom continued living and as far as I know has done so to this date; for what reason I could hardly explain. This was reported in the "Archives of Internal Medicine" July 1941, Vol. 68, pp. 57-79. Perhaps the new drug suggested

by Bill Meacham will be the answer, and that will certainly be worth while.

We are proud to present such an attractive new arrival, Robert Thomas, and we know he will be just as spoiled as any of the rest of our children.

Your editor wishes that this present edition had more photographs but perhaps we can do better next time. Your editor also has to apologize at this moment for the delay in getting out the NEUROSURGEON. He felt he had this pretty well lined up, but what with The Harvey Cushing Society and the correspondence referable to that as well as arrangements for his new associate, James R. St. John, time has gone by more rapidly than he realized and the spring edition has almost come into that of the fall.

\* \* \*

"The thing mostly opened by mistake is the mouth."

\* \* \*

James Greenwood, Jr. - April 8, 1955

I am sending a copy of the program of the Third Annual Scientific meeting of the Houston Neurological Society, feeling that you might want to mention this program in the Round Robin Letter. The Symposium on Hypothalamic-Hypophysial Inter-relationships was probably the best of the symposia which we have held. The meeting is a two-day session, the second day being devoted to clinical papers. As you will see, there is some national scope to the meeting.

I hope that next year more members of the Academy will find it possible to come to Houston during the time the azaleas are in bloom.

#### Editorial Comment:

The program of the Houston Neurological Society is certainly an excellent one. It shows how the local neurological and neuro-surgical societies, as well as similar regional societies, have developed stimulating programs and organizations.

On the first day's program it is noted that our Past President, "Dr. J. Lawrence Pool, Professor of Neurosurgery, College of Physicians and Surgeons, Columbia University; Director of Neurosurgery, Neurological Institute, Columbia -- Presbyterian Medical

Center, New York, New York" was participant in a discussion of "Hypothalamic - Hypophysial Interrelationships", with particular reference to the "Electrolyte and endocrine changes in man; results of cortical stimulation and of pathological lesions affecting the pituitary and hypothalamus. "

Jim Greenwood discussed "Radical treatment of tumors of the hypothalamus and thalamus", while Everett Grantham talked on "Peripheral nerve repair: the two-stage operation. "

It was noted that a membership list included the following from the Academy: F. Keith Bradford, James Greenwood, Jr., and Robert C. L. Robertson as active members; and Sam R. Snodgrass as a non-resident member.

\* \* \*

"After-thought is an attempt to shut your mouth after you've put your foot in it. "

\* \* \*

William H. Sweet - March 16, 1955

Following up the lead given us by Dr. William Lougheed, we have done two more operations after patients with intracranial vascular lesions had been cooled to below 30° C. The hypothermic state gave rise to no complications. In one of the patients, with an aneurysm of the anterior communicating artery, we did not need to use extreme vascular occlusion during the operation. But in the other, a massive vascular malformation in skull, dura and cerebello-pontine angle, it was indispensable and permitted protracted occlusion of both carotid and both vertebral arteries while bleeding was controlled, without persisting neurologic deficit as a sequel. I hope Harry Botterell's letter will mention the much more comprehensive experience he and Dr. Lougheed have had in the last 15 months.

Perhaps Jack French will let us know the date by which he would like to receive a title for the coming Academy meeting.

\* \* \*

"The two most common causes of divorce are men and women.

Thomas A. Weaver - April 8, 1955

The deadline approaches and I wish at least to say hello and to say that neurosurgery continues to be practiced in the Miami Valley although it has been more or less routine work of late.

We did see one interesting seventy six year old lady recently with a typical third division tic. The interesting feature came with the history of a root section on the opposite side thirty-two years ago by a Dayton general surgeon, now retired but still living. The result was an excellent differential anesthesia of the second and third divisions. We did not do a decompression procedure, and as a matter of record have done none to date. Perhaps we are hard to convince. We did a descending root tractotomy approximately 8 mm. inferior to the obex. Suprisingly enough analgesia was complete in the third division, partial in the second, and only slight hypalgesia in the first, which was of course desirable but frankly to us somewhat surprising.

Editorial Comment:

After hearing some of the symposia on tic douloureux I cannot wonder that many of us are hard to convince about decompression procedures. I believe it will be interesting to learn what we think about the suggestions two years hence.

\* \* \*

"An economist is usually a person who knows all about the production and distribution of wealth, but has none."

\* \* \*

Donald F. Coburn - April 11, 1955

May I report that after many years of much discussion, there has finally been organized in Kansas City a Kansas City Neurosurgical society. There are eleven in the group and meetings are held bi-monthly. We are holding these meetings in homes of the various members and having a buffet supper with appropriate fluids preceding the scientific part of the gathering. So far the proceedings have gone off quite well, and I think everyone has benefited by them and is happy with the arrangement.

I believe that we have nothing exciting or new to report from this area. Am hoping to see some of our members at the meeting in Chicago in late April, and a large percentage of them at the Chateau in May.

\* \* \*

"A lot of wives can tell you that it is easier to separate the men from the boys than separate the men from the girls."

\* \* \*

Stuart N. Rowe - April 11, 1955

We recently had a week-end reminiscent of early days. In less than 24 hours I was called about three gun-shot wounds of the head. Two of them were fairly standard, excepting perhaps that both of them survived following surgery - although with rather serious neurological residuals. The third case was somewhat unusual, and since the call came in while I was operating on the second one, the patient was seen by Tony Susen. It seems that on this lovely Sunday morning the colored minister was exhorting his congregation to obey those inner impulses and dare to take whatever course of action they felt was just and right and proper. At this point in the service, three shots rang out. The source of one of them was never discovered, and it was suspected by the police that someone was harboring a hidden bullet rather than make any complaint. The other two shots, however, were fired by our patient - one of them into the leg of his wife, who was sitting next to him, and the other into his own head. In his excitement, however, he had not done a very good job, and the wound and missile were rather high in the left cerebral hemisphere. Accordingly, Tony made preparations to debride the wound. Just after the patient had been placed on the operating table, however, he suddenly began to pour forth huge amounts of blood from his nose and mouth. Despite the usual efforts to meet such an emergency, including bronchoscopy, the patient succumbed within a very few minutes. At autopsy it was found that his large aortic aneurysm had ruptured into one of the main bronchi. This whole rather startling and disconcerting series of events apparently did not go undiscussed by the nurses present, for on the following day a confrere reported to Susen, "The nurses at such-and-such hospital told me you were operating yesterday, and, boy, did the patient breathe!"

My only expedition of any note recently was the one to the Interurban Society meeting in Chicago. As usual, this was a refreshing and interesting get-together, and brought out some discussion which was downright entertaining. As a side issue in discussing methods of controlling intracranial pressure, the problems of anesthesia came up, and it was at once apparent that a wide range of feelings in regard to the relationships between anesthesiologists or anesthesiologists on the one hand and the surgeon on the other existed.

A few of the men present, their souls apparently scarred by bitter experiences in the past, abhorred the idea of ever using an intratracheal tube, for example. At the other end of the scale were those who felt that no neurosurgical procedure should be without one. It certainly became apparent that the decisions must depend very largely upon the ability of the individual giving the anesthetics. I must confess that we have had difficulty at both ends of the scale, and on occasion I have felt that intratracheal tubes were an invention of the Devil; whereas, on other occasions, it was apparent that the tube was life-saving. Consequently, at present we struggle along in the middle of the road, trying to avoid its use as a routine measure but certainly employing it in all face-down neck and head operations and in almost all attacks on intracranial tumors.

Editorial Comment:

Your correspondent heartily agrees about intratracheal anesthesia. He has had no difficulty whatever when such has been done by an expert but otherwise would prefer to have no part of it. The choice, of course, would be to have an expert put down an intratracheal tube.

\* \* \*

"After you have heard two eye witness accounts of an auto accident, you begin to worry about history."

\* \* \*

John M. Meredith - April 11, 1955

We have recently had an example of what I think we must all agree is the truth, namely, that there has been very little improvement, in any, at least in our part of the country, in recognition of serious intracranial lesions such as tumors and very little, if any, diminution in the deleterious procedures that are carried out unwittingly by practitioners through the country. The case in point was that of a man of fifty odd years who had a cerebellar tumor who, before he was admitted to our clinic, had had a spinal puncture, a Queckenstedt test, and a spinal air injection in an adjacent town by a general practitioner. I think that this really deserves some type of blue ribbon as we often have had them with spinal punctures and Queckenstedt tests before, but this is our first experience with having had a spinal air injection in a distant town by a general practitioner. Curiously enough, he had a metastatic carcinoma removed very nicely by Doctor Troland. We feel that he has used up about



eight of his customary nine lives because of the preliminary maneuvers to which he was exposed. This leads me to quote one of our medical wits of the Richmond area who often states in discussing a bizarre and complicated case in a C. P. C. conference that after certain medications had been given following which the patient became worse, this medical philosopher then states, "We are now beginning, as you see, to treat the treatment."

As many of you doubtless know, our good colleague, Bill Scoville, and others are greatly interested in the idea of an international congress of neurosurgeons. Certainly as our specialty has its own journal now in this and other countries and as there are at least five neurosurgical groups in this country alone it would seem, it appears to me, that an international neurosurgical congress with cooperation of our South American and European colleagues would be a real possibility. I certainly think it would be an excellent plan to have a congress perhaps every three years, on neurosurgery alone with related subjects of neurology, neuropathology, neurophysiology, etc. represented in the program.

It would be interesting if Dave Reeves, or anyone he might designate, could carry out a survey about how many of the members and the clinics which they represent are utilizing ACTH or Cortisone in the routine preparation and post-operative care of pituitary tumor cases. We have both used it and studiously avoided using it in certain of our cases and are far from convinced that it is valuable unless it is regulated extremely carefully by expert endocrinologists before and after surgery. The last case we had (man, age 62) was a cystic chromophobe tumor in which we did not use any of these newer drugs and he did exceedingly well. In fact, I do not believe I have ever seen one who responded more quickly without any of the hyperthermia or hypersomnia which one sees often enough post-operatively in pituitary tumor cases. I, for one, would be extremely interested in knowing the percentage of the members that are using it or perhaps this would be a good subject for a panel discussion at one of our meetings either this year or next year.

We have recently operated on a middle-aged school teacher who demonstrated an interesting finding. She had an almost complete block with the pantopaque study at the fourth lumbar interspace and had a midline disc at that area. However, we opened the dura to be certain there was not a tumor present and found a quite obvious fusiform enlargement of the posterior and anterior roots at that space, on the left side. I resected the posterior root from the foramen upward for one inch and in it was a very definite traumatic neuroma

proved microscopically. I imagine that this occurs very often, or at least much oftener than we think, in disc cases and we never see it, of course, unless the dura is opened. I mention it because it very probably explains the paresthesias, numbness, and even pain which one sees post-operatively in disc cases. As we all know, the results are certainly not a hundred percent perfect and I think the above may explain in considerable degree why this is so.

We have seen three mucoceles in the last few months, they being a rather unusual cause for unilateral orbital "tumor" in this part of the country. The third case was operated upon today and I found it extending into the ethmoid cells, having eroded the orbital plate for several millimeters so that this was visible when the dura was first stripped off of the orbital plate. It was a large cystic mass containing not so much pus, as is occasionally the case, as clear mucus. Our otolaryngologists feel that these should be followed into the ethmoids or frontal sinus area right on into the nose and completely eradicated there or they are very likely to reform. I pass this information along as we have had one or two in which this was not done as a primary procedure and it refilled and had to be operated upon a second or third time before it could be eradicated. All during the 1940's in the orbital tumor group that we saw here at the Medical College of Virginia Hospital, I do not think there was a single mucocele found, but in the last few months, we have had three and I imagine it will now be a number of years before we see another one.

I am looking forward to seeing the members at the Quebec meeting of the Harvey Cushing Society next month.

Editorial Comment:

John's letter as usual is most interesting. At least he doesn't have to contend with osteopathic neurosurgeons such as we have out here in California.

\* \* \*

"When a couple is supposed to go somewhere, the woman's first thought is, 'What shall I wear?', and a man's, 'How can I get out of it?'"

\* \* \*

Aidan A. Raney - April 12, 1955

I have nothing to contribute to the Robin, but am happy to

take this opportunity to say hello to the fellow-members. I enjoy the various contributions and always finish reading the Robin with the deep feeling of responsibility to make a contribution to the succeeding issue.

My desk is still piled up with charts of patients with brain tumors and I have been trying to collect the data that Larry Pool requested. If Larry had only had the foresight that Dr. Salk demonstrated when he sent all his records up to Ann Arbor to be analysed, I am sure that he would have a much better response than may be realized. However, I hope that everyone makes a real effort to send Larry the data because I think it is a very interesting and worthwhile project, and will be looking forward to his report about it in the Robin.

I have been playing a little golf, but so poorly that I haven't won a bet since last year. I trust the golfing members will forgive me for resorting to irregular methods in trying to find a way to win. As most bets are won on the first tee, I have arranged to have a midget as my partner in a game next week. The midget is a good golfer and scores about 90. I'm putting him in as a 34 handicap which I'm sure won't be questioned by our opponents when they get their first look at him. This is my final effort. If I don't win money on the midget my golf clubs will be for sale - cheap - at 5 p. m. on Wednesday.

\* \* \*

"It is so annoying. She told me not to tell anyone, and everyone I tell has already heard it."

\* \* \*

Rupert B. Raney - April 12, 1955

Since I have very little of scientific interest to report at this time, I was almost inclined to take a free ride until you made the indictment against such people.

Possibly of some interest has been another case of atrophy in the thenar eminence, of a painless, progressive nature over a period of some 4-1/2 years, which carried the diagnosis of progressive muscular atrophy, and possibly the condition may still be such a case. However, another case that I saw a few years ago and, I might add, is still alive and unimproved, was a man who had

been using the palm of his hand, and particularly the base of the hand, as a hammer in pounding out thin metal in the automobile body and fender repair industry. This condition does in many ways resemble progressive muscular atrophy. The condition is progressive but is only of a local nature and has not tended in these two instances to spread. A neurolysis has been considered in these cases. However, when the patients themselves were convinced that they were not going to die from a progressive disease, the disability has been accepted.

Aside from the meeting of the American Academy in Hot Springs, Virginia, and the American Neurological Association meeting in Chicago, I have no definite plans for other meetings except the meeting of the Rogue River Neurosurgical Society around the latter part of August or first part of September. As yet, I don't believe our president has set the dates.

P.S. Incidentally, Doctor Kurze, who has been with us for the past year, is going to UCLA Medical School in a full-time capacity, so we will have an opening for someone as an associate, preferably on a permanent basis, any time after June 1. If anyone knows of someone who is desirous of entering into group practice in Los Angeles, the word might be passed around to possible candidates.

\* \* \*

"A reckless driver is one who passes you on the highway in spite of all you can do."

\* \* \*

Edmund J. Morrissey - April 12, 1955

We have had two cases which I feel might be of interest to the readers of the Round Robin Letter.

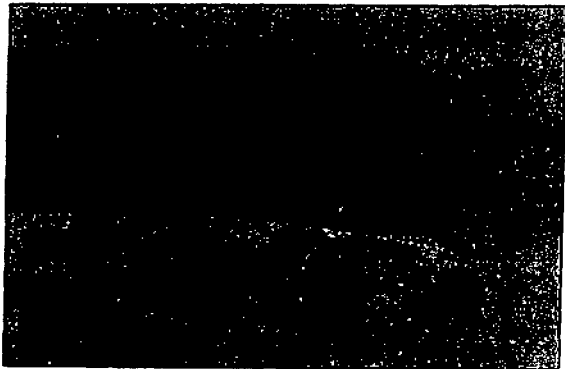
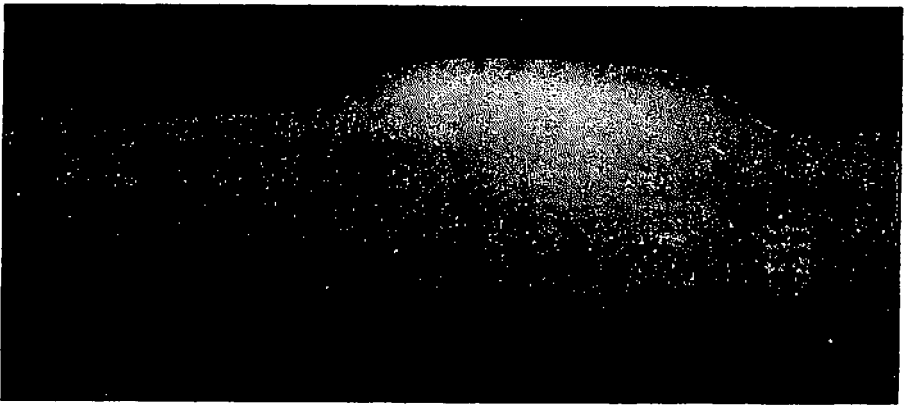
The first case is a man 45 years of age who reported to the Clinic on Saturday morning complaining that for several years he had recurring attacks of pain in cervical region radiating into both arms, occasionally aggravated by coughing or sneezing.

The neurological examination was essentially negative for slight disturbance in pain and temperature on one side and slight weakness of the muscles of the opposite arm and leg. The reflexes

were about equal and there were no pathological reflexes.

He was advised to enter the hospital the following Monday for complete investigation. That evening at home while going to the bathroom he suddenly developed a tingling sensation extending into both arms and legs and fell to the floor. He was immediately brought to the hospital by ambulance and there was a complete lesion of the spinal cord below the fifth cervical segment. Spinal puncture showed a complete block.

At operation a large mass of dislocated intervertebral disc was found pushing up under the anterior surface of the dura. It was only after cutting several dentate ligaments that it was possible to remove this mass. (See picture of the mass of tissue below.) The cord itself was contused on the anterior surface. No improvement followed.



The second case is a patient who was operated on for complete block in lower lumbar region, the result of a dislocated intervertebral disc. At the time myelographic studies were carried out, the pantopaque could not be completely removed, and so at surgery a needle was inserted through the posterior surface of the dura and arachnoid, and the oil aspirated.

On the third day there was a definite bulging of the wound and aspiration showed this to be cerebrospinal fluid. There was no absorption and on the eighth day the wound was re-opened and a smooth walled cyst encountered and at the base of this was visible the small spinal puncture needle opening in the dura through which spinal fluid was draining. This was closed with one black silk suture, the wound closed, and complete healing followed. (See picture on page 35.)

Editorial Comment:

Your correspondent has done some three cases in his career of cerebrospinal fluid fistula following operations for tumors of the spinal cord. Usually a little segment of the cauda equina has kept the tract open, and all of them have been taken care of by appropriate closure.

\* \* \*

"Many a man has been lost at sea through what he thought was just a shipboard flirtation."

\* \* \*

W. A. Gustafson - April 12, 1955

I am rather neglectful in writing to the Round Robin recently but I haven't had too much to contribute.

In February we had the Interurban Neurosurgical Society meeting here in Chicago which is always a stimulating meeting because of the discussions. There was one report on Betatron by Dr. Arnold; Dr. Yaeger reported on his spinal drainage; Dr. Mac Carty discussed his radical resection cases and Dr. W. James Gardner discussed the Taarnhoj procedure. Dr. Stuart Rowe was in town and some of the other members, and it was a very good one day meeting.

Recently the Chicago Surgical Society took their annual safari to one of the nearby medical centers and the place selected this year was the Mayo Clinic. There, I was royally entertained by Drs. Baker and Uihlein and saw the work that they are doing up there. An interesting observation was the increased amount of fusions they are doing with their discs and at present their feelings are that the long term results are better in the fused cases than the non-fused, with an appreciable percentage difference. This has been my own feeling recently as well, and I wonder if any one else has had

similar experience. They are doing another piece of work with intermittent claudication consisting of segmental resection of the obstructed artery usually at the level of Hunter's canal and then following this with a sympathectomy. They are getting odd results with this combination procedure.

The only other thing I have to report is that now I have done four choroidal artery ligations, one with a spectacular result as good as any that Cooper has had. This patient had been bed-ridden for five years and returned to light work some 9 months after ligation. In another case with bilateral ligation there was some improvement but not too spectacular - this patient likewise was totally disabled pre-operatively. In the two other cases they developed hemiplegia following surgery, these hemiplegias were immediate and permanent. So, from this there is very definite abnormal variations in the choroidal artery blood supply and I do not believe that the procedure is going to give as spectacular results as Cooper originally reported although the one case is equally as good as any he has presented.

Editorial Comment:

Your editor has been impressed with the work that Cooper has done on Parkinson's disease and still is unable to figure out how it works and is still concerned about the injection method he uses and why it isn't more hazardous.

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"Maybe it is a good thing men don't understand women, women understand women and don't like them. "

\* \* \*

H. Thomas Ballantine, Jr. - April 13, 1955

I hope this letter will not arrive too late for inclusion in the "Neurosurgeon". Somehow the days have a way of slipping by without giving me a chance to get everything done. I don't see how you keep up with all your correspondence and manifold secretarial duties!

We have recently had a rather unique opportunity to get a complete follow-up on a patient who had undergone carotid ligation for a supraclinoid aneurysm of the internal carotid artery. This patient, a thirty-five year old male, had had two distinct episodes of subarachnoid hemorrhage. In 1950 the left common carotid artery was ligated and four years later he suddenly collapsed in his office

and was dead on arrival at hospital. Autopsy was requested in rather routine fashion since it was assumed by all concerned that he had sustained a fatal subarachnoid hemorrhage. To our amazement there was no evidence whatsoever of intracranial bleeding and, as a matter of fact, the cause of death was never adequately explained. On removing the brain the aneurysm remained attached to the third nerve into which it was firmly imbedded. On section there was a very small lumen within the aneurysm which contained no blood, and it seemed quite evident that for some time the aneurysmal sac had been excluded from the carotid circulation.

I suppose it is still a matter of conjecture as to whether ligation of the carotid really did bring about a "cure" of this aneurysm, but since the patient had had two separate episodes of intracranial hemorrhage prior to ligation and none following, I think it is fair to assume that ligation at least had some favorable effect.

I wonder if any of our other members have had a similar experience?

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"A perfect gift is one that is just what a woman can exchange for just what she wants."

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John Raaf - April 19, 1955

I have let the time go by until I am afraid my brief note will not arrive in time for your Round Robin Letter which we all enjoy so thoroughly.

I should like to announce the dates for the meeting of the Rogue River Neurosurgical Society. This year the meeting will be from August 28 to September 4. The deadline for submitting papers is August 1. All Academy members wishing to attend please send in the titles for their papers by that date. We were down there a little less than a month ago. The natives believe that signs and symptoms are right for a full program during the coming convention.

Lorene said to tell you that she finally got up out of the basement (remodeling which prevented her attendance at the Colorado Springs meeting). I still contend that she will recover from the effects of that job before I do.



How often can one clip the middle cerebral artery on the left side (just above the bifurcation of internal carotid into anterior and middle cerebrals) and not have a resulting hemiplegia and aphasia? Last week in removing a left sphenoidal ridge meningioma I finally had to put a clip across the middle cerebral. The next morning I was pleasantly surprised to find that, even though there was a little right sided weakness, it wasn't very marked and during this past week has almost completely cleared.

Editorial Comment:

I am sure that the coming meeting of the Rogue River Neurosurgical Society will be one of the highlights of the Pacific Coast and by all odds one of the most enjoyable and stimulating gatherings.

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"Lots of women would make better wives if they weren't too busy making better husbands."

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Lyle A. French - May 2, 1955

As the new members of the group, Gene and I thought that perhaps we should introduce ourselves and our three children and groped around for a photograph which might help in this regard, however, we were unable to come up with anything satisfactory, all our family photographs are much too realistic. It is rather difficult to get our children, two boys and a girl, into a mood sufficiently serious not to compromise the family austerity. Or to put it another way, only in the last few weeks has it been warm enough to begin shedding the winter garmets so that we can tell one from the other. But the long winter months aren't too bad -- it gives a man a chance to collect his thoughts and then in winter we do a fair amount of skating -- none of us are experts or even good amateurs. However, it is much fun for the whole family and it is always a contest to know how long we can be out without nipping our ears.

Editorial Comment:

I hope that Lyle will send in a photograph for the Christmas edition as I am sure all of us enjoy seeing these family pictures. We very much enjoyed Lyle's paper at the meeting of the Neurosurgical Society of America at Del Monte, California. We will look forward to seeing them at Hot Springs, Virginia.

# Dorothy Kirsten Weds Doctor



## Editorial Comment:

Our brilliant and most eligible Southern California bachelor fell by the wayside, surprising many of his friends, and married Dorothy Kirsten, the operatic soprano, on July 18th. They were married by the Rev. Bertrand R. Crist in the San Marino Congregational Church before some one hundred friends and relatives. Mrs. William Merritt, sister of the bride, was matron of honor, and the best man was the bridegroom's brother, Robert French. Dr. Stafford L. Warren gave the bride away.

My reporters stated that the bride wore a light blue lace dress, beige pumps, a veiled hat, and pearls. (This is for the information of the ladies in the organization.) A reception was held at the singer's home in Bel-Air.

Your editor and his wife joined many others at the Los Angeles Country Club on Wednesday, July 27th, at a very enjoyable cocktail party and buffet supper given by Alta and Rupert Raney. Jack's bride was there and it was a pleasure to see and meet the new "star" that has been added to our celebrated Academy. We will have an additional opportunity of welcoming them at the meeting at the Homestead this fall. Jack seemed somewhat confused but obviously very happy.

My agents have also informed me that Hunter Shelden has been invited to the Ford Motor Company at Detroit to discuss the problem of safety with the younger Henry Ford. It would therefore seem that gradually the suggestions for improving the safety of automobiles themselves is becoming a reality. My informants also indicated that Hunt and his family have taken a little jaunt to Europe before settling down again to the rough neurosurgical routine of the Fall.

Your correspondent regrets that this Spring Edition has blossomed into the late summertime, but perhaps three of these publications each year are sufficient. It is as much fun putting out The Neurosurgeon as anything we do. The pressure, however, of many neurosurgical problems, consultations, and operations seems ever to interfere with this more pleasant endeavor.

Your editor and his wife are looking forward to seeing everyone at the Homestead meeting.