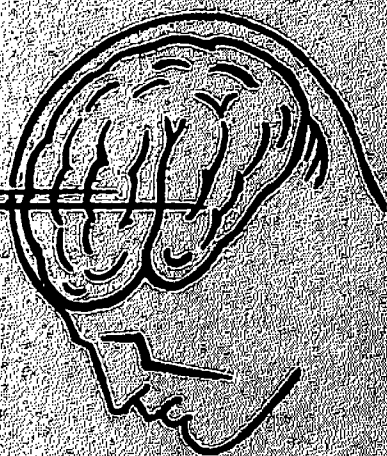


Round Robin Letter

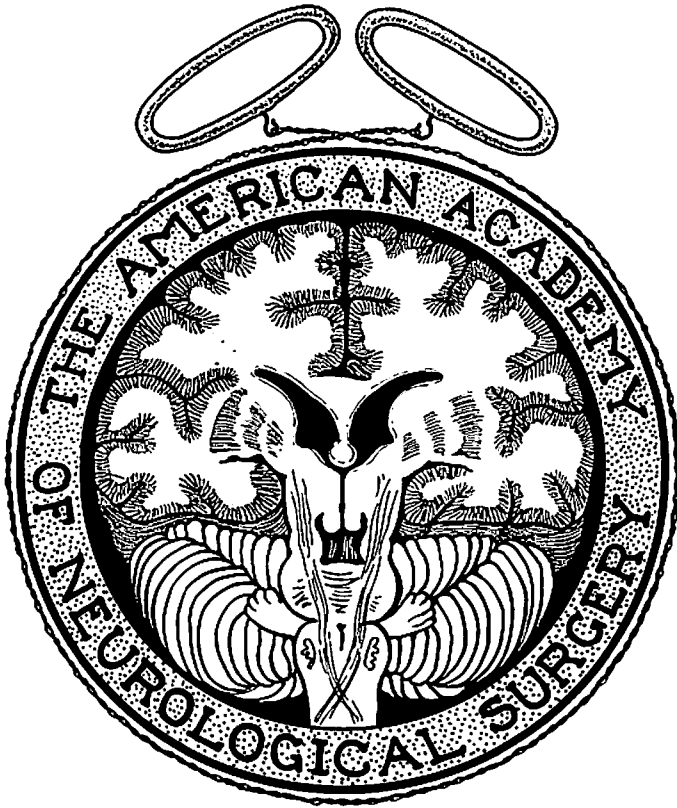


**american
academy
of
NEUROLOGICAL
SURGERY**



Volume 12—No. 2

September 1952



- President Henry G. Schwartz
Vice President J. Lawrence Pool
Secretary-Treasurer Theodore B. Rasmussen
Chairman Program Committee ... , C. Hunter Shelden

1952

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The Neurosurgeon



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The ROUND ROBIN LETTER of
THE AMERICAN ACADEMY OF NEUROLOGICAL SURGERY

The SUMMER EDITION of the Round Robin Letter greets you with a cover from the clinic of Eben Alexander. It is hoped other members of the Academy having medical illustrators will contribute new and attractive covers for our publication. The summer-time reminds the editor of one of the Gay Nineties songs which runs as follows:

"In the good old summer time,
In the good old summer time,
Strolling down the shady lane
With your baby mine;
You hold her hand, she holds yours,
And that's a very good sign,
In the good old summer time. "

The Robin notices it has been sizzling hot in the Middle West and East and feels sorry for those working there at this time. He appreciates, nonetheless, the sympathy all the rest of you feel about the earthquakes that have occurred in our dear old California. He hastens to point out this is unfortunate because such heavy earthquakes only occur about every ten or eleven years so it will not be possible to put on such a good show for you next year and the members will be deprived of this exhilarating experience.

To refresh our memories of past events and experiences, your editor thought it might be interesting to publish a few excerpts from previous Round Robin Letters. The following are portions of letters written during different years:

1941

George S. Baker: "During December I had a grand shoot in Louisiana at the Grand Chenier hunting lodge for geese or ducks and also on the Tensas River in Northern Louisiana for deer. Doctor Priestley of the general surgical staff of the Clinic and I each were able to bag a nice buck. We had a grand visit with some of the doctors in northern Louisiana. "

Spencer Braden: "I have nothing of any scientific interest aside from the fact that recently I had a special Goldblatt type of clamp made and used it on a carotid in the case of a cerebral aneurism in a woman age seventy-two. I gradually occluded it with relief of the bruit but got into hemiparetic difficulties. Loosening the clamp brought about a complete recovery. I gradually occluded it again until there was appreciable decrease of the noise without further difficulty to date. Will give you a more detailed report in a subsequent letter.

"In case some of you fellows don't already personally know southern hospitality, it is really strewn all over Dean Echols' door step. Visited him for geese, ducks, doves, and quail shooting immediately after Christmas and could not have had a better time. Spent a day with Francis Murphy in Memphis on the way home and saw him uncover an intervertebral disc which even the utmost skeptic would admit. "

R. B. Raney: "About three weeks ago I was in San Francisco and had a very pleasant visit with Howard Brown. We discussed some of the problems concerning the 1941 convention to be held in California.

"I still have the ophthalmoscope which was collected in either Cleveland or Chicago. It belongs to someone who attended the meeting in Cleveland, or took the examination in Chicago.

"The haemostatic scalp clips and the power driven trephine, which I made an informal mention of at the meeting, are becoming fairly well finished. By the next meeting I shall have a short motion picture demonstrating their use. "

Stuart N. Rowe: "News is almost as scarce as snow is plentiful around here. I would be interested in learning whether anyone has been using sulfathiazole locally in infectious diseases of the nervous system or osteomyelitis of the skull, and if so, with what success. I recently lost a patient with a basilar meningitis developing from a post-traumatic spinal fluid leak in whom huge doses of sulfathiazole and sulfanilamide by mouth had little effect. "

Dean Echols: "I have been speculating as to why this Letter contains news from only 37 per cent of the members. Of course, I know that the Cincinnati correspondents are weighted down with surgical schedules but it didn't occur to me that the Chicago members had much to do. Also, in Atlanta it's necessary to do two disk cases per day to keep the public from limping but Texas backs are much stronger and still no news from Houston and Galveston. "

"Had a newborn baby with a greatly depressed temporo-parietal region (forceps). Found that one prong of an ordinary towel clip has just the right point and just the right curve for puncturing scalp and skull and pulling back in place. Can be done right in the nursery without a lot of fuss and equipment for which the obstetrician is grateful. "

1946

Francis Echlin: "I believe it would be nice if the Academy in some way could extend a word of gratitude to Glen Spurling for the fine work he did in setting up the neurosurgical centers. Bob Woodhall should also come in for this commendation. It certainly was a great thing for the soldiers and also for many members of the Academy and probably for neurosurgery as a whole. "

Olan R. Hyndman: "It is very gratifying to see the signs that indicate resumption of prewar activity and to receive announcement cards from various ones as they resume their practices. "

George Maltby: "I started in practice of neurosurgery here in Portland, Maine February 1st. Both Sim and I like living here and I am beginning to see that there are definite opportunities for neurosurgery in this part of the world. "

Larry Pool: "After returning from three years overseas with the Ninth Evacuation Hospital I was fortunate to take over the neurosurgical service at the England General Hospital, Atlantic City, for four months before being separated from the Army. This was an exceptionally pleasant experience for we had a quantity of interesting work and also the pleasure of a congenial and well qualified group consisting of George Maltby, Oscar Turner, Bill Fisher, Hugh Garol, and John Brabson. At present I am back in private practice in New York working at Bellevue Hospital and the Veterans Hospital and the Neurological Institute. "

1947

Frank H. Mayfield: "The Mayfields expect to join the George Bakers at Palm Beach for two weeks of golf and recuperation beginning February 17, 1947. "

* * *

"The next great invention will be an automatic button that presses itself. "

Eben Alexander, Jr. - May 1, 1952

I am looking forward to August when Dr. Courtland Davis, who is now finishing his residency with Barnes Woodhall, will come on as our associate here. This will divide the work up nicely and give each of us a chance to think from time to time and possibly even to get into the laboratory fairly regularly. He is an excellent man in every regard, and I hope to invite him to one of the Academy meetings soon. I am off to Toronto this week to the sixtieth birthday reunion celebration of Dr. K. G. McKenzie to which we have all been looking forward for quite some time.

Eben Alexander, Jr. - June 6, 1952

I have just returned from a most enjoyable occasion in Toronto at which Harry Botterell and I as well as other previous residents of Dr. K. G. McKenzie celebrated his 60th anniversary. He is retiring as active head of the department which will be taken over by Harry, but Dr. McKenzie's health is excellent and I am sure he will continue to do a great deal of active work and make significant contributions.

A celebration consisting not only of a very interesting scientific program but of an enjoyable social program as well. Among others Carl Rand, Eustis Semmes, Glen Spurling, Winchell Craig, were on hand.

One of the most interesting aspects of the meeting was a "Quiz Program" of ten cases presented by the x-ray department. Each of these showed definite changes on the skull films or air studies and after they were presented, each member of the group was asked to make his diagnosis. We then went back over these x-rays to bring out the interesting differential points.

Barnes Woodhall's philosophy about the future of the Academy is apropro and I think should be very thought provoking to all of us. The concrete suggestion of publishing the papers presented at the annual meeting in the archives of surgery would certainly meet with my approval and I think would further add to the calibre of the meetings as well as to the papers presented.

This should not in any way take the place of the Round Robin Letter which has a unique place not only in the Academy but in neurosurgery. This particular organ of expression will

continue to grow as it is appreciated by the various members of the society and it forms not only a bond between the members but is a very definite scientific help to all of us.

My only scientific contribution at the moment is the further experience with subarachnoid peritoneal or ventricle peritoneal anastomosis for hydrocephalus. We have been using it exclusively in the treatment of this condition (except for those in whom a Torkildsen operation is indicated), and have had no failures so far. As a matter of fact, we have converted at least one of our previous uretero-arachnoid anastomosis over to this form of drainage.

Editorial Comment:

Eben Alexander's letters have been greatly appreciated. It was good to see him at the Harvey Cushing meeting in the beautiful city of Victoria, British Columbia and to learn more about the birthday meeting of Doctor McKenzie. These past two years seem to have represented the birthday season of a number of rather distinguished neurosurgeons who have celebrated by having their residents together with them. The Academy is to be congratulated in our former president, Harry Botterell, taking over the head of the Department of Neurosurgery and if one looks around he will find most of the important spots in neurosurgery in the country are headed by members of The American Academy of Neurological Surgery. This indicates that all of us are getting much older than we were when the Academy first had its inception.

* * *

"Often the reason a person becomes quieter as he becomes older is that there is more to keep quiet about."

* * *

Theodore Rasmussen - June 27, 1952

It has been too hot here in Chicago to think about much of anything except the weather.

Unfortunately, I can report seeing a third baby with aneurysm of the vein of Galen during the past month. We contemplated removing the lesion in two or three stages. The lesion was easily exposed by retracting the occipital lobes and incising the posterior cm. of the corpus callosum. While we were admiring

the lesion the baby's respiration and heart beat began to fail and she expired during a hasty closure.

Autopsy showed an unsuspected coarctation of the aorta and associated tetralogy of Fallot. We hope our next one will turn up with a little less hydrocephalus and a little more resistance to a surgical procedure. In any event we now have a third autopsy specimen to add to our first two.

I am looking forward to seeing you in New York in the fall.

Editorial Comment:

Ted is obviously fighting with the ever present and difficult problem of aneurysms and no doubt will accumulate additional interesting and difficult cases along with some of our other members who already have reported them at various meetings.

* * *

"Women prefer men who have something tender about them - especially the legal kind. "

* * *

Rupert B. Raney - July 8, 1952

Like everyone else, I look forward to each issue of the Round Robin. As you say, it is only as good as the material submitted to the editor. Each member may feel that he has little or nothing of interest to say; on the other hand, it does have interest for the society at large.

Last week Ralph Cloward stopped by on his way home from having attended the Harvey Cushing meeting in Victoria. Ralph is leaving September 29 by plane for Nairobi, Africa, where he takes off on a safari that is to last a little over two months. He is spending a month of the time in Africa and from there to India. I believe he plans on taking a lot of pictures. In fact, I offered him my motion picture equipment for the privilege of seeing the pictures when he returns. He will need fairly versatile equipment for such a trip, inasmuch as the lighting conditions will certainly be variable and the pictures must be taken when the opportunity presents itself under whatever conditions may be present at the time.

I would like very much to have joined Ralph on this trip, but getting away a week now and then and hunting in our own United States is about as much time as I can give to this kind of diversion.

It is my understanding that the late Doctor George Crile was famous for big game hunting among his many accomplishments; further, that he figured out the best anatomical point for placing a shot in some of the world's big game. This anatomical position, I understand, is still known as "Crile's point". In the future I presume we will soon be hearing about "Cloward's point".

Since arteriovenous fistula of the vein of Galen has been recognized, I have suddenly come up with one of these lesions in a fourteen-year-old girl. This girl presented herself because of what the mother termed as varicose veins in the left forehead. Sure enough, this was the case, but actually not sufficiently pronounced to require even cosmetic attention. Because of certain other features about the case, we elected to study this child from an angiographic point of view. The arteriovenous fistula of the vein of Galen, of aneurysmal proportions, was one of the major findings. Another fistulous tract in the forehead was also demonstrated and was concerned entirely with the external carotid circulation.

Since this girl actually had no complaints other than slight pulsation of the left temple, we have elected to do nothing in particular for the present. While there is evidence that carotid ligations may or may not have an influence on the pressure in the vessels left intact, we have felt that it would not be wise to alter the present circulation, since it has caused only a minor cosmetic complaint. Further, the aneurysm of the vein of Galen was found accidentally in the investigation of a small pulsating lesion in the left temporal area. Perhaps we are being too conservative in this choice of management. On the other hand, particularly in recent years, we have come to recognize that there are few, if any, operations that offer technical difficulties that cannot be easily handled. Nevertheless, the neurologic deficit from some of these procedures may be a strong contraindication to their employment.

Editorial Comment:

Neurosurgeons really are somewhat astounding in the activities they carry out and Ralph Cloward is probably at the top

of the heap in this respect. I recall very few neurosurgeons who are more energetic and active, and more interested in a variety of things than Ralph.

Rupe's decision about his interesting aneurysm I would feel could allow no objections and would represent a logical and sensible decision. This would be a particularly difficult thing for a surgeon of Rupert's ability and daring to conclude. He is to be congratulated for it all the more.

* * *

"It says here that a scientist crossed a lion with a tiger and got a tiglon."

"That's nothing, my brother crossed a street with a convertible and got a blonde."

* * *

William H. Sweet - July 9, 1952

It was such a pleasure to get out to the West Coast for the Cushing Meeting this year that I know we are all going to have a fine time when we get the chance to visit you in California.

The program committee for the coming meeting in New York City urges an early submission of titles by prospective speakers.

Editorial Comment:

It was also a pleasure for all of us at the Victoria meeting to see Bill and his family make a long trek of that sort from Boston. It was also, I might add, a distinct pleasure to hear his very top notch paper.

Howard A. Brown - July 10, 1952

I am just about to leave for my summer vacation and am enclosing a brief note for the Round Robin.

My hearty congratulations to our good Editor upon his election as Secretary of the Harvey Cushing Society. It looks like when you find a good man, you keep piling it on.



A gala evening at Au Lutin qui Bouffe, Montreal

The meeting in Victoria was a very pleasant one though the attendance was remarkably small. Fifty voting members elected eighty-five new members.

I hope to hear and see something of the fishing expedition of Raaf, Murphey and Schwartz that was developing after the meeting.

It may be of interest that there are now over three hundred eighty certified neurosurgeons and somewhat over a hundred twenty completing their necessary two years of practice preliminary to taking the Board. Consequently, we will be well over five hundred in the very near future.

The Board is now undertaking a survey of all the neurosurgical training centers and reviewing their qualifications. In the near future you may be receiving questionnaires to bring this data up to date.

A good many clinics seem to be aware of a decrease in the number of brain tumors operated in the past two or three years which is probably explainable on the basis of the many new neurosurgeons now scattered throughout the smaller communities of the country.

Alta and Rupe Raney are going to join us for a little time at our summer cabin and I hope we can find some trout big enough for Rupe to get in the focal plane of his camera.

Editorial Comment:

Your correspondent hopes that Rupert and Howard will send in photographs of some fish comparable to those pulled out of the river by our illustrious Izaak Waltons, the Raafs, Henry, and Francis.

He appreciates the kind remarks about his election as Secretary-Treasurer of the Harvey Cushing Society. He really feels that possibly sympathies are more in order because it cannot but be a big task and much work.

* * *

From a patent medicine testimonial: "Since taking your tablets regularly, I am another woman. Needless to say, my husband is delighted."



HENRY AND FRANCIS IN
BRITISH COLUMBIA



LORENE AND JOHN
CATCH A COUPLE
OF LITTLE ONES



A COUPLE OF EFFETE EASTERNERS



The Chairman of the
rogram Committee strikes
serious pose while his
harming wife listens to
n amusing story.

C. Hunter Shelden - July 10, 1952

I have enjoyed the Round Robin Letter very much and although you invite criticism, I know of no manner in which it could be criticized. The photographs are very enjoyable and the editor's comments are more than worthwhile. The only suggestion that I might have as far as the over-all character of the publication is concerned is that more medical problems be discussed, particularly interesting situations that have arisen, either good or bad, and what methods were used to cope with the situation.

After many years with a continuous residency program, we find ourselves at the present time strictly on our own. Our last resident after two years of excellent service is being sent to Japan. If anyone should by chance have a resident who would like a year of instruction elsewhere plus California sunshine, we would be more than pleased to take him on for a period of twelve months.

The response to papers for the coming meeting has been very good, but I hope everyone will submit at least one title so that we will have an opportunity to pick the best possible program for the meeting in New York this September.

Editorial Comment:

Hunt's comments about more discussion of interesting cases and things that may be of interest to all concerned, neurosurgically, I feel is a most important one. We must unveil all of our secrets and tell our experiences because things of that sort may come up during the meetings in the smoke-filled rooms but in general they are best served in a publication of this kind.

* * *

"There is a special fountain pen for tax collectors - it writes under hot water."

* * *

Alfred Uihlein - July 11, 1952

There has not been anything of too great note this summer so far. We have had the usual run of interesting cases, but nothing

too exciting or world-beating. We have been carrying on experiments with animals with angiopacs to find the substance is quite toxic in dogs -- more so apparently than in humans -- but still toxic enough that it has to be used with much caution. We are preparing a paper that might be used at our meeting in the Fall, and I have written Hunter Sheldon about it. However, I have not heard whether this is acceptable for presentation. Certainly the matter is much more irritating when it gets into the perivascular structures than diodrast. Right for now, I believe we have to use angiopac with considerable care as it has not been accepted by the United States Bureau of Standards.

We have taken on a new associate in neurosurgery, H. W. Dodge, Jr., who was trained in New York and is a most capable and likeable neurosurgeon. George Baker and I hope to bring him along as a guest at our meeting this Fall.

Looking forward to seeing you in September.

Editorial Comment:

Alfred's work and comments referable to angiopac is very much worth while and interesting. It would seem that we still are in need of some opaque substance for arterial injection which would be more satisfactory than most of us are using at present. With the addition of their new associate, H. W. Dodge, Jr., they are really getting quite a formidable team on their neurosurgical service.

* * *

"The penalty paid by good men for refusing to take part in government is to live under the government of bad men."

- Plato

* * *

Olan R. Hyndman - July 12, 1952

My associate, Doctor Van Allen, and I have taken appointments at the new Veterans Hospital in Iowa City. He is doing the neurology and I the neurosurgery, although at present we are working as a team in both fields. The hospital is in the process of organization but it looks as though it will not be too long before its 500 beds will be in use. There is close integration between the

Veterans Hospital and the University Hospital in Iowa City, and they are situated side by side.

I am sorry that I have nothing further of interest to report at this time except this move and my change of address as follows:

Office: Veterans Hospital
Home: 1905 Muscatine Ave.
Iowa City, Iowa.

Editorial Comment:

All of us wish Olan good luck in his new undertaking with the Veterans Hospital and your editor predicts that additional papers of interest will soon be forthcoming.

* * *

A man had just been admitted to the hospital when there came a sharp knock on the door of his room. He called, "Come in."

A snappy little woman entered. "I am your doctor," she said. "Take off your clothes."

"All of them?" he asked.

"All of them," she said.

So he took off all his clothes, and she examined him: nose, throat, chest, stomach, thighs, feet. When she had finished she announced briskly, "You may get into bed. Do you have any questions?"

"Just one," said the patient. "Doctor, why did you knock?"

* * *

S. R. Snodgrass - July 19, 1952

I have just returned from a rather brief period in Mexico most of which was spent in a relatively unrewarding pursuit of sailfish at Acapulco. Apparently the best fishing is in the winter but the town was beautiful and the hotel accommodations very good. Before coming home I spent a week in the mountains at the Pan American Doctors Club where the cool weather was again a joy. The transition from the cool weather to Houston and Texas by plane was almost too abrupt but I believe I have again gotten used to our weather.

We have all our arrangements made for the trip to New

York and Mrs. Snodgrass, who greatly enjoyed last year's meeting in my absence, is looking forward to it as well as to meeting in Santa Barbara next year. I am looking forward to it with great eagerness on account of my failure to attend many recent meetings and in particular on account of missing the Houston meeting.

I want to take this opportunity to say that I enjoy seeing the Round Robin letter three or four times a year and do not believe that it should be made any less frequent. I have enjoyed the photographs and feel very much indebted to you for the time and effort which you obviously put into the publication.

Looking forward to seeing you in New York,

Editorial Comment:

Your correspondent takes a bow at Sam's very kind words. He again cannot help but notice how the neurosurgeons cover the various parts of the globe either for relaxation or scientific interests. We hold our own among all other specialists, at least so it would seem to me.

* * *

"The one sure way to tell what a woman driver means when she puts out her hand is - wait and see what she does."

* * *

Thomas A. Weaver - July 15, 1952

I believe that this will reach you in time for the summer Round Robin. I have nothing but praise and admiration for your efforts with this publication which seems to get better with every issue. I feel that four issues a year is about right. I further feel that it should remain essentially an uncensored Round Robin type of publication with no attempt of the Academy to publish formal papers in its own publication. I approve heartily of the proposition made by Barnes that papers presented at Academy meetings be published in one issue of the Archives of Surgery.

Mary and I and all six little Weavers are off for Michigan next week and hope to have our fill of fishing, golf, etc. in the next four weeks. Then home for a little neurosurgery before New York which we are looking forward to.

Alcoholic: A sufferer from bourbonic plague.
Hiccough: A message from departed spirits.

* * *

William S. Keith - July 18, 1952

Dr. K. G. McKenzie retired from active work on the Public Wards as of the 1st of July, 1952. Harry Botterell organized a very successful clinical and scientific meeting, and dinner. A good many of Ken's friends from across the border turned up, and he was presented by his former residents with a very life-like and characteristic portrait.

At the meeting I read a paper giving the results in twelve cases of hydrocephalus treated with ventriculo-mastoidostomy. Several of these had died of meningitis.

Eben Alexander very kindly commented on the paper and informed me that drainage from the lumbar sac to the peritoneum, or drainage from the ventricle to the peritoneum, seemed to remain open for quite a long time, perhaps a year or two, or more.

I had drained a ventricle into the peritoneum once and found out only sometime later that the tube had slipped down out of the ventricle. Since Eben was here I have drained three cases from the lumbar sac to the peritoneum, and two from the ventricle to the peritoneum, and so far all are well. One of the former cases was an adult.

Before this letter reaches you I will be sailing on the north shore of Lake Superior, so cheerio.

Editorial Comment:

This plastic tube treatment of hydrocephalus has been most intriguing from the beginning. One wonders what the ultimate answer will be, and I sincerely hope that it will be forthcoming as the years roll on.

A further note about NEW YORK, NEW YORK --
"..... A famous architectural expert has written that the glass-faced United Nations building is functionally unsound and

may melt in the sun. A poll shows that only one native New Yorker in four can name the bridges that cross the East River into Manhattan in their correct geographical order, from north to south. (The order is Triborough, Queensboro, Williamsburg, Manhattan and Brooklyn.) A tourist from North Dakota said not long ago that while New York is fine to visit, he would not live here if you gave him the place. He was the 30,000,000th visitor to make this remark since 1900. As such, he would have received a plaque, except that the Mayor was out of town on vacation, as New York mayors are likely to be. For them, it's a fine place to visit."

Benjamin B. Whitcomb - July 22, 1952

The lethargy of summer even in stimulating New England is difficult to overcome for the summer edition of our Round Robin Letter. However, a diagnostic problem stimulates this contribution.

A 32-year-old graduate nurse with a gradual onset of coma led to a ventriculogram which revealed symmetrical dilatation of the lateral ventricles with very little filling of the 3rd and none of the 4th ventricle. The 3rd ventricle was needled under x-ray guidance with negative findings but subsequent spontaneous recovery. Four months later, she regressed into a marked stupor again with catatonia and skew deviation of the eyes with dilated fixed pupils, ventricles even larger with no filling of the 3rd. A Torkildsen procedure was done. Later the anterior 3rd ventricle was explored, and the foramen of Monro was very small. Biopsy of a gelatinous plaque on the margin of the foramen revealed granulomatous lesion simulating a tubercle or possible Boeck's sarcoid. Chest films revealed 2 lesions compatible with Boeck's sarcoid. Posterior 3rd ventricle exploration revealed a similar granuloma on the tela choroidea with no other evidence of pathology except for the symmetrically dilated lateral ventricles. She is still in light coma with a picture of mid-brain insult. The question now is one of a brain stem glioma versus a widespread granuloma, and we humbly seek advice for further diagnostic or therapeutic procedures.

Doctor Norlen stopped for a few days after the Cushing meetings, inspiring us and renewing our hopes that most aneurysms can be saved by alert, brave, and dexterous neurosurgeons, such as members of the Academy.

We are anxious to see what kind of a conglomeration Eben Alexander is going to cook up for this next cover.

We hope to see the entire Academy in New York in the fall.

John Raaf - July 22, 1952

Your request for a contribution to the Round Robin Letter has been received, and for a change I shall try to write a note before the deadline has passed.

Either Francis or Henry, I've forgotten which, was elected as reporter for the Ta-Weel fishing trip which we took after the Harvey Cushing meeting in Victoria. Therefore, I shall limit my contribution to a snapshot or two of the fishing at Ta-Weel. Lorene and the children joined me after Francis and Henry left. I understand that Francis developed Ta-Weel relapsing fever on the train trip back to Memphis. I should have warned him about this and although he has recovered at the present time, he can expect a relapse.



THE ROGUE RIVER FROM
CROOKED RIFFLE LODGE



THE CROOKED RIFFLE LODGE

The program for the Rogue River Neurosurgical Society is shaping up, and anyone who wishes to attend should shortly communicate with President Edmund Morrissey or me. The Executive Committee met at the time of the Harvey Cushing meeting at Victoria. It was decided to have two meetings this year -- one with and one without the ladies' and children's auxiliary. The meeting with the auxiliary will take place August 25 to September 1, inclusive; the "stag only" will be September 17 to September 23.

We recently acquired a Schreiber lamp and are delighted with it. It is a great relief to be able to discontinue the use of lighted retractors.

I would like to congratulate you upon your election to the office of secretary in the Harvey Cushing Society. I know that you will do the same excellent job that you have done on the Round Robin Letter.

I hope that you and Marjorie are planning to attend the meeting of the Rogue River Neurosurgical Society, and I am expecting shortly to hear from you regarding the title of the paper you are planning to present.

Editorial Comment:

The photographs of Lorene and John with the very good specimens of fish which they picked out at Ta-Weel have been included for evidence to members at large. Your correspondent refers you to the fine pictures on page 10.

Your editor was interested in learning about the Schreiber lamp, had at one time thought of getting one, and then wondered if it would really fulfill all of his requirements or whether it would be, in other words, as satisfactory as he might hope. John's mention of this makes him feel he would like to reconsider his original idea about getting one.

He appreciates the kind words about election to the office of secretary-treasurer of the Harvey Cushing Society and feels that perhaps condolences are fully as appropriate; nonetheless, he will attempt to get by for the next five years without any major scandal in the funds.

He is afraid it will not be possible for him to go to the Rogue River Neurosurgical Society this year because it looks like a little robin is very close in the offing.

William Jason Mixter -

July 23, 1952



It was a Good Story

that during the next few years I can spend more time at home and traveling for pleasure rather than business.

I am sorry indeed that I have nothing whatever of interest about myself to offer for the next Round Robin Letter of the Academy. My way of life is changing somewhat as I am planning to give up practice entirely within the next few months and at the present time am tapering off by seeing patients in consultation only.

I hate the idea of giving up my surgery, but it seems to me that I have been at it quite a long time and that now the moment has come to ease off a bit in the hope

With the expectation of seeing you at the Waldorf-Astoria in September and with kindest regards.

Editorial Comment:

All of us will be looking forward to Doctor Mixter's visit at our next meeting at the Waldorf-Astoria Hotel in New York. We wish him well in his departure from the scalpel, but your editor feels few will continue to add as much to the field of neurosurgery as our much esteemed and admired new honorary member.



Who says a neurosurgeon's life is not a happy one?

Horace Greeley is credited with making this retort to the Congressman who was boasting that he was a self-made man: "That", said Greeley, "relieves the Almighty of a great responsibility."

* * *

Barnes Woodhall - July 31, 1952

I have just returned from my vacation to read your note of July 7th. I went out on a very rough ocean and learned a good deal about the labyrinth. I saw no interesting cases or problems in a neurosurgical way, for which I was very thankful.

I have not a single criticism relative to your grand publication. On the contrary, I feel that it is one of the nicest things that I have ever seen. I enjoy all of the photographs and I do not think you should think for a moment that they are a source of embarrassment to anyone. I shall be glad to be photographed in any way, shape or costume if I could only make your periodical at least once a year.

I shall try to think up some more things for the next issue.

Editorial Comment: -----Thanks.

* * *



Our Past President
worryes
about
the
Aneurysms

Larry Pool - July 31, 1952

Thanks for your good letter. I thoroughly enjoy the Round Robin photos and the way it is edited. Would suggest every two months as an appropriate publication interval.

Have been on vacation here in Maine for most of July and hence missed the terrible New York heat wave. Believe we now have all the heat out of our system so that we can expect a cool spell for our Academy meeting. Plans for our meeting are so far satisfactory except that we have not been able to get a really good dance band, but are working on it with good prospects.

As to interesting cases, I have had a number of arterio-venous malformations with total extirpation who have done well, and several acoustic neurinomas. Indeed, we had six 8th nerve tumors on the ward in a two-week interval, and all did well - thanks to our combined efforts - after total removal.

Perhaps the most interesting case is that of a 35 year old male with a large craniopharyngioma, half solid, half cystic. He had almost gone blind prior to two preliminary operations but recovered each time. A third time he again lost vision to an alarming degree but did not check in with me as instructed, fearing a third operation. Finally I operated and found a new cyst which I again evacuated along with considerable solid tumor. This time I inserted a tube of rubber in the cyst cavity and led it to the subgaleal space at the forehead. Plastic tubing was not used as it seemed too stiff. Lyle French happened to be visiting and suggested that a small tantalum plate be placed over the outer end of the tube but not close enough to seal it off, of course. This was done and clinical tests plus x-rays show that the cyst has apparently drained its contents, as formed, into the space between the plate and the tube's end. It has been only about one year since this procedure was done, and - so far, so good. This interval is longer than his previous intervals between operations, moreover.

Another case worth reporting is total extirpation of the pituitary gland as a last measure in hopes of slowing the growth of a metastatic adrenal cortex carcinoma which had produced a typical Cushing's syndrome. After operation abnormal mental changes improved somewhat for a time and pain seemed somewhat relieved. No replacement therapy was necessary, probably because of hormone production by the adrenal tumor metastases.

(The original tumor had been previously removed.) This patient finally died 2-1/2 months after pituitary removal. Autopsy showed not a scrap of pituitary was left.

While I do not think pituitary removal is an answer to the cancer problem in any way, I would be interested to hear if others know of total pituitary removals in cancer cases, and what happened.

With very warm regards to one and all, and looking forward very much indeed to seeing you all in New York in September.

P. S. - Expect to have a herniorrhaphy this coming week.

Editorial Comment:

It certainly would appear that Larry is suffering from no dirt of clinical neurosurgical material. Some of us out in the grass roots areas can't help envying this situation. As for myself, surprisingly I have had two spinal cord cauda equina epidermoid tumors in a five-year period which is rather striking for a city of this size. The tantalum plate and tube arrangement is to say the least most intriguing. We hope the herniorrhaphy turned out all right.

Your editor appreciates these comments on such interesting cases and feels, as some of the others have expressed, the importance of relating experiences with interesting cases as being valuable to most of us concerned.

* * *

"A man supporting two wives is not necessarily a bigamist. Perhaps his daughter just married."

* * *

Jack D. French - July 31, 1952

While I have very little noteworthy of comment, I feel it essential to report in if for nothing more than to express my opinions concerning the questions raised in your letter of July 3. The Round Robin Letter is a unique institution in scientific societies affording pleasure, instruction and communication to us all. I like it as it is and have no changes to recommend. This is an outstanding effort which has my sincere admiration.

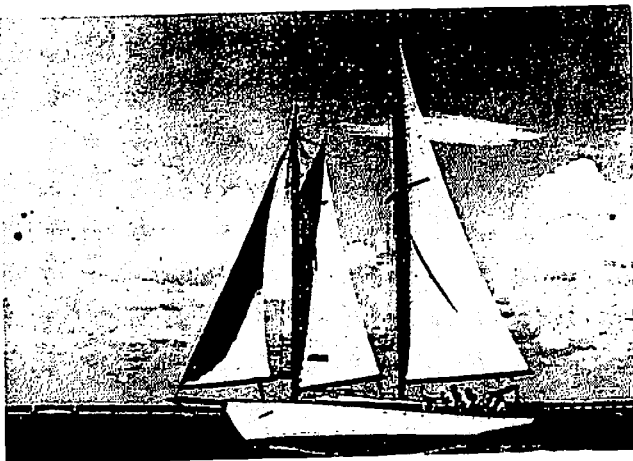
Our laboratory continues its activities in a variety of projects. Currently, my own interests concern primarily two main topics. We continue to study the brainstem activating system in its relation to consciousness. It appears that anesthetic agents block cephalic conduction in this area, and we feel that the anesthetic effect may result primarily from this action. We have attempted to extrapolate experimental evidence to the human by an analysis of five patients unconscious for three to nine months who had lesions involving a major portion of tegmento-thalamic structures.

The other project of interest to me at the moment is a continuation of the studies on hypothalamic influences on the stomach. We have found that, in addition to the hypothalamic effect of acid secretion mediated by the vagus nerve, another perhaps equally important channel involves excitation of the pituitary-adrenal system by the posterior hypothalamus. We hope that these studies will shed some light on the peptic ulcer problem, neuro-mechanics of which have long been neglected.

I am looking forward to the New York meeting with keen anticipation. Until then, my best regards, as always.

Stuart N. Rowe - On board Schooner Hispaniola
Chesapeake Bay - August 7, 1952

I hope this will reach you before the presses start rolling on the summer edition. During the usual hectic period just before a short summer holiday I never quite caught up on my writing.



Schooner Hispaniola

Elna and I and the two children are putting in two weeks of cruising on this 43-foot auxiliary schooner under the able and tolerant guidance of Captain Olaf Olsen. Our first few days of shakedown sailing went well. On the third day we were coasting along on a heavy swell with a party of eight when the chief stewardess decided we should have a hot lunch. Unfortunately by the time it was ready only two customers were interested, and the cook herself sought only fresh air! Such is life off shore.

It occurs to me that there is a strong nautical element in the Academy. It seems to me that Sam Snodgrass on the south and Howard Brown on the west are at least captains, while Erik to the north and Ben Whitcomb off New England rate at least commodore. Perhaps we could fill in the southeastern gap. Whether navigation on the Rogue River should entitle one to an auxiliary membership is a question which would doubtless have to be settled by the admiralty. As I recall the accounts of some of the trips progress was not made by sail (though there did seem to be a good deal of wind involved at times), but rather by an intermittent succession of jumps, flights, and downright miracles.

We're looking forward to New York in September.

Editorial Comment:

Your editor had no realization there were so many nautically minded members of the Academy. It becomes more than ever apparent to him that our membership shows great versatility in outside activities and certainly it would be difficult to call them a "drab lot". Your editor and Barnes Woodhall have in past years spent many pleasant hours on the Chesapeake Bay even if not in an auxiliary type of schooner.

* * *

"Freedom can be had and kept only by so much effort that few persons are willing to take the trouble."

- Lord Halifax

* * *

John Meredith - August 8, 1952

I've been rather pushed lately with Dr. Troland being on vacation; hence the regrettable delay in writing you. I am

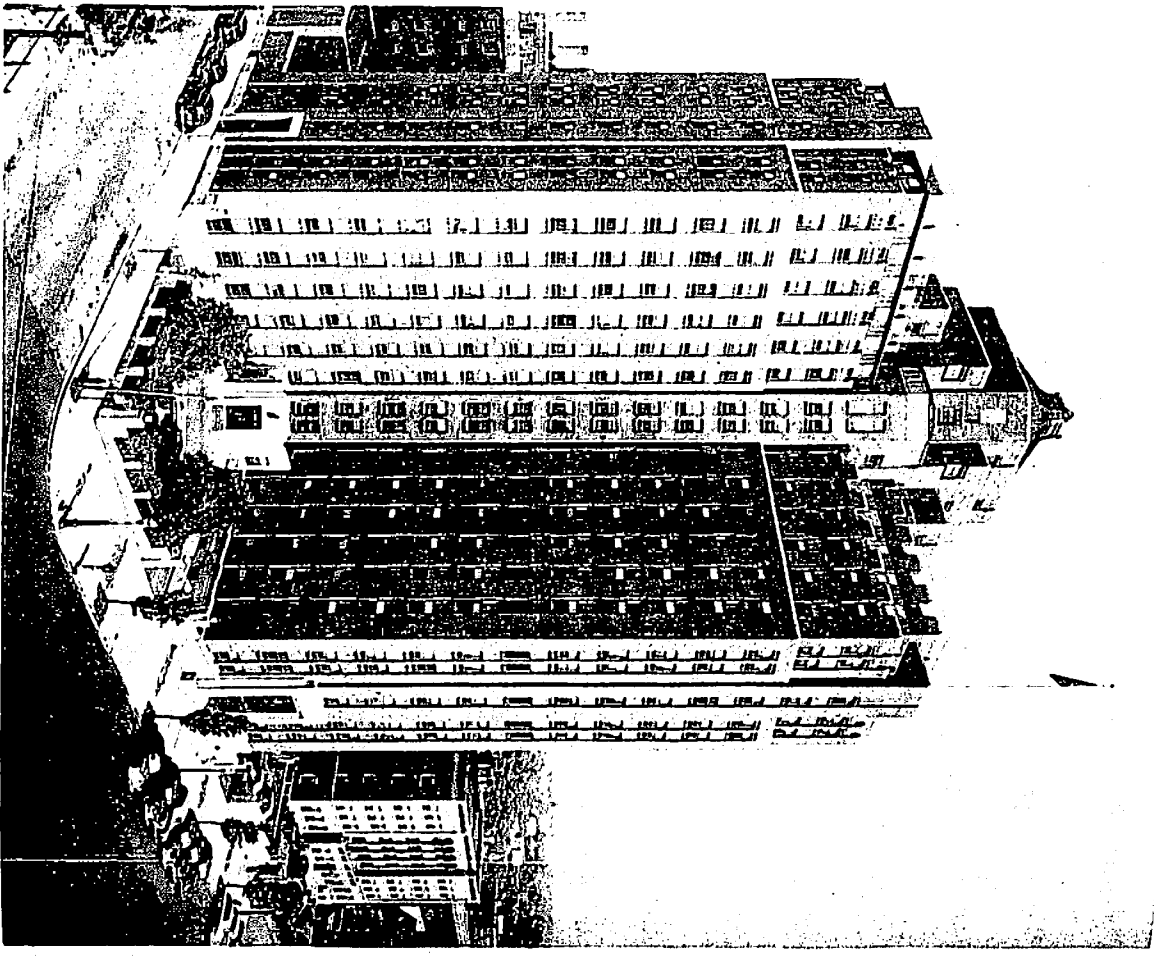
sending you herewith one of our photographer's best efforts of our main hospital, built and first occupied in February 1941.

It was the greatest pleasure to see you at Victoria in June; a most enjoyable and profitable meeting of the Cushing Society.

We have had a number of gunshot wounds of the head recently, both colored and Caucasians being the offenders! Three of these were associated with persistent cerebrospinal fluid rhinorrhoea and proved to be rather interesting problems. We still use muscle intradurally as the best method of closing the cribriform or frontal sinus fistulae in these post-traumatic cases; so far it has been very satisfactory.

We have had four or five pituitary cases in the last few weeks and in one of them - a large cyst, with very little cellular element to the lesion - a small portion of Gelfoam was placed in the region of the cyst at the time of closure (to control oozing); her vision was much improved for a few weeks with marked temporal field widening bilaterally but then rapidly declined again to near blindness, necessitating a second surgical attack from the other frontal region several weeks later. The cyst was again ballooned out with fluid and I can't help but feel that the foam occluded the large opening in the cyst wall as a cork would the mouth of a bottle. I have seen at least one other cerebral example of this in a cyst resulting from a bullet wound of the left cerebral hemisphere that had to be reopened a week after the bullet was removed due to this technical difficulty of foam swelling up and occluding the opening into the cyst. It makes one think twice about utilizing foam in such situations.

Several weeks ago we did a sacral (bilateral) rhizotomy (S2 and S4) for spastic bladder with fine improvement in the patient's bladder function. It is evidently a good alternative procedure to use in lieu of the intradural anterior rhizotomy of the cauda equina which, of course, permanently paralyzes the patient's legs. Our patient was and still is ambulatory with canes and we wanted to relax his bladder and perineum only. Actually, however, if one injects the second sacral foramen percutaneously as a preliminary trial with novocaine, I think it is practically impossible not also to inject sacral three root (and hence lead to faulty interpretation) as these two are extremely close together, and, indeed, at operation sacral root three may very well be mistaken for S2 and S2 foramen for the same reason, i. e. they



MEDICAL COLLEGE OF VIRGINIA HOSPITAL

are very close together, S2 running more laterally and obliquely than S3 at S2 foramen.

I hope to see all the members at New York City next month.

Editorial Comment:

Your correspondent was interested in John's use of muscle intradurally as the best method of closing the cribiform or frontal sinus fistulae rather than the use of Gelfoam. He also was interested in the result of Gelfoam in the area of a cyst which seems to close it over. The sacral rhizotomy for a spastic bladder seems to be an interesting procedure which he had not previously appreciated.

The photograph of the Medical College of Virginia Hospital represents one of three hospitals in the group with a total bed capacity of 800. It was occupied first in February 1941. Your editor believes that photographs such as this give all of us a better realization of the medical centers in different parts of our country.

* * *

"Rhumba: A foxtrot with the backfield in motion."

* * *

Donald D. Matson - August 11, 1952

Perhaps better late than never --

A pretty complete turnover in our resident staff on July 1st; a "third child and second son, James Edward (7 lbs. 3 oz.)" on July 3rd; the hottest, driest month in the history of the weather bureau during July; the vicarious embarrassment of watching our inept governor make a farce of keynoting the Democratic National Convention; surgical treatment of some interesting lesions including a large tuberculoma of the cerebellum, a cholesteatoma wrapped around the chiasm, a couple of massive spontaneous intracerebral hemorrhages in children, and another large nasopharyngeal encephalocele similar to the one reported in 1943 constitute recent events of interest.

You have asked for suggestions regarding the Round Robin. I wonder whether it would be worth while to have perhaps one issue a year primarily scientific, but still extremely informal. The Editor could suggest by mail a subject and

invite informal contributions not to exceed perhaps 200-300 words from all members who have something new, pertinent or important to say. It seems to me that 30 or 40 concise and unvarnished comments on a single subject might provide an invaluable accumulation of data to us all.

Editorial Comment:

Congratulations by all means to Dr. and Mrs. Donald D. Matson on the arrival of James Edward on July 3rd.

Donald F. Coburn - August 12, 1952

My apologies for not having written sooner.

What with illness in the family and people being on vacation, things have been humming right along in our part of the country. Neurosurgery stays pretty much in the same groove and the only thing of note that we have to think about at the moment is the one case we have done, decompressing the posterior division of the 5th nerve with the gasserian ganglion in the proximal part of the 2nd and 3rd divisions for a second division trigeminal neuralgia. The girl is about a week post-operative, which of course means nothing, but it is interesting that all her pain stopped with the procedure, whereas immediately before she went to sleep I could not rub her face because of the typical tic pain which was initiated. She has had a slight subjective numbness in the 2nd division which is very patchy and I feel sure is part of the manipulation around the root or ganglion, in the process of opening up the arachnoid over it. If this procedure works, as it seems to have elsewhere in the few cases that are reported, it will be a boon in eliminating the mutilating factor of an anesthetic face.

Sorry not to be able to get to the meeting in October, but I have tried to explain it to Ted Rasmussen.

Editorial Comment:-

Don's case of decompression of the trigeminal nerve, as reported elsewhere, seems to be one of the really interesting things that has come along and I think all of us will appreciate learning more about the procedure and the results in the near future.

* . * . *

"The dropping of 'etc.' from the language would necessitate a lot of thinking that is not being done at present."

* * *

Joseph P. Evans - August 12, 1952

The Round Robin requests are almost as importunate as birthdays. In three days I hope to be well on the way to Lake Memphremagog. My Nissl substance is completely exhausted, and whatever it is that drives the will has stripped its gears completely. If I were the Robin, I couldn't even chirp, so please hold me excused.

Editorial Comment:

Joe is certainly on his way to a spot which should recharge all the cells in short order. We know we will soon hear him chirping louder than the Robin which comes to you three or four times a year.

* * *

"Fabulous wealth and deathless fame await the designer of a shoe for women that will be larger on the inside than it is on the outside."

* * *

George S. Baker - August 13, 1952

I have received your card of August 9 requesting contribution to the Round Robin, and I think that if the earthquake which has been going through various parts of California has not affected the physical aspects of Santa Barbara, it certainly has affected its people, according to your handwriting which seems to be a bit shaky. We, of course, look upon things like this to be routine in California, and I suspect you look upon it as the same.

I am planning to attend the College of Surgeons meeting prior to the Academy meeting at the Waldorf in New York and will be looking forward to visiting various clinics about New York during the week I have allotted for this visit. I am sure that our program will be an interesting one, and I am sure that I will enjoy renewing old acquaintances with my old friends in and around New York City and Long Island.

We have been particularly impressed by the decompression operation now being performed in the Scandinavian countries for trigeminal neuralgia. Pain has definitely been controlled in all of our cases and the nerve has not been severed in a single one. A report of this was given in the May issue of the Journal of Neurosurgery by Palle Taarnhoj; and perhaps until a lot of cases have been done we have little more to say except that in the early period satisfactory results are noted. If this is the case, we surely are going to have to forget a lot of the old teachings on neuralgias. Perhaps this will be a big addition to our program in the treatment of neuralgia.

I am trying to get my cases that have had aneurysms together and compare them with the many fabulous reports that have appeared over the years and feel that those that can be controlled by cervical and intracranial means have a better prognosis than those where just a ligation in the neck has been performed. I have one young girl that had multiple aneurysms of the internal carotid artery that we were able to ligate in the neck and also ligate intracranially so as to trap the two aneurysms, which of course is the ideal procedure when it can be accomplished. This girl was thirteen years of age. Our problems change considerably when we have an aneurysm in a person fifty-five to sixty years of age, and, in my opinion, of course we must apply principles of treatment to the various age groups.

There has been somewhat of a polio scare here in Rochester this summer, but I suppose these can be found in various sections of the Country if they are looked for very carefully. It seems that the epidemic we are having here at this time is affecting adults rather than children and there is a large percentage that have the bulbar variety. I think contributions to diagnosis and treatment will be forthcoming with the newer research, and of course in time this disease would appear to be managed as other communicable diseases.

I shall be looking forward to seeing you and your wife in New York.

Editorial Comment:

George has revealed an experience similar to that already mentioned previously by Don Coburn, and no doubt at the meeting others will have their cases to report and opinions to air.

Some wag has changed the name of Bakersfield, California, where the earthquake was really pretty rough, to Shakersfield, California. Please don't report this to the Chamber of Commerce.

* * *

A worried student: "I am so flustered over my exams, I've got butterflies in my stomach. "

Counselor: "Take an aspirin - butterflies will go away. "

A worried student: "I took an aspirin and they are playing ping pong with it. "

* * *

Francis Murphey - August 16, 1952

As you will recall, it was agreed that Henry Schwartz would be the official chronicler and John Raaf the photographer of our expedition into the bush of British Columbia, and I assume that they have taken care of their assignments. I can only hope that their reports and photography are better than their fishing was. So far, I have not figured out why they simply cannot catch fish, but I am doing a little work on this and will report to you later on the subject.

Since returning from the Cushing Society, I have had a number of unusual and difficult cases, the most interesting of which was our first bonafide recurrence of symptoms following carotid ligation for aneurysm, and since I have done quite a lot of talking about this subject, I think I should report it immediately.

This was a nine year old girl who two hours before her first admission to the hospital suddenly lost consciousness and had jerking in the left leg. She was brought to the hospital and by the time she had arrived, she was conscious, had a stiff neck and bruit over the entire head. She was otherwise neurologically negative. Spinal fluid examination showed grossly bloody fluid. The following day arteriograms were made which showed a small aneurysm arising in the neighborhood of the bifurcation of the internal carotid artery on the right, but it could not be determined exactly from which vessel it arose. The bruit on the second day could be heard only over the left eye and was stopped by compression of the left carotid artery. Arteriograms of the left carotid

circulation were normal, and we were at a loss of explain it.

Two days later the arteriograms were repeated and still showed the aneurysm on the right, but nothing to explain the bruit, and it was finally decided to ignore the bruit and ligate the common carotid on the side of the aneurysm. A week after the ligation the child complained of another severe headache and spinal fluid examination showed what appeared to be some fresh blood. Nothing further was done and she was allowed to go home.

She got along fairly well for a few weeks and then returned with a pain in the right eye and a third nerve palsy on the right. The right carotid could be palpated above the ligature and the bruit was still present over the left eye. Arteriograms were repeated bilaterally and the arteriogram on the right showed a large multiloculated aneurysm about 4 cm. in diameter, but again the vessel from which it arose could not be determined. The anterior cerebral did not fill on the right side. The posterior communicating had dilated tremendously and was almost the same size as the internal carotid. The left carotid arteriogram was normal and the right anterior cerebral filled from the left.

It was decided to attack the aneurysm intracranially and at the same time to re-explore the neck. The old neck wound was re-opened and the pressure was measured in the internal carotid with the external carotid clipped off and it was found to be approximately 100 mm. of mercury. A clamp was placed on the common carotid and the pressure promptly dropped to about 70 mm., indicating that blood was going through the artery past the ligature in spite of the fact that the artery had been imbricated in a manner advocated by Poppen and two additional silk ties had been placed around the artery at the point of imbrication. After the common carotid was clamped, the pressure in the internal carotid, as I have said, dropped to 70 while that in the external carotid was about 50. Craniotomy was then carried out using Bistrium to lower the pressure and the procedure was carried out with a blood pressure of approximately 50 to 60. A huge aneurysm even larger than the arteriogram indicated was found arising from the bifurcation of the carotid with the middle cerebral running through the aneurysm for a distance of approximately an inch and the anterior cerebral for approximately one-half inch. It was apparent that the only hope in dealing with this aneurysm would be to open it and see if the hole in the artery could not be closed. A bull-dog clamp was placed on the internal carotid proximal to the posterior communicating,

another on the anterior cerebral and the aneurysm was then retracted in an attempt to expose the posterior communicating so that a temporary ligature could be placed around it. Just as this was accomplished the aneurysm tore off of the carotid, tearing the carotid in two, distal to the posterior communicating, and moderate bleeding occurred from the end of the carotid, but was easily controlled by a clip on the posterior communicating. At that point, of course, I felt that I had ruined the patient for good, and since there was nothing else to do, the aneurysm was removed after clips had been placed on all the vessels. This completely cut off the middle cerebral circulation, but the anterior cerebral was well supplied from blood from the other side, and it was noted in spite of the fact that the middle cerebral had been completely sacrificed, that the blood supply to the cortex looked good.

Postoperatively she was quite stuporous and for the first day had a hemiplegia, but on the second day, she began to move both the arm and leg, and most amazing of all, the fingers. It has now been approximately a month since the operation and she walks with slight trace of a limp. The hand is practically normal and the only real weakness that she has is a slight weakness in the shoulder and fairly marked weakness of the face. The third nerve palsy has cleared up. The bruit has disappeared, and I, personally, feel like I have seen a miracle because I cannot conceive of sacrificing a middle cerebral artery without a profound and permanent hemiparesis.

This is the third patient whom we have found to have blood going through the ligatures, clips, etc., and I am beginning to wonder if the old dictum that the artery should be divided is not true after all. I am also beginning to wonder whether the age of the patient does not have a great deal to do with development of collateral circulation because there was certainly no doubt about the tremendous increase in size of the posterior communicating artery after this artery had been ligated. I think what happened is that the common carotid artery was occluded for a while and then finally atrophied enough to allow the blood to go through the ligated portion. As I said in the beginning, this is the first proven case of recurrence that we have had. I do not know whether the aneurysm would have enlarged if the artery had not re-canalized, but from the size of the posterior communicating, I suspect that it would have. I still believe that follow-up results over a period of years will give us the final answer as to whether it is worth while to continue ligation.

With kindest regards.

Editorial Comment:

Francis seems to have a way of getting some of the most unusual cases and he also has a way of catching some unusual fish. Your correspondent certainly enjoyed talking with this old master at the Harvey Cushing Society meeting on the boat from Seattle to Victoria and back.

* * *

"Anyone who complains that the dollar doesn't go very far should learn where Europe is."

* * *

Arthur R. Elvidge - August 18, 1952

I am very late again with my note to the Round Robin, however, I will still try to rush one under the wire. I cannot give you too much praise for your excellent work on the Round Robin. The information is very valuable, and the comments therein are of considerable interest. I would like to discuss all of them but that would take too long. I took the April copy of the Burr to South Africa in July thinking that I might send my contribution from there, but my hands got cold and stiff in the southern climate even though the people were very warm hearted and the scenery magnificent.

The wing of the new institute is now up to the seventh floor, and Dr. Cone tells me that we shall probably start moving into it next May. He has already commenced operations by burning most of his records.

On the clinical side, I have nothing startling to say at the moment. With Dr. McRae we have been using Swedish Umbradil, 35% for arteriography, and have had no untoward reactions, though as a matter of fact, I cannot recall having any in recent time with diodrast, which is not surprising as these substances are supposed to be clinically identical. One man, two or three years ago, had some type of syncopal attack during injection, which we thought was cardiac and not related to the diodrast per se, and who recovered within a short time.

I am glad to hear that so many have had good results with Dr. Cone's ventriculo-peritoneal shunt. I have done one or two and found it very satisfactory, though I am not anxious

to treat many hydrocephalics with it. My last case in which I have used this method is in an inoperable recurrent brain tumour with a spinal metastasis in a child. I have not employed the procedure for subdural effusion, though I think it is a very excellent and clever way to treat it. Nevertheless, I prefer to use one of the old-fashioned methods, and am very insistant on removing the inner membrane, which I find is so thin at times as to be practically invisible, and can only be found by deliberately looking for it.

Dr. Ballantine's remark concerning subdural empyema, secondary to frontal osteomyelitis, being a thing of the past is probably what I would have said, but it prompts me to add that I have just operated upon a case of frontal ethmoidal sinusitis with right frontal osteomyelitis and right frontal brain abscess. After the nose and throaters did a sinus operation I followed through with a block excision of the bone and total removal of the abscess with epidural packing and drainage of the cavity. It is five days postoperative, the drain is removed, and we have the packing still to take out from beneath the scalp. This must be an old-fashioned type of treatment but I think it is safe and about as simple as with other methods. I remember two other patients in the last year at least; one with a most extensive frontal and parietal osteomyelitis, and in whom the primary focus was probably from the ethmoidal region; and a second case with a most extensive osteomyelitis of practically the whole of the occipital bone extending from one mastoid, and which included epi and subdural pus. These were also treated by excision and packing after eradication of the primary focus without any particular difficulty.

I have just removed a bilateral acoustic neuroma in a poor coloured man who had much faith. I think because of this he will do well. He was done in the prone position and without Bistrium. Both facial nerves appear to have been spared. He stopped breathing twice during the procedure, once while I was removing the right-sided tumour, and once while working on the left, and artificial respiration was continued for a considerable period. He had a shallow posterior fossa, and I found quite marked herniation of the tonsils. Through a small nick in the pia I removed the right tonsil. This was gliosed and quite difficult actually to remove by suction. Shortly thereafter the patient began to breathe, and the left was removed which was not particularly gliosed. There was no further trouble and I continued with the removal of the left-sided tumour.

A pituitary case on an older man now two days post-operative (chromophobe) has given no trouble at all, whereas, one done earlier in the summer in a younger man (eosinophile adenome) had all the complications in the book short of infection, but finally recovered with complete restoration of vision. The younger man was very carefully supervised from the medical and endocrinological point of view; was protected with Cortisone, and had very careful studies of his serum sodium and potassium levels etc. The older man had none of this nor did he have any complications. I wonder if Cortisone changed the vascular endothelium.

I have just found another thrombosis of the internal carotid artery by angiography and another of the middle cerebral artery. They seem to be fairly common.

I am sorry that I have been unable, as yet, to get a paper into Hunt Sheldon or to think of anything worth reporting to the Society. I have been alone this month, and last month I was on a personally conducted tour through South Africa, which took less than a month and kept me going from early morning until nightfall.

Regarding the affairs of the Academy, I can only say that I am not at all worried about its future. The discussions about the ballot seem to add little of interest. I agree with Dave that the Academy is still too small to be run by a semi-permanent dictatorial executive committee though this will eventually come.

I am looking forward very much to the meeting in New York.

Editorial Comment:

As might be expected, Arthur has told us many things of interest and as usual had a number of most interesting cases. He seems to have the magic of being able to remove bilateral acoustic neuromas without Bistrum and in the good old prone position. He must have some patron neurosurgical saint looking over his right shoulder and I am sure that I can recall no one who more deserves such consideration.

Interestingly I had no idea that the new institute was going up and that it has been about completed. It shows how remote one can be from things in the world out here in the grass roots of neurosurgery.

I am sure we all agree that the New York meeting will not be what it should be without Arthur's presence and I am certain the Neurological Institute will just have to let him escape down a relatively short distance to New York City for our yearly meeting.

* * *

"Definition: wolf - a big dame hunter."

* * *

Wallace B. Hamby - August 15, 1952

"I am sorry to lag in my response for a call from the Round Robin. We have had a long dry summer here and while it has been very beautiful vacation weather, the vegetation is burned up pretty badly. We are only now beginning to raise flowers.

I don't have any criticism of the Round Robin as you put it out. I think it is wonderful and wish that we had enough material to see it monthly instead of three or four times a year. By all means do it as frequently as you can assemble material to print.

The Editor may be certain that the photographs are enjoyed and I certainly have not been embarrassed by any of them. As for material, I like what you print and your innate editorial modesty leaves me at a loss to suggest anything to suppress.

One interesting anatomical note: I have never seen any reason to suspect that the ligamentum flavum would regenerate, although on secondary operations in some cases, I have wondered whether my second operation was at a new site, since good ligament was found. Recently I had a case that seemed to prove conclusively that the ligament can regenerate almost totally.

Bill Beswick had removed a disc protrusion at L-4 sometime ago and had left a silver clip in the disc sinus. A new spinogram showed another disc protrusion at the same level. When I re-explored him the bone had regenerated sufficiently to make the exploration a little difficult. The ligamen-

tum flavum was found to be entirely normal in appearance. It was removed and a disc protrusion was taken from beneath the nerve root. I really felt I was at the wrong level. As the nerve root was manipulated for inspection, however, the previously placed silver clip was found beneath it. This appears to me quite conclusive evidence of regeneration of this ligament.

Looking forward to seeing you all in New York.

Editorial Comment:

Your correspondent has noted the same thing about the regeneration of the ligamentum flavum. He also has noticed that the lamina regenerates over a period of time to leave at least a thin shell of bone covering the previous area of the removed lamina. This is particularly true in children.

He hopes that Wally will appreciate the very good photograph Rupert took of him at the meeting of the American Neurological Association.

* * *

"Custom is the plague of wise men, and the idol of fools."

- Noah Webster, Jr.

* * *

Henry Schwartz - Eldora, Colo., Aug. 19, 1952

Please forgive my laxity. As Editor of the Round Robin you deserve more consideration at our hands. The fact is, however, that I delayed until getting some black and white prints of some color photographs which I thought might pass the Editorial Board. I just found them at the post office on returning to this base after a week's camp in the White River Forest.

The enclosed represents pictorial proof of the prowess of Murphey and Raaf on the expedition to Ta-Weel in British Columbia after the Cushing meeting. May those fortunate enough to take in the meeting of the Rogue River Neurosurgical Society next month meet with as much success. As you can see, when Francis found the trout too wary, his rod was sufficiently powerful to triumph over a bear that happened to come too close to camp!



Francis
and his
Big Fish



John strikes a
serious pose in the
Great Northwest



Who caught what?